

CHAPTER 1

Orientation to the study

1.1 INTRODUCTION

This chapter is an introduction to the study. It outlines the study, describes the background to the problem, formulates the problem statement, and discusses the purpose and significance of the study. Assumptions and research objectives are also stated. The researcher also briefly discusses the research methodology and design, population and sample, setting, data collection and analysis techniques, as well as trustworthiness and ethical issues.

1.2 BACKGROUND TO THE PROBLEM

Pain is a common clinical problem due to various ailments (World Health Organization [WHO] 1998:36). Labour pain comes as a result of the natural process of childbirth and is a privately experienced event (Dirks, Wunder, Kinsman, McElhinny & Jones 1993:42). Many women have been told that childbirth is the most painful experience they will ever have, and they fully expect to suffer through labour and birth. Others have had previous labours in which their pain was not manageable by prepared childbirth techniques. Such women approach labour with a realistic concern about whether they will be able to tolerate that level of pain again. Other women may be shocked by a painful, difficult labour when their previous labours were more easily tolerated (May & Mahlmeister 1990:730).

The way in which an individual perceives and reacts to labour pain is affected by different factors, including fear, anxiety, personality, fatigue, expectations and socio-cultural factors (Bennett & Brown 1998:185). Socio-cultural factors are more significant, however, because labour pain is expected as a natural outcome of pregnancy in many parts of the world. The way pain is felt, perceived and shown is related to cultural norms (Lefebvre & Voorhoeve 1998:27). The concept of culture is a major factor in this study because ethnicity affects the expression of pain (Good, Brodwin & Kleinman 1992:12; Mendyka & Bloom 1997:181). Pain in the context of this study refers to the concept *labour pain*.

Culture is what makes life dynamic, and has long been considered to play a significant role in the practice of nursing (Mendyka & Bloom 1997:180). Culture serves to enable people to belong to a group; the self-esteem of the individual and the group is enhanced through the sense of belonging and being accepted as

one of the group. Culture teaches people how to perceive and interpret the world around them with a specific set of shared meanings (Yerby & Page 2000:5). Labour pain may therefore be viewed from a cultural perspective and the interpretation of cultural norms involves subjective explanations and evaluations (Yerby & Page 2000:5). McInerney (1988:39) points out that the International Council of Nursing (ICN) Code of Nursing Ethics stipulates that "the nurse in providing care, promotes an environment in which the values, customs and spiritual beliefs of the individual are respected". Nurses do not deliberately neglect customs and beliefs. Part of the problem, however, is a lack of awareness of cultural differences. Not acting on their observations is what causes problems in rendering care to people of diverse ethnic origins (McInerney 1988:35).

Some people prefer to express their discomfort whereas others prefer to keep their feelings to themselves. For example, Jewish-Americans prefer to freely express their pain through crying, moaning, and complaining whereas Anglo Americans (of English, Irish or Scottish descent) display little emotion and prefer to withdraw socially when in pain (Andrews & Boyle 1995:305; Salerno 1995:590). Good et al (1992:159) note that ethnicity affects the expression of pain. As care givers to Mozambican women, Swazi nurses may experience problems when caring for clients with a cultural background that differs from their own. Smith (1997:13) points out that "problems occur when nurses care for people outside their own culture". The present study with its focus on Mozambican women's experience of pain during labour examines *transcultural nursing*, from people's emic perspectives and with professional etic knowledge to provide meaningful congruent health care practices (Leininger 1997:53).

Andrews and Boyle (1995:307) refer to Davitz and Davitz (1981), who extensively studied United States of America (USA) nurses' attitudes to pain and found that the client's ethnic background is an important determinant for inferences of suffering. Davitz and Davitz explored the relationships between the degree of client suffering inferred by the nurses and the nurses' national background, and found that iŸÁ

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reports that “pulling faces and crying out during labour is frowned upon by many people”. According to Jimenez (1996:43), the Judeo-Christian tenet, women suffer in childbirth to pay for Eve’s original sin. This belief gives them the freedom to cry out in expressing pain. Some Judeo-Christian religions attribute labour pain to divine punishment and interpret pain during childbirth as God’s will (Jimenez 1996:53; Morris 1995:33). The fusion of pain and punishment has persisted throughout history. Pain and suffering had to be endured because they were the will of God in punishment for sin (Donovan 1989:837).

The problem with the cultural stoical refusal to display any behavioural evidence of subjectively experienced labour pain and lack of recognition of suffering by nurses is that this might lead to concealed obstetric complications resulting in poor outcomes of labour (Richards, Nepomuceno, Riles & Suer 1992:397).

Although little research has been done on the topic of Mozambican women’s experience of labour pain, there is a wealth of information in the literature on pain, the experience of labour pain, and comparison of pain experience between different ethnic and cultural groups. Mander (2000:134) investigated the meaning of labour in an attempt to distinguish the meaning of labour pain for the carers and for the women in labour. Mander concluded that the ethnic background of the caregiver/provider is an important determinant in estimating the suffering of patients. It is important for the care provider to be aware of the broad spectrum of factors that might influence pain expression and interpretation. The knowledge that there are inter-ethnic differences might prevent a stereotyped response to the patient in pain (Sheiner & Sheiner 1999:300).

1.3 THE PROBLEM STATEMENT

Because of the ambiguity of cultural influence, midwives may fall into one of two dichotomous perceptions of women’s experiences of labour pain. One is based on the dictum, “treat all patients alike, regardless of race, colour, or nationality”. The other is based on the dictum, “treat the patient as a unique person” (Brink 1990:119). The first in its most extreme form would imply that no particular consideration is given to cultural difference. The second in its most extreme form would imply that persons of particular ethnic descent or sub-cultural groups will be different from and require different treatment to persons of other groups (Brink 1990:220). Based on treating patients as unique persons, the researcher set out to explore and describe the experiences of Mozambican women in labour.

The researcher has observed that Swazi nurse-midwives have a tendency to ignore complaints by Mozambican women because they believe that Mozambican women exaggerate their pain experience. They are therefore stereotyped by some Swazi nurse-midwives and consequently discriminated against.

This tribal discrimination occasionally results in Mozambican women being neglected even if they have complications resulting in difficult instrumental deliveries as well as poor outcomes of the babies, such as a low Apgar score. The researcher's experience led to the decision to conduct this study.

1.4 SIGNIFICANCE OF THE STUDY

The findings of this study will contribute to the body of nursing knowledge, especially in *transcultural nursing*. The study will also make it imperative for nurse midwives not to be subjective in their assessment of clients' labour pain in terms of cultural differences. They should adhere to the major objectives of assessment, namely to allow the nurse-midwife to understand what the client is experiencing, and to determine the need for pain relief by observing the client's behaviour (Andrews & Boyle 1995:311). The outcomes yield preferred pain relief measures among the Mozambican group studied. Swazi nurse-midwives hereby learnt the culturally preferred maternity care of Mozambican women. This enables the facilitation of culture congruent care during labour and childbirth to Mozambican women as a cultural group.

1.5 PURPOSE OF THE STUDY

The purpose of the study was to increase knowledge on the phenomenon of labour pain, give an accurate portrayal of the experience of labour by Mozambican women and their response to the experience as prescribed by their culture, and establish an inventory of pain relief measures accompanying their experience (Burns & Grove 1998:745).

1.6 ASSUMPTIONS

Assumptions are basic principles accepted as being true on the basis of logic or reason without proof or verification (Polit & Hungler 1999: 640) on which a study is founded. The assumptions underlying the present study are formulated with reference to Kuhn's three areas of commitment for any research undertaking, namely theoretical-conceptual, methodological-technical, and ontological commitment (Mouton & Marais 1992:147).

1.6.1 Theoretical/conceptual

Theoretical-conceptual assumptions represent commitment to the accuracy or the truth of the theories and laws of the particular paradigm (Mouton & Marais 1992:147). With regard the present study it is assumed that:

- Qualitative research is the most appropriate research paradigm for this study.
- Experience is not primarily a *knowledge-affair* characterised by the separation of subject and object (Thompson 1990:234 cited in Van der Wal 1999:6). It has to do primarily with the perception of such an experience as it is actually lived by the individual.

1.6.2 Methodological-technical

Methodological-technical commitment refers 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 cited in Van der Wal 1999:6). In this instance, it is assumed that:

- The application of phenomenology is imperative in the study of the individual's experience of labour pain.
- The phenomenological research method assumes that the "true meaning of phenomena can be explored through the experience as described by the individual" (Jasper 1994:309).
- The phenomenological approach is grounded in nursing philosophical belief about humans and the holistic nature of professional nursing (Streubert & Carpenter 1999:55), and thus complements nursing.
- Qualitative research and thematic and content analysis can all be logically articulated on phenomenology.
- Unstructured formal qualitative interviews elicit the required information from the informant (Diener & Crandall 1978:52 cited in Van der Wal 1999:6).
- Participants' personal stories, elicited through formal unstructured qualitative interviews, express a reality sufficiently unique or cohesive so that a *priori* knowledge of the researcher's own will not influence the interpretation of these stories.
- The values attributed to phenomena are not given concomitants of those phenomena and may, like the details of these phenomena, be culturally diverse (Van der Wal 1999:6).
- Mozambican women's descriptions will reveal the truth about their experience of pain.

1.6.3 Ontological

Ontological commitment involves the nature of the research object (Mouton & Marais 1992:147). Even though the question about the experience of labour pain requires an a-theoretical (a-conceptual) and, by implication, an assumption less sterility, the assumptions stated below are merely broad indicators clarifying the anticipation of the existence of the phenomenon "labour pain". These in no way describe or predict the phenomenon (Van der Wal 1999:7). The following ontological assumptions are made:

- The phenomenon *labour pain* does exist within female human experience.
- Human feelings are characterised by paradox and contradiction, which forms the base for a concern about human experiences.
- Human experience, including the experience of labour pain, is culturally diverse.
- Pain experience is not the same for different people.
- Pain experience is culturally determined.
- There are cultural differences between Swazi and Mozambican women and, consequently, a difference in pain perception and experience.

1.6.4 Epistemology

Epistemology is the theory of knowledge, especially the critical study of its validity, methods and scope (*Collins English Dictionary* 1991:524). People express what they experience in language: words. Epistemology examines the truth (validity) of the words.

1.7 RESEARCH QUESTIONS AND OBJECTIVES

Burns and Grove (1998:185) describe a research question as a concise, interrogative statement worded in the present tense and usually with one or more variables. This study answered the following questions:

- What are the common elements in labour pain experienced by Mozambican women?
- How do Mozambican women respond to the experience of pain during labour?
- What are the preferred pain relief measures of Mozambican women?

Burns and Grove (1998:184) describe objectives as clear, concise, declarative statements expressed in the present tense and for clarity focusing on only one or two variables. The objectives of this study are to

- describe the experiences of Mozambican women during labour
- transcribe the behaviour in response to pain as described by Mozambican women during labour
- describe pain relief measures preferred by Mozambican women

1.8 METHODOLOGY

1.8.1 Design

This is an exploratory, descriptive and contextual qualitative study undertaken from a *transcultural nursing* perspective. The researcher adopted a phenomenological approach (see chapter 3).

- **Qualitative research**

Qualitative research refers to inductive, holistic, emic, subjective and process-oriented methods used to understand, interpret, describe and develop theory on a phenomenon or setting. It is a systematic, subjective approach used to describe life experiences and give them meaning (Burns & Grove 1998:35; Morse & Field 1998:199). Qualitative research is mostly associated with words, language and experiences rather than measurement, statistics and numerical figures.

- **Phenomenological research**

The word *phenomenon* is derived from the Greek *phainomenon*, from *phainesthai* to appear, from *phainein* to show, and means "anything that can be perceived as an occurrence or fact by the senses" (*Collins English Dictionary* 1991:1168). Phenomenological research is an inductive, descriptive approach with the aim of describing an experience as it is lived by the person (Burns & Grove 1998:750). The aim of this study is to explore and describe Mozambican women's experience of pain during labour.

- **Exploratory**

Collins English Dictionary (1991:546) defines *explore* as "to examine or investigate, esp. systematically" and *exploration* as "the act or process of exploring". *Collins Cobuild English Dictionary for Advanced Learners* (2001:540) defines *exploratory* as "exploratory actions are done in order to discover something or to learn the truth about something." Burns and Grove (1998:38) define exploratory research as formative research conducted to gain new insights into, discover new ideas and/or increase knowledge of a phenomenon. This study is an attempt to discover specific and cultural needs of Mozambican women during labour.

- **Descriptive**

Descriptive research refers to studies that have as their main objective the accurate portrayal of the characteristics of persons, situations, or groups (Polit & Hungler 1999:643). Roberts and Burke (1989:359) define descriptive research as a non-experimental design that is used to observe and measure a variable

when little conceptual background has been developed and concerns specific aspects of the variable under study. The intention of this study is to describe the experiences of Mozambican women during labour as authentically as possible.

- **Contextual**

A study is contextual when the phenomenon is studied for its intrinsic and immediate contextual significance (Mouton 1996:120). Contextual studies focus on specific events in “naturalistic settings” (Burns & Grove 1998:331). This study focuses on Mozambican women’s experience of pain during labour in a maternity ward without manipulating the situation.

1.8.2 Population and sample

Convenience and purposive sampling are used in this study. In convenience sampling, participants are included in the study because they happen to be in the right place at the right time (Burns & Grove 1998:217; Polit & Hungler 1999:305). Purposive sampling refers to judgmental sampling that involves the conscious selection by the researcher of certain participants to include in the study (Burns & Grove 1998:750). Although Mozambican women who were in labour were included in the study because they happened to be in the right place at the right time, the researcher consciously selected Mozambican women of a specific age group and a specific parity and gravidity (see chapter 3).

The sample size was determined by data saturation, that is, the point at which no new themes or essences emerged from the data. Therefore, predetermination of the number of participants was impossible (Streubert & Carpenter 1999:59).

1.8.3 Setting

The setting for this study was naturalistic where childbirth takes place. A naturalistic setting is a real-life situation where nature takes its course without any interference (Burns & Grove 1998:749; Streubert & Carpenter 1999:331). No control or manipulation was imposed during this study. Childbearing normally takes place in a hospital. For the purpose of this study, the naturalistic setting was in a maternity ward. One regional hospital was conveniently selected because it is where the individuals of interest were found. The maternity unit in the hospital was the study site since labouring women were admitted to this unit. The interviews were conducted after delivery during the immediate postnatal period.

Swaziland is a small land-locked country. It is bordered by Mozambique in the east, KwaZulu-Natal, Republic of South Africa (RSA) in the south-east, and South Africa (SA) in the north, west and south. The country has four major administrative regions: Hhohho, Manzini, Shiselweni and Lubombo, and fifty-five local administrative areas (*Tinkhundla*).

The country has four referral hospitals situated in all four administrative regions: the Mbabane Government Hospital in Hhohho; the Raleigh Firkin Memorial Hospital in Manzini; the Good Shepherd Hospital in Lubombo, and the Hlathikhulu Government Hospital in Shiselweni.

The site for the study is the Raleigh Firkin Memorial Hospital (RFMH) located in the Manzini region (see map, figure 1.1). This is a referral hospital that caters for the population of the whole region and is situated in Manzini, the capital of Swaziland. Manzini is densely populated. Mozambican people who migrate to Swaziland are mainly found in this city. These people come to the country for trade, employment and permanent residence. Some came into the country as refugees in the 1970s, when their country was at war, and eventually became permanent residents through formal registration with the Government of Swaziland, while others are illegal immigrants. Mozambican women therefore seek maternal health care services in the RFM Hospital.

1.9 DATA COLLECTION

The interview was selected for data collection. Interviewing refers to verbal communication between the researcher and the participants in which information is presented to the researcher (Burns & Grove 1998:747). Marshall and Rossman (1995:82) describe the interview in phenomenological studies as “a specific type of in-depth interviewing, grounded in the theoretical tradition of phenomenology”.

The open unstructured interview is intended to be “in-depth” (Wimpenny & Gass 2000:1488). This approach is reflective of the open and accepting interviewing technique, which seeks to elicit the genuine views and feelings of respondents (Hallett 1999:56). This may be difficult to achieve, however, if the process has a predetermined structure. The common ground in phenomenological interviews is that, by their nature, the interviews put the researcher in the role of research instrument “through which data are collected” (Sorrell & Raymond 1995:118).



Figure 1.1

Map of Swaziland

(<http://www.m-w.com/maps/swaziland.html>)

Open unstructured interviews are primarily used in exploratory studies. The researchers may be seeking to understand how the participants organise ideas on a particular topic or identify attitudes. The interview is usually initiated by a broad question, which in this study was, "Describe all that you felt while you were in labour, the way you reacted, and all the measures taken to make the pain better." After the interview has begun, the role of the researcher is to encourage the participants to continue talking, using techniques such as nodding the head or making sounds that indicate interest. In some cases, the participants may be encouraged to elaborate on aspects of the topic under investigation (Burns & Grove 1998:307; De Vos 1998:301). This is done by probing. Probes should be neutral to avoid biasing the participants' responses. Probing should be done within reasonable guidelines to prevent the participants from feeling that they are being "cross-examined" on a topic (Burns & Grove 1998:309). The purpose of a probe is to elicit more useful information from respondents (Polit & Hungler 1999:347).

The interviews in this study were conducted in the natural setting where no controls were imposed. The environment was relaxed so that the participants felt at ease to give the information. The interview put informants at ease as they were initially asked to talk about issues relating to their experience of labour pain. This method provided the participants with the opportunity to fully explain their experience of the phenomenon of interest (labour pain). This type of interview provides for greater latitude in the answers provided by participants during the interview (Fontana & Fray 1994:363). The participants were able to reveal relevant information in a natural way and they had the opportunity to qualify their answers and to explain in depth the underlying meaning of their experiences (Polit & Hungler 1999:252).

1.10 DATA ANALYSIS

Qualitative data analysis needs to be conducted with rigour and care (Coffey & Atkinson 1996:189). Rigour in qualitative research refers to striving for excellence and is associated with discipline, scrupulous adherence and strict accuracy (Burns & Grove 1998:573). Data analysis requires researchers to dwell with the data or become immersed in the data. Data analysis is done to preserve the uniqueness of each participant's lived experience while permitting an understanding of the phenomenon under investigation. This begins with listening to participants' verbal descriptions and is followed by reading and rereading the verbatim transcriptions. As researchers become immersed in the data, they identify and extract significant statements. It is critical to identify how statements or central themes emerge and connect to one another if the final description is to be comprehensive and exhaustive (Streubert & Carpenter 1999:60).

1.11 TRUSTWORTHINESS

According to Streubert and Carpenter (1999:333), trustworthiness refers to “establishing the validity and reliability of qualitative research”. Qualitative research is trustworthy when it accurately represents the experience of the participants. Method triangulation demonstrates the trustworthiness of data through researchers’ attention to and confirmation of information discovery. This is referred to as rigour. The goal of rigour in qualitative research is to accurately represent the study participants’ experiences of the phenomenon under investigation (Streubert & Carpenter 1999:28). Data adequacy refers to the amount of data obtained and whether or not saturation occurred. Saturation refers to repetition of data obtained in the course of a qualitative study and signifies completion of data collection (Streubert & Carpenter 1999:332).

In this study, Lincoln and Guba’s (1985:112) model is used to ensure trustworthiness. Lincoln and Guba (1985) identify the following terms that describe operational techniques supporting rigour: credibility, dependability, confirmability and transferability (see chapter 3).

1.12 ETHICAL CONSIDERATIONS

Ethical measures are as important in qualitative research as in quantitative research and include ethical conduct towards participants’ information as well as honest reporting of the results. The ethical measures in this study include consent, confidentiality and anonymity, privacy, dissemination of results and the right to withdraw from the study.

1.12.1 Consent to conduct the study

The researcher’s request for permission to conduct the study was forwarded to the Ministry of Health and Social Welfare Research and Ethics Committee in Swaziland. Written permission was also obtained from management of the regional hospital where the study was conducted. Written permission (informed consent) was sought from participants for the interviews (Lobiondo-Wood & Haber 1997:31; Polit & Hungler 1999:140) (see appendix 3)

1.12.2 Confidentiality and anonymity

Polit and Hungler (1999:143) state that confidentiality means that no information that the participant divulges is made public or available to others. The anonymity of a person or an institution is protected by making it impossible to link aspects of data to a specific person or institution. Confidentiality and anonymity

are guaranteed by ensuring that the data obtained are used in such a way that no one other than the researchers know the source (Behi & Nolan 1995:713; Lobiondo-Wood & Haber 1997:45).

In this study, no names were attached to the information obtained, but numbers were used. The researcher ensured trustworthiness and adequacy of the information obtained through the interviews by asking other Mozambicans to listen to the audiotapes. "Other" here means the Mozambican women who did not participate in the study because of the exclusion criteria, but are still part of the cultural group. This was done to determine the authenticity of the research findings.

1.12.3 Privacy

According to Streubert and Carpenter (1999:30), privacy means "that a person can behave or think without interference or possible private behaviour or thoughts that may be used to embarrass or demean her later". In this study, the researcher ensured that participants described their experience of labour pain and response to labour without any interference. Privacy refers to the freedom an individual has to determine the time, extent and general circumstances under which private information will be shared with or withheld from others (Burns & Grove 1998:51). In this study, privacy was also maintained by not attaching participants' names to the information.

1.12.4 Dissemination of results

Results are disseminated in the form of a research report. The report should stimulate readers to want to study it and also determine its feasibility for implementation (De Vos 1998:422). The report should not expose the secrets or weaknesses of the institution to the readers, but should recommend for the improvement of the service.

The participants were informed that a copy of the findings would be handed to the health facility (the regional hospital) where the study was conducted. The information would be published in relevant journals. The participants would be informed of the findings if they so desired (Catanzaro 1988:479).

1.12.5 The right to withdraw from the study

The participants were informed that they could withdraw from the study at any time if they wished to. This right was explained to them prior to engagement in the study, before the interview (Morse & Field 1998:121). This right is part of the informed consent.

1.13 LIMITATIONS OF THE STUDY

Burns and Grove (1998:55) describe limitations as restrictions in a study that may decrease generalisability/transferability of the findings. There are two types of limitations: conceptual and methodological.

Conceptual limitations restrict the abstract generalisability/transferability of findings. Methodological limitations restrict the population to which findings can be generalised/transferred (Burns & Grove 1998:55). With regard to the present study, the Mozambican respondents were only obtained in Swaziland, not in their own country, thus limiting the transferability of the findings.

1.14 DEFINITION OF KEY CONCEPTS

The following key concepts are used in this study:

Experience

Experience is "(1) direct personal participation or observation; actual knowledge or contact; (2) a particular incident, feeling, etc., that a person has undergone; ... the impact made on an individual by the culture of a people, nation, etc.; -vb. (tr.) to participate in or undergo" (*Collins English Dictionary* 1991:546). Polit and Hungler (1999:8) explain experience as perceived feelings described by individuals. These descriptions could act as a source of knowledge. Experience is also the lived constitution of a life-world according to phenomenology.

Perception

King (1971:120) defines perception as people's ability to formulate a mental image of a place, object, person or event interpreted in the light of their own experiences. Gleitman (1992:140) states that perception refers to how individuals come to apprehend the objects and events in the external reality around them.

Pain

Collins English Dictionary (1991:1121) defines pain as "(1) the sensation of acute physical hurt or discomfort caused by injury, illness, etc. (2) emotional suffering or mental distress". Pain is also an indicator or warning sign of disease (Freenay & Mahoney 1991:381).

Labour

Labour is defined as “the process or effort of childbirth or the time during which this takes place” (*Collins English Dictionary* 1991:867). Beischer and Mackay (1988:5) describe labour as the process by which products of conception are expelled from uterus via the birth canal after the twenty-eighth week of pregnancy.

Culture

Leininger (1995) cited in McFarland (1996:2) describes culture as the “learned, shared and transmitted values, beliefs, norms and ways of life of a designated or particular group which are generally transmitted inter-generationally and influence one’s thinking and action mode”. Culture is socially inherited and represents the values, beliefs, customs, rituals, and norms shared by a group of people (Fuller & Schaller-Ayers 1999:482).

Transcultural nursing

According to Andrews and Boyle (1995:42), transcultural nursing refers to a formal area of study (research and education) and practice focused on the cultural care (caring) values, beliefs, and practices of individuals or groups from the point of view of a particular culture in order to provide culture-specific and/or cultural universal care that promotes culturally congruent well-being or health to individuals, families and institutions.

Ethnic group

Andrews and Boyle (1995:112) define an ethnic group as a social group within a larger social system given special group status on the basis of a trait complex of religious, linguistic, sex, lifestyle, racial, physical or national characteristics. According to Fuller and Schaller-Ayers (1999:83), ethnicity means belonging to an identified cultural or ethnic group. In this study, ethnicity refers to the Mozambican women.

1.15 REFERENCE TECHNIQUES

With regards to literature sources such as books and articles, the author made use of the abbreviated Harvard System. With regards to acknowledging, referencing and indexing information obtained from the internet the following techniques were used:

- (1) In instances where an author's name appears on the web page, the author's name and the date of the update of the web page (if available) are indicated in the text (e.g. Bussion 1998:<http://www> or Bussion <http://www>). In the list of references the author's name and initials and date (if available) are listed followed by the complete web site address including the date of access to the web site.
- (2) In cases where no author information is available, an abbreviated web site address appears in the text (e.g., <http://www.birthchoicuk.com> ... accessed 13/10/03) and a complete address is listed in the list of references (e.g., <http://www.birthchoicuk.com/ResearchSummary2.htm> accessed 13/10/03)
- (3) The dots (...) indicate that the complete internet references continues in the bibliography.

1.16 OUTLINE OF THE STUDY

This chapter is an orientation to the study. Chapter 2 discusses the literature review and chapter 3 describes the research methodology and setting for the study. Chapter 4 presents the findings/results and chapter 5 concludes the study and makes recommendations.

1.17 CONCLUSION

This chapter introduced the study by outlining the problem and reason for the study. The purpose and objectives of the study were stated and key concepts defined.

Chapter 2 discusses the literature review undertaken by the researcher.