CHAPTER 4

Data themes and categories

4.1 INTRODUCTION

This chapter presents the themes and categories that emerged from the data. Data are presented from the most general (themes) to the most specific (data units/chunks). All data units relate to the Mozambican women's experience of labour pain.

The following aspects need to be taken into consideration when reading this chapter:

- In some situations the same data units were included in more than one category because a statement might present two or more subjects.
- Numbers that can be used to locate data in the data supplement identifies data units. This leaves an audit trail that is essential for a data audit. The researcher took special care in cutting and transferring data units from transcripts to the specific categories to which they belong. However, it has not always been possible to include a pertinent indicator for the chosen category in the data unit.
- A summary of the main themes and categories is presented in table 4.1. The data is exposed step by step by making use of "overview" data displays. These displays are intended to focus attention on the specific theme and category and eliminate the need to page back and forth.
- Discussions that follow data displays refer to literature that serves to augment the contents of categories.

4.2 DATA STRUCTURE

Table 4.1 represents an overview of the structure of the data as it emerged during data analysis. The table illustrates the themes, categories and sub-categories.

TABLE 4.1 STRUCTURE OF THE DATA

DATA DISPLAY	THEMES AND CATEGORIES
4.1	**THEME 1 Physiological manifestation of labour pain**
4.1.1	Type of pain
4.1.2	Location of pain
4.1.3	Pain: Intensity, frequency and time
4.1.4	Other signs and symptoms
4.2	**THEME 2 Reactions to the experience of pain in labour**
4.2.1	Physical reaction
4.2.1.1	Body movements
4.2.1.2	Verbalisation
4.2.2	Psychological reaction
4.2.2.1	Fear and anxiety
4.2.2.2	Feeling of loneliness/need for support
4.3	**THEME 3 Cultural-religious meaning of and reaction to labour pain**
4.3.1	Stoicism
4.3.2	Bravery
4.3.3	Pride
4.3.4	Womanhood and honour
4.3.5	Gratification: Reward
4.3.6	Removal of shame
4.3.7	The bitter sweet paradox
4.3.8	Valuing the baby
4.3.9	Natural phenomenon
4.3.10	Judeo-Christian belief
4.4	**THEME 4 Factors that support the research problem**
4.4.1	Ethnic stereotyping
4.4.2	Screaming
4.4.3	Need for pain relief
4.5	**THEME 5 Pain relief during labour**
4.5.1	General measure (self-treatment)
4.5.2	Cultural and herbal remedies
4.6	**THEME 6 Prophylactic taboo practices**

Four levels of abstraction of the data were obtained. Level 4, containing the major themes that emerged, is the highest and most general or abstract level. Level 1 is the lowest and contains the most concrete and pertinent data, namely the data units (chunks). The number of units in each level is as follows:

Level 4: 6 themes

Level 3: 21 major categories

Level 2: 4 subcategories

Level 1: 111 data units (contained in data displays).

4.3 PRESENTATION OF THEMES AND CATEGORIES

4.3.1 Theme 1: Physiological manifestations of labour pain

Data display 4.1 presents an overview of this theme. The data contained in the categories that compile theme 1, namely the type, location, intensity and frequency of pain as these relate to the phases of the labour process, are congruent with the information found in general midwifery literature. No semantic difference was found in the way that the Mozambican women described their pain compared to Swazi women (of whom the researcher is a member) or, for that matter, English-speaking women.

DATA DISPLAY 4.1 THEME 1 PHYSIOLOGICAL MANIFESTATION OF LABOUR PAIN (OVERVIEW)	
4.1.1	Type of pain
4.1.2	Location of pain
4.1.3	Pain: intensity, frequency and time
4.1.4	Other signs and symptoms

4.3.1.1 Types of pain experienced during labour

Data display 4.1.1 indicates the types of pain the Mozambican women experienced during labour, as they described them. These descriptions of the different types of pain experienced during labour are also found in the literature.

DATA DISPLAY 4.1.1 THEME 1 PHYSIOLOGICAL MANIFESTATION OF LABOUR PAIN (TYPE OF LABOUR PAIN)
• **burning** pain (data 3.1.1, 5.2.2.2,49.1.3,123.1.3),
• **piercing** pain (data 5.2.2.1),
• **throbbing** pain felt post-delivery (data 23.1.3,49.1.2),
• **throbbing** pain post vaginal examination (data 49.1.4,154.1.2),
• feeling of **cramps** (data 49.1.5, 51.1.3, 123.1.1),
• **grabbing** and **pressing** (data 51.1.4),
• **gripping** pain (data 86.1.1),
• **aches** (data 86.1.3),
• **tearing** pain (data 90.1.5)
• **heaviness** (data 3.1.1,90.1.1)
• **paralysing** (data 23.1.4),
• **pressing** the whole abdomen (data 51.1.4),
• **cutting** pain (data 127.1)

Bennett and Brown (1998:186) describe the type of pain experienced during labour as acute and chronic pain. According to them, acute pain is perceived as **pricking** pain, which is readily localised by the sufferer, whereas chronic pain is **burning** and difficult to localise. The participants in the present study did not make this distinction in the pain they experienced. However, words commonly used by the informants to describe the pain they experienced include **sharp, cramping, aching, throbbing, stabbing, hot, shooting, heavy, tiring, exhausting, intense**, and **tight**. Reeder et al (1992:516) also describe these types of pain.

Pain in the first stage of labour is due to cervical stretching, effacement and uterine contractions. Pain during uterine contractions is caused by uterine ischaemia (decreased blood flow and thereby local oxygen deficit) from contraction of arteries of the myometrium (Bobak & Jensen 1987:364). "There is considerable evidence that the pain of labour is related to dilatation of the cervix and other birth canal structures rather than the contraction itself, since *Braxton Hicks* contractions in late pregnancy are painless" (Mackay 1986:336). Pain impulses are transmitted via sensory pathways that accompany the sympathetic nerves and pass through the spinal nerve to enter the spinal cord. Pain can be generated by different mechanisms, including tissue ischaemia, muscle contraction, and direct tissue damage from trauma (Spence & Murphy 1996:427).

4.3.1.2 Location of pain during labour

As in the types of pain that the Mozambican women experienced, the location of the pain also does not seem to differ from that of other cultures. The locations of pain as experienced by these women are also congruent with information contained in midwifery textbooks (see data display 4.1.2).

DATA DISPLAY 4.1.2
THEME 1: PHYSIOLOGICAL MANIFESTATION OF LABOUR PAIN
(LOCATION OF PAIN)

- in my **lower abdomen** (data 3.2.1, 86.1.2)
- **around the waist** (data 3.2.2, 86.1.4,123.1.4)
- l**ower back** (data 5.1.1.1.8)
- **the bottom** (perineum) (data 21.1.9)
- **vaginal wall** and **lower back** (data 23.1.3)
- **vagina** (data 51.1.3),
- the **whole abdomen** (data 51.1.4).

Pain in the first stage of labour is felt in the **lower abdomen** and the skin over the lower lumber spine and upper sacrum (**lower back**). In the second stage, pain is caused primarily by the distension of the **vagina**,

pelvic floor and the **perineum** due to foetal descent. Pain impulses from these areas are transmitted via the sensory nerve fibres, which enter the posterior roots of the second, third and fourth sacral nerves (Bennett & Brown 1998:186; May & Mahlmeister 1990:730). The causes of low-back pain during labour are uncertain. It is not produced directly by contractions (because it persists between contractions) nor caused by cervical dilatation, yet every vaginal birth obviously involves a dilated **cervix** (Melzack & Belanger 1989:228). The same reasoning precludes distension of the **vagina** or **perineum** as the cause of continuous low-back pain. It is most likely the result of any of the following possible causes of pain (Melzack & Belanger 1989:228):

- traction and pressure on the **adnexa** and parietal peritoneum
- pressure and stretch of the **bladder, urethra, rectum**, and other pain-sensitive structures in the pelvis
- pressure on one or more roots of the lumbo-sacral plexus
- reflex skeletal muscle spasm and vasospasm in these structures supplied by same spinal cord segments supplying the uterus with nerves.

4.3.1.3 Pain: intensity, frequency and time

The intensity and frequency of labour pain in relation to the stage of labour experienced by the Mozambican women was found to be congruent with the content of midwifery textbooks, and consequently with the experience of women from other cultures. Data display 4.1.3 contains evidence in this regard.

DATA DISPLAY 4.1.3 **THEME 1 PHYSIOLOGICAL MANIFESTATION OF LABOUR PAIN** **(INTENSITY, FREQUENCY AND TIME)**
• initial pain intensity was less (data 5.1.1.1)
• pain became more as labour continued (data 5.2.1.1).
• By the time the baby was about to be born, the pain intervals were so short, not giving me a break (data 7.1.1.9)
• when time of pushing came the pain was less (data 21.1.8)
• intense pain came when the baby's head started stretching my bottom (data 21.1.9)
• pain was frequent towards the end of labour (data 23.1.3)
• when contractions were coming more frequently they were more painful than before (data 98.1.4)

The **type** of pain, its **duration,** and its **aetiology** are all critical factors influencing pain experience (Flaherty 1996:134).

The intensity of labour pain varies remarkably for most women. Some women feel extremely severe pain during the first stage of labour while a comparable proportion feel relatively little (Melzack & Belanger 1989:225).

Although behaviours such as restlessness, crying out, rapid breathing and certain body movements indicate distress, the pain may still be either mild or quite severe (May & Mahlmeister 1990:732).

Intensity, time and frequency of pain are subjective and need to be measured using specific tools such as the McGill pain questionnaire and the visual analogue scale. The ideal tool in assessing pain should include the identification of the presence of pain, as well as the progress of pain with time (Spence & Murphy 1996:427).

4.3.1.4 Other signs and symptoms experienced during labour

The signs and symptoms accompanying pain during the labour process are not, strictly speaking, part of the experience of pain. However, women's reaction to these form part of their overall experience of childbirth and could, at the psychological level, influence the total experience (see data display 4.2.2). Data display 4.1.4 depicts the signs and symptoms experienced during labour.

DATA DISPLAY 4.1.4 **THEME 1 PHYSIOLOGICAL MANIFESTATION OF LABOUR PAIN** **(OTHER SIGNS AND SYMPTOMS)**
• frequent urination (data 3.1.1)
• a slippery discharge came from the vagina (data 3.1.1.4)
• blood-stained mucus came from my vagina (data123.1.6)
• I only felt the 'urge to push' the baby out (23.1.7)

During labour, congestion in the pelvis limits the capacity of the bladder, requiring it to be emptied more often. Laxity of the pelvic floor muscles may give rise to poor sphincter control and a degree of stress incontinence (Bennett & Brown 1998:151).

The following are signs and symptoms of true labour other than those mentioned above:

Persistent lower back pain often resembling a crampy premenstrual feeling. The appearance of a bloody 'show' (a brownish or blood-tinged mucus discharge) means the cervix is stretching and tiny blood vessels are tearing and bleeding (http://www.babycentre.co.uk/refcap … accessed 10-10-03). Final dilatation of the

cervix or distension of the vagina may cause small lacerations, and these may be accompanied by a *bloody discharge.* In some cases, this bloody discharge could be mistaken for ante-partum haemorrhage (bleeding before delivery) (Mackay 1986:337). Passing the mucus plug that blocks the cervix means that labour could be imminent or could be several days away. Nevertheless it is a sign that things are moving along. Breaking of the bag of water, but only if accompanied by strong uterine contractions could mean that delivery of the baby is imminent (http://www.babycentre.co.uk/refcap… accessed 10-10-03).

During the second stage, as if by reflex action, the muscles of the abdomen are brought into play and when contractions are in progress, the woman strains or "bears down" (Reeder et al 1992:461).

4.3.2 Theme 2: Reactions to the experience of labour pain

The second major theme that emerged from the data is that of the reaction of women to labour pain. Data display 4.2 gives an overview of the different categories of this theme.

DATA DISPLAY 4.2
THEME 2 REACTIONS TO THE EXPERIENCE OF LABOUR PAIN (OVERVIEW)

4.2.1	Physical reaction
4.2.1.1	Body movements
4.2.1.2	Verbalisation
4.2.2	Psychological reaction
4.2.2.1	Fear and anxiety
4.2.2.2	Feeling of loneliness/need for support

Though in theme 1 (physiological manifestations of labour pain) the experience and discussion focused exclusively on the concrete somatic, data display 4.2 introduces a more holistic involvement of the individual woman in her experience of labour pain. At this point the psychological and the socio-cultural dimensions of the individual come into play. The importance of the holistic involvement of the women in their experience of labour pain is discussed again in the cultural and religious meaning of and reaction to labour pain for Mozambican women (see data display 4.3).

4.3.2.1 Physical reaction to labour pain

Mere expression of pain, or the lack of such expression, does not clearly indicate the level of pain an individual experiences.

Physical reactions to the experience of labour pain are important, as these are the entry points for the involvement of health care professionals in the experience of women in labour. Through these physical reactions, women in labour not only show the physical experience of pain, but also give an indication of their psychological distress and the psychological pain they experience. The present study was undertaken to elucidate this overt expression of the experience of labour pain among Mozambican women, among other reasons. As the physical expression of pain might differ among cultures, the reaction of health professionals from other cultures to these expressions may not always be in an appropriate client-centred manner that indicates multicultural awareness. Data display 4.2.1 indicates that at the physical level, bodily movements and verbalisation express the experience of labour pain.

DATA DISPLAY 4.2.1 **THEME 2 REACTIONS TO THE EXPERIENCE OF LABOUR PAIN** **(PHYSICAL REACTION: OVERVIEW)**
4.2.1.1 Bodily movements
4.2.1.2 Verbalisation

4.3.2.1.1 Bodily movements

Data display 4.2.1.1 illustrates the bodily movements the Mozambican women displayed while experiencing labour pain.

DATA DISPLAY 4.2.1.1 **THEME 2 REACTIONS TO THE EXPERIENCE OF LABOUR PAIN** **(PHYSICAL REACTION: BODY MOVEMENTS)**
• rubbing the painful abdomen (data 7.1.1.1)
• either touching or rubbing the painful area (data 53.1.3, 59.1.1).
• I rubbed my back while panting vigorously (data 129.1.2).
• feeling restless and tossing about in bed (data 53.1.2)
• sitting on the floor (data 7.1.1.2)

Bodily movements and posture provide clues to growing fatigue, tension, and pain. The mother's movements may be an attempt to calm or soothe the painful experience (Neeson & May 1986:651).

For the woman, the sensuality of the moving **body** during **labour**, changing positions and assuming certain body **movements** is a means of self-treating the pain of labour and delivery (http://www.homeurope.org … accessed 10-10-03).

A very comfortable position when having back labour is standing and rocking from side to side and also standing and doing little squats. It really helps to ease the pain (http://www.gentle birth.org … accessed 13-10-03).

4.3.2.1.2 Verbalisation

Although stoicism in the experience of labour pains appeared to be held in high esteem culturally among the Mozambican women (see data display 4.3.1), there seems to be a level of pain experienced by these women that defies even cultural values and taboos. Data display 4.2.1.2 depicts verbalisation of the experience of labour pain.

DATA DISPLAY 4.2.1.2
THEME 2 REACTIONS TO THE EXPERIENCE OF LABOUR PAIN
(PHYSICAL REACTION: VERBALISATION)

- As I felt the pain, I started groaning, moaning and complaining a lot (data 53.1.3)
- I felt like screaming (data 7.1.1.10).
- The groaning and moaning was a means of venting my pain experience and to draw the attention of the nurse-midwives (data 59.1.2).
- It was after I started screaming with pain that one nurse-midwife reluctantly attended to me (data 88.1.4).
- When the pain got worse, I could not help it but cried out loudly (data 94.1.3).
- The crying just occurred spontaneously because I believe it is a natural way of responding to pain (data 118.1.2).
- I screamed in pain and at the same time asked for permission to go to the toilet (data 90.1.7).
- Nobody had told me not to cry in labour, the crying just occurred spontaneously because I believe it is a natural way of showing suffering (data 118.1.1, 118.1.2).

Cultural patterns play a role in women's behaviour in labour. Thrashing and **crying out** may be expected and do not necessarily indicate an increase in the pain experience. Likewise, quiet, stoic behaviour does not always indicate that the woman is experiencing little discomfort as this behaviour might be culturally expected of women in labour (Neeson & May 1986:652).

Among the Zulu and Xhosa people, traditional birth attendants reportedly do not allow a parturient woman to **make noise**. According to Chalmers (1990:20), "If the women **cry out**, the traditional birth attendants fear that the husbands might be angry and accuse them of malpractice or 'bad magic'." This has serious implications and it is such practices that, to some extent, prompted the present research. Both the Swazis and Mozambicans belong to the major Nguni tribe that inhabits the eastern part of Southern Africa.

Women may use body language, facial expression and laughter to show distress. They may display a range of feelings, such as joy, wonder and sorrow, in **response** to their pain during labour (http://www.ngfl.ac.uk … accessed 12-10-03). Individuals differ in their expression of pain. Some reveal their pain and suffering more freely than others. In other words, the vocal expression of pain is often suppressed among women in labour, a vulnerable period in their lives as far as obstetrical complications are concerned (http://www.manbit.com/obstetspain … accessed 13-10-03):

> *There … are differences in the expression of pain between different cultures and ethnic groups. Some cultures, for example, encourage women to make a noise during labour while others condone silent stoicism (the 'grin and bear it' or 'stiff upper lip' brigade). Moreover, different societies seem to have different expectations regarding labour pain. American women, for example, when compared with women from Holland, expect labour to be more painful and also anticipate receiving more analgesia.*

During vocal release, a woman in labour could diffuse the pain by making sounds, moaning, groaning or screaming as a way of releasing tension (http://www.indiaparenting.com … accessed 27-10-03).

4.3.2.2 Psychological reaction

Psychological reactions and experiences accompanying the experience of physical pain during labour are due to various reasons, including the woman's concern about her own well-being and that of the baby. By definition, some of these psychological experiences by their very nature constitute (see chapter 2, section 2.2.1.1).

Data display 4.2.2 exhibits the psychological reactions and experiences of the participants in this study.

DATA DISPLAY 4.2.2 THEME 2 REACTIONS TO THE EXPERIENCE OF LABOUR PAIN (PSYCHOLOGICAL REACTIONS: OVERVIEW)	
4.2.2.1	Fear and anxiety
4.2.2.2	Feeling of loneliness

4.3.2.2.1 Fear and anxiety

Childbirth is an area where expectation and anxiety play a substantial role in influencing the woman's experience of pain (De Jong 1991:12) (see data display 4.2.2.1).

DATA DISPLAY 4.2.2.1 THEME 2 REACTIONS TO THE EXPERIENCE OF LABOUR PAIN (PSYHOLOGICAL REACTIONS: FEAR AND ANXIETY)
• When an individual is uncertain about the outcome of labour, she is very likely to be anxious and have fear of the unknown (data 33.1.1).
• The anticipation of what is to come (pain) frightens such a person (data 33.1.2).
• A woman may be afraid that after enduring such a painful experience instead of being rewarded she may be disappointed to get a deformed baby (data 35.1.5).
• Anxiety also affects an individual who has had a previous bad experience of labour (such as prolonged labour with severe pain) (data 33.1.3).
• When a pregnant woman goes into labour, she immediately becomes anxious about the intensity of the labour pain (data 35.1.1).
• The normality and sex of the baby may be another cause for the woman's worry and anxiety (data 35.1.3).

Anxiety about unfamiliar situations of labour and fear of labour pain may result in verbalisation, restlessness, inability to follow requests or coaching, facial or body tension, pallor, and tremulousness (May & Mahlmeister 1990:733). Bennett & Brown (1998:184) point out that "fear and anxiety will heighten the individual's response to pain. Fear of the unknown, fear of being left alone to cope with an experience such as labour and fear of failing to cope well will increase anxiety. A previous bad experience in this regard will also increase anxiety."

Anxiety over childbirth is related to fundamental feelings like fear of pain and incompetence, and of death (Sjoglen 1997:http://www.ipog/abstract … accessed 09-10-03).

Fear of childbirth is common in pregnant women. Many women experience great distress related to childbirth, which could affect their mental health. Childbirth-related anxiety could have significant consequences for the woman's health, her role as a mother, and the interpersonal balance in the family and the partner relationship (http://www.jpog.ispog.org … accessed 11-10-03).

Bewley and Cockburn (2002:23) state that women experience fear and anxiety because childbirth is fearful and accompanied by the risk of morbidity and even death for both.

Pilliteri (1992:482, 483) explains that women appreciate a review of the labour process because they like to be reminded that this is not a strange, bewildering experience but a well-known documented process and that "being taken by surprise, labour moving faster or slower than she thought it would, is frightening to a woman". If the mother expected breathing techniques to reduce her pain and they seem to have little effect, she will likely become more anxious and uncomfortable (Neeson & May 1986:652). Pain or the possibility of pain can induce fear in which anxiety borders on panic (Bobak & Jensen 1987:365).

4.3.2.2.2 Feeling lonely/need for support

Pain equates to suffering and the latter leads to isolation and loneliness. By its very nature, loneliness can also be defined as experiencing psychological pain. Data display 4.2.2.2 depicts women's expression of their feeling of loneliness during their experience of labour pain as well as their need for support to alleviate this feeling.

DATA DISPLAY 4.2.2.2
THEME 2 REACTIONS TO THE EXPERIENCE OF LABOUR PAIN
(PSYCHOLOGICAL REACTIONS: FEELING OF LONELINESS/NEED FOR SUPPORT)

- I wanted my husband by my side so that he could comfort me because I was lonely (data 53.1.6).
- It is the mother-in-law's responsibility to monitor pregnancy, labour and delivery and keep the woman company (data 41.1.6)
- That is when, in fact, the woman needs her partner's support.
- But the hospital and my own culture do not allow men to witness a delivery (data 53.1.6).
- I did not know what would help me. Moreover, this was my first baby and I had no experience of how long I would take suffering. I was actually helpless (data 53.1.7).
- I would be very grateful to have my husband around because I believe that he could be sympathetic with me and I would not feel lonely (data 71.1).

High expectations of the childbirth experience, coupled with a lack of support, can lead to loneliness, exhaustion and feelings of failure and guilt (http://www.bpccam.co.uk/nct … accessed 14-10-03).

"Isolation can increase feelings of **loneliness** and depression — try to stay connected with important relationships" (http://www.firstbabysmall.com/expecting … accessed 14-10-03).

Partner support is another variable that may be important for positive childbirth outcomes. Investigating the link between partner support and pain experience during labour, Hodnett, Gates, Hofmeyr and Sakala (2003:87) and McCrea et al (2000:91) found that the presence of a partner could have beneficial effects for the mother and baby.

Callister (1992:54) explains that support by husbands has been related to reduced medication use, greater use of non-chemical pain relief methods, and higher satisfaction with the birth experience: "I think my husband was my biggest support. Just having him close, I knew everything would be okay. I didn't know it would be as wonderful, the teamwork between my husband and me. I enjoyed watching him because he was such a support."

Yim (2000:269) found that "mothers perceived psychological support was generally high but practical support low … because the fathers adopted roles that required less physical involvement and control during labour and birth. They were present to provide companionship and psychological support only."

Callister (1992:54) found that mothers also expressed their appreciation for the continuous presence of the nurses during labour, their concern for the mothers and babies' well-being, and providing helpful and vital information. Nowadays many women want their partner to be present to give emotional support and many men wish to be there, too.

Continuous support from an experienced female caregiver (including trained caregivers like midwives and childbirth educators, and female friends or relatives who have given birth themselves) improves childbirth for women. Their support reduces the need for pain relief, and makes it more likely that a woman will give birth without assistance. These benefits also happen if her male partner is providing support (http://www.birthchoiceuk.com … accessed 13-10-03; http://www.doula.org.uk accessed 13-10-03).

A midwife may be able to give continuous support. However, in a busy hospital a woman will not receive continuous support from the midwife. In this case, she would benefit from having another female supporter (http"//www.doula.org.uk accessed13/10/03; http://www.birthchoiceuk.com/cts accessed 13-10-03).

Hodnett et al (2003:89) found that continuous support during labour from caregivers (nurses, midwives or lay people) appears to have a number of benefits such as "Women who had continuous intrapartum support were less likely to have intrapartum analgesia, operative birth, or to report dissatisfaction with their childbirth experiences". In general, continuous intrapartum support for mothers was associated with greater benefits when the provider was not a member of the hospital staff, when it began early in labour, and in settings in which epidural analgesia was not routinely available (http://www.update-software.com … accessed 24-11-03)

4.3.3 Theme 3 Cultural-religious meaning of and reaction to labour pain

Theme 3 includes both culturally inspired behaviour, such as stoicism and bravery, and culturally inspired appreciation of herself and the experience of giving birth, such as pride, womanhood and the removal of shame, and the value placed on the newborn (see data display 4.3).

DATA DISPLAY 4.3
THEME 3 CULTURAL-RELIGIOUS MEANING OF AND REACTIONS TO LABOUR PAIN
(OVERVIEW)

4.3.1	Stoicism
4.3.2	Bravery
4.3.3	Pride
4.3.4	Womanhood and honour
4.3.5	Gratification: reward
4.3.6	Removal of shame
4.3.7	The bitter/sweet paradox
4.3.8	Valuing the baby
4.3.9	Natural problem
4.3.10	Judeo-Christian belief

4.3.3.1 Stoicism

Stoicism is the ability to endure pain, discomfort or misfortune without complaining or showing signs of feeling it or being upset (*Collins Cobuild English Dictionary for Advanced Learners* 2001:1533). Stoicism is

comparable to self-denial and has influenced Christianity and religion in many ways (http: www.noumenal.net … accessed 13-10-03). Data display 4.3.1 depicts stoic reaction to labour pain.

DATA DISPLAY 4.3.1 THEME 3 CULTURAL-RELIGIOUS MEANING OF AND REACTION TO LABOUR PAIN (STOICISM)
• I contained the feeling of pain (data 7.1.1.1)
• In my culture, a woman experiencing pain during labour is supposed to withstand the pain and not show that she is suffering (data15.1.1).
• Pain endurance is highly regarded (data 19.1.1)
• Stoicism is culturally sanctioned (data 19.1.5)

Different cultures and ethnic groups express pain differently. "Some cultures, for example, encourage women to make a noise during labour while others condone silent stoicism (the 'grin and bear it' or 'stiff upper lip' brigade). Moreover, different societies seem to have different expectations regarding labour pain. American women, for example, when compared with women from Holland, expect labour to be more painful and also anticipate receiving more analgesia" (http://www.manbit.com/obstetspain … accessed 13-10-03).

It is necessary to assume that the ability to cope with labour pain is learned behaviour that may be culturally determined. While accepting the important cultural component in the acceptance of labour pain, according to Mander (2000:135), van Teijlingen (1994) links United Kingdom (UK) women's attitudes to their adherence to the medical model of health.

4.3.3.2 Bravery

In a sense, bravery is closely related to stoicism. However, it is not the same thing. Data display 4.3.2 displays bravery as a reaction to labour pain.

DATA DISPLAY 4.3.2 THEME 3 CULTURAL-RELIGIOUS MEANING OF AND REACTION TO LABOUR PAIN (BRAVERY)
• I did not cry because I wanted to feel brave (data 9.1.1, 11.1.1)
• I like feeling brave (data 53.1.3)
• It is culturally a sign of bravery not to cry during labour (data 15.1.2)
• Culturally, a woman is supposed to prove bravery by not responding negatively to labour pain (data 57.1.1)

- A brave woman is honoured as an individual who can withstand suffering (data 57.1.1)
- Not crying during labour is bravery (data 11.1.1.1).

Bravery is another way of displaying a stoic response to a painful experience. "The highest accolades for bravery go to the women who can 'stick to their guns' in carving out the birth experience they want under difficult to hostile circumstances" (http://www.naturalchildbirth.org … accessed 13-10-03). "Women must be commended for having completed the world's most dangerous and blessed life event (childbearing). Their bravery must be celebrated" (http//:www.midwiferytoday.com … accessed 13-10-03).

At the same time, some women feel that accepting pain relief (medication) is not being brave: "I've already decided to abandon all attempts at bravery in the natural childbirth stakes. I shall happily accept all offers of pain relief with pathetic gratitude" (http://www.bbc.co.uk/gloucestershire/lifestyle … accessed 13-10-03). The present study found that the Mozambican women valued bravery in labour, although there are cultural variations.

4.3.3.3 Pride

In African and many other cultures, children are the pride of a family. It is thus understandable that women in labour would bear suffering with dignity and pride (see data display 4.3.3).

DATA DISPLAY 4.3.3
THEME 3 CULTURAL-RELIGIOUS MEANING OF AND REACTION TO LABOUR PAINS
(PRIDE)

- Labour pain makes me feel proud as a woman (data 56.1.6).
- It is a pride to be brave (data 11.1.3, 15.1.3).
- It is a pride for a woman to undergo a painful experience during labour (data 142.1.2).

Chalmers (1990:20) found that "crying out during labour reflects poorly on the woman's family preparation for childbirth". In this regard, Kabeyama and Miyoshi (2001:51) refer to Deutsch's (1973) statement that "everlasting pride on accomplishing childbirth was one of the precious components of maternity". Therefore, when parturient women are relieved of excessive fear and pain with natural and normal childbirth, their experiences become the most satisfactory ones. According to Kabeyama and Miyoshi (2001:51), the high level of self-confidence and pride brought about by good childbirth experience seems to create greater motivation for constructing good mother-child relationships and mother-role achievements.

In their study on indigenous customs in childbirth, Lefeber and Voorhoeve (1998:25) refer to Kuntner's (1988) finding that if a woman cried out in pain during labour, the traditional birth attendant would immediately close the woman's mouth with her hand in order to prevent men from hearing what is going on. This was seen as "defending the woman's pride". However, cross-culturally it might be considered an invasion of privacy and even assault. In this study, the researcher wished to examine and highlight cultural practices among Mozambican women in labour in an attempt to foster understanding of their culture and to prevent similar actions on the part of Swazi health care professionals.

4.3.3.4 Womanhood and honour

In African culture, womanhood is associated with childbearing and the honour of a woman with pride, bravery and stoic conduct during pregnancy and labour (see data display 4.2.3.4).

DATA DISPLAY 4.3.4 **THEME 3 CULTURAL-RELIGIOUS MEANING OF AND REACTION TO LABOUR PAINS (WOMANHOOD AND HONOUR)**
• It is for the pride that makes me feel more like a real woman (data 15.1.5)
• A brave woman is honoured as an individual who can withstand hardships (data 11.1.2).
• The pride of having a baby makes me feel like a real woman (data 11.1.5).
• A real woman is someone whose shame has been removed by the ability to give birth (data 11.1.6).

Callister (1992:53) found that Mormon women expressed the cultural religious values, spirituality, self-discovery and the meaning of the childbirth experience as a process of mastery and learning about themselves. Childbirth was related to their ultimate destiny or reason for being (real women).

According to Finn (1994:32), the experience of labour pain was a source of discussion and pride among Euro-American women, who saw the childbirth experience as a "rite of passage to womanhood".

It is a family **honour** to reserve the bride price, a ritual that is part of the initiation ceremony to **womanhood** by being able to give birth. These traditional practices serve **cultural**, **religious** and economic purposes (http://www.oegf.at/dokumente … accessed 09-10-03). These practices are prevalent in most African countries.

4.3.3.5 Gratification and reward

In addition to stoic conduct being meaningful and rewarding to the Mozambican women experiencing labour pain, it left them with a feeling of gratification that was further supplemented by the joy of the newborn baby as a gift to them (see data display 4.3.5).

DATA DISPLAY 4.3.5
THEME 3 CULTURAL-RELIGIOUS MEANING OF AND REACTION TO LABOUR PAIN
(GRATIFICATION: REWARD)

- If I endure the pain experience, I have an inner feeling of gratification (data 54.1.3).
- In suffering, a woman anticipates a period of impending joy (for baby) (data 57.1.2).
- I had an inner feeling of satisfaction for having accomplished the task of delivering the baby (data 112.1.2).
- This pride makes me accept the baby as a reward that I have suffered for (data 11.1.4).
- It is a rewarding experience because after the hard labour and pain, I finally had a reward "the baby" to make me feel happy (data 114.1.1)
- I attach value to the baby (data 116.1.1).
- The expectation of a reward makes an individual withstand the pain (data 13.1.3)
- I have the knowledge that it is for a special gift I am suffering (data 13.1.4).
- You really feel rewarded for having withstood the pain (data 65.1.2).

The knowledge that after enduring the pain of labour, she experiences a feeling of gratification for having accomplished a task to which a reward is attached makes a woman feel honoured.

Ferdinand Lamaze, one of the pioneers in **childbirth education** maintained that pain was a signal of **gratification** to come and of the coming **reward** of birth (http://www.nsweb.nursingspectrum.com … accessed 09-10-03).

4.3.3.6 Removal of shame

In many cultures, being childless is regarded as a disgrace. The Old Testament testifies to this. For example, in the first Book of Samuel (1 Sam 1:10, 11) Hannah lamented her childlessness and barrenness and prayed to God for a child (*Women's Devotional Bible, 1995:250*). The situation is the same today, and children and motherhood are still highly valued among African cultures. Childbearing cleanses the woman from the shame of barrenness and also establishes her womanhood (see data display 4.3.6).

DATA DISPLAY 4.3.6
THEME 3: CULTURAL-RELIGIOUS MEANING OF AND REACTIONS TO LABOUR PAINS
(REMOVAL OF SHAME)

- A real woman is someone whose "shame" has been removed by the ability to give birth (data 11.1.6)
- If a woman is barren, she feels ashamed of herself in society (data 142.1.3).

In many African societies, infertile women feel ashamed of the fact that they cannot bear children as if it is their own fault. This is compounded by the fact that the in-laws usually complain of having wasted "*lobolo*" (the bride price) on an undeserving woman. The process of coming to terms with **infertility** and integrating the **shame of infertility** is long and gradual, but it is possible to transform the sense of failure into acceptance. The greatest challenge is to join hands and support a growing movement throughout the world committed to removing the stigma and **shame of infertility** and replacing it with acceptance of the situation (http://www.Americaninfertility.org/wim/ … accessed 11-10-03).

In The Netherlands, the stigma and shame of infertility and lack of education have triggered several parties involved in the field to organize and initiate a worldwide campaign aimed at an increasing level of fertility awareness (http://www.organon.com/news … accessed 14-10-03). However, the researcher found no literature on what is being done about the stigma of infertility among the Southern African Nguni tribes, to which the Mozambican women belong.

With respect to the issue of barrenness or infertility, since many African people and cultures regard marriage as a contract whereby the woman undertakes to provide the man with children to continue his line and his name, it follows that without exception a childless wife is considered a guilty of breach of contract with respect to her husband, a disturber of normal behaviour in her community, and a source of embarrassment to her family. The latter stems from the fact that, having broken her contract, the husband can claim back the bride price, a circumstance that can be disastrous to a family since the gifts may already have been widely distributed – even have been slaughtered and eaten, in fact. In terms of the social organisation of the community, the bridegroom's gifts to the bride's parents may already have been used by her brother for the "procurement of his wife" (http://www.custance.org/Library/Volume2/Part_VII/ … accessed 14-10-03).

4.3.3.7 Bittersweet paradox

This category "bitter-sweet paradox" continues the theme of joy and suffering introduced by the category "stoicism and bravery". Data display 4.3.7, however, attributes a more experiential and folk meaning to stoicism.

DATA DISPLAY 4.3.7 THEME 3 CULTURAL-RELIGIOUS MEANING OF AND REACTION TO LABOUR PAIN (BITTER-SWEET PARADOX)
• In my culture, the older members of society believe that something good comes from bitterness. This means that women have to undergo some form of pain in order to have babies (babies are good) (data 17.1.1).
• They believe in the saying, "first work then earn a salary"' (data 17.1.3).
• There is no reason why an individual should cry in labour when something good comes out of suffering (data 57.1.3).
• In my culture, the pain experience is equated to the act of getting honey from a beehive. In order to get honey, one has to withstand the bee sting with the knowledge that out of the pain of the bee sting, honey is to be obtained (data 57.1.4).

Some of the women in Callister (1992:55) study expressed their experience as "the most unique and wonderful experience … unique in the sense that it's hard yet best. I think it's the greatest paradox of an experience that you can have …".

The researcher found the following statements about the three miracles of motherhood on a web site on "motherhood" that have a strong bearing on the "bittersweet paradox" of pain during labour (htt://www.Hinduism.co.za … accessed 11-10-03):

> *The act of giving birth is the only moment when both pain and pleasure converge in a moment of time. It is in the manner of the sharp point of a needle. Astride upon that point are both pleasure and pain, simultaneously assailing the female that is undergoing the miracle of childbirth. This is the only instance where both pleasure and pain work in unison, a second miracle. Before the childbirth, the lady was a woman. After the childbirth, the woman is transformed into a mother. This is a revolutionary act; an evolutionary happening; in the manner of the silkworm getting transformed into some winged angel; a miracle. This is the third miracle.*

The Mozambican women likened the act of giving birth to obtaining honey from a beehive. Once the task has been accomplished (withstanding the bee sting), there is the joy of enjoying the honey. (http://www.manbit.com/obstetspain … accessed 13-10-03) likens this task of labour to a battle and says that "from this battle will come some good, the satisfaction of overcoming pain; the achievement of happiness and peace, of life in spite of it. This is quite an achievement, an achievement very special, very personal – a feeling of strength, of inner strength, which has to be experienced to be understood."

4.3.3.8 Valuing the baby

As indicated earlier, children are highly valued in African communities. The value of the newborn overrides the physical and mental experience of labour pain (see data display 4.3.8).

DATA DISPLAY 4.3.8 **THEME 3 CULTURAL-RELIGIOUS MEANING OF AND REACTION TO LABOUR PAIN** **(VALUING THE BABY)**
• Another reason for enduring the pain of labour is attaching value to what you have suffered for: the baby (data 108.1.3).
• The pain of labour makes me attach value to the baby I have suffered for, such that I want to take good care of it (data 116.1.1).

Callister (1992:53) found that Mormon women valued their babies such that they felt a sense of satisfaction in childbearing. For these women, the arrival of their first child marked a time of great joy for their young family. There was a sense of fulfilment in childbearing because family and children are highly valued:

> *My relationship with the baby seems to grow every day. The first time I held her, I was so amazed … and the more I do for her, the more I love her. She is just so precious … I think there is so much I have to learn … and so much she'll teach me.*

Women who value the pain are sometimes adamant that natural childbirth is the only way to have a baby. Likewise, they attach value to the baby, the result of suffering (http://www.somersetmedicalcenter.com accessed 13-10-03).

4.3.3.9 Labour pain as a natural phenomenon

Some of the participants, in the present study indicated that labour pain is a natural phenomenon and, by implication, then, that pregnancy is a condition and not a disease (see data display 4.3.9).

DATA DISPLAY 4.3.9
THEME 3 CULTURAL-RELIGIOUS MEANING OF AND REACTION TO LABOUR PAIN
(LABOUR PAIN AS A NATURAL PHENOMENON)

- The experience of pain during labour is a natural phenomenon whereby mankind enters the world (data 17.1.3).
- Labour pain is a naturally occurring event. Therefore, I personally believe that nature should be allowed to take its course without any interference (data 67.1.1).

Labour pain as a naturally occurring phenomenon is also described in the literature. Mackay (1988:340) describes the experience of pain in labour as a natural, emotionally fulfilling event, but the most dangerous period of existence for both the mother and the baby.

In a study on the traditional practices in the management of labour pain, Makoae (2000:126) found that among traditional birth attendants in Lesotho, 38,8% reported that they did not control labour pain while caring for women in labour because it is natural for a woman to experience this type of pain.

Lefeber (1994:46) refers to Priya's (1992) finding that South East Asian traditional birth attendants seldom mentioned that they did anything to relieve labour pain: "They thought pain was a natural part of childbirth and they would only do anything about it if it would go on for a long time or if the woman found it absolutely unbearable."

4.3.3.10 Judeo-Christian belief

Religion and culture are closely intertwined. In addition to the Mozambican women's innate cultural beliefs, they also expressed certain beliefs derived from their Judeo-Christian faith about labour (see data display 4.3.10).

DATA DISPLAY 4.3.10 THEME 3: CULTURAL-RELIGIOUS MEANING OF AND REACTIONS TO LABOUR PAIN (JUDEO-CHRISTIAN BELIEF)
• I believe that women should suffer childbirth because the Bible says that because of Eve's sin women will suffer during childbirth (data 67.1.3). • I think that pain during labour is a curse from God because of the sin of the first woman on earth, Eve, who was deceived by the snake in the Garden of Eden (data 104.1.1, 141.1.1).

According to Genesis (3:16), after Adam and Eve had been banished from the Garden of Eden, God told Eve, "I will greatly increase your pangs in childbearing; in pain you shall bring forth children …" (*Women's Devotional Bible* 1995:4). Callister (1992:55) found that "Mormon women endowed childbirth with a profound spiritual dimension and drew an inner strength from their religious beliefs. They viewed the experience with an eternal perspective … The dimension of spirituality was an integral part of their childbirth experience."

4.3.4 Theme 4: Factors that support the research problem

Among the issues that prompted the researcher to conduct this study was the ethnic stereotyping that occurs in health care practice where health care is to be delivered across cultural boundaries. Accordingly, the study also examined the role that verbalisation of the pain experience, especially screaming, plays during labour. Screaming, whether culturally sanctioned or not, often evokes negative reactions from health care professionals. In addition, there is the non-treatment ideology that seems to exist with regard to pain management across cultural borders (see data display 4.4).

DATA DISPLAY 4.4 THEME 4 FACTORS THAT SUPPORT THE RESEARCH PROBLEM (OVERVIEW)	
4.4.1	Ethnic stereotyping
4.4.2	Screaming
4.4.3	Need for pain relief

4.3.4.1 Ethnic stereotyping

Ethnic stereotyping relates to ethnocentricity; the assumption that people's own cultural or ethnic groups are superior to those of others (Andrews & Boyle 1995:263; http://www.forum.leo.org/archive … accessed16-10-03) (see data display 4.4.1).

DATA DISPLAY 4.4.1
THEME 4 FACTORS THAT SUPPORT THE RESEARCH PROBLEM
(ETHNIC STEREOTYPING)

- I expected to be given some painkillers, but the nurses did not bother to give me any. They only told me not to make noise for other patients because the pain would soon go after delivering the baby (data 100.2).
- They (nurse-midwives) took turns scolding me for not having an antenatal record, asking me if I was not aware that I was pregnant (data 88.1.2).

It is important to treat each patient and client as an individual, taking account of the specific cultural background (Le-var 1998:520). This implies exercising cultural congruent care. Some of the inadequacies in culture congruent health care provision include maternity services not meeting the needs of the client; experience of racism and racial harassment (Le-var 1998:523). It is important to show respect for the dignity and uniqueness of the individual in the socio-cultural and religious context and approaches and understand the individual as a psychological, physical, social and cultural being (De Villiers & Van der Wal 1995:58). Lack of cultural knowledge seems to be the core of stereotypical misunderstandings (Omeri 1997:5). Swazi nurse-midwives do not know or understand the Mozambican cultural beliefs and ways of life in regard to labour and childbirth. This has led to the belief that Mozambican women exaggerate their pain during labour.

4.3.4.2 Screaming

The reaction that screaming due to labour pain evokes adverse attitudes from nursing staff is reflected in data display 4.4.2

DATA DISPLAY 4.4.2
THEME 4 FACTORS THAT SUPPORT THE RESEARCH PROBLEM
(SCREAMING)

- It was after I started screaming with pain that was getting worse that one nurse reluctantly attended to me, apparently annoyed by the noise (data 88.1.4).
- Nurses also get annoyed by someone who cries and screams during labour (data 16.7.1)
- Nurses get annoyed if someone makes a lot of noise during labour (data 135.1.2).

Lefeber (1994:25) refers to Kuntner's (1988) findings that if the woman shouted, the traditional birth attendant would immediately close the woman's mouth with her hand in order to prevent the men from hearing what was going on.

One woman described her pain experience and screaming as follows: " I screamed into it. **Screaming** got my mind off the **pain**. **...** The **pain** was relentless" (http://www.womanht.com … accessed 16-10-03).

Some women bearing their first babies might be frightened by birth stories so that when they think of childbirth, all they can think of is screaming mothers. They may be afraid that they might not be able to handle the physical pain of childbirth. But if they trust their bodies' abilities to give birth, they will not only be able to bear labour pain more easily, but also to speed labour (http://www.indiaparenting.com … accessed 16-10-03).

4.3.4.3 The need for pain relief

Much has been said up to this point on enduring labour pain in a stoic manner; the pride that it brings Mozambican women. However, human endurance has its limits and Mozambican women too, from time to time request pain relief measures when labour pains become unbearable either by intensity or by duration. Data display 4.4.3 exhibits the details.

DATA DISPLAY 4.4.3 **THEME 4: FACTORS THAT SUPPORT THE RESEARCH PROBLEM** **(NEED FOR PAIN RELIEF)**
• Some women do require some pain relief during labour to make the pain more bearable (data 19.1.4).
• Although I personally believe in not showing any form of suffering, I would like to get some pain medication in the form of pills (data 21.1.2).
• I would prefer to get an injection because it would relieve pain faster than a pill. Moreover, the pills could come out as I vomited the food I took during labour (data 25.1.1 and 25.1.3).

Childbirth has been associated with pain since the beginning of time, and throughout history measures have been introduced to help relieve it (http://www.manbit.com/obstetspain … accessed 13-10-03).

During labour, an opiate drug such as pethidine (injection) will provide the best pain relief if contractions are present (Mackay 1986:346). May and Mahlmeister (1990:736) states that "there are several major pharmacological methods of pain relief in common use during labour, such as parenteral analgesia, which includes the use of narcotic, ataractics, and sedatives, and is easily administered pain relief during labour.

4.3.5 Theme 5: Pain relief during labour

Despite the stoic behaviour demanded by the Mozambican culture with regard to labour pain, there is an apparent cultural contradiction in that traditional healers provide concoctions specifically intended to ease labour and reduce pain. In this theme on pain relief during labour, two main categories emerged from the data (see data display 4.5).

DATA DISPLAY 4.5 THEME 5: PAIN RELIEF DURING LABOUR (OVERVIEW)	
4.5.1	General measures (self-treatment)
4.5.2	Cultural and herbal remedies

4.3.5.1 General measures (self-treatment)

In this category previously encountered items reappear. For instance, the physiological reaction to labour pain (see section 4.3.2.1) is also found among the general measures applied by Mozambican women to relieve pain. Data display 4.5.1 also indicates other such measures.

DATA DISPLAY 4.5.1 THEME 5: PAIN RELIEF DURING LABOUR (GENERAL MEASURES: SELF-TREATMENT)
• The midwife asked me to walk around (data 5.1.1).
• Some women require some pain medication to make the pain more bearable (data 19.13).
• Other people believe that they should be given modern medicine in hospital (data 69.1.1).
• I would have preferred to have an injection because I believe that it relieves pain faster than pills (data 25.1.1).
• I behave by responding with *facial expressions, body movements* and *verbalisation* because of the painful experience. I thought the pain would get better (data 96.1.1).

In this study, the Mozambican described the following commonly used natural pain relief methods (also found in the literature review):

Position and movement

Moving, rocking, rubbing, massaging and shifting pressure are the body's natural defences against all kinds of pain as they help to divert pain sensations away from the brain. Also, by moving around in an upright position, the forces of gravity makes contractions more proficient and can cut down the time it takes for the cervix to dilate.

It may be that all that is required is to walk about, pausing for each contraction to lean against a wall or one's partner for support (http://www.babyguideuk.com … accessed 20-10-03).

Massage

The pressure created by massage can help to counteract pain signals and promote relaxation in the early stage of labour. It is drug free, non-invasive and comforting and has no unpleasant effects on either the woman or the baby. However, massage during labour is a personal choice as some women cannot bear to be touched during a contraction, while others find that back rubbing helps (http://www.babyguideuk.com … accessed 20-10-03).

Therapeutic massage can help prepare a woman for the birthing process in several ways. Regular massage to the lower back, abdomen and inner thighs releases chronic tension, diminishing resistance during delivery. It encourages body awareness and a parasympathetic dominant state thus reducing pain (http://www.mtasa.co.za … accessed 16-10-03).

Standing or walking

Standing or walking is an option in the early stages of labour, because it encourages contractions to become regular and stronger. A change of position, or different movements and focus on "grounding" with the exhalations through the parts of the body in contact with the floor, could enhance distraction of labour pain (http://www.activebirthcentre.com … accessed 10-10-03).

Some women find it relieves the pain to move around or to lean against their companion. Although gravity does help the process, standing up to give birth can be extremely tiring (http://www.netdoctor.co.uk … accessed 20-10-03).

McCrea, Wright and Stringer (2000:494) report that confidence in the ability to deal with labour pain seems to be associated with a positive birth experience. According to them, if this is the case, it is then reasonable to suggest that prior experience could enhance coping abilities and, through this, confidence to bear labour pain. However, some women cannot withstand suffering. They do need some form of pain relief. The Mozambican women had adopted the scientific-medical world-view for maternity care by deciding to deliver in a hospital. They were therefore receptive to any form of Western medical intervention for pain alleviation.

Pharmacological and non-drug pain relief methods are among the measures that can be used in the scientific medical model. The researcher found several natural pain relief methods commonly used in advanced centres in the Western world on the Internet, including the Bradley method, the Read method (hypnobirthing) and Lamaze. These methods are also described in *Mosby's Medical & Nursing Dictionary* (1986).

The Bradley method of natural childbirth consists of natural childbirth assisted by active participation of the husband as a coach, excellent nutrition during pregnancy, early birth classes, relaxation and natural breathing exercises, etc (http:www.bradleybirth.com accessed 16-10-03). Some of the Mozambican women in the present study expressed the desire to have their husbands present during the labour process.

The Read method or *hypnobirthing* is not new, but rather a revival of the philosophy of birthing as it existed centuries ago and as practised by Dr Grantly Dick-Read, an English obstetrician, who advocated the concept of natural birthing in the 1920s. The method teaches the woman that, in the absence of fear and tension, severe pain does not have to be an accompaniment of labour (http://www.hypnobirthing.com accessed 16/10/03). The researcher found no evidence to suggest that the Mozambican women had been exposed to hypnobirthing.

Lamaze is another popular method, developed in the 1950s by a French obstetrician, Fernand Lamaze. While the Read method encouraged women to give birth naturally by reducing the fear (and pain) of childbirth through knowledge and relaxation, Lamaze advanced a number of simple strategies to facilitate normal birth and help women to give birth without medication. The Lamaze method is a method of psychophysical preparation for childbirth, and requires classes, practice at home, and coaching during labour and delivery, often by a trained coach called a "monitrice". The Lamaze method teaches the physiology of pregnancy and childbirth, exercises to strengthen the abdominal muscles and control some muscles of the vagina and perineum, and breathing and relaxation techniques to promote control and

relaxation during labour. Lamaze that controlled, conditioned breathing exercises were effective in blocking women's perception of pain of contractions (http://www.lamaze-childbirth.com … accessed 16/10/03).

Makoae (2000:126) found that in 28% of cases, traditional birth attendants massaged the back of women in labour with warm water, animal fat, Vaseline and red ochre to promote warmth and heat to relieve pain. According to Cook (1996 cited in Makoae 2000:126), the practice of back massage is encouraged because of its effectiveness. This method of pain relief works well because there is an increase in the circulation of blood in the affected area. The blood provides oxygen and removes carbon, thus ensuring pain relief. Makoae (2000:126) points out that "[r]eassurance, massage, and emotional support are the methods which traditional birth attendants use to relieve pain. [Only] when this was insufficient during a long and difficult labour, was a local narcotic such as betel leaf given in conjunction with other things like prayers and massage, but in extreme cases."

Chalmers (1990:20) refers to Schneider (1985), who explains that in Southern Africa during all birthing procedures, the woman is given no form of pain relief. However, in practice, nurses do identify some clients who need pain relief. For example, complications like hypertonic uterine contractions with poor descent need pharmacological preparations that function to relax the uterine muscles.

4.3.5.2 Cultural and herbal remedies

Herbal remedies play an important role in pregnancy and in pain management during labour (see data display 4.5.2).

DATA DISPLAY 4.5.2
THEME 5 PAIN RELIEF DURING LABOUR
(CULTURAL AND HERBAL REMEDIES)

- Women consult traditional healers, who prepare some herbs for them. These "dried with animal portions" herbs are tied in a piece of rope then the rope is tied around the woman's waist. The belief is that these herbs stop the labour-like pain during pregnancy and also prevent miscarriages. When true labour starts, the power of the herbs to stop the baby from being delivered are weak, but the powers to lessen pain and hasten delivery are potent, thus the woman delivers the baby quickly and suffers less pain. But when the baby's head is about to emerge, the rope has to be removed from the waist because it may cause the head to be trapped in the birth canal (data 81.1.8).
- Traditional healers prepare some concoctions (herbal extracts mixed with mercuric droplets) "*masheshisa"* and give it to women to drink towards the end of pregnancy. The belief is that the concoction softens the birth passage and adjacent structures so that they stretch during labour and lessen the pain due to overstretching (data 3.1.1-

3.1.4,110.1.1).

- Some women use "holy water" they collect from Zionist priests to drink during pregnancy. The "holy water" is prepared and prayed for by the priests and given to the pregnant woman to drink throughout the entire pregnancy (data 90.1.2).

The magical-religious and the scientific or biomedical health paradigms now come into play. The use of herbal concoctions and "holy water" is an application of the magical-religious health paradigm, since most of the women hold a strong belief that illness "is initiated by supernatural powers" (Andrews & Boyle 1995:23). There is a strong belief that the same powers can cause complications during labour by blocking the birth canal and prolonging the period of suffering during labour pain.

The scientific or bio-medical health belief paradigm is also applicable to the findings of this research because according to this paradigm, "life is controlled by a series of physical and biomedical processes that can be studied and manipulated by humans"(Andrews & Boyle 1995:23). Although the respondents had strong ties to the magical-religious paradigm, the fact that they decided to come and deliver their babies in hospital is strong evidence that they also believe in the bio-medical health paradigm. They were aware that the nurse-midwives were educated enough to understand the physical and biomedical processes taking place in their wombs during labour. They also believed that the midwives would be able to manipulate or intervene in the progress of these processes (assist in the normal process of labour and delivery).

Makoae (2000:126) describes some of the cultural herbal remedies and explains that boiled herbal mixtures like *sekete*, *lesoko* and *selomi* are administered in the first stage of labour to minimise pain. Chalmers (1990:19) refers to Brindley (1982) and Baartman (1983), who found that in the Sotho culture, a kerchief or "doek" is tied around the women's upper abdomen to assist the foetal descent.

Some cultural herbs namely "*masumo",* "*inembe", "isihlambezo"* or "*imbelekisane"* may be applied vaginally or *imbibed* to enhance labour, according to traditional birth attendants in Southern Africa (Brindley 1985; Gumede 1978; Larsen et al 1983a; Matumbirwa 1985; Tyrrell & Jurgens 1983 cited by Chalmers 1990:19). during late pregnancy (third trimester). The woman is given extracts of certain plants, such as *"uhlakahla"*. This is boiled in water and must be taken daily. According to Krige (1965:63) this expedites the birth process. Literature does not elaborate with clarity on how the other herbs (names) are prepared and concocted to expedite the birth process.

During the management of the second stage of labour in Lesotho, the woman is given a variety of traditional Sesotho medicinal herbs or ***lipitsa*** to stimulate contractions. These include, ***khomo ea balisa, phakisane and mosisili.*** Traditional Birth Attendants (TBAs) do not regard pain as a danger sign therefore management of pain in labour is of less concern (Mokoae 2000:48). In Irian Jaya (Kiwai people) herbal medicines are also given to the woman in labour at the time of delivery in order to stimulate the birth process (Lefeber 1994:46).

According to the Zulus custom a pregnant woman must be very careful of dangers that might harm her unborn child. To safeguard her unborn child from evil influences *imikhondo* (tracks of obnoxious animals such as the eland etc) the woman must be treated by a traditional healer (*Inyanga*), who gives her a herbal mixture which she takes orally during pregnancy until two to three months after birth (Krige 1965:62).

The Mozambican women mentioned the use of "holy water" prepared by some Zionist priests to use during pregnancy. However, the researcher found no literature on this aspect except on spiritual healing (e.g. that **spiritual** understanding of pain is helpful at **childbirth**) (http://www.geocities.com/amoreena101 … accessed 21-10-03).

The Digo people in Kenya give herbal medicines to the woman in the first stage of labour to enhance the delivery process while in Zimbwabe, women are given a special *muti sunungure* to strengthen labour contractions (Lefeber 1994:23; Mokoae 2000:44). The enhancement of the labour process is a means of reducing the period of suffering due to labour pain, thus acting as a pain relief measure.

The Blue Cohosh (*Caulophyllum thalictroides*, named for its bluish stem) is an excellent uterine tonic that may be used in any situation where there is a weakness or loss of tone (http://www.nps.gov/plants/medicinal … accessed 22-10-03). It may be used at any time during pregnancy if there is a threat of miscarriage. Similarly, because of its anti-spasmodic action, Blue Cohosh will ease false labour pains. When labour does ensue, the use of Blue Cohosh just before birth will help with an easy delivery. It is also used in the treatment of female issues associated with premenstrual syndrome (PMS) and menopause such as hot flushes, night sweats and vaginal dryness. Furthermore, it helps to regulate menses after discontinuing birth control pills (http://www.myfemone.com … accessed 10-10-03).

4.3.6 Theme 6: Prophylactic taboo practices

The content of this theme does not refer to the experience of labour pain as much as it refers to measures based on cultural beliefs to avoid excessive pain during labour. However, what the Mozambican women who participated in the present research had to say in this regard adds valuable information towards a

better understanding of their experience of labour pain. Data display 4.5 contains their accounts in this regard.

DATA DISPLAY 4.6
THEME 6 PROPHYLACTIC TABOO PRACTICES

- My mother told me that if I eat meat in early labour, it is highly likely to delay labour thus prolonging the period of suffering due to labour pain (data 43.1.1).
- The pregnant women are encouraged to walk around most of the time. This walking also cause the baby to start paving the way in preparation for labour because its head starts to go down the pelvis (data 79.1.2).
- Not standing at the doorway while pregnant. I should either go through or remain in the house. This behaviour causes the baby to become trapped in the birth canal and prolongs the pain during labour (data 43.1.2*)*.
- If I eat meat during labour it could be uncomfortable because it could cause indigestion but have no direct effect on the experience of labour (data 45.1.1).
- The old ladies tell pregnant women that they should not sleep during the day if they do their labour will be prolonged thus the infant would also be slow in descending the birth canal (data 79.1.1)

Eating **meat** during pregnancy causes loin **pain**, vomiting, and fever and can even lead to premature **labour** (http://www.handbag.com/family/havingababy … accessed 21-10-03).

During **labour,** the ingestion of **meat** causes indigestion, nausea, stomach pain and period-like cramps in women (http://www.abchomeopathy.com … accessed 21-10-03).

By contrast, however, in the Indian culture, the recommended diet during labour includes meat, which should be eaten to ease labour pain (http://www.seasonsindia.com … accessed 21-10-03).

During early labour, the woman is encouraged to remain ambulant for as long as possible (Baartman 1983; Larsen et al., 1983a; in Chalmers 1990:19). This belief is useful in encouraging foetal descent. It is a popular practice among nurse-midwives in Swaziland as well.

Makoae (2000:41) and Krige (1965:62) describe the following taboos relating to the protection of the foetus during pregnancy prevalent in Lesotho and Zululand:

- A woman should not move on certain pathways that harbour the evil spirits of wizards or witches that may harm the baby. The Zulus also believe that on these pathways (*imikhondo*) tracks of obnoxious

animals are found which cause the sinking of the fontanelle in babies of women who did not heed the warning.

- Plaiting of hair may form knots in the umbilical cord.
- If the woman sleeps during the day, the baby might sleep during its delivery.
- Most traditional birth attendants do not advise women to rest or sleep during the day. It is believed that if a woman sleeps or rests during the day, the baby will become lazy and the delivery will be difficult.

Krige (1965:63, 64) reported the taboos that a pregnant woman should not eat standing up, lest the child stand in the womb and consequently cause problems of breech delivery (born feet first), nor should she peep out the doorway otherwise the child might also peep and then recede during delivery.

Giger and Davidhizar (1996:101) found a belief among rural African-American and Appalachian women, that to cut the pain associated with childbearing, women should place a knife under the bed. This action has no direct impact or effect on the physiological aspect of pain. However, the psychological benefit may far outweigh the physiological benefits in that the woman truly believes that the knife is actually "cutting the pain". Thus, in reality the psychological benefit may be an actual reduction in the perception of the intensity of the pain. Giger and Davidhizar (1996) emphasise other neutral health beliefs, such as

- A high incidence of heartburn during pregnancy is a positive indicator that the infant will be born with a lot of hair.
- Eating strawberries during pregnancy will produce such birthmarks on the infant when born.
- Seeing something considered unpleasant or frightening during pregnancy will mark the unborn foetus (e.g., if a woman sees a crab and is frightened by it, the child might be born with hands that resemble crab claws).
- Raising your hands above your head will cause the umbilical cord to wrap around the baby's neck.

4.4 CONCLUSION

This chapter presented the findings from the interviews with the Mozambican women. The data analysis provided information on

- the experience of labour pain
- their reactions to such an experience
- the cultural/religious meaning they attach to this experience
- pain relief during labour

- cultural beliefs about the control of pain during pregnancy, labour and delivery

Chapter 5 concludes the study and discusses the findings from the analysis of the Mozambican women's descriptions of their experiences of labour pain.