

Ngwana 'a ditlhaka: Early affirmation of motherhood

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Abstract

Ngwana 'a ditlhaka (reed baby) is a traditional Northern Sotho concept that can roughly be equated to a fertility doll, an artefact that is familiar to many cultures. It is specifically made for a young woman, by elderly women, for experiential motherhood. It is a significant symbolic transition (physically and emotionally) to mothering a biological offspring. Like other traditional concepts and practices, this phenomenon may not have been consciously eliminated, but may simply have been a casualty of cultural evolution. Motherhood is often taken for granted, but it can be a daunting task. Unless it is resourcefully prepared for, motherhood can lead to devastating psychological and moral tragedies. This article explores the phenomenon of *ngwana 'a ditlhaka* as well as its role in, and impact on, traditional societies. The article also examines the assumed absence of in-depth grooming and support that may be the cause of some disturbing contemporary events. Tapping into indigenous knowledge and adapting lessons learnt from concepts such as these, modern contexts may advance multi-disciplinary approaches to current practice in order to alleviate the strain on modern experiences of motherhood.

1. Introduction

Ngwana 'a ditlhaka (reed baby) was practised in traditional Northern Sotho communities. *Ditlhaka* is another plural form of *lehlaka* (reed), alongside *mahlaka*. *Ditlhaka* refers to dried stalks of corn left on the fields after harvesting. *Ngwana* means baby or child. *Ngwana 'a ditlhaka* was meant for young women of a pre-marriageable age by elderly women of the family (nuclear and/or extended) and/or the community. A young woman received a reed baby to own, to name, to care for and to protect. It was not a doll, because a doll is generally defined as a plaything that is owned and used by little girls. *Ngwana 'a ditlhaka* was never owned by little girls and was never used as a toy. As an institution, it was not a corrective measure, but a long-term experiential educational process that had far-reaching psychological benefits.

Modern times have measures in place to assist young women in matters relating to pregnancy and motherhood. For instance, government institutions, civil society and the mass media have programmes aimed at the prevention of teenage pregnancy. These programmes teach youth the benefits of abstinence and also guide them on how to prevent pregnancy and diseases should they not be able to abstain. That health facilities are generally not youth-friendly is not necessarily a reflection on bad policies – the policies and intentions are good, but practice may be something else. Traditional societies also have organised ways and means to teach abstinence and to delay sexual activity until the girls were mature enough for marriage.

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Granted that growing up and being a mother is inevitable, preparing a young woman for that stage and role with as much care and wit as possible is the right thing to do.

The issue is whether there is enough time and intention to establish healthy mother-child emotional connection prior to motherhood. It is also a matter of whether or not pre-natal and post-natal assistance offered at health centres is designed to transcend the physiological and reach the psychological level of a woman, as the two levels are, regarding pregnancy, tightly 'interwoven and inseparable' (Wolkind & Zajicek 1981:195). Assistance at these health centres may not fully address uncertainties and fears in order to avert unpleasant motherhood experiences. Moreover, critical considerations to be borne in mind are who attends these classes and at what stage these classes are offered. Normally women attend only when they are already pregnant. The assistance is given mostly in a lecture or coaching format on the days that the women visit the clinic, for a limited period. It is not standard practice to arrange hands-on sessions that may be open to non-pregnant women as well. It is also not easy to reach out to all pregnant women, and girls, unless they themselves come forward.

The issue of motherhood is considered relevant in view of the tragedies that distress societies today. Young mothers abandon, give away, sell or murder their own children. The traditional practice of *ngwana 'a ditlhaka* did not wait for a girl to fall pregnant. It was not a lecture that was given to a select group – it was open to and common practice for all girls from a particular age group en route to adulthood. There was no shame in having *ngwana 'a ditlhaka* – it did not identify any young woman as wanting to have a child 'now' or as being sexually active. It simply acknowledged the natural progression of life and proactively prepared for it. Young women owned their reed babies with pride, openly and with the support of the elders.

This article seeks to explore the phenomenon *ngwana 'a ditlhaka*, as a traditionally entrenched strategy for affirming young women's future role as mothers. Prior familiarity with the concept will be evoked, with confirmation of details from selected informants. Subsequently the significance of the concept will be measured against modern practice. It will also highlight motherhood-related tragedies within the modern life context. What manifests post-natally in terms of mother-infant relationships and ultimately leading to tragic decisions by some new mothers, may have been brewing and unattended to in the pre-natal stage. Considering the incorporation of lessons from *ngwana 'a ditlhaka* into modern interventions may enhance practice.

2. Motherhood and social structures

'Motherhood is not a universal experience...' how a woman experiences motherhood 'depends on the particular conditions in which women give birth to or rear children' (Tetty 2002:62). Motherhood is, among others, defined as the state of being a mother or the kinship relation a mother has to her child. The word 'state' in itself is *Southern African Journal for Folklore Studies* Vol. 21 (1) July 2011 79

all encompassing; it embraces all faculties and manifestations of being. In addition to being a physical being, a woman is also, among others, a socio-cultural, spiritual, mental and emotional being. Motherhood, therefore, encompasses much more than the physical aspect of conception and giving birth. Lederman (1996:54) indicates that 'the developmental step of the woman-without-child to the woman-with-child is the goal of identification with a motherhood role'. Being a mother for the first time is a life-changing experience. According to Oyewumi (2003) at the time of birth it is not only the baby that is being born; a mother is also being born for she was not a mother before that. For new mothers, in particular, it is a transitional process into the unknown. Ideally, it is a transition that no one should go through unaccompanied. Lederman's (*op. cit*) studies on the psychological adaptation in new mothers-to-be reveal that 'the woman's life experience and the availability of a role model are major determinants influencing preparation for motherhood and the development of feelings of competence in the new role' (Lederman 1996:58). Apart from the hormonal harassment, a pregnant woman also faces her own unique issues around a particular pregnancy and how it is going to affect her life. Using the analogy of a basket, Insel (1982) indicates that often there is so much attention paid to the contents and very little to the container. Therefore, a carefully considered holistic attention to the young woman will ultimately secure that she becomes a relatively content and balanced being. Insel's (1982:28) view of the whole process is that 'the full transition and adjustment to motherhood takes months and years and it involves complex emotional developments'. It is a role that should not be taken for granted.

In this article, motherhood is explored from a traditional Northern Sotho perspective. Traditional Northern Sotho communities, like many African societies, are known for their communal way of life; people lived out their lives in neighbourhoods where everyone knew everybody and where people looked out for each other. Extended families lived together, allowing everyone access to a variety of age groups with different experiences and expertise. Because of the nature of the societies and the underpinning *Ubuntu* philosophy – an African belief system according to which being human is characterised by communal ownership, shared responsibility and allegiance to fellow human beings – it was far easier to trust the person next to you than it is today. Several social structures and practices offered people an anchored sense of belonging. The structures and practices catered for material and non-material needs in many facets of life, including motherhood. Looking out for the psychological well-being of members of the community was entrenched in these established structures and practices.

Within societies such as the one described in the previous paragraph one can rely not only on members of the nuclear family, but also on the extended family and the community for support offered by existing structures. Affirmation of motherhood involves recognition of the role. A young woman needs assurance that by being a mother she is going through what is accepted as normal and she needs to feel that assurance in every way, primarily, from her family and the community she lives in. *Southern African Journal for Folklore Studies* Vol. 21 (1) July 2011 80

Lederman (1996:257) observes that 'family and social support are important contributors to a successful adaptation to and outcome of pregnancy and childbirth, and are significant determinants of individual reactions to the stress of parenthood'. Other African societies also find social support an efficient vehicle for this transition and beyond. For instance, Tetty (2002:63) points out that 'what makes being a mother so pleasant in most African societies...' is 'social support'. Motherhood in the traditional African sense is, therefore, not an individual affair, but a communal responsibility. Social support mainly translates into emotional and psychological wellness. Traditional systems, such as *ngwana 'a ditlhaka* safeguard motherhood and ascertain that it is wisely passed down from mother to mother and from generation to generation, with the necessary holistic support.

Modern society offers support in ways relevant to the times and situations. At both the pre-natal and post-natal stages, care is taken that both the mother and the child are healthy, that the mother's health is ready for birth, that she can nurse the infant and recognise if there is something wrong with her and with the infant. Lefèber (1994:161) notes that a fundamental difference between traditional midwifery and Western obstetrics is that 'Western obstetrics [are] especially focused on the biological birth process and seems to be less dependent on the social and cultural surroundings as compared to the work of traditional midwives'. It follows that this support, focusing on the biological aspect, would be limited to pregnant and new mothers. Before young women become pregnant, learning about being a mother is hardly a priority. Not every young woman would want to be identified as needing motherhood preparation, unless such preparation is available to all irrespective of whether or not a woman is pregnant. Some pregnancies are the results of forced relationships and of rape and are, therefore, marked by trauma from the beginning. To this effect Lederman (1996:31) conveys the psychological measure results indicating that 'the woman is less prepared for childbirth and motherhood when acceptance of the pregnancy is low, and she is more likely to have fears and conflicts concerning labor (*sic*)'. The fears and conflicts may be about more than just labour, starting from conception extending to what the woman imagine she would become in the post-natal period and beyond. First-time expectant women, lucky enough to have support, are coached and counselled at health facilities when they are pregnant. Health facilities can only serve the purposes they are designed for; they cannot extent the service to offer all young women long-term preparation for motherhood.

3. African dolls and their roles

African baby figures have been labelled 'dolls' in literature and art exhibitions. The term 'doll' comes from outside the communities that created these figures. The communities from which these figures originate do not call them dolls. They call them 'babies' or 'children'. The following examples, documented for the Johannesburg Art Gallery (1998), support this: *Southern African Journal for Folklore Studies* Vol. 21 (1) July 2011 81

Basotho (Southern Sotho): *ngwana 'a modula* (the sorghum child) and *ngwana 'a seho* (the calabash child)

AmaZulu: *umntwana wesigonga* (child of wood) and *udoli* (from English doll)

Bapedi (part of Northern Sotho): *bana ba pelego* (children of birth) and *bana ba dihlaka* (children of reeds)

Batswana: *bana ba pelego* (children of birth)

Bantwane (part of Northern Sotho): *gimwane* (child) and *popenyane* (From Afrikaans *pop* [doll])

Vatsonga (of the Northern part of South Africa): *n'wana* (child)

AmaNdebele (South African Ndebele): *umndwana* (child)

EmaSwati: *umntfwana* (child) and *lishoba* (tuft of ox or cow's tail)

Lenge (of Mozambique east coast) : *n'wana* (child)

Kwanyama Ovambo (of North Namibia): *okana kodunga* (child from the palm tree)

The tradition of having dolls or baby figures is widespread. In many African cultures, they are created for various reasons, including being used as fertility charms. Cassidy (undated: eHow) explains that dolls in African cultures 'are not typically used as children's toys, as they are in Western culture.' She identifies five roles that they [the dolls] are created for and gives examples. The roles are courtship (South African Ndebele), protection (Namji dolls of Cameroon), fertility (The Ashanti of Ghana and the South African Ndebele), memorial (Tsobii dolls of the Ga people of Ghana and the Ibeji dolls of the Yoruba of Nigeria) and entertainment (Bozo and Bamana puppets in Mali theatre). In addition, Dube (2009) says that Zulu beaded dolls are used by traditional healers to heal the sick.

Of the above-mentioned, *ngwana 'a ditlhaka* is closer to a fertility doll; however, it is more experiential and educational than being a mere charm. The next section will specifically focus on the Northern Sotho *ngwana 'a ditlhaka*; its structure and role.

4. *Ngwana 'a ditlhaka*: structure and role

In the traditional societies of the Northern Sotho, elderly women make the *ngwana 'a ditlhaka* for a specific young woman and hand it over to her. They use dried stalks of corn, strings of animal hide and beads. Dried stalks of corn are arranged to a desirable thickness, and pieces of animal hide are attached on top and at the bottom for support. The animal hide is also used to make two strings for legs and two strings for arms: this means that the baby can be held when it is picked up – and is not, therefore, reduced to a mere object. Beads are used for the eyes, nose and mouth. A thin plait of hair and beadwork around the body complete the artwork. The beads are white, blue and red – the colours of *difoto/diphešane* (beaded armbands). *Southern African Journal for Folklore Studies* Vol. 21 (1) July 2011 82

Specifically made for her by the elders, the young woman takes ownership by naming it, caring for it and protecting it; thereby over time forming a special bond that will symbolically (physically and emotionally) form a solid transition to biological motherhood. She will name her reed baby after a man in the community that she looks up to (usually from her clan) – be it for strong leadership, a hero of some sort, a good family man, good physical attributes or a good dancer or singer. The reed baby is displayed in the house and treated like a real child. The young woman will be known as X's mother. Similar to this Northern Sotho concept and some of the subtle traits it has of preparing young women for motherhood, is the evidence put forward in Lederman (1996:58) that 'fantasizing and dreaming are two ways in which a woman prepares for her future as a mother, and they may be predictive of her ability to cope with the challenges of motherhood'.

When she marries and moves in with her in-laws, she takes her reed baby with. According to tradition, upon the onset of the third trimester of her first pregnancy, the young woman is taken back to her parental home. The tradition of having a first baby at one's parental home is not unique to the Northern Sotho people or Southern Africa – it was also practised by other African people, as attested by Oyewumi (2003) of the Yoruba. She will carry her *ngwana 'a ditlhaka* back home – to the same people who groomed her and whom she utterly trusts in as far as matters of motherhood are concerned. Upon the birth of her biological baby, the *ngwana 'a ditlhaka* is dismantled by the midwives, and its name and beadwork are transferred to the newborn baby. The beadwork is used to make *difaga* (beaded wrist adornment/wrist bands) for the new baby. If the firstborn is a girl, she is immediately given the name of the man's wife. Most firstborn male children whose mothers went through the practice have in the set of their first names, a name inherited from their mother's *ngwana 'a ditlhaka*.

Ngwana 'a ditlhaka was used to educate young women, to instil in them the responsibilities that come with motherhood and to prepare them psychologically for the role of motherhood. It was used for the purpose of experiential motherhood. From the time that she is given the reed baby, the young woman begins her role as a mother. She lives motherhood long before she is a biological mother. The process establishes and nurtures emotional and psychological connection to the baby. The young mother literally lives the role – she is not only being told but also experiences and grows into the role. The impact is so strong it lives with them forever. For instance, an informant who went through the process and was 103 years old when interviewed in May 2010 could still remember her own *ngwana 'a ditlhaka* with fondness and said that she named him Y, after Z's father. Another informant, who was 82 years old in 2010, witnessed the practice gradually fading away as westernisation strengthened. She did not have her own *ngwana 'a ditlhaka*, but had the opportunity to look after her aunt's. She shared information about a number of men she knew whose mothers went through the practice and are named after their mothers' *ngwana 'a ditlhaka*. *Southern African Journal for Folklore Studies* Vol. 21 (1) July 2011 83

The fact that a young woman names her reed baby after someone she looks up to symbolises the good that she wishes for her baby. The reed baby becomes part of the family. The younger siblings regard it as their sister's baby, they help to look after it and the young woman is referred to as the baby's mother. The *ngwana 'a ditlhaka* is picked up like a real baby – by holding it under the strings made as arms. Everyone in the family and the community acknowledges the young woman's role, thereby cementing her connection to the baby by referring to her as its mother. An emotional connection is established; she cares for and protects the baby. She psychologically grows into the role and through the journey, she is assured the support from the extended family and the wider community. She will not feel overwhelmed by all that will come with her 'new' role. She does not fear being a mother, but in fact looks forward to it. She knows she will not be alone, that she will have experienced people/women around her. As such, she will not regard any of her children as hers and hers alone: the children will belong to the family and the community. She knows she will be answerable to a number of people if she proves to be a bad mother. In other words, she is psychologically well-prepared for motherhood.

This is what collective indigenous wisdom offered young women by preparing them for motherhood. As Oyewumi (2003) asserts of African experiences, motherhood is 'pregestational, presocial, prenatal, postnatal and lifelong' (<http://www.jendajournal.com/issue4/oyewumi.html>). The journey does not start with conception – it starts long before that. Through this experience, the young woman is given the highly respectable role of mother, the status that every girl ultimately yearns for. A traditional woman would normally not be called by her first name; she would be known as and be called X's mother (X is the name of a child). Moreover, since the title of being someone's mother and being known as such came to almost every girl at a particular age, no matter what happens later in life, everyone is known as someone's mother and has that name throughout life. The practice had a broader self-concept in that it afforded every girl an opportunity to be someone's mother and the respect attached to it, thereby eliminating or minimising possible ridicule and psychological implications that would come with barrenness. Apart from leading young women to motherhood with confidence, *ngwana 'a ditlhaka*, as a phenomenon, is non-discriminatory, because an infertile woman bears a similar designation to those with biological children.

Given the above, the question arises as to why newborn babies are being discarded today? What did traditional societies have that is missing today? What is it that should have been discarded and what it is that should have been retained? What is it that could still be salvaged?

5. Modern social structures and challenges of motherhood

The global influence of the Industrial Revolution and the resultant migrant labour, as well as the spread of Western civilisation, resulted in the destabilisation of *Southern African Journal for Folklore Studies* Vol. 21 (1) July 2011 84

traditional societies. The situation in South Africa was, of course, compounded by the apartheid system. Destabilisation of traditional societies saw an end to most traditional practices, including *ngwana 'a ditlhaka*. The general way of life today is dominated by modernisation and westernisation. When new concepts were introduced into the lives of traditional communities and these were accepted, certain traditional concepts were abandoned. It was not always possible to replace every abandoned concept with a new concept. For instance, the western doll could not replace the *ngwana 'a ditlhaka* – the two simply do not possess the same significance.

In traditional African societies, social support and engagement would also be felt through observance of particular taboos at various stages of pregnancy and after birth. To this effect, Cox (in Kumar & Brockington 1988:75) advances the hypothesis that 'the apparent lack of post-natal taboos in Western society has led to role ambiguity and to the lack of social support for the mother at the time when she ... (is) most vulnerable'. Cultures evolve, and so societies cannot be expected to stay the same forever. The question is, which aspects of traditional societies have been left behind and which have been kept, and how significant are they?

The African way of life has generally taken a shift from a traditional communal to a modern, Western and individualistic one. The repercussions of the shift to the modern are that some of the support systems offered by traditional societies are now impossible to recover. In the absence of the general preparation for all girls, some girls may feel isolated and unsupported. In the first place, it is common for a girl to fall pregnant unexpectedly. This may result in a long period of secrecy and psychological isolation, and as such, no positive intervention is offered. Her emotional and psychological wellbeing may be characterised by turmoil, but this will be known to her alone. Secondly, the family structure and the economic situation may be such that parents barely have the opportunity to notice any change in her. The girl may be overwhelmed by fear of the unknown. She may not imagine how she will cope. She may consider various ways of ending her situation. Her situation may be noticed too late or not noticed at all. As she struggles in isolation, the natural process of foetal growth does not stop – ultimately there will be a baby, in a safe or unsafe environment. Social isolation and low self-esteem are listed, among others, by Nicolson (2001) as risk factors for depression; and depression can lead to all kinds of unpleasant situations. Kumar and Robson's (1984) survey of 119 first-time mothers reveals, among others, that those who had started out with uncertainties concerning their pregnancy to the extent of considering abortion were more likely to be depressed.

In modern times and Western living, the journey of becoming a mother is medically controlled. Traditional practices are injected with modern medical understanding to contain maternal and infant mortality. For instance, the World Health Organisation (WHO) introduced training programmes for Traditional Birth Attendants (TBAs) in Africa, Asia and Latin America (Lefèber 1994). The training focuses on physiological *Southern African Journal for Folklore Studies* Vol. 21 (1) July 2011 85

and pathological issues of the perinatal period. With the understanding that the TBAs do not have formal training and largely rely on traditions and experience, the programmes create awareness, guide and train the mothers in hygiene, family planning and the need for medical support. However, psychological preparation for motherhood is equally important. Elderly members of the extended family and the community could still continue taking care of the emotional and psychological preparation to complement these efforts, but in today's socio-economic situations it may not be practically possible. Moreover, the attraction of westernisation is too strong. Another setback is that traditional practices are generally regarded as backward and are being shunned. Stories like the following can only leave one feeling distressed:

In May 2010 in Gauteng, South Africa, a Talk Radio 702 Eye Witness News journalist, in partnership with M-Net's Carte Blanche team, uncovered child-renting and child-sale scams. It all started when they were following a story about babies and toddlers often seen in the company of beggars at traffic intersections – these children were not theirs, but were being rented out for R20 a day. The babies were being used to draw sympathy from motorists so that the beggars were given more money. The children were found to be malnourished and had developmental problems. The journalists alerted the authorities and the children were rescued.

In the process, the team got to know of a baby-sale scam: a seven-months pregnant 19 year-old girl, who had been dumped by her boyfriend, was selling her unborn baby for R50 000. The girl was approached under the pretext that the journalist was an infertile married woman. The baby's price was negotiated down to R30 000, at a restaurant. The girl was specific about who she would not sell the baby to because she did not want the baby to be killed for *muti*. She was taken to a doctor for a sonar scan so that she could see her unborn baby, in an attempt to see if she would change her mind, but she did not. The team also met another pregnant woman who wanted to sell her unborn baby, because she had a husband back in her home country, and she wanted to arrive home alone – in the way she had left. Subsequently, the necessary support was arranged for both women.

On Sunday, 29 August 2010, a baby girl of a few days old was spotted dumped on the railway line in Jabulani, Soweto, in a white plastic bag. Luckily she was still alive. She was taken to the hospital and was reported to be in good health.

In October 2010 a Khayelitsha, Cape Town, teenage mother was charged with the murder of her six-week-old baby. The teenager had earlier sent authorities on a wild goose chase, claiming that her baby had been kidnapped.

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These are stories of desperation. They may have been triggered or fuelled by a variety of factors, some of which may be economic. Children are being abused in other parts of the world, as well, with permission from their mothers. The baby renting scam, for instance, is also practised in India (<http://www.goindia.about.com/od/.../p/indiabegging.htm>). Mothers who go to these lengths have obviously suffered in silence. How long and how intense the suffering had been, would differ per individual circumstance. They exhibit signs of troubled psyches. Would they go to these lengths, using their babies, if they had access to open communal motherhood preparation and support systems? Instead of being quick to pass moral judgment on them, society may consider improving their lot by equipping them with support structures that are youth-friendly and non-discriminatory in order to prevent their emotional suffering and to save their babies. If there were effective multi-disciplinary preventative measures openly available to all, the women would have refuge.

6. Conclusion

In a traditional Northern Sotho society, the new mother was surrounded by people she knew and trusted, people who had started the journey with her by designing her beautiful *ngwana 'a ditlhaka*, who gave her recognition as a mother and who assured her of their support, no matter how overwhelming the real experience might be. Affirmation of motherhood was psychologically instilled in new mothers indirectly, but in a smart and efficient way. Emotional connection to the future baby was deliberately ingrained, at the same time the gradual growing into the role made it all so natural. *Ngwana 'a ditlhaka* was not a corrective measure – it afforded young women profound experiential motherhood that had a significant and lasting impact.

Archaic as it may appear, the concept was reliable and provided young women with a smooth transition to motherhood. It alleviated fears and instilled confidence. It inculcated the idea of being a mother as a positive, welcome and celebrated stage in a woman's life. Therefore, there could be no shame when the young woman ultimately reaches the stage of being a mother. Now, the practice is gone and only exists as part of oral history. Those who had first-hand experience of it are ageing. Like other African dolls from different parts of the continent, it may be preserved for museums and art exhibitions, with or without sufficient information. However, its initial role and significance may never be salvaged.

In the face of motherhood-related tragedies, which could have been dealt with, intervention, if it comes at all, often comes too late, and only after something has gone horribly wrong. If societies today were conscious of the fact that modern lifestyles have failed womankind by discarding tried and tested systems, it would be less inclined to judge the cases described above so harshly. It is applaudable that WHO had introduced the training of TBAs (Lefèber 1994) in the developing world, and that insight into the TBAs traditional beliefs and practices gives a picture of where they are coming from. Conventionally 'untrained' TBAs benefit from the *Southern African Journal for Folklore Studies* Vol. 21 (1) July 2011 87

knowledge offered by western-trained medical professionals to enhance their practice. Ideally, other aspects (non-physiological and non-medicinal) of traditional practices could be shared with mainstream disciplines so that the approach to motherhood preparation starts quite early and is multi-disciplinary. Ideas and lessons from the past may be adapted and incorporated in modern practice to create some sort of rite to motherhood. Based on the wisdom of our foremothers, motherhood may reclaim the joy, respect and satisfaction it deserves. Psychological support for mothers may improve, thereby averting possible tragedies. In support of the multi-disciplinary idea, the observation from Wolkind and Zajicek's (1981:216) study indicates that clinical work may benefit 'if psychological factors are considered not a nuisance but as an integral part of obstetric assessment and treatment'.

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