

**LANGUAGE FLUX: THE DECLINE IN THE USE OF TABOOS REGARDING
PREGNANCY AND BIRTH AMONG VHAVENDA FROM A CRITICAL
LANGUAGE AWARENESS PERSPECTIVE**

by

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DECLARATION

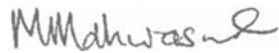
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I, Mutshinyani Mercy Mahwasane, declare that the above dissertation is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.



22 January 2020

Mutshinyani Mercy Mahwasane

Date

DEDICATION

This thesis is dedicated to the following people who played a vital role in my life:

- My late mother Tshinakaho Emma Mulaudzi-Mahwasane also known as Lesinah whose motivation was, “*Na sa dzhena tshikolo ni do tambula, ni do vha saga la u phumula matope a vhañwe*”,
- My late father Vhangani Albert Mahwasane, my siblings, Zwiitwaho Sylvia Vhangani, Thinandavha Elias Mahwasane, Nnditsheni Phineas Mahwasane and Muṭheiwana Johnson Mahwasane,
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ABSTRACT

The purpose of this study was to investigate how language used in the past was lost with regard to pregnant women, as well as the rituals meant to be followed when a woman is pregnant until child-birth. This study compared the language use of modern times and of the past with regard to taboos during pregnancy and birth. The components that the researcher investigated embrace how a pregnant woman should handle herself, taboos that must be followed by pregnant women and the infants, fortification and procedures which follow when the ceremony of the baby is done and language development from pregnancy and child birth. In this study, the researcher applied the Critical Language Awareness (CLA), Ethnography of Communication and Ethnopragmatics models to best explain the Vhavenda cultural practices and discourse in relation to child-aligned language with regards to pregnancy, child-birth and anything associated with a newborn child.

Regarding research design, the researcher chose qualitative-ethnography research design because it is more exploratory as it deals with human beings and the environment in which they live. A qualitative research method was utilised in this study. The population was Vhavenda elderly women who are knowledgeable about taboos pertaining to pregnancy and childbirth. In this study, purposive and snowball sampling techniques were appropriate since the researcher used her judgement to select samples as well as referrals from the participants. On the whole, purposive and snowball sampling were used to sample information from people who have knowledge of the Tshivenda language and culture to establish if there is a difference between the language used today and that used in the past. On the subject of data collection tools, the researcher collected qualitative primary data with the aid of interviews and interviews from the social groups including youth, elders, nurses and doctors from various natural research settings in the Vhembe District. Ultimately, the researcher identified various themes and concepts which emanated from the data collection process in line with analytical comparison methods, namely, method of agreement and method of difference.

From the research, it was discovered that the Tshivenda culture is being undermined and the Western culture is being preferred in modern times. These changes came about when Western and Christian ways of doing things were

followed and African customs were abandoned. Furthermore, this research uncovered that the Tshivenda language is being lost while looking at the period from pregnancy until the birth of a child into the world. Most importantly, this research brought forth the knowledge of language used in pregnancy that has been lost; including medicines that are no longer used for purposes of curing during pregnancy, child-birth and the raising of a newborn.

Keywords

Tshivenda culture; language; pregnant woman, utterances, language flux, birth, fortification; pregnancy; illness; new-born; taboos

MANWELEDZO

Ngudo ino yo d̄itika kha u sengulusa uri luambo zwe lwa vha lu tshi shumiswa zwone kale lwo ngalangala zwo livhiswa kha muimana u swika a tshi vhofoholowa. Musi i tshi ya phanda, t̄hoḁisiso iyi i sedza luambo lwa zwiilaila uri ndi luambo lune lu kha d̄ivha lune lwa dzhielwa n̄tha na musu ho sedzwa ho sedzwa vhuimana na mbebo. Zwine muḁoḁisisi a khou t̄oḁulusa zwone zwi katela zwi tevhelaho: muimana u d̄ifarisa hani, zwiilaila zwine zwa tea u tevhedzwa nga muimana na lutshetshe, muthuso na n̄dila ine ya tevhelwa musu hu tshi khou itwa vhuḁambo na u sedza luambo lwa muimana lune lwa shumiswa u swikela kha lutshetshe. Kha t̄hoḁisiso iyi muḁoḁisisi o shumisa mutheo wa thyiori dzi tevhelaho: Critical Language Awareness, Ethnography of Communication na Ethnopragmatics u t̄alusa kushumisele kwa mvelele ya Vhavana na luambo malugana na luambo lwa zwilaila, lutshetshe na zwiḁwe zwine zwa elana na u vhofoholowa.

U ya nga ha tshivhumbeo tsha t̄hoḁisiso na n̄dila ya u t̄hoḁisisa muḁoḁisisi o nanga u shumisa ngona ya khwalithithethivi nga uri o vha a tshi khou sedzesa kha vhatu na hune vha vha vhe hone. Zwiḁoḁuluswa zwa t̄hoḁisiso iyi ndi vhatu vhahulwane vha Vhavana vhane vha vha na ndivho ya vhuilaila malugana vhuimana na, u vhofoholowa. Kha ngudo iyi *purposive na snowball sampling techniques* hune yo tea u bva muḁoḁisisi o shumisa ndila yawe ya u nanguludza sambula a dovha hafu a shumisa u vhudzisa muvhudziswa nga u wana munwe. Kha ndivho ya zwishumiswa zwa u kuvhanganya mafhungo, muḁoḁisisi o kuvhanganya mafhungo o shumisa khwalithithethivi kha tshi khou thusiwa nga ithaviyu na ithaviyu u bva kha zwigwada zwo fhambanaho sa vhaswa, vhaluwa, manese na madokotela u bva fhethu ho fhambanaho vhuḁoni ha l̄isela la Vhembe. Muḁoḁisisi o topola ndivho na mihumbulo ine ya bva kha mafhungo e a kuvhanganywa ho shumiswa maitete a *Analytical Comparison Method* ine ya shumisa: *Method of agreement* na *Method of difference*..

U bva kha t̄hoḁisiso ho wanala uri mvelele ya Tshivenda i khou dzhielwa fhasi, ha dzhielwa ntha mvelele ya vhukovhela . Tshanduko iyi ndi ine yo d̄iswa nga n̄dila ine Vhukovhela na vhutendi ha Tshikrisite zwa tshimbizwa ngayo musu vha tshi tevhedzela maitete a Tshirema. U inga kha izwo, t̄hoḁisiso iyi yo bula uri luambo lwa Tshivenda lwo ngalangala musu ro sedza kha muimana u swikela a tshi vhofoholowa.

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CHAPTER 1

ORIENTATION OF THE STUDY

1.1. Introduction

The language that was used in relation to a pregnant woman until such time that when she gives birth is now disappearing. This study was based on the research of the language used in relation to a pregnant woman until such a time that she gives birth. It essentially examined taboo words, phrases and utterances that are used in relation to a pregnant woman which the Tshivenda culture uses as a sign of respect to her and the child. Furthermore, the study investigated what a pregnant woman is supposed to observe or not do, what is done for a newborn as well as what is supposed to be followed. The different stages during which a woman is pregnant until she gives birth as well as when her newborn is looked after are closely examined. The language used in these scenarios is observed until the ceremony of the newborn is performed and it can be taken outside the house or be seen by the people (*U bviswa ha n'wana, u thusa n'wana kana muthuso*).

This research also explored the language taboos relating to a child and a pregnant woman, immunisation of the newborn by older women or a traditional herbalist and the procedures thereof, how a pregnant woman is supposed to look after herself, and the food she is supposed to eat and not to eat. It further investigated the circumstances around a new mother and the child pertaining to illnesses that can affect the mother and the child if the Tshivenda cultural procedures are flouted. As this is a sociolinguistic study, it also focuses on mother to unborn baby language associated with taboos, pregnancy and childbirth, food, and readiness for mother and child.

The study again explored medicines that should be used by pregnant women to ease childbirth. It analyses the names of traditional medicines that may cure illnesses affecting the pregnant woman, as well as curing of the child of whatever illnesses that may affect them. It also looks at the support for the newborn to ensure that he/she has good health. Furthermore, in this study, the researcher examined the issues of fortifying the child. Nowadays, a child is named while still at the hospital or clinic where it is born or even before it is born as technology allows the sex of the

unborn child to be known before birth. According to the Tshivenda culture, a child is fortified after seclusion and name giving comes thereafter. The processes of fortification, practiced by a traditional healer and the family members such as granny and aunt of a child is named after fortification and the name giver is usually (a name of) one of the family members or it is given based on what was happening or circumstances at the time the child was born into the family. Among Vhavenda, the naming and fortification process of some of the family traditions are no longer followed. According to Tshivenda believes, norms and values it is a taboo if the fortification and naming are not performed. The fortification done to strengthen a child in the strangers and the illness.

This study revealed the areas where the language is being lost while looking at the period from pregnancy until the birth of a child. Furthermore, the study explored the strategies that can be used to revive the lost language of pregnancy and the birth and the infant. In addition, this study sought to inform the society about the language used during pregnancy and childbirth. This will in turn help society to remember and treasure this very language which was lost. Most importantly, this research brings forth the knowledge of words used in pregnancy that was lost; including medicines that are no longer used to cure pregnancy related ailments, childbirth and the raising of a newborn. This research advocates for the restoration of the Tshivenda culture pertaining the traditional rituals performed to pregnant women, particularly the language used in dealing with pregnant women. This study also assists educationally, that is in school curriculum to equip learners with knowledge as they too will become parents one day. The findings of this study could be integrated into life orientation subject at the schools.

1.2. Background of the study

In explaining the pregnancy, Zepro (2015:410) asserts that “pregnancy is viewed as a critical period in the life of women and is usually subjected to a number of food taboos as a way of safeguarding their lives and that of the unborn baby.” In the context of this background, it is evident that there are many traditional practices that are no longer being followed and are emasculating Tshivenda language and culture, which used to help in instances where a person is a pregnant woman, during

childbirth, in the raising of a newborn, as well as ensuring that the infant's health is good, or it is well cared of.

The adherence to the Tshivenda language culture started to be deteriorate with the introduction of the Western culture and Christianity. These changes therefore emanated from the Christian ways of doing things and later African customs were abandoned (Raňanga, 2009:48-50). In explaining the influence of Western culture and Christianity, both Mathivha (1985:68) and Ladzani (2014:38) concur that the missionaries played a role in the way some Vhaverda people disregard their traditional customs and culture. Their assertion is a confirmation that even though some of the Vhaverda people are moving away from their own customs and culture and embracing the Western ways, those whose ways are being embraced look down on the Vhaverda customs and culture. Furthermore, Mathivha (ibid) and Ladzani (ibid) argue that the missionaries had a hand in the undermining of customs of most Vhaverda especially the Christian community which decided to follow Western beliefs.

When townships and suburbs came into existence, African people in general who moved from their villages to stay there changed their ways of doing things and followed the Western ways. Although some people were still holding on to their traditional ways of doing things, they were involved in these practices secretly because they did not want their fellow neighbours to know that they are still practising traditional practices of doing things. However, among them, there are some who still follow their customs and cultural practices that affect the pregnant mother, giving birth and caring for the infant. On the issue of abandoning African traditional rites and beliefs due to urbanisation, Schapera (1946:414) argues that:

These urban aggregation rites have lost much of their traditional significance. A few parent couples still sacrifice a goat or a sheep on the first emergence of the child and invoke their ancestors to bless the new member of the family.

Schapera's (ibid) accounts above are a confirmation that urban areas seem to be contributors to the loss of the customs and language used when a woman is a pregnant, during childbirth as well as during the raising of the infant since most of what is done in these areas is aligned to the Western ways of doing things.

Another most important aspect is to explore how the introduction of hospitals and clinics has contributed towards the ignorance of pregnancy taboos. In the past, pregnant women were assisted by older women during childbirth without the occurrence of any complications and the newborn lived without constant illnesses. The use of hospitals and clinics and advanced technology only, without considering people's knowledge and their skills, contribute to the rise in maternal and infant deaths. Illnesses are also escalating and affecting the unborn child. In explaining the high infant and mother mortality rate, UNICEF (2010:14) explains that:

South Africa is losing many mothers, babies and young children unnecessarily. Child mortality has increased since 1990, despite a national policy of free primary healthcare for pregnant women and children under the age of five.

In the state of pregnancy, foods and drinks consumed can either be good or bad for both the pregnant woman and infant's body. However, the nature of pregnancy and childbirth as well as the medical treatments, used specifically for pregnant women including the child, changed when Western medicines were introduced. All issues relating to pregnancy were under the control of these professionals and that marked the end of the Tshivenda culture in relation to pregnancy and childbirth.

1.3. Research Problem

According to Hofstee (2006:85), whenever a researcher engages in any form of research or investigation, there must be a problem. It appears that substantial research has been conducted globally pertaining to taboos associated with pregnancy and childbirth but a handful has been conducted in South Africa. The research problem in this study deals with the decline in the use of pregnancy and childbirth taboos with reference to Tshivenda speakers.

The researcher ascertains that there is a trend among modern Vhavenda or those who regard themselves as learned to undermine traditional customs that were followed when a woman was pregnant. This study, therefore, explored problems relating to people undermining the language and taboos used during pregnancy and childbirth. When taboos language is undermined, problems of disrespect towards the pregnant woman as well as the undermining of values ensue. Not following

these values sometimes drives these young women into terminating their pregnancies.

These days, many girls leave their homes to attend institutions of learning as well as to work in places that are far away from their parents. While pregnant, they do not have older people close by to advise them on pregnancy issues since elderly women and older women are the ones who used to have thorough knowledge pertaining to pregnancy or connoisseurs in that field. After giving birth, it means that the new mothers cannot follow the taboos related to a woman who has just given birth and her baby. Consequently, they start to experience challenges for instance, a baby may cry uncontrollable. For young girls to be away from home with no guardians or parents, they usually give birth and not follow taboos with regard to pregnancy and childbirth.

1.4. Aim and objectives

The aim of this study was to investigate how the language was lost in relation to pregnant women and the taboos meant to be followed when a woman is pregnant until child-birth.

In this study, the objectives were to:

- probe the language that the pregnant woman and unborn baby use to communicate;
- establish the language use of the baby post birth – what is the baby called;
- explore the taboos meant to be practised when a woman is pregnant until child-birth;
- investigate some causes of language decline in relation to pregnant woman and newborn baby; and
- recommend ways in which new modern practices can be integrated with the old traditional practices as a way of reviving the lost pregnancy and childbirth taboo language.

1.5. Research questions

The following research questions were pertinent to this study:

- How does a pregnant woman communicate with her unborn baby?
- What is the language use of the newborn baby post-birth?
- What are the taboos meant to be practised when a woman is pregnant until child-birth?
- What are some the causes of language decline in relation to pregnant woman and newborn baby?
- What are ways in which new modern practices can be integrated with the old traditional practices as a way of reviving the lost pregnancy and childbirth taboo language?

1.6. Justification of the study

The introduction of Western civilisation has changed the cultural and traditional practices of African societies. One area of concern is the loss of pregnancy and childbirth taboo language particularly of the Vhavenḁa speech community. Based on this argument, the researcher investigated language flux in relation to Vhavenḁa pregnancy and childbirth taboo language from critical language awareness perspective. African childbirth and pregnancy studies have been almost a no-go area in terms of research. This study adds and expands on a few studies that have been conducted by a handful of Vhavenḁa researchers. The latter include Ramabulana (1997), Mulovhedzi (2006), Mahwasane (2012), Sengani (2013) and Pandelani (2011) though they did not venture into interviewing nurses, doctors and the youth as it will be done in this study. It was interesting to compare how most of the African studies conducted by European scholars such as Stayt (1931), Schapera (1946), Monnig (1967), Hammond-Tooke (1962), and others on Tshivhenḁa culture have interpreted certain cultural activities associated with pregnancy and childbirth. For this reason, the researcher being a Venḁa speaking person identified this gap and conducted a study to investigate language flux in relation to Vhavenḁa pregnancy and childbirth taboo language. Furthermore, the study recommended ways in which the pregnancy and childbirth taboo language could be revived. In

addition, this study on pregnancy and childbirth taboo language is relevant as the intention is to recover and reclaim the taboo language that is getting lost.

1.7. The significance of the study

According to researcher's knowledge, a handful of studies relating to the use of pregnancy and childbirth taboos has been conducted. It is for this reason that the researcher explored the decline in the use of taboos pertaining to pregnancy and childbirth. Furthermore, the study probed the strategies that can be used to revive the lost taboo language of pregnancy and childbirth. In addition, this study will inform society about the language used in pregnancy and child-birth. This will, in turn, help society to remember and treasure this very language that is lost. Most importantly, this study provides deep-insights and knowledge of taboo language used in pregnancy and childbirth.

In essence, this study will enhance the restoration of the Tshivenda language and culture. Moreover, it will also assist by showing ways that can reduce maternal and infant deaths as well as diseases that are taking the lives of children. In addition, this study will also assist educationally, that is, in school curricula to equip learners with knowledge as they too will become parents one day. The social groups that will benefit are the youth who should in their communities, schools both tertiary and high schools discuss issues of childbirth as future parents. Within the context of traditional leaders, the study has contributed immensely on how to preserve pregnancy and childbirth taboo language. As such, this traditional knowledge or indigenous knowledge pertaining to pregnancy and childbirth will be passed from old generation to the new generation. In addition, this knowledge can be useful to health care professionals so that they can be conscious with regard to the cultural sensitiveness of patients. The health care schools could integrate this indigenous knowledge into their curriculum so that the trainees can be knowledgeable about taboos in relation to pregnancy and childbirth. It will benefit community leaders who mainly take the lead in discussions in community gatherings on issues that involve the communities.

1.8. Theories

This section introduces the theoretical framework of the study. However, the details are discussed in chapter 3. In this study the researcher applied the Critical Language Awareness, Ethnopragmatics and Ethnography of communication to explain Vhavenda cultural practices and discourse in relation to child-aligned language with regards to pregnancy and child-birth.

1.8.1. Critical Language Awareness

The main theory that was used in this study is Critical Language Awareness (CLA). This theory looks at the relationship between language education structures and those found in the society in which the language is spoken (Fairclough, 1992:2). The Tshivenḁa culture uses a hidden language that is respectful. Owing to education being part of life nowadays, a language that is rich or original is no longer spoken in schools. This shows us that there is no relationship between the language used in schools and the language used in society. CLA helps to understand how a language gets revived in the society and in education so that learners can be able to learn and understand how to use it productively. In relation to this study, it appears that nowadays pregnant women are unable to understand language associated with pregnancy, childbirth and taboos. This further demonstrates that Tshivenḁa and its procedures are undermined by the Western culture both in communities and eventually the schools.

It is believed that the Vhavenda people are abandoning their culture, language and taboos pertaining to pregnancy and childbirth. This theory will be used when the researcher interprets language pertaining to taboos, pregnancy and childbirth.

1.8.2. Ethnography of Communication

Ethnography of communication theory used to be called the ethnography of speaking (Hymes, 1971:16). According to Hymes (1971:16), “the ethnography of speaking is concerned with the situations and uses, the patterns and functions, of speaking as an activity in its own right”. The term speaking was changed to

communication by many of those who followed Hymes such as Saville-Troike (1996).

Littlejohn and Foss (2005:313-315) define ethnography of communication as:

Cultures that communicate in different ways, but all forms of communication require a shared code. Communications who know and use the code, a channel, a setting, a message form, a topic and an event creates by transmission of the message.

This means that the differences in cultures also mean differences in the manner of speaking languages since the laws of the cultures are also different. Speakers who know the laws, the manner of speaking and situations of utterance are able to pass on information. This assisted researcher to be able to pass on the data being researched. This study concentrated on the communication between speakers, i.e. societies and the understanding of language used in the communication. Moreover, in this study, the researcher showed that when the rules and principles of a language are not followed, aspects such as words, phrases and utterances pertaining to a domain such as that of pregnancy and child-birth get lost. The researcher in this study used communicative competence when gathering information from participants in order to gain access to valuable information. Much was noticed in Tshivenda literature on how authors strategically used the language of pregnancy, child-birth and taboos by using figurative language in line with the culture of Vhavenda.

1.8.3. Ethnopragsmatics

In this study, the researcher looked at Vhavenda culture through including additions or aspects found in other cultures of South Africa. Culture is preserved in different ways like through thinking, talking and behaviour.

Goddard (2006b:2) takes up the case by saying that:

Ethnopragsmatics is necessarily intertwined with cross-linguistic semantics because the whole idea is to understand speech practices in terms which make sense to the people concerned, i.e., in terms of indigenous values, beliefs and attitudes, social categories, emotions, and so on.

This new paradigm shift in the ethnopragmatics theory adds value in the African languages profession. The components of this theory are cultural scripts, cultural beliefs and belief scripts. According to Goddard (2006b:5), cultural scrips are:

...a statement – framed largely or entirely within the non-ethnocentric metalanguage of semantic primes – of some particular attitude, evaluation, or assumption which is hypothesised to be widely known and shared among people of a given speech community.

In Tshivenda, it is appropriate to use terms of address when referring to adults and not their names. This also applies to this study where pregnant women and newborns are referred to with appropriate terms such as *muthu wa thovhele*, *muimana* and *lutshetshe* or *muthu murwa* respectively.

Cultural beliefs refer to norms and values people practice in their respective culture. A certain group of people may have a belief about certain taboos while another group does not consider them as taboos. Belief scripts are reflected when people use language with people of other age groups or speech communities. When the youth are under pressure of the elderly, they chose language appropriately so as to show respect but would not do so among themselves. When the elderly are with the youth, they can use figurative language or non-verbal communication so as to keep them out of their conversations. Cultural scripts, cultural beliefs and belief scripts were of paramount importance in the study as they are relevant to issues around pregnancy, birth and newborns.

1.9. Research methodology

Research methodology mainly refers to the process used to collect information or data for a research project or study. In explaining research methodology, Babbie and Mouton (2001:647) state that it is an approach which the researcher uses in a study to solve a problem or phenomenon under investigation. In this study, the researcher applied research methodology to investigate language flux in relation to Vhavenda pregnancy and childbirth taboo language from a CLA perspective.

In research, there are numerous types of research design. Creswell and Clark (2007:22) cited in Maree (2016:75) identify research design as narrative studies/research, phenomenology, grounded theory, ethnography and case study. According to Maree (2016:75), ethnography research design focuses on the investigation of the cultural and social group of a particular speech community. Based on this assertion, this study adopted ethnography as a research design for the reason that the study focuses on the decline of the Vhavenda pregnancy and childbirth taboo language.

According to Creswell (2014:18), there are three types of research method, namely, qualitative, quantitative and mixed methods. Creswell (ibid) asserts that qualitative research method is an approach which examines the life experiences of the participants on a phenomenon under investigation. On the contrary, quantitative research method focuses mainly on the measurements or statistical data. In line with this understanding, the researcher adopted qualitative research method as the data was collected and participants expressed their life experiences, views and opinions on the decline of Vhavenda pregnancy and childbirth taboo language. The quantitative method was used though very minimally.

It is of utmost importance to discuss the population of the study. According to Welman, Kruger and Mitchell (2005:52), population is an entire members or objects such as individuals, groups, organisations, and human productions under study. In this study, the population was Vhavenda nurses, young mothers, middle aged, elders, and royal courts.

It is impossible to study the entire or total population. For this reason, sampling approach is employed to select the target population. Sampling techniques consist of two types, namely, probability and non-probability sampling (De Vos et al., 2011:228). According to Maree (2016:192) and Welman, et al. (2005:56), probability sampling is a technique wherein every member of the population has an equal chance of being selected to participate in the study. Simply put, members of the population are chosen on a random basis (Maree, 2016:192; Welman, et al., 2005:56). On the contrary, non-probability sampling is a technique wherein members of the population are not chosen randomly.

Taking these arguments into consideration, the researcher adopted non-probability sampling approach. The most suitable groups of non-probability sampling techniques adopted in this study were purposive and snowball sampling. The researcher used purposive sampling method as it is regarded to be central to a naturalistic research. In explaining purposeful sampling method Patton (1990:169) points out that:

The logic and power of purposeful lies in selecting information-rich for study. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research, thus the term purposeful sampling...

According to Maree (2016:198), snowball sampling is when a researcher asks some members of the sample to refer her or him to other members of the population who qualify to participate in the study. In this study, the researcher chose the members of the sample based on the wealth of knowledge on the flux of Vhavenḡa pregnancy and childbirth taboo language. In addition, she asked some members of the population to refer her to other participants with knowledge of the phenomenon under investigation.

Different scholars have expressed different views about the size of the data. Among others, Ladzani (2014:120) points out that:

Before deciding how large the data should be, one must define the population of one's study. The question of how large the data should be is a difficult one. Size of the data can be determined by various constraints.

However, the size of the data for this study was small in order to be managed with ease. The research setting of this study was in the Vhembe District, in Limpopo Province. The research environment were hospitals, clinics and homes in rural, urban and semi-urban areas in the Vhembe District. The researcher collected data using different data collection tools and from different places such as in villages, locations, towns, hospitals, clinics etc. The methods to collect data included questionnaires, interviews; face-to-face and telephone.

.Through questionnaires, one can collect a lot of data required in the research Hofstee (2006) suggests that in a questionnaires, the respondents use their own

words when responding to questions read. This means that the respondents respond in a way they understand the questions read, they therefore, write what they understand relating to those questions. In this study, the researcher invited different people and a request to whether they could take part in completing questionnaires on issues related to the study. During the data collection process, the researcher introduced herself and explained how they were supposed to go through the questions and then return them to her. The researcher distributed questionnaires to the respondents in hospitals, clinics, homes, urban, semi-urban and rural areas to complete. The completion of the questionnaires was done in the absence of the researcher. An arrangement was made with the respondents to collect interviews after they had completed them.

The researcher further used interview methods to collect data. In interviews, the researcher sampled a manageable number of participants from those who took part in completing interview and focus on face-to-face and telephone methods to obtain deep insights or information. In this process, the researcher used the same questions for all participants to answer. By the same token, face-to-face interviews involved interacting with participants by a way of asking them questions and they would provide answers.

Hofstee (2006:134) maintains that questions being asked should be neutral and not forceful into responding in a direction which the respondent might not necessarily want to or not push participants in any direction. In this study, the researcher wrote down questions before the interview process. Open-ended questions were used as an emphasis of what was being asked. These types of questions give the participants an opportunity to give more detailed information. Similarly, the researcher also used telephone interviews to collect information from the participants. According to Babbie and Mouton (1998:256), this method of using telephonic interviews to collect data is cheaper and saves times. In addition to the authors above, De Vos, Strydom and Delport (2011:356-357) argue that there are numerous benefits of telephone interviews such as enabling research to be conducted in different places, reducing travelling costs and so forth.

Data were analysed in terms of the Analytic Comparison as suggested by Neuman (2000:504). According to Neuman (ibid), two methods used to analyse data are the method of difference and the method of agreement respectively. The researcher used both methods when analysing collected data. The researcher focused on the method of agreement that lays emphasis on cases that have common outcomes and the method of difference on the other hand stresses areas that are different.

1.10. Definition of the terms

Critical Discourse Analysis

According to Van Dijk (2001:352), Critical Discourse Analysis (CDA) is an analytical research that examines the power relations within the social and political perspective. In other words, it investigates how one social group uses its power to dominate the powerless social group.

Critical language awareness (CLA)

CLA is theoretical theory that focuses on language teaching in relation to understanding relationship among social, politics, ideology of language, discourse, linguistic variation, language variation and discourse (Fairclough, 1992:7-9).

Ethnography of communication

According to Saville-Troike (1989:2-3), ethnography of communication is a field of study which primarily investigates the language use by a society pertaining to the communication between participants.

Motherese

Motherese is communication between a mother and newborn in the early stages of development (Bohannon III and Marquis, 1977:1002).

Muthu wa thovhela / a pregnant woman

U dihwala/to be expectant – is a metaphor that is used when a person is pregnant. This also refers to when a female has missed their monthly cycle, which means that at that time her body is in a state of being ready to bring a child into the world. This

is a period when a female has a baby developing inside her body and expects to give birth after a period of nine months (Stayt, 1931:85).

U vhofoholowa /Childbirth

Childbirth is a word that has several explanations in the Tshivenda language. According to Tshikota (2010:08), *U beba ndi u vha na n'wana muswa /childbirth* is having a new baby. However, it can also be used to refer to a person carrying a baby on their back using a sling so the baby does not fall. In this study, childbirth refers to when a female that was pregnant brings forth a baby into the world.

U bebisa /To help to deliver a baby

U bebisa refers to assisting a pregnant female that is about to go through childbirth or that is birthing or that is bringing forth a baby into the world. Van Warmelo (1989:10) refers to it as to assist in childbirth as a midwife.

By the same token, Tshikota (2010:09) adds that it is ... assisting in the delivery of a baby is to help a female in the time of childbirth.

Newborn and infant

Lushie /Newborn

Tshikota (2010:79) defines lushie as a newborn “...a small child who has just been born”.

Lutshetshe /Infant

Lutshetshe is a small child that has just been born or that is a few weeks old. According to Van Warmelo (1937:130), it means a very small infant, and in Van Warmelo (1989:155) also says that it refers to a newborn – very small infant. Tshikota (2010:80) states that an infant is a newborn.

Lukhandwa /Very small infant

Lukhandwa is a small child that has not left its specific place of birth since birth. According to Van Warmelo (1989:145), it is a very small infant before it has been taken out of the hut in which it was born.

***Tshiunza* /Thin porridge specifically cooked with medicines for infants**

This is food for infants which is cooked mixed with medicinal solutions. Tshikota (2010:177) refers it to a food that has been cooked mixed with medicinal roots. On the other hand, Tshikota (2006:79) asserts that it is the medical soft porridge prepared for young babies. To this, he adds that it is the medical soft porridge prepared for young babies (Tshikota, 2006:79). This definition is substantiated by Van Warmelo (1989:430) who refers to it as: ‘... thin porridge specially cooked with various roots and medicines for infants.’

***U thusa* /Immunise a newborn**

It is when a newborn’s body is being immunised by a traditional healer or a person that is knowledgeable in immunizing a newborn baby. It is believed that newborn babies are immunised so that they do not get attacked by evil spirits and that illnesses should not constantly affect him/her. A traditional healer or a person knowledgeable in immunizing a newborn baby uses various medicines to strengthen the newborn baby. Van Warmelo (1989: 380) articulates that it is used to “treat a newly-born infant with medicine to immunise it against evil magical influences (done by a doctor, before the child can leave the hut)”.

***Muthuso* /Medicine or a drug used to immunise an infant**

It is a medicinal solution that is given to a newborn by the traditional healer. It is used to treat or immunise the newborn from illnesses as well as for protection against evil influences. Van Warmelo (1989:249) suggests that ‘*muthuso*’ is a medicine or drugs that old people and traditional healers use to immunise an infant when it is only a few days old.

1.11. Outline of chapters

This thesis is structured as follows:

Chapter one

This chapter will focus on the introduction of the study, the background of the study, research problems, the aim and objectives, research questions, the significance of the study, theoretical framework, research methods, and definitions of the terms and outline of chapters.

Chapter two

This chapter will focus on literature review. This entails the review of the available literature by scholars that focus on how the pregnant woman should handle herself, taboos about the problems that affect them in pregnancy and childbirth, fortification of the new-born child, the assumed language that a child is said to understand.

Chapter three

This chapter will focus on the theoretical framework which is related to various ideas or views which will guide the research.

Chapter four

This chapter will focus on the research methodology used in this study. Aspects such as the research design, the population, sampling techniques, and methods of collecting data, data size, research environment, ethical considerations, as well as validity and reliability will be dealt with.

Chapter five

This chapter is about data analysis using the Analytic Comparison method.

Chapter six

The findings of this study will be elaborated.

Chapter seven

In this chapter, recommendations and conclusion of this study will be stated.

1.12. Conclusion

The main aim of this study was to explore the language endangerment related to pregnancy and childbirth among Vhavenda speech community. In simpler terms, this study presents language associated with pregnancy, childbirth and the taboos as well as the fortification together with the naming of the baby. The Tshivenda culture respects the dignity of a pregnant woman as she is one who carries and builds a nation. When the researcher was working together with the community, she was able to get the relevant data from the genuine source. The methods to collect data included questionnaires, interviews; face-to-face and telephone as mentioned in the sections above. In the next section, the researcher will briefly give an outline of the thesis.

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction

The previous chapter dealt with the scope of the research which includes introduction, the background of the study, research problem, research questions, the aims and objectives, justification of the study, the significance of the study, theories, research methodology, definition of the terms, and conclusion. Various scholars such as Marshall and Rossman (1995), Terre-Blanche and Durrheim (2002) and De Vos, Strydom and Delpont (2011) have expressed their viewpoints on the literature review and point out that reviewing literature is based on the questions set by the researcher. On the other hand, Ladzani (2014:25) has written the following about literature review:

...literature review focuses on previously published sources by other researcher or scholars on the very same topic the researcher is researching on.

As Nunan (1992:216) notes, “literature review is to provide background information on the research question and to identify what others have said and/or discovered about the question”.

The above-mentioned scholars are of the opinion that the literature review is a step where the researcher obtains background information or existing literature from the published sources available from the library, website, journals and articles. As De Vos, Strydom and Delpont (2011:137) put it, “literature review in fact to a scrutiny of all relevant sources of information. This paints a picture that most scholars such as Gray (2004), Hofstee (2006), Maree (2016), Sengani (2008) and others concur on what literature review is although they explained it in different ways.

In this study, the review of literature focused on the gradual erosion of Vhavenda pregnancy and childbirth taboo language. This study uses various subheadings to produce the main idea being investigated.

2.2. Language and language flux

The arguments presented in this section are in relation to the language and language flux particularly of African speech communities. It is of vital importance to define what a language is. Sandra (1999: 7) takes up the case by stating that “language is seen as a social tool that speakers use to make meaning; speakers communicate about something to someone for some purpose, either orally or in writing.” In the same vein, this viewpoint is substantiated by Nordquist (2019) who defines language as a communication tool in which humans make utterances in a way that others can understand. According to Mağadzhe (2007:2), language is of utmost importance in differentiating human beings from animals. The question of the decline of the Tshivenda language with special reference to pregnancy and childbirth is of great concern not only to Vhavenda people but to the African communities. It is for this reason that this study examined the language flux pertaining to pregnancy and childbirth among the Vhavenda society. The researcher explored the words and phrases that are on the verge of extinction particularly in the new generation. For example, these days some Vhavenda people use words such as “baby” to refer to a baby instead of saying “*ñwana*”. In addition, most people refer to a pregnant woman as “*u pregnant*” instead of saying “*ndi muthu wa thovhele*”. This clearly attests to the fact that there is a decline in the use of Tshivenda language pertaining to pregnancy and childbirth. The Constitution of Republic of South Africa, Act 108 of 1996 explicitly spells out that all the 11 official languages are to be treated equitably (eNCA, 2016). On the contrary, it turns out that English and Afrikaans languages are preferred as official languages for business, education and politics and other communication over the other nine official languages (eNCA, 2016). This assertion is substantiated by

Girod (2011) who maintains that most languages are declining whereas the use of English language is increasing. eNCA (2016) reports that South African government supports all official indigenous languages. As an example, the government has introduced an educational policy where pupils are required to learn an African language when they start schooling. Onovughe (2014:43) states that:

Language loss refers to loss of a language by a people as a result of the superordinate influences of a second or third language. It is the loss of a mother tongue (minor or major language) by an individual or community. Language loss is the result of a systematic or random reduction in the form and content of a language and its spheres of competence. The loss of a language translates to the loss of a people's uniqueness, identity, accomplishment and culture.

According to eNCA (2016), the use of South Africa's indigenous languages is declining. For this reason, this study explored the extent of the problem of language decline during pregnancy and childbirth among Vhavenda speech community. The language flux has dire consequences to South Africa's rich linguistic and cultural heritage despite the government support.

2.3. The relationship between language and culture

Societies around the world express their cultures through the use of their languages. In other words, language is the core of cultural expressions. In explaining the relationship between language and culture, Prah (2006:3) writes that "If culture is the main determinant of our attitudes, tastes and mores, language is the central feature of culture. It is in language that culture is transmitted, interpreted and configured".

The viewpoints articulated by Prah (2006:3) are substantiated by Onovughe (2014:42) who maintains that:

Language is a very important natural and unnatural phenomenon in any society. Its importance entails the whole spheres of life of the citizens. Language has codes and systems that are used for representations and communication. Communication is at the center of any language acquisition and learning processes because it is basic to the transmission of values, culture and the identity of a people. A loss of a language translates to the loss of a people, their values, culture and identity.

2.4. Causes of language flux

Crawford (1996:50) and Onovughe (2014:45) posit that the intermarriage is a cause of language flux since the families in such arrangements eventually adopt an English language.

Furthermore, Onovughe (2014:45) attribute another cause of language loss in this way:

Languages are transmitted from one generation to another. A growing number of parents fail to speak their languages to their children. A scenario where most parents prefer their children and wards to speak English rather than mother tongue is disgusting. This attitude to language use by parents portends great danger to our values, culture and the future generations. The possibility and probability of many children being unable to trace their roots is gradually looming.

Onovughe (2014:45) asserts that the influence of foreign languages is another cause of African languages flux. In his study on Nigerian society, it was uncovered that French as a foreign language in Nigeria has dominated and it is now studied in all schools. As a result, this is contributing to the decline of African languages in Nigeria. The same practice applies in South Africa as well where English and to some extent Afrikaans are the dominant languages which are used in many domains of life such as communication, economy and others.

2.5. The assumed language development of the newborn child during pregnancy till childbirth

The major focus of this part is exploring the language development of the infant from pregnancy until childbirth. According to Ertelt (2013), the infant learns the language skills to communicate with the mother from pregnancy to birth. During pregnancy, the learning is in the form of sounds, kicks and movements that it is exposed to. The baby who is childbirth according to Ertelt (2013) can process the meaning of words and consonants. It is at this stage that they start mimicking the words and sounds of people around.

According to a study conducted by Thiessen (nd), most pregnant women communicate with their unborn babies and play music that both entertains and soothes the unborn child. Thiessen (ibid) continues to say that scientists also confirm that it is an important first step in developing the unborn baby's language while they are still in their mother's womb. From the language development perspective, newborn babies start communicating with the mother during pregnancy. This could be in the form of touch, kicks, movements etc. Thiessen (ibid) further maintains that the smiles and babbling which the newborn usually does vary considerable among children of various language groups. He went further to say: "Cultural studies often showed that the types of gurgles and babble that a newborn baby used seemed to be unique to specific parental language groups."

Thiessen (ibid) accentuates that French babies babble in a certain way that is different from, say, Chinese babies. Scientists wondered why this was happening and it will be very interesting to explore this subject. Ertelt (ibid) argues that before birth, the baby can distinguish between their own home language and the strange one. Thiessen (ibid) reports findings of a new study written in *Current Biology* summarized in the *Science Daily* which states that an infant starts picking up or learning while it is still in its mother's womb. In support of this, Thiessen (ibid)

suggests that: "... infants begin picking up elements of what will be their first language in the womb, and certainly long before their first babble or coo".

All the views elaborated above demonstrate that indeed a newborn starts picking up or learning a language while it is still in its mother's womb. It also learns to differentiate if a language belongs to it or whether it is a strange language. Researchers and scientists discovered that this language development happens before the newborn is born. Nothing in this regards has been written in Tshivenda and other African languages.

2.6. Motherese – mother-child/baby language

This study investigated a motherese concept wherein a mother and other adults use to communicate with the baby, that is, an unborn or baby that has already been born. Kayani (2001:3) explains motherese as a way of communication between the mother and a child.

According to Kayani (ibid):

Language acquisition is the result of a process of interaction between mother and child which begins early in infancy, to which the child makes as important a contribution as the mother, and which is crucial to the cognitive and emotional development as well as to language acquisition.

Bohannon III and Marquis (1977:1002) confirm that motherese is communication between a mother and newborn in the early stages of development. It is started in the early age of the newborn baby and the way the mother uplifts a child language.

Gleitman, Newport and Gleitman (1984:44) contend with Bohannon III and Marquis' assertions when they assert that motherese increases the vocabulary of a child and the words that motherese should use are supposed to be short and straightforward. Furthermore, they point out that the short sentences make it easy for the child to

grasp. They argue against Bohannon III and Marquis' stance again when they posit that motherese language is not different from the daily language because both follow language rules.

David (1986), Margery and Sybill (1988), Fernald (1985), Kayani (2001) and Clark and Clark (1977) are pioneers who analysed the stages of a child language development. Clark and Clark (1977:377) posit that when a newborn baby is a few days old, it can hear sounds. This can be proven by the fact that if you frighten it there will be a reaction from it to show the response. In supporting this, Fernald (1985:182) observes that "behavioural measures used to assess infant responsiveness to auditory stimuli include smiling, vocalization and motor quieting".

Clark and Clark (1977:377) and Fernald (1985:182) argue that a few weeks old infants start to distinguish voices of angry and happy persons. Nevertheless, when one communicates in a higher pitch or loudly at it, it becomes responsive or cry thinking it is being attacked. On another hand, if you talk in a low pitch voice, it smiles and coos to show happiness. Fernald (1985:183) concurs that six weeks old newborn can see and hear a mother's voice especially when she talks loudly. At this stage, it can recognise the soft-spoken mother's voice and the stranger's as it is familiar with its mother's voice from the womb.

David (1986:318) talks of 'onset', 'significance', and 'transition two speech' whereas Margery and Sybill (1988:19) mention various stages of a child language such as 'prelinguistic', 'one word' and 'multiple-words'. David (ibid) asserts that onset is when an infant is two months old, which is the first stage of an infant to start making noises and rolling/movement. The noise of an infant at this stage sounds as if it is crying while it is not. At the age of three to four months, a baby starts making a sound which produces sound changes of language such as vowels and consonants.

Clark and Clark (1977:377) add to the discussion that at the age of four months, the baby begins distinguishing between the voices of men and those of women when

they engage in talks. They continue to argue that at the age of six months, the baby begins listening and distinguishing voices carefully/attentively, the high tone and the sound of the language. In this stage, it repeats words when elders speak. At this stage, a baby tries to build his or her vocabulary. Although the arguments by Clark and Clark (1977) and David (1986) harmonize these views to an extent, David points out that a baby of three to four months old begins to make noise and babbling sound of words. On the contrary, Clark and Clark (1977) argue that a four months old baby initiates sound words because it is in a position to listen to elders when talking.

David (1986:318) mentions the second stage which he calls 'significance', one which he uses the behaviouristic theory. He reports that behaviouristic theory involves imitation. In this study, a baby imitates a language used by the family members. This is the stage where a baby may learn to use vulgar words if the family members use insulting language. The same applies when family members use appropriate words. David (1986:312) proceeds by saying that between five to eight months, a child emulates everything that is happening around it. This is the time where a child wants to touch or reaches out to everything which is next to it. David (ibid)'s thoughts are supported by Margery and Sybill (1988:10) who argue that a child starts to emulate elders in the family from the age of ten to 18 months. Margery and Sybill (ibid) used stimuli theory when exploring child language development. In their study, they repeated words several times and in turn, a child repeated them. Margery and Sybill's (ibid) findings contend with David (ibid)'s study as the later talks about the stages between five to eight months but Margery and Sybill (ibid) go further about the stages between ten and 18 months.

Fernald (1985:182) applies auditory stimuli where a child's language development from the ninth to 18 months starts listening to its mother's voice when she talks to it than when mother talks to someone else. Auditory stimulus using a pencil sharpener represents an auditory stimulus because it makes noise and triggers the auditory

process. The third stage called 'transition two speech' occurs when a child begins to produce sound and words clearly and starts to link or associate words to form a sentence (David 1986:318). It starts to produce short sentences with the correct language experience difficulties in producing certain sound words. Margery and Sybill (1988:10) call this 'multiple-words stage', where a child produces words which can be understood by each and everyone in the family. Very little thus far in the cases above has thus far been written in African languages including Tshivenda.

2.7. Fortification or ritual and ceremonial procedures

Ritual performance on the newborn is the common traditional practice mostly conducted by African nations including the Vhavenda ethnic group. Stayt (1931:87) confirms this by saying that according to Vhavenda culture, a child's ritual performance is conducted by a Muvenda herbalist, who is a specialist in it. The African herbalist smears medicine to the newborn baby to make it immune from any attack from the diseases and against the witches/wizards. He or she makes incisions on the joint of a baby to make it strong while walking. During the rituals, a fontanel is cured by making incisions in the middle of the head and thereafter some a black preserved with water medicine is applied. This process of applying a black medicine in the middle of the head is according to Vhavenda culture called '*u hwesa*'. Stayt (1931:87) confirms the above statements by saying: "This medicine made from a piece of the skull of a baboon, grounded with the root of the *tshidzimba vhalisa*. The powder is mixed with fat and rubbed into the incisions and into the baby fontanel."

Stayt's (1931) study is supported by the Mönnig (1967:102), and Hammond-Tooke (1974:214) These scholars agree that Bapedi, Zulu and Vhavenda perform rituals on a child by making cuts on all the joints of the body to immunise the child. Such thoughts are confirmed by Ramabulana (1997:18) who says:

The witch doctor would make small incisions on all the major joints of the child, for example, the ankles, the knees, the hips, the neck, the shoulders, the elbows and the wrists as well as the waist.

Ramabulana (ibid) and Hammond-Tooke (ibid) agree with Krige's (1936:66) idea who states that: "On the day of the birth the doctor or old woman makes incisions on different parts of the child's body and in these powdered medicines is put. This medicine is kept in a special horn taken from an ox both in the kraal."

Hammond-Tooke (ibid), Ramabulana (ibid) and Krige (ibid) focusing on Vhavenda and Amazulu respectively share the same views regarding the ritual performance of the child. By the same token, Hammond-Tooke (1974:214) has this to say when talking about the ritual performance of the child with a focus on the Vhavenda, Bapedi and Amazulu ethnic groups for instance, make numerous cuts on different parts of the child's body and medicine is rubbed into the incisions".

Schapera (1946:414) with reference to Batswana supports the above philosophies by specifying the ritual performance period. In this, he states that when a baby is born, the family rejoices and celebrates. As a way of celebrating, the family provides drinks and food to rejoice with the neighbours, friends and family. This is a way of accepting and welcoming a newborn baby. Nowadays, this traditional approach is no longer followed and the baby is baptised by the priest while he/she is old. This baptism practice was introduced by the missionaries. The above scholars did not showcase language in a clear manner. Schapera (ibid) observes that urban obligations are the ones that led to the erosion of culture. He says that these days, it is very few families that slaughter a goat or a sheep as a sacrifice to the ancestors or as a prayer to the ancestors for blessing a newborn baby in the family. These traditional practices are no longer performed owing to the influence of the foreign/Western cultures of baptism which came with the missionaries. Schapera (1946:414) confirms this by stating that:

“These urban aggregation rites have lost much of their traditional significance. A few parent couples still sacrifice a goat or a sheep on the first emergence of the child, and invoke their ancestors to bless the new member of the family.”

The decline in the use of taboos during pregnancy and childbirth is gradually disappearing. This is a gap that the research considers and explores when conducting the study in the society.

2.7.1. Tools for fortification or ritual performance of a child

A study conducted by Mahwasane (2012:45-46) uncovered that when a child has been subjected to ritual performance, traditional medicine is used to protect the child. An elderly person when she explains insists that the child is washed by *swanzwo* so that it can gain weight. Furthermore, she mentions that a razor blade is used to shave the first hair. The same razor blade is used to make incisions in the joints of the body while performing rituals. Mahwasane (2012: ibid) points out that *tshiunza* (thin porridge specifically cooked with medicines for infants) is prepared from the roots of *mukolokoṭe* (big pods or pillostigma thonningii), baobab barks and *mugwiti* (velvet bushwillow or combretum molle Sond) barks, all fastened into a bundle and soaked into water. The watery liquid from the mixture is used to prepare *tshiunza* (thin porridge specifically cooked with medicines for infants) for the child. This is performed to prevent *tshilala* (*tshiungulela*) (heart burn) of the baby. Mahwasane (ibid) maintains that to prepare a soft porridge of the baby, the stumps of *mugwiti*, *mutswiriri* (bauhinia galpinii or punctata bolle) and *muembe* (African custard apple) are fastened together to form a bundle and soaked in water together with *museṭo* (*dicerocaryum eriocarpum*). The watery mixture prepares *khongoḍoli* (*tshiunza tsho itaho maḍi*) (very thin porridge specifically cooked with medicines for infants). Milubi (1996:133) says that the soft porridge prepared with herbs for the infant is called *tshiunza*. Alternatively, the mentioned stumps are soaked in water mixed with maize meal prepares a meal called *mutuku* (sour porridge). *Museṭo*

(*dicerocaryum eriocarpum*) helps a child to grow teeth fast. Much of what appears in this section is frowned upon as it is associated with backwardness and needs scholarly attention. It turns out that the names of the traditional food of a newborn baby are disappearing. In addition, it is a small number of people who still have knowledge on how to prepare traditional food of the newborn baby. The names of the traditional food of the pregnant woman are also disappearing. This shows a language flux pertaining to the names of traditional food and the knowledge of its preparation.

2.8. Diseases and cures related to newborn babies

There are many diseases affecting newborn with some families losing their newborn babies early. When newborn babies come to the world, it is the start of their hardships such as diseases. According to Mulovhedzi (2006:30) and Mahwasane (2012:22), the diseases that often affect infants are identified as *goni* or *gokhonya* (a condition like warts) they appear on the vaginal area of a woman, *misho* (disease happens suddenly without showing signs), fontanelle, measles, diarrhoea and vomiting. The findings of these studies conducted on *tshifumbu* (measles) reveal that this disease is contagious and manifests itself through small pimples all over the body and are reddish in colour. According to Mulovhedzi (2006:35), a child suffering from measles is cured through washing it with *mungu* (*mungu* is a fine powder obtained from the maize granules are sifted before being milled). She further states that *goni* or *gokhonya* (is like warts) is a disease that is cured through the mother. The mother develops a mark on the birth canal and the *gokhonya* is cut from the mother. The cut *gokhonya* is then burnt and ground. The powder (which is now in the form of ashes) is smeared /rubbed on the back of the head of the child where there is a red mark/dot which is a sign for the disease for the child.

Mulovhedzi (2006:11) explains that the symptoms of a newborn suffering from fontanelle disease are sinking and bulging of fontanel. When it comes to bulging of

the fontanel, the newborn coughs and its movement becomes slow. According to Mahwasane (2012:60), *misho* disease happens suddenly without showing signs and it only attacks the baby either in the morning or in the afternoon. She continues to say that the disease manifests itself through turning of eyes (unconscious). The cure is through burning a piece of skin of the baboon while a baby inhales the smoke until she becomes conscious. The alternative cure is through rolling a baby on the dumping site at home. After rolling it, it is then smeared with ashes of fire and ashes of a pot and gets washed the following day in the morning. A pregnant woman suffers from sickness such as *nyakhwali*, cramps. The secluded woman suffers from *tshikangala*, a condition where a woman suffers from stomach pain as her stomach has not healed. This can be cured by eating beans *muḥawa* (bean leaves). These ailments still plague the newborn babies and their mothers, and today's generation are not familiar with them.

2.9. Welcoming the newborn child

Bringing a newborn into the world is a fascinating and thrilling lifetime experience for any family. In most cultures around the world, the ceremonies and celebrations related to childbirth are common. This practice is a sign of happiness and joy and is mostly practiced by African communities. Depending on a culture, family members and friends are invited to a celebration event. This is very common, especially in the African communities and cultures. The naming ceremony is believed to be conducted in order to make a bond between the newborn baby and the ancestors. This baby welcoming traditional practice is common and is performed by most of the African communities to welcome the baby into the family, clan and community. The child is welcomed to the world. This ceremony happens after the ritual performance has been conducted. Commonly, the traditional healer is responsible for the welcoming. In some African cultures, the traditional healer applies medicine to the child so that it can face the world boldly without fear.

A baby welcoming ceremony known as “outdooing” is a common ritual to welcome the newborn into the community. According to Stayt (1931:89-90), in the Vhavenda culture welcoming a child is a ceremony for the child to be exposed outside the yard. Such ceremony allows a baby to move from the yard to the outside where it can play with other children. Stayt (ibid) points out that during welcoming, the mother carries the child on her back and goes outside the home/house with the family elders. A mother should carry a hoe and seeds in order to sow the seeds for the child and thereafter a small bundle of firewood will be prepared. This practice is performed to show that a child must plough or sow seeds to avoid dying from hunger.

Stayt (1931:89) highlights that for a baby boy, the mother should use a bush knife to cut little branches from trees and package them into small bundles and use that to make a cattle’s kraal. When the mother is finished with this practice, the elders who remained home pour water on the roof and when the mother and child enter the house the water drops on top of them. This is performed to teach the child to look after himself/herself during the rainy time and to be able to sow the seeds so that it does not die of hunger or fend for itself. Stayt (ibid) maintains that part of the ritual performance of the child in Tshivenda culture includes showing the child a new moon until it develops the first batch of teeth. A moon that is shown to the child is called *makhadzi*, aunt. Scholar Stayt (ibid) is supported by Mönnig (1967:102) who reports that according to Bapedi culture, a child is shown a moon in the morning after the end of their seclusion. This differs from Vhavenda culture because a child is shown a moon as part of performing rituals to a child or removing a child from the house yard. In Bapedi culture, showing a child the moon is a full fortification of the child while in Vhavenda culture it is just part or one of the ritual activities.

Mönnig (1967:104) found out that when Bapedi group fortifies a child, a ceremony is organised and food prepared for the audience. This ceremony can be attended by anyone whether female or male. They perform a dance which differs according to the sex (boy or girl) of the child. From the house yard, they cook food and eat while

drinking. The men perform a dance called *batla tia kati* and women perform *ba hlakela*. Both Stayt (1931) and Mönnig (1967) have conflicting views as Mönnig believes that Bapedi group convene a ceremony to announce the name of the child to the family/society whereas Stayt (ibid) says this is performed to show the child how to fend for itself to avoid hunger a child how to survive and showing the child the moon protects the child from diseases.

2.10. Definition of a taboo

Different authors have defined taboos in various ways. For the purpose of this study, the researcher gathered the views of various authors on the concept of taboo. A taboo is when one is not supposed to do things that are culturally not acceptable and may lead to them hurting or damaging themselves and other things. Kartha, Ankita and Hardika (2013:40) emphasise that taboos have to do with an agreement that certain things are prohibited out of fear that bad omen would occur. However, Van Warmelo (1937: 315) associates taboos with fear that is linked with magical occurrences. Hornby (2010:1518) supports this view and sees taboo as “a cultural or religious custom that does not allow people to do, use or talk about particular things as people find it offensive or embarrassing”. Hornby’s thoughts above are supported by Mathews (2005:371) and Della (1995:1466) who posit that taboos are commands of beliefs which instruct that certain things should not be done out of fear that something unacceptable would occur to a person or society.

Monnig (1967:99) and Schapera (1946:413) support the issue of taboos in relation to pregnancy, saying that taboos are there to prevent difficulties at the time of child-birth. For the purpose of this study, the researcher explored the use of taboos related to pregnancy and childbirth among Vhavenda society.

2.11. Taboos associated with an African pregnant woman

Pioneers such as Stayt (1931), Krige (1976), Hammond-Tooke (1962), Mönning (1967), Mbiti (1969), Hunter (1971) and Gelfand, Drummond and Ndemera (1985) have studied how a pregnant woman should handle herself according to various African cultures. They, however, express conflicting views on how a pregnant woman should handle herself according to African/traditional way. Mönning (1967:99) when arguing about the status or condition of a pregnant woman in Bapedi culture concludes that: "They would give her a new blanket to cover her body, her relatives inform her husband". Furthermore, he adds that a pregnant woman in the Bapedi culture must wear suitable clothes in her pregnancy condition. The clothes that Bapedi pregnant women use to cover their body show respect and as a result, they get respected by the society as they are obeying their culture. However, Mönning (ibid) later contradicts himself when he points that wearing of long, loose dress, special clothing for the period of pregnancy is not necessary. The above argument shows that the author did not conduct a thorough research and was unable to understand and interpret the Bapedi culture. Furthermore, it can be claimed that his research did not make a follow-up on what he researched about and that could be the reason why he has conflicting ideas.

Hammond-Tooke's (1962:73-74) expresses a different view to Mönning's on the dress code of pregnant women with a focus on the MaBhaca nation and concludes that a pregnant woman is obliged to wear a loose dress. Moreover, Hammond-Tooke (1962:99) argues that among Vhavenḁa a pregnant woman should wear loose clothes and he has this to say: "Pregnant women are careful not to wear anything tight round arms, legs or waist as it is believed that this will cause strangulation of the infant or difficult in labour."

Hammond-Tooke (1962: ibid) stresses that the pregnant woman must wear clothes that can give the unborn freedom to move and the labour will be smooth. It is

believed that the tight clothes may result into the unborn baby being born with marks around arms, legs and waist or even all over the body. In some instances, this can result in a child is disabled. Moreover, Hammond-Tooke's (1962: *ibid*) point of view above confirms that a pregnant woman should wear clothes in a culturally acceptable and proper way. Wearing inappropriately devalues the pregnancy and the society ultimately disrespects and undermines the newborn baby. Hammond-Tooke (1962:73-74) cites African cultures like that of Vhavenḁa when he points out that a pregnant woman should wear clothes to cover her pregnancy and not to leave the body exposed.

Mönnig's (1967:99) research to an extent supports Western culture as opposed to Hammond-Tooke (1962:73) who is for African culture. Hammond-Tooke (*ibid*) reports that a pregnant woman is expected to wear loose clothes while Mönnig (*ibid*) contends that in the Bapedi culture a pregnant woman may wear any clothes (whether tight or loose). The differing views can also be attributed to the fact that when the scholar collected data, the participants withheld certain information and did not tell the entire truth. In some cases, researchers also were unable to make follow-ups and just conclude that the information they have collected is valid from their own context. This results into the researchers drawing wrong conclusions about the African cultures. Stayt (1931:85) alludes that a Venda pregnant woman is highly respected by the society including all women in general and holds high status. The pregnant woman commands respect from the local chief and he/she regards her as a royal blood. Such respect of the pregnant woman is noted where the name *muthu wa thovhele* (pregnant woman) is used. This simply illustrates that the Vhavenḁa society respects a pregnant woman as they know she might give birth to a high profile/prominent person who will make a significant contribution in the society.

When referring to Bapedi culture, Mönnig (1967:99) reveals that a pregnant woman commands respect from the family because when she falls pregnant, the elders in the family are the ones who pass or relay the message to her husband. When the

husband receives the message, a goat is slaughtered to show joy and happiness and that the message has been well received and accepted. Furthermore, Mönnig (ibid) argues that a Mopedi pregnant woman is not allowed to inform her husband about the pregnancy. As soon as a woman becomes pregnant, she tells her mother-in-law or any other elder in the homestead.

The pregnant woman neither tells her mother nor her husband about her pregnancy. Stayt (1931:84) focusing on Vhavenḁa society agrees with Mönnig (1967:99) about a pregnant woman not being allowed to inform her husband of the pregnancy. Furthermore, Mönnig (ibid) goes on to point that these days a pregnant woman informs her husband that she has missed her period. The baby shower ceremony is no longer celebrated as it was done in the olden days. Gelfand *et al* (1985:44) argue that a pregnant woman among the Africans is supposed to give birth at her parents' home so that the family can take care of her and her newborn. Gelfand *et al.* (ibid), therefore, write: "... a pregnant woman goes to stay with parents to take care until she gave birth. Pregnant women take care by the senior women, especially the grandmother of the family when the labour pains start."

These scholars support the view expressed by Stayt (1931:84), Hammond-Tooke (1962:74), Mbiti (1969:111) and Hunter (1979:150) and that when a pregnant woman gives birth, she must return to her parents' home so that her mother will take care of her and the newborn. In confirming this notion, Hunter (ibid) focusing on Amapondo says that there are laws binding a pregnant woman to deliver or give birth at her parents' house. He adds that if an Mapondo-Mpondo husband allows his pregnant wife to go home for delivery, she will feel labour pain on her way. On this note, Hunter explains that among the Matshezi clan (part of the Mapondo culture) a pregnant woman can give birth at her husband's homestead than to her parents. Gelfand, Drummond and Ndemera (ibid), Stayt (ibid) and Hammond-Tooke (ibid) have recorded that a woman can give birth at her parents' home among the Africans they researched on. According to Hunter (1971:150) and Krige (1976:64), in the Zulu

culture, a pregnant woman can give birth at any place; it can be at a husband's home or her parents'. Gelfand, *et al.* (ibid) cause confusion when they do not specify the culture they were referring to. Scholars such as Stayt (ibid), Hammond-Tooke (ibid) and Mbiti (ibid) conducted their study well and properly because they have specified which culture they are referring to. They express views without hesitation which demonstrates that they did thorough research about such cultures and studied it within the African context. The African cultures will be lost as the researchers who conduct the studies do not understand the cultures and end up coming up with wrong or disputable conclusions.

Taking a closer look at some scholars in the above paragraphs, their ideas and arguments tend to create problems as they often conclude without verifying views with the speakers of the language and cultures. This is confirmed by scholar Sengani (2013:199-200) who strongly believes that:

...travellers, missionary and colonial scholars seemed to study and understand African languages from the perspective of their own languages. However, dealing with language in context has made it clear from the beginning that every community uses language within their contexts.

Sengani (ibid) reinforces the notion that most European scholars interpret their studies on African cultures in their own context. They also confuse readers because of the conflicting views expressed in their studies. Overall, western ideologies appear dominating than the African ideologies in their studies. These ideas give us a gap as views only come from European scholars and very little is heard from their African counterparts. Although the publications are written about the performance of African culture, we do not hear the views of Africans themselves today.

Whether rural or urban people have their own beliefs and practices, some are based on centuries of trial and error and have positive values while others may be useless

or harmful (Park, 2011 cited from Kartha, Ankita & Hardika, 2013:40). According to Kartha, *et al.* (ibid), taboos and misconceptions during pregnancy have been part of Indian cultures for centuries. The taboos for the pregnant woman that the research will explore include dress code, food, behaviour, taboos and linguistic taboos.

Stayt (1931), Van Warmelo (1937), Schapera (1946), Mönnig (1967), Hammond-Tooke (1974), Krige (1976), Goldschmidt (1976), Della (1995), Matthews (2005) and Hornby (2010) offer explanations on taboos in their studies. Van Warmelo (1937: 315) and Hornby (2010:1518) explain taboo as an agreement by a society that certain things are prohibited and disobedience or betrayal of the taboo may bring bad spells. On the issue of taboo, Hornby (2010:1518) defines a taboo in this way: “A cultural or religious custom that does not allow people to do, use or talks about a thing as people find it offensive or embarrassing.”

Hornby (ibid)’s point of view is reinforced by Della (1995:1466) and Matthews (2005:371) who state that taboos are commands of beliefs which instruct that certain things should not be done out of fear that something unacceptable or bad will happen to a person or society. Stayt (1931:85) mentions that there are taboos that must be obeyed by a Muvenda pregnant woman. He refers to some taboos applicable to a pregnant woman. Such taboos include not being allowed to look back and not allowed to return home if she has forgotten something. If she does not obey these taboos, she will probably face complications during birth. These complications include a newborn baby not being able to come out but instead return to the womb. This may subsequently result in the newborn baby dying since in the olden days there were no professional operations equipment or theatres. He argues that a pregnant woman is not allowed to say ‘a goodbye’ to the visitors or to say ‘a goodbye’ to the people she has visited.

Stayt (1931:85) adds that a Muvenda pregnant woman is not allowed to eat fruits and sweet foods. This view concurs with the Tshivenda ideology of the olden times.

Nowadays, however, the Western ideology/philosophy recommends that pregnant women eat fruits for the health of the baby. Mönnig (1967:99) and Schapera (1946:413) agree that taboos are prescribed to prevent difficulties during birth among Bapedi and Vhavenda speech communities respectively. A few taboos, designed to prevent difficult birth, are according to Schapera, (1946:413) still observed: the women, as their time draws near, are careful not to have any knots, while their husbands discontinue wearing collar and tie, or knotting their shoe-laces (Schapera, *ibid*). Schapera (*ibid*) observes that a pregnant woman among Batswana is expected to obey taboos to avoid complications during birth.

Mönnig (1967) confirms this notion by saying that there are few taboos that must be observed during pregnancy, especially in the African customs. Mönnig (*ibid*) argues that a pregnant woman is not allowed to sit next to another pregnant woman. She (the pregnant woman) is also not allowed to use the same drinking utensil used by other pregnant women. Furthermore, she must avoid being exposed to rain as it will affect the unborn baby's health. He adds that a pregnant woman must avoid being angry because this is the language that the unborn baby will inherit. According to Hammond-Tooke (1974:213), a Venda woman must avoid hot food, lest it scald the growing child, and abstain from sweet foods and vegetables; beer is not restricted until the last few months, when the woman is supposed to eat very little and drink only water, lest the baby grows too big and cause difficulties in delivery. As quoted above, Hammond-Tooke (1974:213) says that the prohibiting from eating hot food is out of fear that the unborn will be born with colour patches/marks as if it has been burnt. On the other hand, Kartha, *et al.* (2013:42) oppose this view as they state that people believe that 'hot' food items are avoided during pregnancy as it is thought that it will cause abortion. However, Goldschmidt (1976:245) advises that a mother is prohibited to eat animal meat as she would not know how it was slaughtered. The meat out of the animal that suddenly died or was killed by an arrow is unhealthy to a pregnant woman as it may cause unexpected diseases/illnesses. This view is strongly confirmed by scholars such as Krige (1976:63) who observes that "...eating

the fat of certain kinds of antelope, which is used by wizards to cause sinking of the fontanel in children.”

Krige (ibid) focusing on Amazulu contends with other scholars that a pregnant woman can eat any food. He, therefore, cautions that a young girl should avoid eating any food because this might affect her when she starts her own family. Kartha, et al. (2013:40) concur that pregnant women must eat healthy food and they argue that “the avoidance of certain food items and incorrect knowledge regarding its benefits can deprive women from adequate nutrition”.

A balanced and adequate diet is therefore of utmost importance during pregnancy and lactation to meet the increased needs of the mother, and to prevent “nutritional stress” (Park, 2007 cited in Kartha, et al., 2013:40). Kartha, et al. (2013:40-43) further take up the case by stating that:

During pregnancy, the nutritional requirements of women increase to support optimum fetal growth and development. Poor maternal nutrition during pregnancy usually results in low birth weight and high pre-natal and infant mortality. There is a need for nutrition education and awareness generation among women. Poor maternal nutrition, especially in rural settings, adversely affects pregnancy and birth outcomes. In many local communities, pregnant women have food taboos with consequent depletion of vital nutrients.

According to Pandelani (2011:iv), nowadays these taboos are becoming unfamiliar and as such this negatively impact on the use of Tshivenda language as well as relations among people. Kartha et al (2013:40) emphasise that taboos have to do with an agreement that certain things are prohibited out of fear that bad omen would occur. To the researcher’s knowledge, there is no literature by a Vhavenda scholar that explains taboos in the Vhavenda tradition/culture. It is clear that no scholarly works have been written on Vhavenda culture from their perspective and this leads

to modern society/new generation losing the norms and values of the Tshivenda language used then in relation to a pregnant mother and how the infant is cared for.

2.12. Linguistic taboos

This section discusses the use of taboos language associated with pregnancy and childbirth. Every culture particularly African have their own linguistic taboos which are meant to be obeyed by the speech community. It is of utmost importance to explain linguistic taboos in relation to pregnancy and childbirth. The Tshivenda linguistic taboos are an area that is poorly understood particularly by the new generation. In the Tshivenda culture, pregnancy is subjected to a number of linguistic taboos (Maḁadzhe, 2007:16). Prior to the introduction of Western civilisation, Vhavenda pregnant women were subjected to a number of pregnancy taboos that were practised. Nowadays it appears the linguistic taboos are rarely heard of particularly among the youth. Moreover, the language that refers to pregnancy taboos is on the verge of disappearing nowadays. In essence, the language of Vhavenda society is expressed through the use of pregnancy and childbirth taboos. It is believed that pregnancy taboos are an essential part of the Vhavenda cultural way of doing things. Mafenya (2002:10) and Maḁadzhe (2007:16) argue that in the Vhavenda society, pregnancy is subjected to several linguistic taboos. The Vhavenda people use indirect expressions to refer to a pregnant woman. This indirect expression is termed euphemism. Babou (2014:13) explains the origin of euphemism and states that: "The word euphemism comes from the Greek word *euphemo*, meaning "auspicious /good/ /fortunate speech/ kind". *Ephemo* itself is derived from the Greek root-words *eu*, it means "good/well" + *phemo* "speech/speaking"."

He goes on to say that "euphemism is the use of other words or a phrase instead of the words required in an embarrassing situation". Maḁadzhe (2007:16) explains that the indirect way of referring to a pregnant woman is as follows:

U pfukwa nga n̄wedzi (to be skipped by a month)

U vha muthu wa thovhele (to be the chief's person)

U v̄hifha muv̄hilini (to be ugly in the body)

U dihwala (to carry oneself)

U gonya miri (to climb trees)

The use of the above phrases referring to a pregnant woman is avoiding words and phrases which are considered unacceptable, offending, embarrassing and against societal norms and values. Such embarrassing words and phrases include “*una thumbu*”, “*o tshinyiwa*” and others. These linguistic taboos confirm that the pregnancy is normally expressed in the figurative and euphemistic language. In addition, pregnant women and newborn babies are referred to with appropriate kin terms such as, *muimana* ‘a pregnant woman’ and *lutshetshe* ‘infant’ or ‘*lushie*’ infant respectively. The pregnant woman commands respect from the local chief and she is regarded as having royal blood. This simply illustrates that the Vhavend̄a society respects a pregnant woman as they know she might give birth to any high prominent person who will make a significant contribution in the society. This language use is referred to as communicative competence. Vhavend̄a speakers utter taboo words in such a way that they are not offensive.

To the researcher’s knowledge, there is little literature by Vhavend̄a scholars pertaining to taboos in the Vhavend̄a culture. It is clear that little scholarly works have been written on Vhavend̄a culture from their perspective and this leads to modern new generation losing the norms and values of the Tshivend̄a language used then in relation to a pregnant mother and how the infant is cared for.

2.13. Conclusion

In this chapter, the researcher discussed literature review from the existing body of knowledge from different scholars who have written information related to pregnancy taboos. This leaves confusion in the society, the society end up not knowing what

the proper Tshivenda culture is, as there is the influence of Western culture and ideologies. Several gaps have been identified from the authors discussed in this chapter. For example, other scholars do not specify the culture they are referring to. In the literature review, the scholars could not identify the language decline gaps and how to revive the language or prevent language endangerment in the society as people mix Western and African ideologies. According to the researcher's knowledge, nothing pertaining to the flux of language with regards to nurses, doctors and the youth has ever been undertaken. A study as vast as this one is of its first kind in the Tshivenda linguistic field. It is so vast that many aspects associated with communicative competence regarding pregnancy in Tshivenda have been covered. It sheds light on to the way Vhavenda society communicates and treats pregnancy. Without a study of this nature, people will remain ignorant of the way Vhavenda handle issues associated with pregnancy. Of course the study is not there for its own sake. It originated because there is a problem caused by the dominant Westernisation. This was worsened by some European scholars who in their writings undermined Tshivenda culture while extolling the virtues of Westernisation.

CHAPTER 3

THEORETICAL FRAMEWORK

3.1. Introduction

In the preceding chapter, the researcher reviewed the existing body of knowledge related to or relevant to the subject of the study. As discussed in the previous chapter, literature review provides an overview of the published studies of various authors on the language disappearance. It is rare in the present time to hear the traditional language forms that were used in the past regarding a pregnant woman until the time of the birth of the baby. This chapter introduces the theoretical framework which forms the basis for this study. In this chapter, the researcher outlines the theories that will be employed during this study or investigation. The researcher will demonstrate how the theories consulted will assist her in understanding and solving the current research problem or providing the solution to the research question. The research problem in this study deals with the loss of child-aligned language regarding pregnancy, childbirth and anything associated with a newborn child.

Theoretical framework is a frame of reference that is the basis of the study. It is therefore, the theoretical framework that gives a study its importance, insight and value in the phenomenon under investigation. In addition, it encompasses all the elements of the study. Various scholars have expressed their views on the definition of theoretical framework.

LoBiondo-Wood and Haber (2002:141) define it in this way:

A theoretical framework is a frame of reference that is a basis for observations, definitions of concepts, research designs, interpretations, and generalizations, much as the frame that rests on a foundation defines the overall design of a house. In the same vein, LoBiondo-Wood and Haber (ibid) cited in Swanson (2013) supports this assertion that theoretical framework introduces or guides and explains why the research problem exists in the study. Similarly, Borgatti (1996:8) cited in LoBiondo-Wood and Haber (2002:141) maintains that the theoretical framework guides the study on the data collection, data analysis and the statistical methods to be utilised. The research pioneers cited above share the same sentiments that a theoretical framework is an important tool particularly in guiding the study. In their views, they however, stress that the theoretical framework helps the readers to understand the theoretical concepts and how they can be applied in the present study to solve the research problem. The theoretical framework exposes the nature of the research problem and assists in solving it during the investigation.

3.2. Critical Language Awareness (CLA)

In this section, the researcher defines CLA theory and its origin. The researcher demonstrates how this theory is applied in the current study. This is only achieved by analysing the views of various scholars in their published studies. In the same vein, the researcher will explain the similarities and differences between CLA and Critical Discourse Analysis (CDA) theories as they use the same propositions.

In linguistic context, CLA focuses on language teaching in relation to understanding relationship among social identity, politics, ideology of language, discourse, linguistic variation, language variation and discourse (Fairclough, 1992:7-9). Smith (2004:2) refers to three ways of using CLA in language learning. He mentions the three language learning areas as:

- Critical awareness of the relationship between language and power;
- Critical awareness of language variety, and
- Critical awareness of language action.

Smith (ibid) has expressed a view above that CLA theory mainly focuses on the influence of language in a society. Furthermore, it looks at how influential language is to the society which uses it. In the same vein, Males (2003:147) elaborates on the CLA theory and argues that:

CLA, like its predecessor Language Awareness arises from concerns about what Language and educational principles and practices to include in language education, but CLA also raises ideological questions concerning the world implicated these principles and practices; e.g. it raises questions concerning how discourse practices.

The standpoint articulated by Males (ibid) above confirms the sentiments shared by Fairclough (1992) and Smith (2004) pertaining to CLA in education which is transferred from one individual to another. Nevertheless, an ideology of a powerful group which lays down educational rules is usually followed. The educational rules laid influence whether the language either becomes dominant or suppressed to the language speakers. The CLA further explains that setting down the educational rules and procedures contributes towards positioning other language groups' ideology above others.

- **Origin of Critical Language Awareness (CLA)**

In this section, the researcher discusses the origin of the CLA and its purpose. While analysing the published studies of various authors on education, Fairclough (1992:1) expresses his views on the emergence of CLA and maintains that:

The term “language awareness’ has been used since the early 1980s to refer specifically to the advocacy by a group of language teachers, educationalists and applied linguists of a new language awareness element in the school curriculum ...

The above opinion confirms that CLA originated when Fairclough, educators and scholars convened a summit to debate the development of a relatively new school language to be implemented in the schools. When the debate on the new school curriculum transpired, the intention was to initiate a paradigm shift from the old teaching style (traditional/conventional) in favour of a new approach (development of critical thinking stance). The new teaching approach was found to be productive as it enables the learners to apply the learning/education into their real-life situations. The insights highlighted above are augmented by Fairclough (1992:3) who asserts that “This shift from more explicit to more implicit exercise of power means that the common-sense routines of language practices become important in sustaining and reproducing power relations.”

Fairclough emphasises the thinking that once upon a time there used to be customary education. He further explains that CLA demonstrates that for quite a long time the language education curriculum was planned and structured by the powerful high-ranking government officials. In this respect, the educators implemented teaching without changing the curriculum although it did not yield any language development. To this end, Fairclough (1992:4) articulates that during the new paradigm shift in language education reform, those who were powerless expressed that they are part of the new curriculum and they will not teach or be taught in a traditional/customary way. He further states that they must be taught in a way that the language promotes or produces good linguists. In the similar vein, Sengani (2013:191) maintains that CLA has an advocacy objective in the designing of the curriculum, teaching of languages in the schools and in the broader society.

Another example of changing language practices which affects people both in their work and as 'clients' is a change in the ways in which professional-client interactions are structured. Examples are interactions between doctors and patients, between solicitors and their clients, between teachers and pupils, or between shop assistants and customers.

Fairclough's (1992:4) suggestion supports what has been stated that language use has undergone a tremendous change to an extent that a person is able to talk on his/her own without the assistance of someone. This can be illustrated by an example in the medical profession where a patient could interact with the doctor but requested someone to translate for him/her owing to language differences.

Fairclough (1992:4) elucidates that CLA theory was propounded in order to challenge the old customary/traditional teaching style. In other words, customary/traditional teaching style is when a learner is taught how to form a sentence and signs in class only. Such a learner is unable to apply what they have learnt in class in life or in real life situations.

Fairclough (1992:7) stresses that today, people want freedom of speech in a diversity of issues. He cites examples such as schools where educators want the curriculum to be in an understandable way and easy to follow. Subsequently, the CLA in education theory achieved a milestone where educators and students can raise their voices in the Department of Education or Government. Similarly, this applies in the medical profession where patients do not just accept everything instructed by the doctor. This demonstrates the emancipator discourse where the groups use language to maintain and reproduce domination and subordination. This manifestation of power relations where patients do challenge the power imbalances in which the doctor was traditionally a social powerful group. This shows that patients do challenge the power domination and abuses in order to emancipate or empower themselves. Currently, the government is no longer oppressing the teachers and

pupils as they now have a say whereas doctors no longer oppress the patients as they can raise their concerns (Fairclough (ibid: 7). Therefore, this is a new paradigm shift from the traditional practices where the government and or professionals would impose what the teachers, pupils and patients must do.

Fairclough (1992:3) asserts that we are living in a period of social change influenced by language use in schools, the language in the medical profession and so forth. Subsequently, paradigm shifts or drastic changes in the language education/teaching in many areas of life are evident. Fairclough (1992) continues maintaining that language is no longer taught in a traditional approach where a learner is expected to understand grammar but the focus is on how to apply what has been taught in real-life situations or in the society. This sentiment is shared by Sengani (2013:190) who points out that:

However, the focus has been more on the knowledge about the various grammatical aspects than on how they can be applied in real socio-cultural contexts that involve their speaker and their environments.

The change referred to above constructs the language to be of higher importance and one of which their speakers would be proud of. The CLA is the main theory that will be used in this study. This theory looks at the relationship between language education structures and those found in a society where the language is spoken. It shows how far language helps to produce good citizens. This theory shows that there is unequal power in the societies and it finds ways in which language is used and taught that leads to the inequality of the people or society. What is happening in South Africa is that the English language has more power than the Tshivenda language. This further demonstrates that Tshivenda and its procedures are undermined by Western culture. This is evident in the way the language is used in schools. Furthermore, the three theories, namely, Ethnopragnatics, CDA and Ethnography of communication mentioned in this study are closely related in much

respect. First, the CDA which is closely related to CLA is discussed in the section that follows.

- **The Origins of CDA and CLA**

Prior to discussing the CDA theory in detail, it is significant to first analyse the viewpoints of the various influential figures behind the emergence of this theory. Wodak and Meyer (2009:3) argue that CDA originated when Teun Van Wijk's book entitled *Discourse and Society* (1990) and other several books were coincidentally published concurrently and were on the same research subject. Historically, CDA originated from Critical Linguistics (Wodak & Meyer, *ibid*: 1). Since then CDA has been dominating and widely used as a theory in different published works. Moreover, this theory, CDA, is applied in politics, culture and in society. As a problem-orientated theory, the authors have utilised it to solve their research problems in societal studies.

Prominent scholars such as Van Dijk, Fairclough, Wodak, Leeuwen and Kress initiated a symposium to consider new strategies of developing CDA. Subsequently, this is where CDA started to develop. Wodak and Meyer (2009:3) elaborated in this way:

Characterized by the common interests in demystifying ideologies and power through the systematic and reproducible investigation of semiotic data (written, spoken or visual).

This is when the CDA theory started gaining popularity and was preferred by various scholars. The researcher will employ this theory to analyse the social problems in the form of spoken words to solve the research problem of this qualitative study.

- **The similarities and differences of CDA and CLA theories**

In order to gain deep insights into the similarities and differences of CDA and CLA theories, the researcher will refer to studies of various authors/scholars who were influential in the formulation of these theories. The researcher will unpack various studies conducted on these topics. One of the greatest minds behind the evolution of CDA is Van Dijk (2001:352) who says CDA:

Is a type of discourse analytical research that primarily studies the way social power abuse, dominance and inequality is enacted, reproduced, and resisted by text and talk in the social and political context.

Van Dijk articulates that CDA theory focuses more on socialisation and illustrates itself where the oppression is reproduced through language by a powerful person or social group. For oppression to manifest itself, powerful persons or social group abuse power in order to dominate and influence the subordinate or powerful group. On the other hand, the powerless or subordinate group emancipates/empower itself through resisting the oppression. In this study, power relations manifest itself through baby naming ceremonies. Sengani (2013:3) points out that by virtue of their status in the family, the elders are therefore the custodians of all family matters including providing a name to the baby. Consequently, this practice creates two centres of power where the parents of the baby feel that they are being oppressed and would use strategies to emancipate and empower themselves against the elder. In other words, the elders are therefore the powerful social group while the parents are the subordinate social group.

CLA theory, on the other hand, focuses on the teaching of grammar and language based on primary education until tertiary education. In support to this opinion, Fairclough (1992) discusses language awareness and other educational areas to change the traditional approach to a progressive one that primarily focuses on critical thinking. When CLA started, the emphasis was that grammar must be taught in context so that to see their functions of all its aspects in real everyday life. In other

words, CLA emphasises that grammar must be taught within the context and should encourage critical thinking. This theory looks at the relationship between language education structures and those found in a society where language is spoken and taught. Much of what has been written has demonstrated that in the past, the primary focus on education was on the customary/traditional way of teaching words, sounds, sound changes and acceptability of sentences. Moreover, CLA focuses on the teaching and grammatical aspects in a context related to culture, politics, education and economy so that life issues can be dealt with. It shows how far language helps to produce good citizens. In addition, the research investigated studies of various authors who came up with ways of teaching that empowers people.

Both CDA and CLA theories are similar in that they discover that language/discourse constructs imbalance in power relations in a group/society. The imbalance in power relations occurs when those who are the powerful social group use their power to oppress the powerless/subordinate group. In every society, there will always be people who are more powerful than others and tend to abuse their power. They achieve this through exercising their power through oppression and the oppressed group would resist the oppression through emancipating/empowering themselves. To illustrate this concept, in a workplace setup, general workers might initiate strike action to resist the power abuse by management. Management is a usually a powerful social group while the general workers belong to a subordinate social group. CDA primarily looks at the power imbalances where the oppressor remains in power and the subordinate group uses various mechanisms to resist this kind of power abuse or dominance.

In this study, CDA is noticeable when the elders within the family endorse some laws which must be followed by pregnant women. They (elders) do this through instructing the pregnant women to obey certain taboos that are believed to protect her and the baby. The disobedience to these taboos might bring adverse consequences to the pregnant women and the baby. What has been stated on CDA

is by way of an example as the focus is only on CLA. CLA investigates the oppression related to the implementation of a curriculum in the education field that has brought changes. Furthermore, CLA advocates for the application of language in what has been taught in the classroom to everyday life. In other words, students must be able to apply what they have learnt in a classroom to a workplace, church, society etc. The CLA and CDA theories are similar in many aspects. This assertion is supported by Fairclough (1992:2) who adds that “CLA presupposes and builds upon what is called; critical language study, critical linguistics or critical discourse analysis”.

Both CDA and CLA theories focus on the language and CDA focus on power relations. CLA focuses on how language teaching can thrive. Furthermore, CLA and CDA use the same propositions but for the purpose of this study, only CLA is utilised.

Fairclough (1992:2) mentions that propositions which follow under the CLA are:

- influence-language used to shape society and society shapes language use;
- language constitutes change which develops knowledge generation, social relation and social identity;
- power relations and ideology; and
- power struggle.

The propositions as proposed by Fairclough are discussed in the following section.

3.2.1. Influence – language use shape society and society shape language use

In this section, the researcher unpacks how language use shapes society and in contrast, how society shapes language use. Studies have been conducted on how language shapes society and consecutively how society shapes language. One of the prominent ones is by Fairclough (1992:8) who argues that: “...language use has

effects upon (other dimensions of society as well as being shaped by it. It is two-way, 'dialectical, relationship."

Fairclough's (1992: *ibid*) observations above stress that indeed language influences society and society influences language. The researcher ascertains that nowadays, there is a trend that modern people or those who regard themselves as educated undermine traditional customs or culture that used to be followed when a woman was pregnant. This practice contributes to language loss or disappearance and the English language is then adopted, thereby making it more influential and dominant. When the language is undermined, it creates a problem of disrespect towards the pregnant woman and undermines the pregnant mother's values that she is to follow. Nowadays, African language speakers practice code-switching in their mother languages. In other words, they exchange between two or more distinct languages during a conversation. Furthermore, Fairclough (1992:8) articulates that such language use easily influences other languages. In other words, the language speakers are the ones who contribute towards undermining or developing a certain language. When the language is undermined, it creates a problem of disrespect towards the pregnant woman and undermines values the pregnant mother is meant to follow, as in the case of Tshivenda language.

3.2.2. Language constitutes change

Language use is fundamental to humans in terms of conveying and transmitting messages in our day interactions be it at work, home, school or elsewhere. This study closely examined the decline in the use of language and taboos pertaining to pregnancy and childbirth. Fairclough (1992:8) argues that discourse helps to constitute/change. Three dimensions of social which are identified as knowledge generation and its objects, social relations, and social identity are suggested. Fairclough (1992:8) further claims that there are three ways, namely, knowledge

generation, social relations and social identity, which construct social relations/relationship or construct an appropriate language.

In the next section, the research briefly discusses the three dimensions proposed by Fairclough (1992:8).

3.2.3. Knowledge generation

Knowledge generation refers to the knowledge acquired by society on a daily basis. It also manifests itself in real life situations where there are contemporary social changes within societies in which people find themselves. This social dimension (knowledge generation) is best analysed through the language use concept. However, it is a fact that language use in culture generates new knowledge in our generation because certain practices have been lost. Such practices when borrowed from other languages generate or increases new knowledge in other cultures including the English culture. In this study, the pregnant woman is taught on how to best handle a baby in a culturally appropriate and acceptable way which will ultimately increase her cultural knowledge. In addition, this increases her understanding on various stages of child language development.

3.2.4. Social relations

Language gives us the knowledge to be able to communicate and create unity among people. There are social names such as kin terms like mother and baby, man and woman (social relations). Language gives the reader knowledge of communications and relationships within the society. The Tshivenda culture uses many forms of language such as proverbs, idioms, semantic relations discourse, syntax and others. As Fairclough (1992:307) notes “language and subjection – meaning lies not simply in the text but in the social relations in which it is embedded”.

When looking at the relationship between people and society, the linkage develops. Essentially, the Tshivenda social group use terms that have been borrowed from other language groups. Therefore, this made the Vhavenda social language group to establish social relations with this particular social language group. It must be noted that this phenomenon (borrowing of words) applies in other language groups such as English as well.

Most of the words that the Vhavenda ethnic group use have been borrowed from other language groups such as Bapedi, English and several others. An example is that the pregnant woman nowadays gives birth at clinics, and as such, words are borrowed from English. This practice creates good social relations among the various social language groups in South Africa. However, it also leads to language loss as foreign terms demonstrate the borrowing language. The language development of an unborn baby begins while it is still in its mother's womb. The language that a mother speaks influences the language of the unborn baby. If the mother speaks inappropriate language, this will affect the language development of the unborn baby.

3.2.5. Social identity

Every society uses language to interact daily and ascribes to a certain social identity. Just to illustrate this, the Vhavenda ethnic group ascribes to Vhavenda social identity which distinguishes them from other ethnic language groups. So, this means that people can use language to shape their identity. The use of language to influence and shape identity can be demonstrated as people provide names to themselves, their babies, leaders, countries, domestic animals and so forth. The naming practice makes the other social group feel they have been discriminated against. This is demonstrated by the dominant social group having imposed their identity on the relatively less subordinate group. The language shapes group identity or individual identity ascribed to a particular person or society such as a pregnant woman, a

woman who has just given birth, baby, traditional healer, grandparent, etc. and this is where there is talk of the grandparent to the baby, mother of the baby, aunt of the baby, father of the baby so as to create an identity.

This demonstrates personal identity to the other person or in a society. In this current study, the researcher explored the words that construct relationships such as the commonly used ones, namely, pregnant woman or baby which constructs the identity of a mother or a baby. Moreover, this is apparent in the African societies where the grandparents, aunts and parents provide names to the babies. This cultural practice creates or constructs a baby's identity.

3.2.6. Power relations

Language is constructed through relations of power and gets protected by ideas or philosophy. As explained by Fairclough (1992:08), the change in a thing or a person is a way that the languages or a language may be undermined or gets developed. This results from the power of the language speakers, accepting various positions.

In the Western or new generation ideology, it is acceptable and not forbidden (a taboo) for a pregnant woman to expose her body. This reaffirms the perception that the Western ideology is more preferred and has dominated other language groups. On the contrary, African ideology in general and, particularly Tshivenda dictates that a pregnant woman must follow the certain dress code. This dress code takes account of the fact that the pregnant woman must cover her body completely and may not wear tight clothes. The disregard for taboos nowadays bears proof that the Tshivenda ideology has drastically deteriorated over the decades.

In Western ideology and Christian beliefs, the baby is raised through prayers and medications are obtained from the hospital. This is in contrast to the Tshivenda ideology which believes that a baby is raised by *miuluso* (traditional herbs) administered only by the grandmother or the traditional birth attendant. The

statements elaborated above demonstrate that the Western ideology is different from Tshivenda ideology. It is noteworthy to mention that the English ideology is powerful, dominant and is oppressing the African ideology. For this reason, the researcher probed the two ideologies.

3.2.7. Power struggle

A power struggle ensues when people have uncontrollable or unmanageable power. This, however, results in the use of African ideology more. As Wooffitt (2005:140) asserts that:

Ideologies are taken to be organized sets of beliefs which mobilises practices and viewpoints which sustain inequalities across society. Ideologies thus, serve to protect the interests of powerful groups.

Bloor and Bloor (2007:10) substantiate Wooffitt (2005) viewpoints and point out that ideology is a set of beliefs shared by members of a specific group. The recognition of the knowledge of the elders contributes towards restoring the African ideology. In this way, Tshivenda ideologies become empowered and can oppose or challenge Western ones. This is where there is a competition of ideas and the Western/ European ideology dominates and influences the Tshivenda ideology. This is owing to the fact that the society nowadays believes more in Western education which makes Tshivenda ideology to be oppressed by the European ideology. CLA is used together with Ethnopragsmatics which focuses on specific cultures and languages with reference to the belief of the people concerned.

3.3. Ethnopragsmatics

Ethnopragsmatics is one of the theories that the researcher utilised when conducting this study. Ethnopragsmatics is primarily centred on language, the practices of a language group, and what they believe in. According to Goddard (2006:02), Ethnopragsmatics is associated with the understanding of people's varying ideas,

differing per culture. In his writing, Goddard (ibid) asserts that: "...Ethnopragmatics is compatible with the insight from the cultural psychology that people in different cultures speak differently because they think differently, feel differently, and relate differently to other people."

The above statement forms the basis for this study because the differences in cultures also mean differences in the manner of speaking languages since the laws of the cultures are also different. In other words, cultural practices vary significantly from one society to another, owing to different socio-economic and psychological backgrounds. For instance, the Vhavenda cultural practices are to some extent different from the Vatsonga culture, Bapedi and other ethnic cultural groups. On the same note, it can be argued that there could be some slight similarities but they will, of course, think differently and their practices will also differ. Speakers who know the laws, the manner of speaking and situations can pass on information. In this theory, the researcher observed and interviewed people in order to get the correct data mainly focusing on Vhavenda language cultural group that has various language dialects although some words are borrowed or adopted from other South African ethnic groups and English cultures.

Moreover, Ethnopragmatics allows a person or group to use language or to speak in ways that follow rules, practices, and what the culture believes in. Summing up, Ethnopragmatics reveals that speech communities are different when it comes to the way they speak and their practices. In this study, the researcher shows that when the rules and principles of a language are not followed, aspects such as words, phrases and utterances pertaining to a domain such as that of pregnancy and childbirth get lost. When explaining Ethnopragmatics further, Goddard (2006:2) articulates that it:

is necessarily intertwined with cross-linguistic semantics because the whole idea is to understand speech practices in terms which make sense to the people concerned, i.e., in terms of indigenous values, beliefs and attitudes, social categories, emotions and so on

The new paradigm shift in the Ethnopragmatics theory adds value in the African languages career. The components of this theory are cultural scripts, cultural beliefs and belief scripts and are therefore explored in more detail as to how they apply to this study. This is done by considering the views of various scholars who have conducted studies on this subject. Authors such as Goddard (2006), Gunter, *et al.* (2009) and Trosborg (2010) explain that Ethnopragmatics is a theory that generates cultural scripts, cultural beliefs and belief scripts.

3.3.1. Cultural scripts

In defining a cultural script, Gunter, *et al.* (2009:67) pronounce that: “The term ‘cultural script’ refers to a technique for articulating culture norms, values and practices in terms which are clear, precise and accessible to cultural insiders and outsiders alike.”

In the same vein, Goddard (2006:5) has this to say about the cultural script:

Essentially, this refers to a statement – framed largely or entirely within the non-ethnocentric metalanguage of semantic primes – of some a certain attitude, evaluation, or assumption which is hypothesized to be widely known and shared among people of a given speech community.

In support of the insights conveyed above, Goddard (2006:06) highlights that cultural scripts focus on cultural rules which are to be obeyed by the people and society at large. While the new generation disobeys culture, the foundation of culture stays the same and only the lifestyle changes. For an example, among the Vhavenda culture, the *Makhadzi*, the aunt (senior sister of the Chief) in the royal family is an influential

and significant person. She is the custodian of all decisions for the Chief/King and all the family affairs. Furthermore, she (*Makhadzi*) uses a cultural script when she attends to all family matters. This basically means that the Chief /King follows the instructions of the *Makhadzi*, the aunt. The same applies to families where the aunt oversees all the family responsibilities and decisions. The woman in a family informs the aunt that she has missed her periods. This is the application of cultural script and the aunt will be able to run the family affairs.

In this study, the aunt (father' senior sister) oversees the matters related to the brother's wife. Whatever is supposed to be conveyed to the wife is communicated by the aunt and by so doing she is applying the cultural scripts. She (aunt) is vested with powers to provide a name to the baby and performs rituals and communicates with the ancestors of the family. Stayt (1931:196) cited in Raphalalani (2015:23-24) says that *khadzi* is the most important person in the Vhavenda culture. She continues to say *khadzi* is the one who makes final decisions in the royal family. Most importantly, no one can therefore take any decision without a *khadzi*, not even the Chief. Stayt (1968:196) endorses this view and points out that:

The *makhadzi* is generally the late chief's eldest sister by a different mother, usually the eldest daughter of the third wife. All vital matters connected with the state must be referred to her and if her desires do not coincide with those of the chief, he is supposed to follow her judgement.

The above quotation emphasises the role of *khadzi* in Vhavenda culture. Gunter, *et al.* (2009:74) further elaborate on the cultural scripts and allude that "cultural scripts allow us to articulate hypotheses about shared culture-specific understandings of particular 'ways with words' without recourse to technical English-specific labels".

Gunter *et al.* (2009:67) argue that the main goal of the cultural scripts approach is to understand speech practices from the perspective of speakers themselves. He

further claims that to achieve this requires one to work concurrently in cross-cultural semantics. Gunter *et al.* (2009:69) state that cultural scripts exist at different levels of generality and may relate to different aspects of thinking, speaking and behaviour. In other words, this relates to the way a cultural group thinks, speaks and behaves. The researcher in this case focuses on the Vhavenda ethnic group.

To illustrate the cultural scripts explained above, the researcher looks at the social groups in a society. These social groups such as the youth, the elderly people, the educated and illiterate, use language differently. In other words, they think, speak, and behave differently. The way they use language and their behaviour differs and of course, they also have different belief systems.

When making inputs on the cultural scripts, Goddard (2009: 10-11) has this to say:

Just as there is no unitary phenomenon of “directness” in terms of which speech styles in different languages of “metaphor” or “irony”. The concept of “metaphor”, for example is an artefact of a cultural tradition which can be traced back to classical Greek rhetoric.

Cultural scripts develop and improve the language of metaphor and proverbs. Moreover, it can be used to preserve languages such as irony or satire. This language use preserves what we see in *tshidinda* (hidden way of doing or saying things) or in giving birth and use of words that do not mean those things exactly. The spoken and written language use builds the language or improves its quality, entertaining and making it an acceptable and appropriate language.

3.3.2. Cultural beliefs

Goddard (2006:12) believes that cultural scripts introduce cultural beliefs as part of knowledge. The cultural belief is explicitly explained by Grief (1994:915), who says:

Cultural belief is the ideas and thoughts common to several individuals that govern interaction between these people and between them, their gods and other groups - and differ from knowledge in that they are not empirically discovered or analytically proved.

In other words, cultural beliefs refer to a religion as people worship or believe in their respective culture. A certain group of people may have a belief about certain taboos while another group does not consider them as taboos. In other words, what is regarded as taboos in the Vhavenḁa culture may not be taboos in the English culture. Grief (1994) further accentuates that cultural belief is the one that connects a society which worships the same gods. Goddard (2006:12) reports that cultural beliefs refer to taboos followed by a specific culture. If one violates such taboos, it is believed that he/she will come across challenges or spells in their entire life. Scholars such as Schapera (1946), Mönnig (1967), Mbiti (1969), Hammond-Tooke (1974), Krige (1974) and Goldschmidt (1976) have conducted their studies on the taboos related to a pregnant woman. It is widely believed that such taboos help her and the unborn baby, especially to improve their health. In other words, cultural beliefs are related to the use of language in belief or religion that people believe in. The belief systems and taboos differ from people to people or from one group to another. Grief (1994:916) claims that “cultural beliefs also influence the societal organization since strategic interactions occur within a specific social and historical context”.

The researcher stresses what she has already explained above that cultural beliefs are related to the belief of a society. She further avers that cultural beliefs unite the society which has the same belief systems. As a result, language is used to explain the taboos used by the society. In the same vein, Goddard (2006:12) claims that “cultural beliefs can also be employed to spell out widespread cultural beliefs-beliefs which may be profoundly explanatory of aspects of communicative practice”.

The opinion expressed by Goddard (ibid) is about the use of language such as in taboos where the speech style is credible. Goddard (2006) continues says that ‘the ways of speaking and thinking prevailing in each society often vary, to extend, from person to person and from one group to another, there is often a great reluctance to formulate any general “rules” and there is a widespread concern about stereotyping and “essentialism’.

In an attempt to answer the research question, this study compared the language use of modern times and of the past regarding taboos during pregnancy and birth. The cultural belief was applied when the researcher looked at the cultural language and the way the taboos have been arranged which the society believes in. These taboos are what the culture puts all its trust in. If a pregnant woman disobeys them (taboos), it is believed that there would be dire consequences on her or the baby or both. In relation to CDA, it appears for some pregnant women there is a shift in the power relations. In other words, some pregnant women are now empowered and the elderly people powerless as they can no longer enforce the taboos.

Schapera (1946), Mönning (1967), Hammond-Tooke (1974), Goldschmidt (1976), Krige (1974) and Mbiti (1969) conducted studies on the taboos of a pregnant woman and the baby and focused on the taboos that the pregnant woman must obey to improve their health. Zepro (2015:410) asserts that “food considered as a taboo is strictly forbidden, for health, cultural or spiritual reasons”. One of the taboos that they uncovered is that a pregnant woman is not supposed to eat more as this may cause complications during child birth. This was important because in the olden days the operation technology was not available and the only option was giving birth naturally. Regarding cultural food restrictions, Hammond-Tooke (1974:213) maintains that a pregnant woman should not eat hot foods, it is out of fear that the child will be born with colour patches on the skin as if he/she had been burnt. A pregnant woman is yet again prohibited from eating meat from an animal that has died naturally as it might not be known how it died. The basis for this prohibition is the health considerations as the infant and pregnant woman might contract some diseases.

The researcher investigates the language used in taboos which are within the society focusing on the Vhavenda culture although other language cultural groups are reflected upon. Moreover, the study further explores taboos related to a pregnant woman, *mudzadze* (a woman who has just given birth) and a baby. A woman who has recently given birth to an infant is called *mudzadze* (Milubi, 1996:141).

3.3.3. Belief scripts

Belief scripts are reflected when people use language with people of other age groups or speech communities. Gunter *et al.* (2009:76) further explain the belief scripts and they maintain that:

Another class of belief scripts which can be particularly pertinent to people's ways of speaking and interacting can be termed "social models", i.e., widely shared representations about what people are like, about what kinds of people there are, about what of relations exist between people, and so on.

The above scholars emphasise that belief scripts are the people's distinctive ways of speaking and communicating with a focus on relations among people and the type of society in which they find themselves.

This current study examined the difference between the language used by the new generation and the old generation. Interestingly, when the elderly is with the youth, they can use figurative language or non-verbal communication to keep them out of their conversations. When the youth are under pressure from the elderly people, they tend to choose language appropriately to show respect and this is something, they would not do among themselves. As an example, a youth will speak a different language to the Chief. In other words, the younger generation will not use the peer language that is understandable to the youth. He/she will use an appropriate language suitable for the royal family. The same applies to an elderly person; he/she will use a language understandable to the youth.

Cultural scripts, cultural beliefs and belief scripts are of paramount importance in this study as they are relevant to issues around pregnancy, birth and newborn. The study closely examined the relationship between Ethnopragmatics and Ethnography of Communication theories. Ethnography of communication was used to focus on speech communities and their application of communicative competence.

3.4. Ethnography of communication

Ethnography of communication stems from ethnography of speaking which was pioneered by a popular linguistic scholar, Hymes (1972), who made a significant contribution in the linguistic field. The emergence of Ethnography of communication theory occurred when Hymes contended with Chomsky' stance on linguistic competence. According to Chomsky (1957), any person can utter meaningful sentences and follow the language rules (Canale & Swain, 1980; Brown, 1987).

Further observations are that linguistic competence should be understood within the sentences or in a conversation because people do not talk out of context (Canale & Swain, 1980; Brown: 1987). Consequently, Hymes (1972) argued that it must be called communicative competence.

Saville-Troike (1996:2) explains that Ethnography of communication started as Ethnography of speaking (Hymes 1972:14) while Saville-Troike (1989) came up with the idea of Ethnography of communication. On the other hand, Saville-Troike (1989:2-3) further claims that Ethnography of communication is a field of study which primarily looks at the language used by a society focusing on the communication between participants.

Hymes (1972:14) and Saville-Troike (1996:2) expressed their views on their understanding of the Ethnography of communication. Hymes (1972: *ibid*) maintains that Ethnography of communication is a theory concerned with situation and use,

behaviour and communication use. Saville–Troike (1989:1) agrees with Hymes that Ethnography of communication is a field of study which is concerned with investigating culture and she explains this further in this way:

Ethnography is a field of study which is concerned primarily with the description and analysis of culture. It is also understood as a method of studying about a person or a group of people. Typically, ethnography involves the study of a small group of people in their own environment.

Saville-Troike (1989:47) maintains that the Ethnography of communication is the use of language in a society identified by sharing the same aspects, e.g. knowledge, culture, work, belief/religion etc.

Saville-Troike (1996) and Duranti (2004) share the same sentiments with Littlejohn and Foss (2005:313-315) on the Ethnography of communication subject. Littlejohn and Foss (ibid), Saville-Troike (1996) and Duranti (2004)'s viewpoints have been drawn from Hymes (1972)'s work. In their views on Ethnography of communication, Littlejohn and Foss (2005:313-315) elucidate that:

Cultures communicate in different ways, but all forms of communication require a shared code. Communications who know and use the code, a channel, a setting, a message form, a topic and an event created by transmission of the message.

In the same vein, Saville-Troike (1989:1) concurs that the Ethnography of communication involves times and ideas which are important to investigate why people use language and how it differs according to the various cultures. In the Ethnography of communication, the concern is on rules and manners of communication of various societies, or a society in which the research is conducted. When applying this in the current study, it was important to understand the linguistic taboos and language of the unborn baby.

3.4.1 Speech Community

According to Saville-Troike (1996:19), Ethnography of communication plays a significant role in understanding the language rules of a particular speech community. A speech community is a group of people who speak the same language understood by a group. Wodak, Johnstone and Kerswill (2011:61) adopted Hymes' view and maintain that ethnographers in speech communities should explore speech situations, speech events and speech acts. Moreover, they spell out that speech situations include events, wars/conflicts, investigation, meals lovemaking etc.

In a speech community, the younger age group speaks the same language understood by them and the same applies to elderly women or grandfathers. Similarly, members of a societal group speak the language suitable and understandable by them. If a person is from a different age-group and find themselves in their midst, they may not understand the language they use. This research investigated speech community of elderly and younger people in a family setup, where they use the language of a pregnant woman, birth, newborn baby and taboos as language style understood by the younger generation, the middle aged and the elderly generation. The primary focus of Ethnography of communication was to investigate how communication is conveyed in a specific location. Moreover, it explores communication in a cultural context. Ethnography of communication allows the researchers to use language within a cultural context. Saville-Troike (1989:8) argues that:

For anthropology, the ethnography of communication extends understandings of cultural systems to language. At the same time relating language to social organization, role-relationships, values and beliefs and other shared patterns of knowledge and behaviour which are transmitted generation to generation in the process of socialization/enculturation.

In addition, Saville-Troike maintains what has been discussed above that Ethnography of communication is a theory that focuses on cultural, rules, belief, purpose and socialisation of that society the researcher is studying.

The ethnic language group that the researcher investigated believed that culture, rules, purpose and socialisation can be transmitted from generation to generation. Therefore, the researcher is expected to obey the cultural beliefs of a society during the data collection process. It is in this study that the focus is on the problems of language rules of the society. This is evident when people or society refers to a pregnant woman as '*u na thumbu*' (she has a tummy), *tshiunza tsha nwana* (baby's porridge), '*muimana o fholowa*', and those who do not respect the language will say '*o beba*', and those words do not show any respect. It is believed that if one violates taboos, they will encounter bad spells in their entire lives. In this study, the researcher showed that when the rules and principles of a language are not followed, aspects such as words, phrases and utterances pertaining to a domain such as that of pregnancy and childbirth get lost.

Saville-Troike (1996: 353) speaks about the prescriptive law. This law tells people how a language or a group of people how a language should be used rather than a person just speaking in any manner that pleases them in a specific language. In Tshivenda language it is appropriate to use terms of address when referring to adults, in order not to refer to their names. The pregnant woman commands respect from the local chief. This simply illustrates that the Vhavenda society respects a pregnant woman as they know she might give birth to a high prominent person who will make a significant contribution in the society. This language use is referred to as communicative competence.

This view is echoed by Stayt (1931:85) who maintains that:

She is regarded as a person of importance in the community, and is often referred to as being a child of Thovhele, the mythical ancestor, whose true significance has been lost, but who is still remembered as being a benevolent deity, particularly interested in the welfare of pregnant women.

In other words, cultural beliefs refer to religions people worship or beliefs in their respective cultures. A certain group of people may have a belief about certain taboos while another group does not consider them as taboos. Grief (1994) posits that cultural belief is the one that connects a society that worships the same gods. In the Tshivenda language, we refer to an infant who has just been born as *lushie* or *lutshetshe*. When the infant has shown some growth, we now refer it as *nwana* ('baby'). Nowadays the infant is called *nwana* 'baby' until it becomes a teenager. The Tshivenda culture differentiates the child according to its development stages. '*Lushie*' is culturally under the custody of the elderly female members of the family, that is, elderly women. This language use is referred to as communicative competence. For more deep insights, the communicative competence will be briefly discussed below.

3.4.2 Communicative competence

Saville-Troike (1996:362) defines communicative competence as "... what a speaker needs to know to communicate appropriately within a speech community." Saville-Troike (ibid) further points out that when one talks about communicative competence, it means knowing the language and language code and to know whom they are talking to. The linguistic term communicative competence, according to Hua (2014), is when a person uses a language or utterances group in an appropriate way. Brown (1987:199) augments Hua (2014)'s assertion and states that "communicative competence is that aspect of our competence that enables us to convey and interpret messages and to negotiate meanings interpersonally within specific contexts".

This confirms that communicative competence is passing a message in an appropriate way in a specific language. Much was noticed in Tshivenda literature on how authors strategically used the language of pregnancy, childbirth and taboos to decorate their style. Scholars such as Canale and Swain (1980:29-31), Brown (1987:199) and Hua (2014:151) have revealed that concept of communicative competence comprises of four components namely: grammatical competence, sociolinguistic competence, strategic competence and social competence.

3.4.2.1 Grammatical competence

Canale and Swain (1980: 29) explain grammatical competence as including knowledge of lexical items and of rules of morphology, syntax, sentence-grammar semantics and phonology.

This is used to construct words or names. In this study, engagement with the speakers of the language as they know and understand the Tshivenda language styles and practices is underlined. Hua (2014:151) suggests that linguistic competence is like grammatical linguistic and further states that “production and interpretation of meaningful and grammatically correct utterances”.

It was, therefore, important to conduct the research among speakers of the Tshivenda first language.

3.4.2.2 Sociolinguistic competence

In explaining sociolinguistic competence, Canale and Swain (1980:30), explain that: This component is made of two aspects of rules:

sociocultural rules of use and rules of discourse. Knowledge of these rules will be crucial interpreting utterances for social meaning, particularly when there is a low level of transparency between the literal meaning of an utterances and speaker's intention will specify the ways in which utterances are produced and understood appropriately with respect to the components of communicative events.

Canale and Swain (1980:30) aver that sociolinguistic competence is made of sociocultural rules of language use, rules of discourse and norms and values in a society. The main idea of these two rules is to demonstrate how interaction is managed in a society. Canale and Swain (1980:30) and Hua (2014:151) explain that sociolinguistic competence includes rules of working and tradition used in that society. The researcher investigated the newborn baby language development as well as taboos associated with a pregnant woman and a baby. Furthermore, the researcher through sociolinguistic competence investigated the taboos to be followed regarding the birth of a newborn baby. The discourse competence which is related to the collection of discursive spoken language.

3.4.2.3 Strategic competence

Canale and Swain (1980:29) suggest that strategic competence is formed through language when verbal communication and non-verbal communication take place. This view is substantiated by Brown (1987:200), who postulates that strategic competence is the way we manipulate language in order to meet communicative goals. The views expressed by these scholars are similar in that communication must take place for strategic competence to be generated. In other words, strategic competence is the way in which a language is influenced to meet communication or speech goals. Furthermore, Hua (2014:161) says that strategic competence is a way of interpreting and understanding the message.

Strategic competence was applied in this study to understand the how rules and and principles of language are often followed and at times defied in order to express cultural taboos associated with pregnancy and childbirth.

3.5. Conclusion

In conclusion, the researcher investigated the theories which were utilised after the data was collected in order to understand the phenomenon being investigated. The

views of various authors were examined on the theoretical framework subject. In this study the CLA, Ethnopragmatics and Ethnography of Communication theories are applied to solve the research problem. The research investigated what happens when the rules and principles of a language are not followed. This includes aspects such as words, phrases and utterances pertaining to a domain such as that of pregnancy and childbirth which is getting lost. This kind of problem does not only occur among the Vhavanḡa people alone, but it is a South African indigenous societies problem that is plaguing many young and elderly people.

The researcher focuses on the research methodology in the next chapter.

CHAPTER 4

RESEARCH METHODOLOGY AND DESIGN

4.1. Introduction

As alluded to in the previous chapter, the Critical Language A, Ethnopragnatics as well as Ethnography of Communication theories provide a basis of this study. Therefore, the study draws attention to these theories to explain the Vhavenda cultural practices and discourse in relation to pregnancy and childbirth language. In the CLA, the researcher explains the origin of the theory. The CLA theory looked at the relationship between language education structures and those found in a society where the language is spoken. Furthermore, a critical comparison and contrast of the similarities and the differences between CDA and CLA respectively were explained. Both theories (CLA and CDA) were found to be similar as they use the same propositions.

In this section, the researcher describes the fundamentals of the research methodology and design by outlining the methods that were employed in this study to collect data. In this chapter, the researcher discusses components such as research methodology, population, sampling and research site.

4.2. Research methodology

The researcher provides a basic understanding of the research methodology through examining the various viewpoints of the several authors. Babbie and Mouton (2001:647) define research methodology as an approach which the researcher uses in a study to solve a problem or phenomenon under investigation. This viewpoint is supported by Business dictionary (nd) which echoes that research methodology is:

The process used to collect information and data for the purpose of making business decisions. The methodology may include publication research, interviews, surveys and other research techniques, and could include both present and historical information.

Having considered varying opinions of the different authors, the researcher ultimately selected a most appropriate research method which was utilised to collect data from different areas and from different participants.

According to Creswell (2014:18), there are three types of research methods, namely, qualitative, quantitative and mixed methods. Maree (2016:265) explains qualitative research method in this way:

...qualitative research is an inquiry process of understanding where a researcher develops a complex, holistic picture, analyses words, reports detailed views of informants, and conducts the study in a natural setting.

Maree (ibid) goes on to say that the goal of qualitative research is to explore and understand a central phenomenon, which is the concept or process explored in a qualitative research study. Creswell (2014:18) supports the views expressed by Maree (2016:265) echoes that qualitative research method is an approach which examines the life experiences of the participants on a phenomenon under investigation. On the contrary, quantitative research method focuses mainly on the measurements or numerical data or statistical data. In line with this understanding, the researcher adopted qualitative and quantitative research methods as the researcher relied on the numerical data and responses in the form of life experiences, views and opinions on the decline of Vhavenda pregnancy and childbirth taboo language. The researcher is of the understanding that there are various authors and scholars who have studied the differences between qualitative and quantitative research methods. In their studies, Welman, et al. (2005:8) have explored the differences between qualitative and quantitative methods. They argue

that the quantitative method is used when a researcher evaluates objective data consisting of numerical information whereas qualitative method focuses on the phenomenonive data consisting of the expressions, feelings and thoughts of participants. Therefore, qualitative data took the form of words, phrases and language of that society or a group of people within a community as opposed to quantitative data which is generated in the form of numbers.

The researcher in this investigation collected data by means of qualitative research inquiry as the focus of the study was on the daily occurrences in people's lives. In this study, the researcher investigated or examined words, phrases and utterances associated with pregnancy, delivery of a pregnant mother and the newborn child among Vhavenḁa women and newborn babies. As indicated above, in this study, the researcher uses a qualitative research method since it focuses on collecting data from the participants in the form of words, phrases and utterances. In other words, this method does not reduce or add information/data and it examines the perceptions/thoughts as expressed by the participants.

The researcher focused on words, phrases and utterances which were used in the olden days and are no longer used nowadays. It is rare in the present time to hear the traditional language forms that were used in the past regarding a pregnant woman until the time of the birth of the baby and thereafter. The data was in the form of words, phrases and utterances which were collected from people of various ages and genders from Vhembe District Municipality area. The research undertaking is based on foundation or blueprint called research design.

4.3. Research design

In research, there are numerous types of research design. Creswell and Plano Clark (2007:22) cited in Maree (2016:75) identify research design as narrative studies, phenomenology, grounded theory, ethnography and case study. According to Maree (2016:75), ethnography research design focuses on the investigation of the cultural and social group of a particular speech community. Based on this assertion, this study adopted ethnography as a research design for the reason that the study focuses on the decline of the Vhavenda pregnancy and childbirth taboo language and it investigated the social group of the Vhavenda people.

4.3.1. Population

It is of utmost importance to discuss the population of the study. A variety of literature has been reviewed to gather a body of knowledge on what population is all about. Upon reviewing the literature, it was discovered that the authors have different explanations on the concept of population. For the purpose of this study, the researcher has chosen some authors to draw the current literature. Authors like Welman, et al. (2005:52) assert that the population in research refers to any object, individuals, groups, organizations, human productions that a researcher is investigating. In explaining population, Sanders and Pinhey (1983:97) argue that population is a combination of total of collected from the data collection process. In the case of this study, the population consists of Vhavenda nurses, young mothers, middle aged, elders and royal courts.

4.3.2 Sampling techniques

It is impossible to study the entire or total population. For this reason, sampling technique is employed to select the target population. Sampling technique is a component or aspect of the research design that the researcher used to select data from within society. The sampling technique assisted the researcher to select

participants who were interviewed or people who provided information. As Terre Blanche and Durrheim (2002:44) put it "...sampling techniques involves decision about which people, setting, events, behaviour and or social process to observe."

Sampling techniques consist of two types which are probability and no-probability sampling (De Vos *et al.*, 2011:228). According to Maree (2016:192) and Welman, *et al.* (2005:56), probability sampling is an technique wherein every member of the population has an equal chance of being selected to participate in the study. Simply put, members of the population are chosen on a random basis (Maree, 2016:192; Welman, *et al.*, 2005:56). On the contrary, non-probability sampling is an technique wherein members of the population are not chosen randomly. Taking these arguments into consideration, the researcher adopted non-probability sampling technique. The most suitable groups of non-probability sampling technique adopted in this study were purposive and snowball sampling. The researcher used purposive sampling method as it is regarded to be central to a naturalistic research. In explaining purposeful sampling method, Patton (1990:169) points out that:

The logic and power of purposeful lies in selecting information-rich for study. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research, thus the term purposeful sampling...

According to Maree (2016:198), snowball sampling is when a researcher asks some members of the population to refer her or him to other members of the population who qualify to participate in the study. In this study, the researcher chose the members of the population based on the wealth of knowledge on the flux of Vhavenḁa pregnancy and childbirth taboo language. In addition, she asked some members of the population to refer her to other participants with knowledge of the phenomenon under investigation.

4.3.2.1 Types of sampling techniques

Sampling techniques are basically categorised into two main types, namely, probability and non-probability sampling.

- **Probability sampling**

According to De Vos, *et al.* (1998), probability sampling method is the technique used to select people the researcher intends to interview with a purpose to collect data related to the study. Therefore, every participant must have equal possibility or chance of being chosen or selected as a participant. Some of the authors/scholars believe that probability sampling is also known as simple random sampling. To confirm the views stated above, De Vos, *et al.* (1998: 195) report that "...the most basic of the probability sampling methods. Once the population has been defined, the sampling frame is drawn up. Each of the sampling frames then has an equal chance of being included in the sample."

Probability sampling is a technique that ensures that every member of the population is given an equal opportunity of being interviewed. As a result, this creates equal chances of the members of the population. Welman, *et al.* (2005:59) concur with the views of De Vos, *et al.* (1998: 195) and corroborate their assertion by stating that "In the simplest case of random sampling, each member of the population has the same chance of being included in the sample and each of a size has the same the probability of being chosen."

Generally, a probability sampling technique comprises random sampling which is subdivided into simple random sampling, stratified random sampling and systematic sampling cluster sampling. For the purpose of this study, researcher utilised non-probability sampling as it was an appropriate method for qualitative social research method.

- **Non-probability sampling**

The non-probability sampling is a technique where there are no stringent rules to follow and selection of the members of the population is based on the prejudiced judgment of the researcher. The researcher reviewed studies of various authors who looked at non-probability sampling. Authors such as Collins *et al.* (2000:158) argue that “non-probability sampling is a sampling procedure where the population may or may not be accurately represented. ...” In the non-probability sampling technique, the people or members of the population are not afforded an equal opportunity to be selected in the study. Furthermore, the size of the data does not have a limit. This is in contrast with probability sampling where each member of the population has an equal and fair chance or opportunity to participate or be selected in the study. Instead, the researcher is entitled to interview any number of respondents she deems fit. However, this makes some participants have more opportunity to talk than others. Therefore, this depends on who will be engaging more with a researcher. This sampling technique focuses on those who are participating than those who are not. In contrast, De Vos, Strydom, Fouché and Delpont (2011:231) attest that non-probability sampling is about the selection of sample size of the population. They further point out that the researcher goes around interviewing participants of the population.

Maree (2015:176) discusses the benefits or advantages of using a non-probability sampling method as follow:

- Not much time available – results are needed urgently;
- The measuring instrument needs to be tested; and
- Preliminary studies have to be done in the development stage of a survey.

The above viewpoints articulated by Maree (*ibid*) simply point out that the benefits of non-probability sampling are that answers/results are instantly available and it is cost effective as a researcher can collect data from a single research setting. Moreover, Maree (*ibid*: 177) emphasises that as a result of these benefits, most of the researchers choose to use non-probability sampling.

In this study, the researcher asked the participants about words, phrases and utterances related to the study /pregnancy, new baby, and taboos. Collins, du Plooy and Grobbelaar (2000:158) continue explaining that non-probability sampling techniques include convenience (or accidental), quota, purposive (or judgemental) and snowball sampling. In contrast, Kruger and Mitchell (2005:67) suggest that convenience and accidental sampling are two different techniques. In addition, De Vos, *et al.* (2011: 291) argue that there are various types of non-probability sampling techniques, namely, accidental, purposive, quota, dimensional, target, snowball, sequential, spatial and key informant.

Accidental or convenience sampling

Collins, *et al.* (2000:158) regard convenience or accidental sampling as a type of non-probability sampling method which is easy for the researcher to reach out to the people or respondents. In other words, the researcher can interview people she has come across who at that moment were willing to participate despite any prior arrangements. Welman, *et al.* (2005: 68) concur with Collins *et al.* (2000:158) by defining convenience or accidental sampling as “the most convenient collection of members of a population that is near and readily available for research purposes”.

Quota sampling

This is yet another type of non-probability sampling method. In this technique, a researcher collects data after having set up groups of people into gender and age. This view is stressed by Neuman (2000:197) who writes that “In quota sampling, a researcher first identifies relevant categories of people (e.g., male and female: or under age 30 to 60, over 60. Etc.), then decides how many to get in each category”.

Welman *et al.* (2005: 197) concur with Neuman (2000) and they posit that “to use this method of sampling, the researcher first must identify categories of people that need to be in the sample and the required number (quotas) in these categories”.

When the researcher is using quota sampling, it is of paramount importance to first identify the size of data/number of respondents, gender as well as the age groups. In other words, a researcher should sort respondents in terms of gender and age groups. In this study, the researcher started off by grouping the respondents in terms of age groups and gender before collecting data.

Purposive sampling

Welman *et al.* (2005: 69) define purposive sampling as a type of non-probability sampling through which a researcher selects qualifying data in his/her study. In the same vein, Raphaelalani (2015:69) emphasises that purposive sampling is when a researcher selects a relevant sample of those that qualify and leave out the rest. A researcher chose respondents based on the wealth of knowledge they had about the phenomenon under investigation.

This study is based on understanding language flux and the decline in the use of taboos associated with pregnancy and childbirth. The sample for this study was Vhavenda women and men who are conversant with the Tshivenda language.

Another significant reason that explains why this study utilised the purposive sampling is that it was the appropriate method as the researcher deemed it necessary to select young and elderly people who have the knowledge about pregnancy and childbirth. In addition, the researcher investigated words, phrases and utterances with in relation to *mudzadze* (a woman who has just given birth) as well as the associated taboos. Furthermore, the researcher selected women of different ages to ask them about fortification and Tshivenda baby naming practices. The purposive sampling method was again employed to select people who were knowledgeable about the Tshivenda rich language to draw conclusions on the comparisons between the language used in the past and the one used nowadays.

Snowball Sampling

This type of non-probability sampling is when participants who have been interviewed recruit other potential respondents for inclusion into the sample so that they can take part in the study. The researcher and her research assistants approached the respondents who then identified and recruited other potential respondents who had the required knowledge of the phenomenon under investigation. This opinion is supported by Raphalalani (2015: 71) and Welman *et al.* (2005). Welman *et al.* (2005: 69) support this opinion by saying that:

In the first phase of snowball sampling, we approach a few individuals from the relevant population. These individuals then act as informants and identify other members (for example acquaintances or friends) from the same population for inclusion in the sample.

In the main, the researcher utilised the purposive sampling technique since the researcher deemed it necessary to make a judgement on the selection of the sample particularly those young and old women as well as elderly people who have the knowledge or understand about new babies from pregnancy until childbirth. In addition, the researcher investigated words, phrases and utterances with in relation to *mudzadze* and the associated taboos. In addition, the study adopted snowball technique as participants who have been interviewed recruited and referred other potential participants for inclusion into the sample so that they can take part in the study.

The researcher used this technique by going around various places and stopping and asking participants to answer the research questions. She further went to many places asking people to participate without any prior arrangements.

4.4. Research Setting

The research setting can be described as a place/site where the researcher conducted her study. Maree (2016:36) asserts that “it is essential to select research sites (i.e. where you will conduct the research) that are suitable and feasible”.

Rañanga (2008:115) argues that a research setting is a site where the research will be conducted. Raphalalani (2015:72) supports the views expressed by Rañanga and Maree and write that setting is the site or place where an activity or event takes place. This simply means that the research setting is where actions occur or happen. It is of vital prominence for the researcher to first get permission from the participants to conduct an investigation (Raphalalani, 2015: *ibid*). Therefore, the researcher introduced herself fully to the participants, where she/he is coming from, the purpose of the research and other useful information provided more understanding and clarity

to the participants. Thereafter, the researcher requested permission from the participants to be interviewed.

In this study, the research setting where the research was conducted was in Limpopo Province in the Vhembe District Municipality area. The setting was at the royal residence, rural areas, clinics and hospitals, townships and suburban areas.

4.5. Size of data

Different scholars have expressed different views about the size of the data. Among others, Ladzani (2014:120) points out that: “Before deciding how large the data should be, one must define the population of one’s study. The question of how large the data should be is a difficult one. Size of the data can be determined by various constraints.” According to Rañanga (2009:100) and Sengani (2008:205), the size of data does not have a limit. In other words, the size of data has no bearing in this qualitative study. In explaining the size of data, Sengani (ibid) alludes that “the size of the sample is in this case determined by the relevance of the phenomenon under study and the function or purpose of the research”.

Sengani (ibid)’s argument is supported by Ladzani (2014:120) who asserts that:

Before deciding how large the data should be, one must define the population of one’s study. The question of how large the data should be is a difficult one. Size of the data can be determined by various constraints.

However, the size of data in this study depended on the number of the research questions. The researcher focused on words, phrases and utterances which collected through interviews with a group of participants who were consulted. She then decided on a small size of the data in a bid to make the study and investigation more manageable.

In this study, the researcher collected data by means of interview; face-to-face, as well as telephonic interviews and the size of data was small so as it could be manageable. The data were collected from 200 participants who were both females and males, but only 50 were selected for analysis.

4.6. Data collection

The data collection method is a technique the researcher uses to collect data related to the research problem of their study. During the data collection process, the participants provide appropriate answers to the research problem that the researcher is investigating. Therefore, the researcher used various data collection methods where the questions were open-ended. This view is supported by both authors, Nunan (1992:152) and Ladzani (2015:70). In defining data collection, Ladzani (2015:70) writes that “Data collection method is collecting information to address a research problem. This is the phase where proper information for answering the research question is gathered.”

In this study, the researcher collected data with the help of research assistants. The researcher utilised different data collection methods such as questionnaires, face-to-face and telephone interviews (Holloway, 1997).. During the interview process, the research assistants explained the aim of the study to the participants. This was done to ensure that participants are fully informed and have knowledge so that they were able to provide appropriate answers.

4.6.1 Questionnaires

Questionnaires are one of the tools uses to collect data. Researcher prepared questionnaires as a data collection tool containing various questions to be answered by different respondents. The researcher together with the research assistants

distributed questionnaires at various villages, locations, hospitals, clinics and royal residences in Vhembe districts.

The questionnaires that were distributed to all the respondents of various age groups at different research settings in the Vhembe District Municipality at hospitals and clinics for the doctors and nurses, royal residences as well as to the ordinary households. The questionnaires contained questions such as place of origin, age, educational status and ethnic group etc.

The questionnaires included the respondents' knowledge on language associated with pregnancy until birth as well as the taboos. In addition, the respondents were also asked to share their knowledge about baby naming practices. The researcher came across of challenges when some respondents as some of the respondents were willing to complete the questionnaires but were unable to read and write. The researcher solved this problem by telling the respondents that they can give anyone in home to read and write for them.

The researcher had to make new arrangements for the questionnaires to be collected and agreements for the respondents who would not be available at their homes or places of employment. Though most of the questionnaires were completed many were were not. However, after reading through those completed, the information proved very crucial for the research.

4.6.2. Interviews

This study utilised face-to-face as well as telephonic interviews to collect the data which is related to the research topic. With this type of data collection method, the researcher was able to obtain in-depth information since a follow-up can be made for more clarity or additional information. Several authors have conducted their studies on interview data collection method. Davies (2006) defines interview as a:

A method of data collection, information or opinion gathering that especially involves asking a series of questions. Typically, an interview represents a meeting or dialogue between people where personal and social interaction occurs.

The view expressed by Davies above simply points out that the interview is the data collection method or opinion gathering during the interview process or question and answer interactions. An interview represents a meeting or dialogue between two people or between a researcher and a group of people. In addition, Hofstee (2006:134) argues that the research questions must be neutral. The questions should be in such a way that they do not drive participants in a course which may endanger them or where they would not want to be in such situations. Hofstee (ibid) asserts that “Questions must be neutral and not push participants in any direction. Without very careful formulation of questions, it is very easy to weight them to favour an answer.”

Questions are to be neutral so that they do not have to be in favour for some participants. In addition, the researcher must request permission from the participants to record them when answering questions. This helps the researcher to collect all the information than only writing down. In this method, the researcher wrote down her questions to avoid confusion. The researcher interviewed members of the old generation of various age groups at the rural areas such as at the villages, townships and areas. The researcher used open-ended questions so that the participants may provide more information or full answers. The research involved face-to-face and telephone interviews.

4.6.2.1. Face-to-face interviews

This type of data collection method occurs when a researcher is conducting face-to-face interviews. The advantage of this technique is that the researcher elicits

valuable insights or information. Mouton and Babbie (1998:249) argue that face-to-face interviews are common when collecting data/information. To confirm this statement, Mouton and Babbie (1998: *ibid*) assert that:

Face-to-face interviews are the most common method to collect survey data in national surveys in South Africa. Rather than asking participants to read interviews and enter their own answers, researchers send interviews to ask the questions orally and record respondent's answers.

Ladzani (2015:90) supports this view and adds that face-to-face interview is the most popular data collection method. Furthermore, Ladzani (2015:90) adds that "a face-to-face interview is also called an in-person interview and is probably the most popular and oldest form of data collection".

Mouton and Babbie (1998) further state that it is of paramount importance to use face-to-face interviews because the researcher and participants can use the home language to make participants understand, identify the ethnic grouping, and the age category. Mouton and Babbie (1998:251) again add that "the ability to speak the home language of the respondent is essential. It is desirable to match ethnic grouping, sex, age category".

The use of home language ensures that one reaches out to various age categories. Moreover, the use of home language makes participants more welcome. In the same vein, Raphalalani (2015:76) writes that this is where the researcher must interview the participants at a site convenient to them. According to Welman, *et al.* (2005:163), this method is expensive as far as their applications are concerned. The questions for face-to-face interviews were the same as those for the telephone interviews.

The participants for the face-to-face interviews were selected from those involved in the questionnaires. The researcher started a conversation by greeting people when

she met them, introducing herself, as well as explaining the purpose of the study and how it will benefit the researcher and the participants. The researcher asked the interviewees if they would agree if she used a tape recorder to collect data and they did not mind. The researcher then used a voice recorder and a notebook to record all the information from the participants. Recording of all information or feedback required the researcher to seek for permission from the participants. During these face-to-face interviews, the participants were passionate and active as they were eager to provide in-depth information on the words, phrases and utterances associated with pregnancy, infant and seclusion during the past. In the villages the elderly women pointed out that this research will help society to remember and treasure this very language that is lost. Moreover, they felt that this study will bring forth the knowledge of the language used in pregnancy that has been lost; including medicines that are no longer used for purposes of curing during pregnancy, childbirth and the raising of an infant baby. The interview sessions were conducted in such a way that the researcher would ask a participant a question and waited for them to respond. In cases where the feedback or answers were unsatisfactory or were not in-depth, the researcher would make follow-ups.

The researcher visited six royal residences. Out of these six, some of them withheld some information. They only gave very little information. The researcher managed to interview three *mahosi* (chiefs). Although the research team managed to elicit some information, some of the challenges were encountered in some royal residences. The researcher visited royal residence respondent **A** with one of the research assistants. The researcher and her assistant were told that the ruler was unavailable. The request was made for the cell phone number for the chief and it was declined. In some of the royal residences, the researchers were told to come on Sunday mornings.

The researchers were at first unable to interview *Khosi or Musanda* at Royal residence of respondent **B** because these elderly men wanted money as a token to

a meeting with his majesty *Musanda*. After lengthy discussions with the royal family, the researcher managed to persuade them without presenting them with *nduvho* 'a token of paying homage'. They then went to *mukoma* of Royal residence respondent **C** to request him to introduce them to His Majesty as well as request an interview with him. It is worth mentioning that the role of *mukoma* is to serve as the *musanda*'s personal assistant. *Musanda*'s right-hand man indicated that His majesty was unavailable. Subsequently, the researcher took the right-hand man's cell phone number for future appointment when the *khosi/musanda* would be available. Upon attempting to make an appointment through the right-hand man headman, he was committed all the time and as a result, the interview could not take place. At the royal residence respondent **D**, the researchers interviewed the Chief without any glitches. This is where in-depth information was gathered.

At royal residence, participants **E** and **F**, the researchers found "*khadzi*" (*Khosi*'s senior sister) who agreed to be interviewed. This is where more information was collected and the conversation went well.

The researcher interviewed the healthcare professionals from different hospitals and clinics in the Vhembe District area. The researchers experienced the following in the hospitals and clinics: At hospital **A**, the researchers were unable to interview doctors, nurse and office-bound officials citing limited time. However, some of them agreed to be interviewed. Interviews with the nurses and a few doctors who made themselves available, were intriguing because they could relate this research with their knowledge of the medical conditions and diseases of pregnant women and infants. Some of the nurses indicated that in the olden days, people used to follow taboos and any ignorance was dealt with immediately.

The researchers also interviewed the students who were completing Bachelor Curationis (*nursing*) degree from the University of Venda. It is where the researchers elicited the information from the students regarding the topic under investigation.

In some of the hospitals, the researchers were unable to collect data because they required a letter from the Limpopo Provincial Health Department. This happened despite them not warning the researchers about this requirement during the planning phase.. Permission was granted by the Manager for Health Centre **A** for the interview conversation. The maternity section refused to be engaged in the interview process. However, the Manager for the section brought pregnant women to participate in the conversation.

At clinic **B**, the interview conversation went very well. Clinic **C** accepted the request for the data collection for this study. The Manager indicated that the researchers had given them short notice because they had run out of time to collect data. Eventually, the interviews were conducted with some nurses. During the conversation, a senior nurse arrived and that made the nurses uncomfortable and was then less active.

At clinic **D**, the interviewers experienced serious challenges and nothing happened. The interviewers proceeded to clinic **E** where they interviewed the nurses. When the researcher conducted face-to-face interviews with ordinary people, there was good working relationship although some did not engage in the discussions.

4.6.2.1. Telephone interviews

The researchers also used telephone interview as a tool to collect data. The telephone interview is when a researcher initiates a verbal conversation with a participant for the purpose of eliciting information for research purposes using a telephone. This data collection method usually takes place when the researcher and participants are in different places. The interviewee may be any person if they agree to answer research questions for the investigation. Telephone interviews may have adverse consequences to the participants as they do not get enough time to think about the answers. Sometimes the participant withholds answers to certain questions as they do not trust the interviewer. A participant may give an excuse that wherever she stays sometimes there is poor telephone network coverage.

Babbie and Mouton (1998:256) explain that the data collection by means of telephone interview was an initiative by the American nation. These authors state that the advantages of a telephone interview in research are that it is cost effective to the researcher and saves time. Babbie and Mouton (ibid: 257) confirm this view by stating that probably the greatest advantages are savings of money and time. De Vos, *et al.* (2011:356) report about the advantages of telephonic interviews which include broader geographical coverage, cost-effectiveness, ensure that all questions were adequately answered and gathering all the information from the participant.

In supporting the above sentiment on the advantages of telephonic interviews, De Vos, *et al.* (ibid) argue that:

- The opportunity to collect data from geographically disparate samples is greater.
- Cost-effectiveness is increased compared with face-to-face interviewing.
- Travel costs are eliminated.
- There is greater acceptability on the part of participants because such interviews generally take less time.
- There is an opportunity to ensure that all questions are answered and clarified.
- Response rate is increased when compared with postal surveys etc.

In this study, the researcher called different people to ask for permission to interview them about her research based on the research questions. The researcher asked some participants from the face-to-face interview groups to supply her with telephone numbers of potential participants. Some were very helpful, but others appeared reluctant as they felt that the people concerned might rebuke them. In some of the groups of participants, the researcher obtained the mobile phone numbers from those who were at the clinics where they usually consult. Other mobile

phone contacts were obtained from participants who were interviewed and recruited their friends who agreed to participate. The researcher also checked from telephone books and traced some people she knew who later proved very helpful. The questions for the participants were the same as those for face-to-face group. These data collection ventures were very informative as information was sourced from Tshivenda speaking people, who are conversant in Vhavenda culture residing in townships, and villages.

4.7 Ethical considerations

Ethical considerations are the basic ethical principles and one of the most imperative aspects in conducting a study. Understanding ethical considerations is very much critical in the social research, especially in the current study. Ethical considerations are a set of ethical aspects that must be adhered to by the researcher while collecting data. As a result, the researcher had to follow all ethical issues or aspects while collecting data. The researcher in every case must note down the ethical rules/considerations and this helps the participants to understand how they must behave while answering questions.

According to Collins, *et al.* (2000:29), when a researcher is collecting data, there are a set of rules that must be followed. Collins, *et al.* (ibid: 29) maintain that the rules must be adhered to ensure the research will be of higher quality and integrity/standard. Collins, *et al.* (2000:29) says ethics are codes or rules that govern that practice of a profession. It dictates how information and client's relationships should be managed. Code of ethics and the laws are mutually exclusive. Ethical considerations occur when you are required to use these rules to better serve your clients, the special needs children.

This basically means that rules are set to ensure that there is a good control. When the researcher collected data, she was bound by the ethical rules. In this study, the researcher collected data complying with University of South Africa's (Unisa) code of conduct or ethical principles. The researcher carried out the study in strict accordance with the ethics policy of Unisa. All participants that the researcher interacted with be it telephonically or face-to-face, were informed of the research ethical issues/rules pertaining to the phenomenon under investigation. This was to make them comfortable and freely participate in the discussions. This again helped those who were not comfortable and withhold the information as giving out information was voluntary.

4.8. Conclusion

The aim of this chapter is based on the research methodology. This study focuses on the decline of the taboos during pregnancy and childbirth among Vhavenda. This study is based on the Tshivenda language, including words, phrases and utterances used in the past in the Tshivenda language and the language used nowadays. This chapter focused on all aspects pertaining to data collection such as research methodology and all its elements such as, the research design, population, sampling techniques, and types of sampling techniques, size of data, research setting and data collection methods. In this study, the researcher identified the population as Vhavenda, elders, from the royal families, communities, nurses and doctors and the youth. From many of these, the researcher sampled a manageable number to complete questionnaires, and participate in interviews at villages, royal residences, clinics and hospitals in the Vhembe District Municipality. The researcher distributed questionnaires to selected people who completed them and these were later collected though many were not returned. She also conducted face-to-face and telephonic interviews at these different places. During the interview process, the researcher recorded all the information gathered from the participants and adhered to ethical consideration as prescribed by Unisa.

CHAPTER 5

DATA ANALYSIS AND DISCUSSION

5.1. Introduction

In this chapter, the researcher provides an overview on the qualitative data analysis method underpinning a phenomenon under investigation. Of interest in this study is that the language use of modern times and of the past regarding taboos during pregnancy and birth appears to be declining. This study was conducted in the Vhembe District, Limpopo Province. The primary data was collected through questionnaires, face-to-face and telephone and interviews from the community elders and those from royal residences, other groups including youth, elders, nurses and doctors from various natural research settings in the Vhembe District . The data were, however, transcribed so that it can be easily analysed. Ultimately, the researcher identified various themes and concepts which emanated from the data collection process in line with analytical comparison methods namely method of agreement and method of difference. In simpler terms, it is through the data analysis process that the researcher attempted to understand the phenomenon under investigation by transforming raw data into findings.

5.2. Data analysis

This section provides an overview on the choice of the data analysis method that the researcher made. The data analysis method in this qualitative social research becomes an indispensable component of this study. The data analysis simply refers to the analysis of data which was collected from various natural settings in order to gain insight knowledge and understand meanings, beliefs and phenomenon under investigation. The researcher utilised the Analytic comparison as suggested by Neuman (2000) and analysed the data following appropriate stages. The initial step

of data analysis was examining the primary data obtained from all the participants. According to Maree (2016:114), an initial step in the data processing is to provide more details on the participants such as the number of participants, how they were selected, and relevant background data such as age, sex, occupation, education and marital status, as well as an in-depth discussion of the context in which the study was done.

The researcher analysed the data collected from the participants in the natural settings within Vhembe District. Maree (2016:114) asserts that the data being analysed by the researcher could be solicited from the transcript of an interview or focus-group discussion notes, diary and own field notes. The data collected were in the form of field notes and the recordings which were transcribed. Regarding data analysis, Welman *et al.* (2005: 211) have this to say: "In order to analyse the raw field notes, these must be processed. This entails converting the notes into written-ups, which should be intelligible products that can be read edited for accuracy, commented on and analysed."

The views expressed by Welman *et al.* (2005: 211) reiterate that the data collected should be re-written and typed. This is to ensure the data are well organised and can be easily analysed. The views expressed by Welman, *et al.* (*ibid*) are substantiated by Maree (2016:115) who buttresses that:

All data collected by electronic or digital means (such as audio or video recordings) must be transcribed and this is best done by yourself as you will most probably include some non-verbal cues in the transcript – silence may communicate embarrassment or emotional distress, or simply a pause for thought. If you use a typist to type the transcripts you must brief the person on how to transcribe the interviews.

Once the researcher has typed the data, he/she must check for any information that has been missed during transcription. It is therefore of vital importance for the researcher to re-read the text comparing it with the original source such as field notes or an audio recording. On the issue of data analysis, Maree (2016:115) maintains that:

Once you have your data sorted and typed, you need to get to know it inside out. Good analysis often depends on your understanding of the data, which simply means that you must read and reread the text. Even if your recorded interviews have been transcribed, you need to listen to them several times.

Maree (2016:115) lays emphasis on the fact that the researcher must know and understand the data collected. Furthermore, the researcher must read and re-read the transcribed and typed data. The data analysis is conducted simultaneously with the data collection process where a researcher has already re-written, re-typed and re-read all data in more details. This is where the researcher must know and understand his/her data in its entirety. In this study, the researcher utilised the Analytic comparison (2000) method as the raw discursive qualitative data was collected in the form of words, phrases and utterances made by the participants.

Terre-Blanche and Durrheim (2002:47) conducted their studies on the data analysis subject and explain that:

Data analysis process can be divided into quantitative and qualitative techniques. Quantitative techniques employ a variety of statistical analyses to make sense of data, whereas qualitative techniques begin by identifying themes in the data and relationships between these themes.

Sengani (2008:227) argues that in analysing data, the desire is to transform them into meaningful findings. This opinion is supported by the Rañanga (2009:142) who augments that:

Data analysis is the in-depth reading of the constituent parts of the whole in order to understand more about the whole. It may also be regarded as a way of reducing and organising data into meaningful units with the aim of interpreting them.

Rañanga (2009:142) underscores the reduction and categorisation of data into meaningful components. In short, data analysis is a way or method of organising data or information with the goal of interpreting them.

The researcher utilised questionnaires, face-to-face and telephonic interviews as data collection tools and audio recorder and field notebook were used to record the information. The data collected from questionnaires was used as guidelines towards both the face-to-face and telephone interviews. The recording of the interview data took place by means of note-taking and audio recording. Furthermore, the data from the audio recorder and field notebook were re-written, transcribed and typed. While re-writing, transcribing and typing, the researcher was able to identify the themes which made data analysis much easier.

This study utilised coding to generate the themes that emanated from the data. According to Miles and Huberman (1994:56), coding is a type of data analysis that examines data in terms of code, labels and themes to describe core a thorough examination. There are three stages of coding scheme, namely, open coding, axial coding and selective coding (Miles & Huberman, 1994:56).

Open coding

This phase occurs when the researcher reads through the data several times and then starts by creating tentative labels for the data that summarise what emerge. The codes and labels that were identified included taboos, language use for taboos,

language loss, language for pregnancy, language for childbirth and medicines and diseases.

Axial coding

This occurs when the researcher identifies the relationship between open codes and axial codes.

Selective coding

This is when the researcher figures out the core variable that includes all of the data collected. In this study, the concepts and themes (that describe the experiences and views of the participants) were identified and broken down from the qualitative discursive data or information and subsequently subjected to the analytical comparison data analysis process. The themes are therefore the logic of collected qualitative discursive which are meant to solve the research problems. The researcher identified subthemes which support the main themes emanating from the data. For this reason, the researcher therefore used both sub and main themes in this study. According to Concise Dictionary (21st century edition: 1564), a theme is "an idea or topic expanded in a discourse, discussion, etc". Simply put, themes are identified after the discourse about a specific topic. In this study, the researcher examined the discourse and topic and the responses of the participants.

From the in-depth discussions and arguments of data analysis above, the views articulated by various authors and scholars formed a foundation for this study. In the next section, the researcher analysed the discursive qualitative data and ultimately provided its explanation, meaning and interpretation.

5.3. Analytic comparison

Prior to analysing the equalisation discursive data of this study, the researcher gathered views of various scholars and authors on the issue of analytical comparison data analysis technique. Different scholars and authors have different opinions on what constitutes analytical comparison method. As the name suggests, analytical comparison data analysis technique focuses on analysing qualitative discursive information or data from various social groups in a view to better understand the similarities and differences in the phenomenon under investigation. Neuman (2000:504) defines analytic comparison as “a type of qualitative data analysis in which a researcher uses the method of agreement and the method of difference to discover casual factors that affect an outcome among a set of cases.”

Like with other research data analysis methods, analytical comparison comprises two primary types, namely, method of agreement and method of difference respectively. The researcher may use analytical comparison according to age groups, for example, a researcher may do a comparison to elders, nurses, doctors and youth. In this case, the comparison was done within each group to see how they agree or differ. It is up to the researcher to decide on what type of information to use if he/she can manage the data analysis process.

5.3.1. Method of agreement

The method of agreement is explicitly explained by Neuman (2000: 514) who says: “It is a method of qualitative data analysis in which a researcher compares characteristics that are similar across a group of cases, and where the cases share a significant outcome.”

As the name suggests, a method of agreement focuses on the similarities in the data or information collected from participants. Consequently, the researcher concentrated on the similarities of the utterances across all themes from the participants. In this method of agreement, the attention is on the similarities of the

words, phrases and utterances used on language associated with taboos, pregnancy and childbirth. From the elders in the communities, royal residences, nurses, doctors and the youth.

5.3.2. Method of difference

Defining method of difference, Neuman (2000:514) posits that it is “a method of qualitative data analysis in which a researcher compares the characteristics among cases, and where only some cases share a significant outcome, while others do not.” This section will begin by acquainting the reader with a method of different data analysis concept adopted in this study. In brief, the researcher adopted the method of difference to select and understand the aspects which are different (words, phrases and utterances) derived from the raw data illustrating viewpoints from the same questions across different participants. Accordingly, the researcher collected the information from the different ages that agree to each other and those who are opposite to each other with the research question.

5.4. Classification of the themes

Prior to conducting this study, the researcher started by investigating language loss or endangerment related to the pregnant women among the Vhavanḡa society. This is where the researcher identified the themes that emerged from the set of data collected from the participants. Explaining the theme Ryan and Bernard (2010: 55) write that the:

Theme comes from both data (an inductive approach) and from our prior theoretical understanding of whatever phenomenon we are studying (an a prior, or deductive approach) participants.

To provide a good understanding of the research problem of language lost regarding pregnant woman, the researcher must identify the themes that

demonstrate the causes of the language loss regarding pregnant woman as well as causes of not practising taboos. The themes were only identified after the collection of the data from various participants.

Ryan and Bernard (2003:54) state that the purpose of creating themes is to narrow the information got from the field. The main point of the theme is the one idea that covers many thoughts. In this study, the themes can use it to solve the problem of the study.

Discussing a theme, Motjaba et al. (2016: 101) write that:

The theme is used as an attribute, descriptor, element and concept. As an implicit topic that organizes a group of repeating ideas, it enables researchers to answer the study question. It contains codes that have a common point of reference and has a high degree of generality that unifies ideas regarding the subject of inquiry.

The viewpoints expressed above confirm that a theme is regarded as the main idea. Furthermore, the authors above state that each theme should have a subtheme. But, as Mojtaba *et al.* (2016:101) explain, a theme “is the main product of data analysis that yields practical results in the field of study”.

These authors emphasise that themes are the main ideas which emerged from the data collected from participants in various natural settings. When the researcher re-read the data collected from the sample, she identified various themes which provided a solution to the research problem. In addition, she managed to identify the following themes which emerged from the data collected from the participants. The information was collected from the participants through interviews (face-to-face and telephonic).

5.5. Reliability and validity

5.5.1. Reliability

Nunan (1992:14) says that “reliability refers to the consistency of the results obtained from a piece of research...” This refers to the extent to which a study can be repeated. This implies that the study should be able to produce same results if repeated by other researchers. The researcher conducted a pilot study of this research with participants who were included in this study. This allowed the researcher to test the methodology, research design, research methods, population, sampled data, and data collection techniques. All necessary gaps identified from the pilot study were adjusted accordingly.

5.5.2. Validity

In explaining this concept, Babbie *et al.* (1998:122) argue that “the term validity refers to the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration”. The understanding is that the research should produce results that match very closely what happens in real life. The research findings of this study meet all the scientific research method. The sample was selected purposive and snowball sampling techniques. The interview research questions were relevant and addressed decline in the use of taboos pertaining to pregnancy and childbirth. The data were collected from both younger and old generation of Vhavenda speaking people.

5.6. Conclusion

The emphasis of this chapter was on the interpretive data analysis approach which was utilised to understand the social phenomenon under investigation. However, the interpretive data analysis relied on the linguistic data collected from the participants. Interpretive data analysis approach was informed by the research question which formed the basis for the phenomenon under investigation. Data analysis procedures

involve the identification of themes from the qualitative data obtained from the participants. The information was solicited from participants on the understanding of the language development of the baby and how communication takes place between mother and baby. The themes are presented in the next chapter.

CHAPTER 6

RESEARCH FINDINGS AND INTERPRETATION

6.1 Introduction

The previous chapter dealt with the interpretive data analysis using the analytical comparison method. In addition, analytical comparison data analysis which comprises of two main components, namely method of agreement and method of difference, was utilised. The analytical comparison data analysis method was useful in revealing the information that the researcher was investigating. The purpose of this chapter is to present the research findings and interpretation of the data. Research findings and interpretation were informed by the research questions which the researcher investigated in the study. The research findings were generated from the main themes identified during the data analysis.

6.2. Findings

The findings of this study are presented into two sections. The first section discusses the demographic information pertaining to the participants. The second section explains the themes that emanated from the data.

Research findings

Demographic information gender of participants

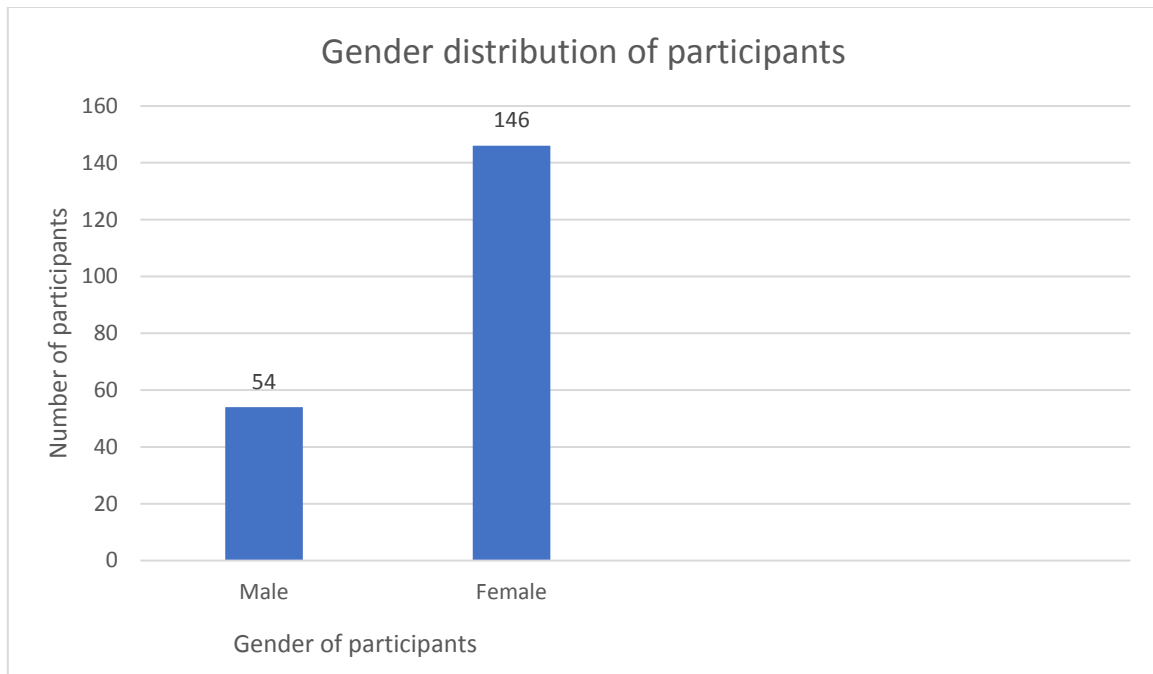


Figure 1: Gender distribution

The purpose of this ethnography study was to investigate the decline in the use of pregnancy and childbirth taboos among the Vhavenḡa people. The data were collected from a total of 200 participants who had knowledge of pregnancy and childbirth, healthcare professionals as well as those who were pregnant at the time of the study. However, at the end information used was that of only 50 of these participants were sampled for interviews. The data collected pertaining to the gender distribution shows that 73% of the participants were women while 27% was men.

Age of participants

Age	Number
20-34	24
35-40	25
41-50	52
51-60	36
61-70	41
71-80	18
81+	4

Table 1: Age groups of participants

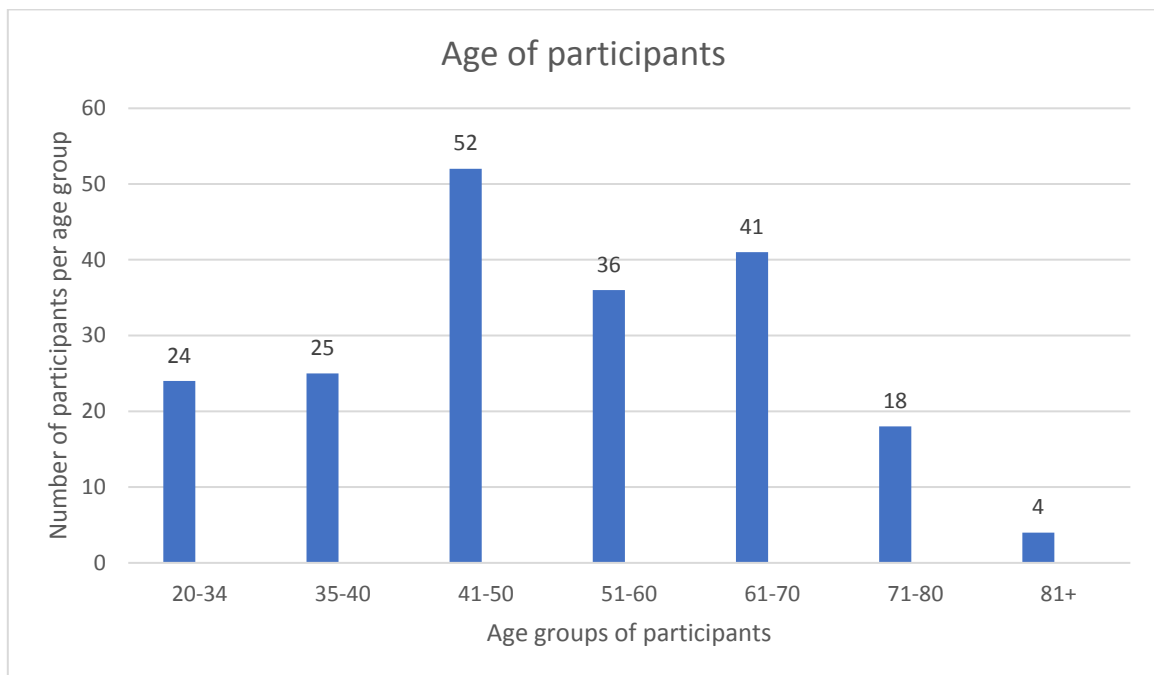


Figure 2: Age of participants

The data collected pertaining to the ages of participants show that 12% of respondents are in the age group of 20-34, 12.5% are in the age range of 35-40, 26% are in the age group of 41-50, 18 % are in the age range of 51-60, 20.5% are in the age group of 61-70, 9% are in the age group of 71-80 and finally, 2% are above 81 years of age. From the data, it is clear that the majority of the participants are in the age group of 41-50 years.

Academic qualifications percentages

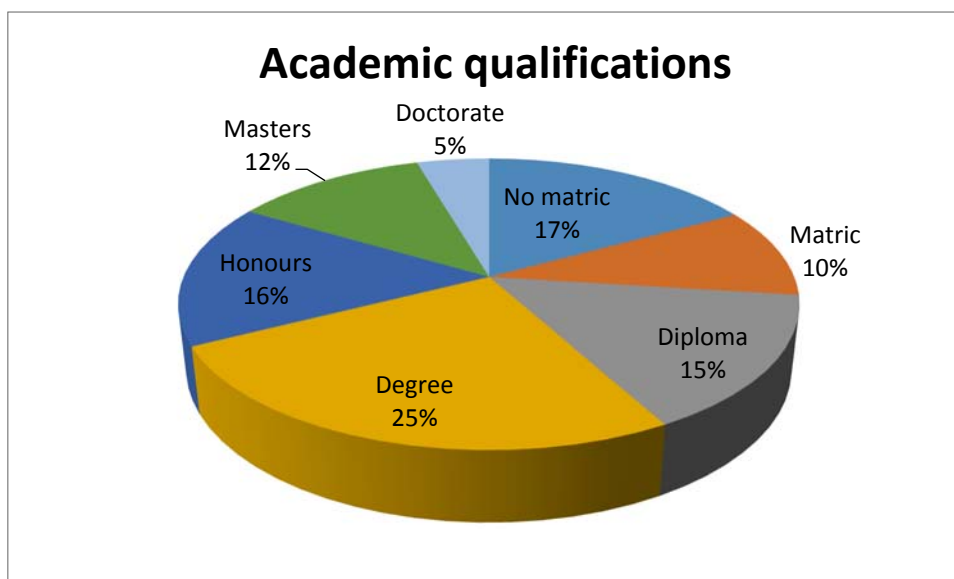


Figure 3: Academic qualifications percentages

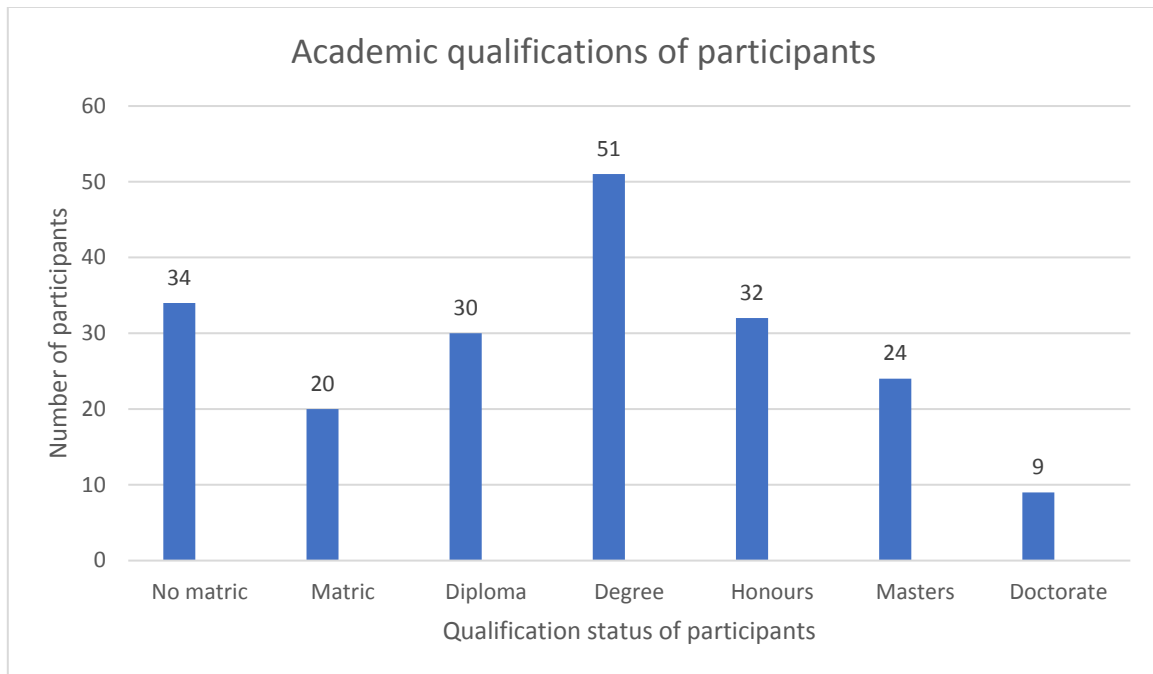


Figure 4: Academic qualifications of participants

The graph shows 25.5% of the participants had a degree qualification. This is followed by 17% of participants with less than a matric qualification. Sixteen percentage (16%) of the participants had an honors degree qualification. What is interesting is that the majority of the participants had secondary education and above but still practice pregnancy and childbirth taboos. In other words, education seems to have no influence on the decline in the use of pregnancy and childbirth taboos.

Qualitative data

Themes

The themes below were generated through an analytical comparison data analysis process.

The identified themes are the following:

- Attitude and understanding towards taboos in relation to a pregnant woman and unborn baby
- Knowledge of understanding language of unborn baby
- Knowledge of unborn language.
- Understanding linguistic taboos in relation to a pregnant woman.
- Language use for food of the infant
- Language use for traditional African medicine for a newborn baby
- Understanding the waiting period for a mother to have sex after birth.
- Language use for a baby post-birth- what the baby is called.
- Taboos in relation to an infant
- Knowledge of terms/words used for food of a baby in Tshivenda.
- Ignorance of taboos among young mothers
- Knowledge of taboos language from participants
- Knowledge of language of medicines for babies and lack thereof among the youth
- Participants' knowledge of baby diseases
- Participants' knowledge of mother's diseases
- Participants' knowledge of sex/voluptuous language
- Causes of decline of language of taboos in relation to a pregnant woman and newborn baby

6.2.1. Attitude and understanding towards taboos in relation to a pregnant woman and unborn baby

Different generations perceive pregnancy and childbirth taboos differently. What is considered a taboo by one country might not necessarily be considered a taboo by another country. It is therefore of vital importance to understand taboos associated with a pregnant woman and unborn baby. Under this theme, the researcher collected the various views from the different participants from different natural research settings.

The participants were informed that they were chosen to participate in the study because they might have knowledge and understanding of the taboos applied during pregnancy and birth and may have knowledge of the language used by an unborn baby and infant. Furthermore, it was mentioned that the results of this study will be used for scientific purposes in order to offer knowledge to the modern generation about the language use by the mother and an infant and the taboos applicable during pregnancy and birth. Finally, it was indicated that the information will be used for a doctoral study.

In the context of African ethnographic discourse studies, the researcher is of the view that taboos are a vital component in the lives of African people and are embedded in their tradition and culture. According to African traditional customs of the Vhavenda society, linguistic taboos have a significant influence on the lives of the local people and should be understood in that context. Considering this, the researcher felt the need to explore the subject of linguistic taboos which are on the verge of disappearing. Of interest is understanding linguistic taboos in the discourse between a pregnant woman and unborn baby is of paramount importance. In other words, a pregnant woman is expected to follow taboos applicable to pregnancy.

- **Method of agreement**

Elders from the royal residence

Participants **Bb** and **Bc** state that taboos applicable to a pregnant woman and unborn baby are no longer followed. They go further to add that nowadays pregnant women have the habit of eating soil during pregnancy which is a taboo in the Vhavenḁa society. In addition, they even go to the extent of buying soil. Moreover, the eating of soil has adverse consequences as it causes constipation which may lead to a pregnant woman pushing an unborn baby when relieving herself. Additionally, pregnant women are prohibited from eating fatty foods and ice blocks or cold water. It is also prohibited for a pregnant woman to eat food remaining from a previous meal *muladza* out of fear that she will defecate when she gives birth and likewise the child may grow as a simpleton *ḁabaḁaba*. They further spell out that a pregnant woman is not supposed to be angry but instead she should be always happy. In addition, a pregnant woman is not supposed to oversleep because during deliverance she will sleep and there will be birth complications or unsafe delivery. On the other hand, participants **Ba**, **Bb** and **Bc** argue that a pregnant woman is prohibited from sleeping during the day with the belief that during labour the baby will sleep or the baby will not cry after birth. The pregnant woman is not allowed to carry out heavy household chores as she will be powerless to push a baby during birth.

Participants **Ba**, **Bb** and **Bc** go further to elucidate that the importance of pregnancy taboos was that in the past pregnant women would not be vulnerable to sickness until birth and would consequently give birth naturally.

Elders from the communities

Respondent **As** spells out that taboos applicable to a pregnant woman and unborn baby are no longer being followed as most of the pregnant women are young people

who do not believe in taboos. The young generation do not understand the importance of pregnancy taboos and always probe to understand and only believe on something after it has happened. Participants **At** and **As** argue that in the modern times, pregnant women get intoxicated with alcohol as well as smoking cigarettes or drugs which are taboos according to the Vhavenda culture. In addition, some pregnant women behave contrary to the Vhavenda culture where they would wear revealing clothes which do not cover the whole body or wearing very tight maternity clothes. It is believed that pregnant women are supposed to wear loose maternity clothes as the tight clothes may exert pressure on the foetus thereby hurting it. They go further to say that nowadays pregnant women do not follow taboos such as sitting on the threshold *tshukhuvha* of a house, eating less food, not accompanying visitors and not attending social functions such as parties or funerals. Respondent **Av** agrees with the views articulated by respondent **At** and **As** and affirms that in modern times, taboos are no longer being followed as the pregnant women undermine and ignore taboos in favour of the Western way of doing things.

Participants **As**, **At**, **Av** and **Aw** are of the view that the purpose of taboos associated with pregnancy is to prevent and mitigate any complications during pregnancy stages. In the past generations, taboos associated with pregnancy were meant to ensure that a pregnant woman gives birth naturally as opposed to operation (caesarean section). They further argue that taboos protect pregnancy, unborn baby and newborn baby. In addition, taboos safeguard pregnancy against witches from interfering with pregnancy so that there could be no complications during birth.

Nurses and doctors

Participants **N2**, **D1** and **D2** say that taboos play a vital role in preventing a pregnant woman from contracting diseases. They continue to state that in the past generations, a pregnant woman was not allowed to eat more food out of fear that the baby would grow excessively big which would result into complications during

labour and would end up giving birth through operation (caesarean section). Participants **D1** and **D2** maintain that taboos are meant to safeguard the life of the unborn baby.

Respondent **N2** believes that disregarding taboos has adverse consequences on the health of the unborn baby. On the other hand, respondent **D2** claims that if a pregnant woman eats food remaining from a previous meal *muladza*, the baby would be sleepy during birth. In addition, if a pregnant woman stands on the *tshiukhuvha*, doorway, the unborn baby will come out and slip back during birth. She continues saying that a pregnant woman is prohibited from sleeping anywhere out of fear that her dysentery will be too tight. In other words, a pregnant woman is not allowed to visit any households because it is feared that she may not get someone to assist her to give birth and out of fear that she would be exposed the unborn baby to contagious illnesses.

Youth

Participants **Kp** and **Kq** articulate that taboos help a pregnant woman to give birth without any complications and help both a pregnant woman and an unborn baby to stay in good health. Nowadays doctors are the ones responsible for the healthcare of pregnant woman and unborn baby. This assertion is shared by respondent **Kr** who affirms that taboos prevent an unborn baby from contracting diseases. Participants **Ks** and **Kx** maintain that taboos were obeyed by Vhavenda people with a belief that they prevent a pregnant woman and unborn baby from contracting diseases. Besides this, taboos also safeguard the pregnant woman and unborn baby against jealous people who may want to harm them. They go further to say that taboos prohibited a pregnant woman from engaging in *u țangana ha mme na khotsi*, sexual intercourse when she was seven months to avoid unborn baby's fontanelle to increase. If a pregnant woman engages in the sexual intercourse post seven

months of pregnancy, the baby is born with sperms all over the body and the fontanelle becomes bigger.

Participants **Kp**, **Kq**, **Kr** and **Kx** state that disregard to observe taboos lead to the pregnant woman giving birth through operation (caesarean section) and in some cases it may lead to miscarriage or a mother may die through a surgical procedure that has gone wrong.

Method of difference

Vhavenḁa pregnant women are prohibited from eating a certain type of foods for health and cultural reasons. The participants have expressed their opinions on this matter.

Elders from the royal residence

According to respondent **Ba**, some Tshivhenḁa cultural taboos are still being observed while others are not. Pregnant women in the modern times disregard taboos because they want to see what will happen or what the consequences will be. In other words, they will only believe if they see the consequences. Furthermore, respondent **Bc** adds that if a pregnant woman does not follow taboos, the consequences will manifest themselves in the baby who will be unhealthy with a skin which looks like that of old people. On the contrary, a pregnant woman who follows taboos will give birth to a healthy, smooth and shiny baby.

Elders from the communities

Participants **Au** and **Aw** believe that pregnancy taboos are still being observed; it is just that people have adopted the Christian way of doing things. They go further to say that the taboos are still being followed; otherwise there would be a high rate of child deaths during labour in our society. Respondent **Aw** concurs with the views articulated by **Au** and **Aw** and further echoes that the taboos are still being followed and the only problem is that people hide their real spiritual beliefs. People are still practising traditional customs and they combine it with Christian way of doing things.

Consequently, people will pretend that are visiting relatives while they are taking their newborn to diviners or they will travel at night to the diviners.

Doctors and Nurses

According to respondent **N2**, disregarding pregnancy taboos has no dire consequences to either the pregnant woman or a baby nonetheless it is a just a matter of elderly people scaring off or frightening people or a myth. She continues saying that the past generations were fond of wielding control or power over the younger generation. It is common knowledge that if a pregnant woman eats balanced food; she will give birth to a healthy baby. Participants **N2**, **N4** and **D3** state that pregnancy taboos are no longer being followed. They further elucidate that it is a handful of people who are still practising the pregnancy taboos. Consequently, respondent **N3** believes that pregnant women are no longer practising taboos since nowadays they even eat prohibited foods. According to respondent **D1**, in the past generations it was forbidden for a pregnant woman to say goodbye and accompany anyone but nowadays they do as they wish. She goes further to say that pregnant women nowadays drink alcohol, smoke tobacco and have sexual intercourse with multiple partners they meet at the taverns. Participants **D2** and **D4** reiterate that pregnant women nowadays wear revealing clothes and walk everywhere and only a few still practice certain pregnancy taboos, this is corroborated by respondent **D1**.

Youth

According to participants **Kp**, **Kq** and **Kr**, pregnancy taboos are no longer being obeyed. They further state that pregnant women in the modern times sit with their legs crossed which is culturally prohibited and similarly refuse to be given intake of food appropriate for a pregnant woman but instead eat unlimited amount of food. Respondent **Kq** claims that nowadays pregnant women are ignoring Tshivenda culture in favour of Western culture. On the other hand, respondent **Kr** suggests that pregnant women of the modern times like questioning why is something a taboo and what will happen if they do not obey them. It is a taboo for a pregnant woman to

decide to return at the court when she was on her way. This is prohibited with the assumption that during birth the baby will return to the womb when it had already appeared. Respondent **Kx** believes that in the modern times pregnant women do things their own way without any advice from the elders.

According to participants **Kp, Kq, Kr** and **Kx**, the main purpose of pregnancy taboos is to help to give birth without any complications as well as to help both a mother and baby to stay in good health. In addition, respondent **Kx** suggests that pregnancy taboos were meant to prohibit a pregnant woman from engaging in the sexual intercourse before a suitable time set by the elders. If a pregnant woman engages in sexual intercourse after seven months, the baby will develop a big fontanelle which will need to be treated after birth.

6.2.2. Knowledge of understanding language of an unborn baby

Understanding the language of an unborn baby is another way in which a pregnant woman can find out if the baby is still alive. In this communication between the pregnant woman and unborn baby, a bond is created. Under this theme, the researcher collected the various views from the different participants from different natural research settings.

Method of agreement

Elders from the royal residence

Participants **Ba** and **Bc** are of the view that the kicks of the unborn baby is the language of an unborn baby that it is alive. According to participants **Ba** and **Bb**, in the past generations, the unborn baby communicated with the pregnant woman through movement while still in the womb. Furthermore, they point out that another way of understanding the language of an unborn baby is through smooth the baby's movements and the mother's twitching of the tummy.

Elders from the communities

Participants **As**, **At**, **Au**, **Av** and **Aw** from the communities concur with participants **Ba** and **Bc** who are elders from the royal residence and further reiterate that an unborn baby communicates through movement or kicking while still in the womb. In the same vein, respondent **Au** adds that when the pregnant woman falls sick, the unborn baby is likely to fall sick as well as it follows what its mother does. In other words, the unborn baby responds precisely do what its mother does. The statement uttered by respondent **Au** is in consistent with that of respondent **At** and she further alludes that when the pregnant woman experiences anxiety emotions, the unborn baby also experiences the same.

On the concept of the language development of the unborn baby, respondent **At** argues that this aspect builds a good relationship between the pregnant woman and the unborn baby. She further maintains that through language development of the unborn baby, the baby starts to know its mother through senses that we cannot understand. This is where a baby can distinguish whether the mother is happy or angry. According to participants **As** and **Au**, the language used between the mother and unborn baby translates into the good physical health for both. Respondent **Av** argues that understanding the language of the unborn baby has an influence on the language development of the baby, whether it be good or bad.

Respondent **Av** said that an unborn baby can recognise the person who is talking, for example, the voice of familiar people such as its father. Respondent **Aw** claims that an unborn baby plays or kicks while in the womb and this can be a way to identify the sex of the unborn baby. If it is a boy, the baby will mostly kick or move towards the left side of the tummy and vice versa for a girl. She continues saying that it is not all pregnant women who are to a certain extent aware of their babies' movement or

kicks. The behaviour or habit of a pregnant woman during pregnancy affects the baby's development and can have long-lasting impacts which are irreversible. Portraying good behaviour or habits directly impacts positively on the health of the growing unborn baby. This is evident in a situation where a pregnant woman keeps on quarrelling and shouting where the baby eventually adopts these bad behaviours or habits in the stages of growth. She further says that is why a pregnant woman is expected to follow certain taboos related to pregnancy to avoid this type of behaviour.

Participants **Af, Ai, Ak, Al** and **Am** agreed that the kicks should be seen as baby language as it is through them that the pregnant woman can confirm if the baby is still alive. Furthermore, participants **Af, Ag, Aj, Al** and **Ao** continue to state that if a baby kicks in the tummy, the pregnant woman would react by touching where the kick was made to confirm that the unborn baby is communicating with her. In addition, if a pregnant woman has other young children, she would normally ask them to touch the tummy to feel the kicks made by the unborn baby. They further state that in that way a bond is built between the mother, siblings and an unborn baby.

Participants **Ah, Af, Ai, Aj, Ak, Al, Am, An, Ao** and **Ag** also argue that in the past generations the pregnant women were able to understand the unborn baby language. They continue to say that they understood the unborn baby language through kicking and moving in the tummy. Moreover, in the past generations, the pregnant women would rest to allow the unborn baby to kick or play in the tummy freely. The views expressed by the above participants concur with those of participants **Am** and **An** who claim that nurses and doctors recommend or advice pregnant women to take a bed rest. Participants **Af** and **Ai** claim that the ultrasound machines from the hospitals and specialised doctors detect and provide deep insights on the heartbeat/health status or even the gender of the unborn baby which

was not in place in the past generations.

Nurses and doctors

To put unborn baby language into perspective, participants **N2, N3, N4, D1, D2** and **D3** are of the view that the baby communicates through kicking or movement. However, respondent **D1** augments that kicking by the unborn baby in the tummy is the early stage of language development. In the same manner, participants **N4** and **D1** add that when a pregnant woman feels the kicking, she touches where the kick was made which is a way of responding to the unborn baby as well as building a bond. Furthermore, participant **D3** asserts that the unborn baby's kicks are a way of communicating with the pregnant woman which can also be referred to as a sign language. Respondent **D4** agrees with respondent **D3** and say that the unborn baby's kicks depend on the health status of the mother. In some cases, the kicks are different, for example, if a pregnant woman's anger emotions affect the baby who will respond by making weird/unique kicks which show that it is also angry.

Participants **N2** and **D1** point out that when a mother touches or massages her tummy, she is in the process building a bond with her unborn baby. Moreover, respondent **D1** postulates that when the pregnant women come for antenatal care, they are advised to talk to their unborn babies while they are kicking. According to respondent **D2**, the unborn baby language is still followed in modern times. She further points out that when pregnant women attend antenatal care, they are normally asked whether they can still feel the unborn baby kicking or moving.

Participants **N1** and **N5** say that unborn discourse is a communication between a pregnant woman and an unborn baby although the communication is not in the form of spoken words. They continue to explain that the movement or kicking of the

unborn baby is in response to its mother's language. Furthermore, respondent **N1** says that an unborn baby can recognise stranger's voice speaking.

According to participants **N2, N4, D1, D3** and **D4**, the pregnant women nowadays can understand the unborn baby language because when they visit clinics for antenatal care, they are taught about pregnancy and how to detect if the baby is alive. They continue saying that they are also taught that the kicking or movement of unborn babies show that the baby is still alive and they should respond by massaging the tummy. On the contrary, respondent **N4** adds that the pregnant women nowadays are unable to listen to the baby communicating. Pregnant women of nowadays do not have time for bed rest, they keep walking long distances and this is the reason why pregnant women are unable to feel the baby kicking or moving.

Participants **N1** and **N4** maintain that an unborn baby language still exists today. They uphold that pregnant women of the modern times have more knowledge about unborn baby language. Nowadays pregnant women are provided with booklets or charts (showing the days of the month) from hospitals or clinics to keep trace of the unborn baby's movements at least three times a day. In addition, **D2** supports the previous participants and feels that the unborn baby language is not lost or disappearing because during antenatal care visits, the pregnant women are taught about pregnancy and the related matters.

According to participants **N2, N3, D1** and **D2**, the language used in pregnancy in the form of kicking or movement in the womb/tummy is not lost and still exists even today. Furthermore, respondent **N2** says that nothing stops a pregnant woman from understanding and feeling the unborn baby language unless she or a baby's health conditions are deteriorating. **D3, D4, N4** and **N3** share the same sentiments with participants **N2, N3, D1** and **D2** when they state that the unborn baby language has not disappeared across all generations and the only difference is that the past

generations followed the taboos associated with pregnancy and childbirth. In addition, in the old generations, the pregnant women were ready or willing to enter parenthood and look after their babies.

Youth

On the theme of understanding unborn baby language, the youth shared diverse views and perspectives. According to participants **Kp** and **Kq**, the kicks of an unborn baby is a sign of good health. In the same vein, respondent **Kr** says that a pregnant woman starts feeling the kicks by an unborn baby as early as four months and this is the stage where the baby starts communicating with the mother. According to respondent **Kx**, the pregnant woman understands the unborn baby language by rubbing or massaging the tummy in response to the kicking actions. This eventually builds a bond between a mother and an unborn baby.

Participants **Kp**, **Kq**, **Kr**, **Ks** and **Kx** argue that for the pregnant women are not able to understand the unborn baby language purely because they do not give themselves time to listen attentively. If a pregnant woman has not accepted that she is pregnant, she will be unable to give herself time to listen to the language of the baby. Other causes of not understanding the language of the unborn are bad health and the anger emotions. According to participants **Kp**, **Kq**, **Kr** and **Kx**, the unborn baby language is not disappearing but the times that we are living in are changing at a fast pace. In contrast, participants **Kp**, **Kq**, **Kr** and **Kx** again disagree with the above sentiments and argue that the language is disappearing because nowadays the youth ignores Tshivenda culture. Simply put, the Tshivenda customs are now being abandoned in favour of the Western and Christian ways of doing things and the youth are unwilling to seek for advice from the elders.

They continue emphasising that pregnant women routinely consult medical professionals than seeking advice from the elders. Respondent **Kp** says nothing prevents a pregnant woman from understanding the unborn baby language. In the

same vein, respondent **Kq** argues that the inability for a pregnant woman to understand the unborn baby language is attributed to the fact that either she has not accepted her pregnancy or she still wants to engage in sexual intercourse with multiple partners. Participants **Kr** and **Kx** add that the emotional status of the pregnant woman plays a crucial role in the mother understanding the unborn baby language. For example, if the pregnant woman is always angry or unhappy, this will of course, make the baby not to make kicks or movements.

According to participants **Kp**, **Kr** and **Ks**, pregnant woman and unborn baby language have not changed as pregnancy has not. They continue stating that most of the pregnant women are young women who do not have responsibility and care for pregnancy. The youth of today do not know about Tshivenda culture and the taboos associated with pregnancy and childbirth.

- **Method of difference**

Elders from the royal residence

On the concept of unborn baby language, respondent **Bb** takes up the case and proclaims that nowadays pregnant women do not give themselves time to listen to the baby's language and they rely on medical professionals to advise them on the progress of pregnancy. Respondent **Bc** feels that the pregnant women are no longer following Tshivenda culture pregnancy and childbirth taboos which used to be respected and followed in the past generations.

Elders from the communities

In the Tshivenda communities, pregnancy is generally considered a very precarious period in the life of women. In order to protect the lives of both pregnant woman and

unborn baby, certain food taboos are enacted. Respondent **As** asserts that pregnant women of nowadays do not have time to learn and follow the Tshivenda traditional culture including taboos associated with pregnancy and childbirth. Moreover, pregnant women nowadays have unlimited movements and do not get enough bed rest as opposed to the past generations. Respondent **At** is in agreement with respondent **As** when she asserts that the unrestricted movements result into pregnant women being tired and consequently unable to feel the kicks of the unborn baby. Respondent **At** adds that nowadays pregnant women do not give themselves enough time to feel the unborn baby kicking or moving. Respondent **Au**, contrary to the views of participants **As**, **At** and **Aw**, believes that the pregnant woman understands the unborn baby language as the baby is in her womb.

According to participants **Ah** and **AJ**, pregnant women of the modern times do not have enough time to feel and understand the unborn baby language. They go on further to say that the unborn baby language still exists because pregnancy does not change and it is up to the pregnant women to give themselves time to feel and understand the unborn baby language. On the other hand, participants **Am** and **An** add that unborn baby language does not change; only times do. Nowadays, pregnant women are mostly young women and are not willing to take up the responsibilities that come with pregnancy. The elders make efforts to advise pregnant women to follow the Tshivenda culture in as far as pregnancy and childbirth are concerned. According to participants **Ak**, **Al**, **Am**, **An** and **Ao**, all pregnant women feel and understand unborn baby language which ensues in the form of kicking and movement. They further maintain that pregnant women are just ignorant insofar as unborn baby language is concerned. If the pregnant woman does not feel the unborn baby kicking or moving, she would probably consult at the hospital or a specialised doctor for detection through ultrasound machines.

Participants **Ai**, **An**, **Al**, **Ao** and **Ak** argue that unborn baby language is not lost; it is

only times that are changing. In the same vein, participants **Al**, **Ao** and **Ak** add that it differs on the lifestyle and the way the pregnant youth dress nowadays as well as how they handle themselves. In addition, the language used by pregnant women, what they eat and drink also contribute to people thinking that unborn baby language is being lost. They further state that it is up to an individual to make a judgement as to whether a language is being lost or not.

Nurses and doctors

Respondent **N2** points out that she is not sure if the language is being lost or not but she knows that in recent times, pregnant women are taught about pregnancy and childbirth at the hospitals and clinics most are no longer being taught about pregnancy and childbirth by elders at home. She emphasizes that they attend antenatal care at the hospitals and clinics individually or in different days whereas in the past generations (meaning many of their parents) they used to visit in groups. In addition, the respondent further asserts that the medical professionals do not have time to teach the pregnant women individually and they can only share little information while they are treating the pregnant women during antenatal care visits. However, respondent **N3** indicates that unborn baby language is no longer being followed which can be attributed to the fact that most pregnant women no longer visiting hospitals for antenatal care. In most cases, pregnant women visit hospitals for antenatal care when they are about to give birth. The views expressed by respondent **N2** are substantiated by participants **N4** and **N5** who report that pregnant women in the modern times are no longer visiting hospitals for routine antenatal care or as prescribed or recommended which is a contributing factor to them not being taught about pregnancy and childbirth.

Respondent **N2** believes that nothing can prevent a pregnant woman from understanding the unborn baby language except if the baby is not well. In addition, participants **N3** and **D1** argue that a lack of knowledge from both doctors and nurses

and some elders contributes to a pregnant woman not to understand the unborn baby language. In addition, they continue saying that another contributing factor is not to accept that one is pregnant. Respondent **D2** believes that nothing prevents a pregnant woman from feeling the unborn baby kicking or moving.

Respondent **N2** argues that the unborn baby language has been lost since pregnant women are no longer taught about pregnancy and childbirth when they visit hospitals for antenatal care. Nowadays pregnant women visit hospitals individually as opposed to being in groups and this makes it difficult for the doctors and nurses to teach them individually. Furthermore, pregnant women visit hospitals on different days which make it difficult for them to be taught about pregnancy and childbirth. Respondent **N2** goes further to explain that in the past generations, the pregnant women would visit hospitals on the same day and would be taught about pregnancy and childbirth first before antenatal care. Nowadays pregnant women are provided with a chart to complete when they feel an unborn baby kicking. It is only a handful of pregnant women who complete the chart and the rest just ignore it. Participants **N3, D1, D2** and **D3** concur with respondent **N2** when they say the unborn baby language is being lost and add that nowadays pregnant women pretend to know more about everything including pregnancy. They further maintain that pregnant women become under tremendous pressure not knowing whether to heed the advice of the elders. In the same vein, respondent **D1** feels that nowadays women are falling pregnant at an early age and do not follow the advice given to them.

Youth

Participants **Kp, Kq, Kr, Ks** and **Kx** shared their understanding on the unborn baby language. They are in agreement that the unborn baby language exists because it is the sign to know that the unborn baby is still alive. When asked individually, they merely laugh to show very little knowledge about language of the unborn baby.

6.2.3. Knowledge of unborn baby language

The participants shared their views on the language of an unborn baby and how the mother responds to it. An unborn baby uses a sign language in the form of kicking and movements or wriggling *vhelevhedzha* to communicate and the mother responds by rubbing where the kicking or movement is felt. Furthermore, participants state that the unborn baby language exists while the baby is still in the womb. Elders from the community and royal residents continue alluding that a baby imitates what the mother does, for example, if a mother is frightened, sick or happy the baby can sense that. In addition, they explain that if a mother has a habit of swearing, the baby will inherit this behaviour.

6.2.4. Understanding linguistic taboos in relation to a pregnant woman

In this theme, the participants expressed their views on the linguistic taboos associated with a pregnant woman and unborn baby. Generally, the Tshivenda linguistic taboos are a language that is misunderstood by the new generation. The participants identified several linguistic taboos in relation to a pregnant woman. Vhavenda speech society, especially the elderly social group uses euphemism language in relation to pregnancy.

Method of agreement

Elders from royal residence

Participant **Ba** argues that speakers of Tshivenda language particularly the elderly social group uses figurative and idiomatic expressions and asserts that in the Tshivenda culture, a pregnant woman is called by different terms and phrases. She further points out that the figurative and idiomatic way of calling a pregnant woman is *muthu wa thovhele, muimane, o gonya miri, u dihwala, u pfukwa, u vhifha muvhilini*

and *uvha na thumbu*. In the similar vein, participant **Bc** argues that Tshivenda language uses figurative expressions to refer to a pregnant woman such as *muimane*, *o gonya miri*, and *una thumbu*. According to participant **Ba**, **Bb**, and **Bc** are in agreement that the phrases used to refer to a pregnant woman who is giving birth is called *u thusalea*, *u vhofholowa*, and *u tsa mirini*.

Elders from communities

According to participant **As**, a pregnant woman is highly respected by the society and euphemism language is used to describe her and her situation. She maintains that a pregnant woman in Tshivendḡa language is called *muimane*, *u vhifha muvhilini*, *u gonya miri*, *o dihwala*, *u vha muthu wa thovhele*, and *u pfukwa*. Participants **As**, **At**, **Au**, **Au** and **Aw** state that terms and phrases that are used to refer to a pregnant woman who is giving birth are *u vhofholowa*, *u thusalea*, and *u tsa mirini*.

Nurses and doctors

Participants N1, N2 and N3 share the same sentiment that a pregnant woman is called *muimane*, *una thumbu*, and *u pregnant*. However, participant N3 adds that a pregnant woman is also called *o zwimba gona*. Participants D1, D2, D3, D4 and D5 say that a pregnant woman is called *muimane*, *una thumbu*, and *o gonya miri*. Participant N2 and N3 say that the terms and phrases that are used to refer to a pregnant woman who is giving birth is are *u deliva* and *u beba*.

Participants D4 and D5 argue that terms and phrases that are used to refer to a pregnant woman who is giving birth are *u beba*, and *u deliva*.

Youth

Kr, **Kx**, **Kp**, and **Ks** state that a pregnant woman is referred to as *una thumbu*, *o tshinyiwa* and *u pregnant*. In terms of delivering a baby, participants Kr and Kp state that terms and phrases that are used to refer to a pregnant woman who is giving birth is are *u deliva*, *o wana nwana* and *u beba*. Similarly, participants Kr and Ks

assert that terms and phrases that are used to refer to a pregnant woman who is giving birth is are *u beba and u deliva*.

Method of agreement

From this theme, no differing views were expressed by the participants on terms and phrases that are used to refer to a woman and a woman who is giving birth.

6.2.5. Language use for food of the infant

- **Method of agreement**

An infant is prohibited from eating certain foods because it is believed that they have adverse effects such as health-related issues, complications during birth or prolonged birth etc. The information was gathered from participants from different sectors of society in order to understand the effect of foods on the infant.

Elders from the royal residence

The participants expressed their views on the food that must be fed to an infant. According to respondent **Ba**, an infant is fed *khongoḍoli*, watery soft porridge, *tshiunza*, soft porridge and *ntswu*, water mixed with traditional African medicine. Conversely, respondent **Bb** reports that a young infant is fed with breast milk, *mikando*, of the mother. After the fortification rituals have been performed, the baby may now be fed with soft porridge, *tshiunza*, mixed with traditional African medicine from the traditional healer who performed rituals, *maine*. In the same vein, the views expressed by respondent **Ba** are substantiated by respondent **Bc** who submits that a baby is fed with breast milk directly from the mother's breast.

Different participants have expressed varying views in relation to a Tshivenda language used to refer to feeding a newborn baby. Respondent **Ba** claims that

feeding a baby is called *u nusa* which literally means a feeder blocks the nose with the left finger and feed the baby with the middle finger from the right palm depending on whether the feeder is a right or left-handed person. On the other hand, respondent **Bb** states that *u nusa* is making a baby lie on the back on the feeder's thighs and feed the baby with the middle finger from the right palm. However, respondent **Bc** suggests that *u nusa* refers to making a baby lie on its back with the right finger blocking the nose while the middle finger from the left palm feeds the baby. The right hand feeds the baby from the age of four months. She continues alluding that a baby may be fed without blocking nose from the age of nine months.

Elders from the communities

Participants **As**, **At** and **Au** argue that an infant must be fed *tshiunza*. They go on to say that *tshiunza* is a soft porridge prepared for a newborn baby. The roots that are used to prepare a soft porridge are *mukolokoṭe/Piliostigma thonningii*, *mugwiti/Combretum molle* and *muembe/Annona senegalensis* plants. This soft porridge is prepared from the maize meal and liquid extract from three roots from different trees or plants clustered in a bundle and soaked in water. In the same vein, respondent **At** says that an infant must be fed with breast milk only directly from the mother until the age of six months. The opinion expressed by respondent **At** is supported by respondent **Aw** who claims that a newborn baby or infant must be fed with breast milk only directly from the mother until the age of three months after which it can start be fed with *khongoḍoli*. She maintains that in addition to the breast milk, a mixture of glucose and water is prepared to supplement the breast milk. The baby is then fed with *tshiunza* which is a soft porridge prepared from the maize meal and liquid extract from three roots of different plants clustered in a bundle and soaked in water. Furthermore, respondent **Aw** supports the views expressed by respondent **At** and states that a soft porridge is prepared from the maize meal and

liquid extract from three roots of different plants clustered in a bundle and soaked in water.

Nurses and doctors

Respondent **N2** claims that in the past a newborn baby would be introduced to *khongoḍoli*. *Khongoḍoli* is a soft porridge prepared from little maize meal and more water. In the modern time, a newborn baby is breastfed until the age of six months. After the age of six months, the baby is fed luke warm water which has been boiled first to kill viruses and bacteria. The sentiments shared by respondent **N2** are supported by respondent **D1** who says that breastfeeding a baby has more health benefits. For example, breastfeeding helps infants fight off communicable diseases. In the past, an infant would be fed with *tshiunza* before the age of six months. Feeding a baby with *tshiunza* has adverse consequences as an infant would develop a big tummy as well as having difficulties in breathing.

Respondent **D2** concurs with the views of participants **D1**, **D4** and **N4** and further reiterates that if a newborn baby who is fed with soft porridge at a young age develops a big tummy which might not come back to its original position.

Youth

Participants **Kp**, **Kq**, **Kr**, and **Kx** shared their views on the theme of the food suitable for an infant. In the Vhavenda traditional customs, a baby is introduced to different foods depending on the age. Respondent **Kp** believes that instantly after birth, a mother should start breastfeeding its infant/baby with breast milk, *mikando*. She further argues that *mikando* is milk found or which comes directly from the mother's breasts. Moreover, breast milk has a set of health benefits attached to it such as preventing diseases and keeping good health. In addition to breast milk, a baby should be fed with *khongoḍoli*, soft porridge prepared from a little bit of maize meal

and water. Respondent **Kp** goes on to state that when a baby is six months old, she/he is then fed with *tshiunza* food which is served twice a day. Most of the youth did not like the idea of *u nusa* fearing that the baby might die.

6.2.6. Language use for traditional African medicine for a newborn baby

- **Method of agreement**

Elders from the royal residence

Respondent **Ba** believes in using African traditional medicine remedies on infants. She goes on to state that an infant is supposed to drink *ntswu* water that has been mixed with African traditional medicine extract, which enhances the good health of the baby. By the same token, respondent **Bb** states that *tshiunza*, soft porridge, is prepared for the baby. Furthermore, *tshiunza* is the soft porridge fed to the baby prepared from liquid extracted from *muembe/Piliostigma thonningii*, *mukolokoṭe/Combretum molle* and *muvhuyu/Annona senegalensis plants*. This traditional African medicine makes the baby to be respectful and have an admirable body.

Participants **Ba**, **Bb** and **Bc** believe that nowadays the traditional healers who can treat the secluded baby and communicate with ancestors are still available. Respondent **Bb** further argues that the traditional healers treat the baby to protect it from contracting diseases and evil people/spirits. However, respondent **Bc** accentuates that performing fortification rituals, *muthuso*, helps the baby to resist being overpowered by other babies' ritual fortification and earn respect while growing. Participants **Ba**, **Bb** and **Bc** say that if a baby cries non-stop or constantly, the elders of the family may call the traditional doctor to diagnose the root cause of the problem. Respondent **Bc** is in agreement with participants **Ba**, **Bb** and **Bc** and reiterates that the traditional healer then uses divination in the form of throwing the

bones to expose the secrets, diagnose the diseases and thereafter advises as to which name is suitable for the child, after which a child will stop crying.

Elders from the communities

Respondent **As** posits that fortification ritual on the infant is performed to protect an infant from contracting diseases. The Vhavenda fortification rituals on the infants are disappearing and consequently rarely practiced. According to respondent **Au**, when fortification rituals, *muthuso*, have been performed on the infant, the mother is then allowed to take the baby out of the yard. On the other hand, respondent **Aw** argues that a pastor and elders particularly elderly women of the church visit the house and bless the newborn baby. In the olden days, a traditional healer would be invited to perform fortification rituals on the newborn baby. The fortification rituals are performed by making cuts, *u thavhela*, on the joints of the baby's body and it is believed that this would strengthen the joints. Furthermore, performing fortification rituals protects the baby from other babies and old people from contracting diseases. In support of the views expressed by respondent **Aw**, participants **As** and **At** add that fortification ritual protects the baby from diseases such as warts, *gokhonya* and *lathavha*. They go further to say that *lathavha* disease occurs when a baby looks like it is dying whilst it is not. In order to cure this condition, a baby is made to inhale the burnt faeces of the baboon. The views expressed by respondent **As** are substantiated by respondent **At** who claims that *lathavha* condition can be cured by rolling a baby at the waste dumping site and this is done early in the morning before sunset, *maṭambandou*.

Nurses and doctors

During this study, neither doctors nor nurses recommended the use of African traditional medicine on babies after birth.

Youth

Participants **Kp** and **Kr** believe that according to the Vhavenda traditional culture, a baby is supposed to be given traditional medicine. Moreover, respondent **Kp** adds that *tshiunza* soft porridge is prepared for the baby from water and a bundle of three roots of the medicinal plants. Respondent **Kp** argues that the traditional herbs used are (*mukolokoṭe*), (*mugwiti*)/*Combretum molle* and (*muembe*)/*Piliostigma thonningii* while participant **Ar** contends that the roots of (*mugwiti*)/*Piliostigma thonningii*, (*mukolokoṭe*)/*Combretum molle* and (*muvhuyu*)/*Annona senegalensis* plants are used.

In explaining *tshiunza*, respondent **Kp** says that this traditional African medicine is prepared from roots which are obtained from the traditional healer. The roots are immersed in water and the liquid extract prepares *tshiunza*. The roots that are used to prepare are *mukolokoṭe*/Piliostigma thonningii, *mugwiti*/Combretum molle and *muembe*/Annona senegalensis plants. According to respondent **Kr**, the baby is given *mukandulula* preferably in the morning. *Mukandulula* is a liquid extract prepared from water mixed with traditional African medicines. She adds that a baby is fed with *tshiunza*, from which a soft porridge is prepared from maize meal and traditional African obtainable from the traditional healer. On the contrary, respondent **Kx** disagrees with the above participants and state that a baby is given purity and nestum foods.

- **Method of difference**

Elders from the royal residence

Respondent **Bc** argues that the continued crying of a baby does not necessarily mean that the family must consult a diviner. It could be associated with stomach-ache, *u vha na thumbuni*. In this case, the family must first consult a medical doctor for the stomach ache cure.

Elders from the communities

Respondent **Au** says that the traditional healer had the privilege to treat an infant from any diseases but this practice has changed nowadays as pastors pray for the infants. Respondent **Aw** concurs with the views of respondent **Au** and further reiterates that a traditional healer, *maine*, is the one who treats, *ilafha*, the infant to avoid contracting diseases. This Tshivenda African customs and culture have since been lost and these changes came with the influence of the Western and Christian ways of doing things. In the modern times, the pastors are dominating the birth and afterbirth rituals where they make prayers to the infant. However, families that still follow traditional practices are not too many.

Nurses and doctors

Participants **N2**, **N3** and **D2** believe that the baby is vaccinated/immunised against contracting diseases by professional nurses and doctors. They further state that an infant is introduced to soft porridge after six months. Furthermore, they also believe that fortification of the baby can be done by a herbalist or even by a pastor who will come to the homestead to bless the baby against the disease and evil spirits.

Youth

Respondent **Kq** asserts that the main purpose of fortifying, *thusa*, a baby is to vaccinate it against contracting diseases. Moreover, respondent **Kr** augments that fortification of babies has disappeared and only a handful people are still practising this. This simply means that the procedures of fortifying are nowadays lost. **Kx** says that overall, the language of fortification, *u thusa*, in Tshivenḁa has been replaced by the Western influence and Christianity. The respondent further claims that he applies Christianity principles when fortifying his babies. On the whole most appeared very ignorant on this aspect.

6.2.7. Understanding the waiting period for a mother to have sex after birth

- **Method of agreement**

- Elders from the royal residence**

Respondent **Ba** claims that *mudzadze*, a mother who has just given birth and secluded in her hut/room with the baby must wait for months before having sex, *u dzhena nḁuni*. He continues saying that having sex earlier affects the wellbeing of the baby. He further argues that there are situations where a mother falls pregnant while breastfeeding and this is an example of not practising taboos associated with mothers and babies. Respondent **Ba** further maintains that if a mother continues breastfeeding while pregnant without having vaccinated, *u elula*, the baby, the baby is at the risk of dying. They also indicated that the parents should not go for early sexual activities, *u dzhena nḁuni*, as it is feared that the mother could be pregnant again while still breastfeeding.

- Elders from the communities**

Participants **Au** and **At** argue that *mudzadze*, a woman who has given birth recently, cannot start having sex immediately after birth and there is a waiting period that she

should comply with. The appropriate time for a mother to start having sex is when the baby has been fortified, *thusiwa*, when she can cook for her husband and take the food to him. During their first sex encounter, the fluids from both partners are mixed with water and then wash the baby. This is done to vaccinate the baby so that it does not contract diseases.

- **Method of difference**

Nurses and doctors

The participants were asked how long a mother should wait to have sex after giving birth. According to participants **D2, D3 D4, N2** and **N4**, in the past generations a mother would wait for a year to have sex after giving birth. They add that this was to avoid a mother from falling pregnant while the newborn baby is still breastfeeding. The mothers nowadays do not take a long time to have sex after giving birth.

Youth

Participants **Kr** and **Kx** feel that a mother may start having sex any time as they are family contraceptives such as condoms which will prevent pregnancy while breastfeeding. They continue saying that using condoms also prevents exchange of fluids which might affect the health of the newborn baby. In supporting this opinion, respondent **Kx** argues that if a mother takes a long time to start having sex, a man would start cheating. To me, he feels as if the woman does not need him anymore.

6.2.8. Language use of the baby post birth- what the baby is called

In this theme, the participants shared their views on what do they call the baby after birth.

- **Method of agreement**

Elders from the royal residence

Participants **Ba**, **Bb** and **Bc** report that once a newborn baby is born, it is called by different names such as *lushie*, *lukhandwa* and *lutshetshe*. On the other hand, a respondent **Ba** asserts that an infant is called *maḍi and tshidalatshanda*. She further maintains that when an infant is called *maḍi*, it is a way of signifying that the infant is tender and may be broken if dropped on the ground and should consequently be handled with extreme care. Moreover, respondent **Ba** proposes that the infant is called *tshidalatshanda* which signifies that the baby is still young and it is extremely difficult to carry or an infant safely.

According to respondent **Bb**, an infant is called by names such as *muthu muswa*, *mbuwe*, and *murwa*. On the other hand, respondent **Bc** believes that an infant is called *lushie or lukhandwa* from the first day of birth until five months two weeks old and this is before the infant is fortified. Once the fortification ritual, *u thusiwa*, has been performed, the infant is now regarded as “*nwana* (baby)” and the young children may carry it. The elders from society, youth and nurses/doctors’ responses share the same sentiments. They assert that once a newborn baby has been born, it is called *lushie, lutshetshe, lukhandwa, murwa, mbuwe, muthu muswa, maḍi na luḍadzazwanda*.

6.2.9 Taboos in relation to an infant

Method of agreement

Elders from the royal residence

The participants shared their views on the taboos associated with an infant. Respondent **Ba** argues that an infant must be tabooed to prevent evil spirits.

Furthermore, an infant cannot be carried by anyone as it is believed that some people may carry it after they had sexual intercourse. If an infant is carried by a person who engaged in the sexual intercourse, *u ya nduni*, it is believed that the umbilical cord would be rotten. In the same manner, participants **Bb** and **Bc** explicate that a woman who is menstruating cannot enter a room or hut where an infant is out of fear that an infant would develop an old skin, *lukanda lwa vhakegulu*. Similarly, respondent **Bc** adds that a person who comes from a funeral may not enter a room or hut where an infant is as it is believed that an infant will develop hot fever, *mufhiso*.

The father of an infant is also forbidden from entering a room or hut where an infant is as it is believed that the infant would develop hot fever, *mufhiso*. According to respondent **Ba**, a pregnant woman is prohibited from having sexual intercourse as the baby would have old looking skin/wrinkles, *u nzwera*. In the first day the father and mother start having sex, the sperms and mother's mucus, *vhunna na vhufumakadzi*, is mixed with water for the baby to drink.

Elders from the communities

On the issue of understanding the language of taboos in relation to newborn baby, participants **As**, **At**, **Au**, **Av** and **Aw** argue that a newborn baby is tabooed to protect it against diseases. Moreover, respondent **At** further reiterates that a newborn baby and mother are tabooed in order to prevent them from attack by the evil spirits. She goes on to state that the evil spirits make the baby to catch hot fever all over the body which makes the baby roll over. Respondent **Av** argues that failure to taboo a baby might lead to it being infected with diseases. According to the Vhavenda culture, people are not allowed to enter the hut or room where the newborn baby and mother are especially during seclusion (*u iledzwa*), with the belief that they would bring traditional African medicine or would come having applied medicine on their bodies as a way of oppressing and bewitching the baby. On the other hand,

respondent **Av** further explains that people are not allowed to enter the room out of fear that they might have engaged in the sexual intercourse, *u ya nduni*, and this makes the baby to be vulnerable to diseases such as catching hot fever all over the body.

Nurses and doctors

Participants **N2**, **N3**, **D1** and **D2** (nurses and doctors) assert that in the Vhavenda traditional taboos, newborn babies need to be tabooed against attack by infectious diseases such as TB, chicken pox and influenza. It is for this reason that a *mudzadze* (a mother who has just given birth) is advised that in case she catches flu, she should keep the baby far from her or give it to the grandmother to look after it and this is done to avoid the baby from catching flu from its mother. On the other hand, participants **N3** and **D1** say that in accordance with the Vhavenda culture, a baby may not be carried by a woman who is menstruating *u tamba*, with the belief that she may take her menstrual blood, *malofha a bvaho u tshi tamba*, and smear it on the gums of the baby. This will delay the teeth from coming out.

Participants **N1** and **D1** argue that a mother is advised to clean the baby's navel, *mukombo*, until it is completely healed. Furthermore, a mother is also advised to breastfeed the baby until three months of age. In addition, the mother who has given birth through caesarean section is similarly advised to clean the stitch until it is completely healed.

Youth

Respondent **Kp** maintains that an infant is tabooed because women enter a *mudzadze*'s room or hut while on their menstruation cycle, *thandulukano ya u tamba*, while they had sexual intercourse and this makes a baby to get hot fever, *mufhiso*, and diarrhoea, *u shela*. In addition, this makes the fontanel to grow

uncontrollably. Respondent **Kr** believes that a baby is vulnerable to diseases if carried by a woman who has been walking all over the places. Furthermore, a baby may develop hot fever and the navel, *mukombo*, may not heal. According to participants **Kq** and **Kx**, a pregnant woman is forbidden from holding any other babies upright with feet on the thighs out of fear that the baby may delay crawling until the pregnant woman gives birth.

Method of difference

Elders from the royal residence

Respondent **Ba** argues that mothers do not follow the taboos associated with the newborn babies. For example, a mother is prohibited from engaging in the sexual intercourse, *u ya nduni*, with the belief that the baby will develop an old looking skin, *nzwera*. In addition, participants **Bc** and **Bb** assert that it is difficult to advise modern mothers on traditional customs as they do not believe in them.

Elders from the communities

All the leaders from the communities interviewed are in agreement on the concept of the understanding pregnant woman and newborn baby language as well as taboos.

Nurses and doctors

On the concept of understanding baby language and taboos, respondent **D1** claims that nurses and doctors discourage mothers to follow taboos. The functions of the nurses and doctors are to assist during antenatal care and birth. She continues saying that taboos were followed in the past generation since they gave birth at home. On the other hand, Participants **N2** and **D2** argue that there are no taboos of associated with pregnancy. Participants **N2**, **N3**, **D1** and **D2** state that the pregnant women are advised to breastfeed until at the age of six months. They continue to argue that the mother should take care of new baby's navel and attend antenatal care session regularly and follow the nurse's instructions.

Youth

Participants **Kp**, **Kq** and **Kx** argue that following taboos depends on the beliefs of a particular family. They continue to say that in modern times, people believe in different things and the language of taboos is being undermined in favour of the Western way of doing things. Furthermore, respondent **Kr** concurs with the views of participants **Kp**, **Kq** and **Kx** and further echoes that in the contemporary society taboos and the understanding of newborn baby language are being undermined because the youth follow the Western way of doing things.

6.2.10. Knowledge of terms for/words used to feed a baby in Tshivenda

The elderly participants from the community and royal residents, nurses and doctors together with the youth used various words to feed a baby in Tshivenda, such as *u nusa* – this is a type of infant feeding practice where the baby sits on the thighs while the head is on the tummy of the mother. The soft porridge is poured on the palm of the left hand while the middle finger feeds the baby. When the baby is crying, it is a good way of getting soft porridge into the mouth. *U kapudza* – this is another type of infant feeding practice where the baby is fed soft porridge with a teaspoon.

6.2.11. Ignorance of taboos among young mothers

Elders in the royal residence

On the matter regarding following taboos, most of the elders from royal households are concerned that the taboos in relation to pregnant women are no longer being followed. For instance, a pregnant woman is prohibited from visiting people especially those that reside in a long distance, eating too much, eating fatty foods, eating eggs, turning back before reaching a destination, standing on the doorway and oversleeping. The core problem is that there is a decline in the use of pregnancy and childbirth taboos. They are concerned that in some cases the disobedience or

lack of knowledge of taboos has adverse outcomes such as the death of either the mother or baby or both during delivery.

Elders from the royal households express their serious concern regarding the loss of the Vhavenda culture and traditional beliefs especially the loss of the pregnancy and childbirth taboo language. Furthermore, they explained that the next generation will not know the Tshivenda culture especially the language of pregnancy since it shall have been entirely lost or disappeared. Elders from the royal households reveal that pregnant women of the current generation disregards the advice they are given by elders about obeying the taboos. Instead, they ask what will happen if they ignore taboos or what consequences will be for disobedience. The young pregnant women's responses to the elders is worrisome and they are ignorant of the culture or disrespect it.

Elders from the communities

Elders in the community are also worried about the ignorance of culture particularly the taboos in relation to pregnancy. They further elucidate that there is a trend nowadays where people hide behind Christianity religion for observing the taboos associated with pregnancy. Put in another way, the Western and Christian ways of doing things are followed whereas African customs are abandoned. These are the people who are contributing towards the disappearance of the Tshivenda language and culture because they advise the young generation to practice taboos while they do something opposite. Regarding pregnancy, elders in the community substantiate the viewpoint articulated by the elders in the royal households and they reiterate that the younger generation nowadays is capable of being pregnant women while they are not ready or willing to look after the child. Furthermore, the dress code of pregnant women nowadays is a disturbing concern and it clearly proves that they are still young and they lack advice on pregnancy from their families.

Elders in the community articulate that lack of knowledge about pregnancy taboos leads to birth complications such as giving birth through caesarean section. Examples of taboos in relation to a pregnant woman are that eggs should be avoided; she must not eat too much out of fear that she will have complications in delivering the baby owing to its excessive size; and the birth complications may lead to the death of the baby or mother. According to these elders, these taboos were more applicable in the olden days where there was no operation equipment for caesarean section and it was purely natural birth. In addition, a pregnant woman is not allowed to visit and walk around the streets as it is believed that if water breaks on her way or experiences labour pain, the probability of losing her baby is high. Moreover, a pregnant woman is prohibited from wearing tight clothes out of fear that the baby will not freely play in the womb and its organs may not develop properly. They go on to state that in the olden days, a pregnant woman was prohibited from eating oranges or anything with a yellow colour, this was out of fear that the baby will be born with yellow eyes or the baby may be born with jaundice.

Nurses and doctors

The healthcare practitioners (doctors and nurses) are of the view that the taboos in relation to pregnancy are no longer being practiced. They further add that the taboos in relation to pregnancy were practiced by the old generation especially elderly women because they like using their power to control their daughters-in-law. They go on to explain that practising taboos was beneficial in protecting a baby from catching contagious diseases such as flu, measles and fever. In the olden days, the baby and mother were in a secluded hut which is safe and only selected elders were allowed access. They believe that it depends on the religion the pregnant woman believes in because if she does not eat healthy food, she will give birth to an unhealthy baby. Nowadays a pregnant woman eats as much as she feels like which is contrary to the olden days where she was prohibited from eating too much food.

Youth

The youth participants argue that practising taboos helps a pregnant woman to give birth without complications and protects the baby from the evil people. They support the opinions expressed by the nurses and doctors that taboos were meant to wield power on people in the families.

6.2.12. Knowledge of taboo language among participants

Elders from the royal residence

The participants in the royal households are concerned with lack of knowledge of the language of taboos and practicing taboos among pregnant women and infants. They further assert that the newborn baby must be tabooed to safeguard it from catching contagious diseases such as hot fever, *mufhiso*, diarrhoea, *u shela*, (*u zwimba ha ngoma*)/bulging fontanelle. Elders in the royal household are really concerned that the younger generation seems to be understanding when advised on observing taboos but they eventually do not follow the taboos.

Elders from the communities

Elders in the community explain that nowadays babies contract diseases because the mothers do not practice pregnancy taboos. They continue saying that babies who are born nowadays are treated the Western way of doing things. On the issue of pregnancy taboos language, participants (elders from royal household and communities) explain that a pregnant woman should avoid eating eggs, fatty foods, and eating too much as it believed that the infant will grow excessively big. If she eats such foods, she will experience complications during birth and she may end up giving birth through caesarean section. They mention some taboos that must be followed. For an example, a pregnant woman is not allowed to eat tripe out of fear that the newborn will be born hairless. Furthermore, a pregnant woman is prohibited from eating sweets out of fear that the baby will have drooling problem. The *tshidzimba* food and soft soil and stones are believed to cause constipation and

difficulty during birth for a pregnant woman. A pregnant woman is not allowed to eat sugarcane as it is thought that the baby will come out with scratches or the skin will look like it is peeling like that of a snake. Moreover, a pregnant woman is not allowed to eat or drink yellowish fruits it will suffer from jaundice. With regard to food containing chillies it is believed that if a pregnant woman eats it, the baby will be born with black spots which look like it has been burned, a pregnant woman should avoid drinking alcohol out of fear that the baby will be born with problematic joints. With reference to eating taking food and drink containing caffeine, it is believed that the baby will be born with heart complications/diseases, and a pregnant woman is prohibited from sleeping during the day as it is believed that a baby will also sleep during birth.

Nurses and doctors

Some nurses and doctors believe that taboos in relation to unborn and newborn babies are important to safeguard the babies. They further assert that the mothers who practice taboos in relation to pregnancy and childbirth safeguard their babies against contracting diseases. Nurses and doctors' participants regularly advise the pregnant women to keep the baby in the secluded room/hut to protect the babies from being infected with contagious diseases outside the room/hut. Furthermore, they also advise the mothers not to give their babies alcohol.

Despite being advised on practicing taboos in relation to pregnancy and childbirth, pregnant women choose not to heed the advice. The practice of the taboos depends on what that pregnant woman believes in. For example, some mothers believe in the African customs and culture in terms of taking care of the newborn babies while others may believe in the Western way of doing things. Some of the nurses' and doctors' participants are unknowledgeable about taboos in relation to newborn babies. The nurses and doctors who help the pregnant women to give birth come from different places and were doing different things. For example, some might be coming from sexual intercourse and some are in their menstruation cycle. They

confirm that doctors and nurses take care of the baby which is ill while they are on menstrual period or might have had sexual intercourse which is a taboo for Vhavenda society. The nurses and doctors' participants are of the opinion that taboos were observed in the olden days but it appears that nowadays they are disappearing or are not practiced anymore.

The nurses and doctors participants are disturbed by mothers who practice the taboos and ignore to take the baby for a regular medical check-up. When the child is born in a traditional setup, elderly women would check the baby for diseases such as *gokhonya* or *lathavha*.

Youth

Youth participants articulate that the taboos have a positive influence on the growth of the baby. They added by saying failure to observe taboos may affect the growth of the baby such as a delay in walking, delay in teeth development, getting sick more often etc. Some of the youth are of the opinion that these days taboos are no longer being followed; they were only followed in the olden days. This confirms that the taboos are only practiced by those families that still practice African religion.

6.2.13. Knowledge of the language of medicines for babies among participants and the lack thereof among the youth

Elders from the royal residence

The elders in the community participants are of the belief that African herbs are useful for babies. They further explain that some herbs are added to *tshiunza*, soft porridge mixed with various traditional medicinal roots, and water as complimentary food introduced to the baby. Some elder participants believe that in their time, the traditional doctor performed cultural rituals on the babies within the families. *Tshiunza* is believed to treat baby stomach pains, constipation, fontanelle, prevent

vomiting and give a baby a weight. In some cases, people mix their traditional African practices with Christianity religion. It is believed that performing cultural rituals on the babies help them to grow healthier.

Elders in the communities

The elders in the communities proved to have enough knowledge on the language of medicine for babies. Some of the elders in the community point out that the use of African medicine on babies helps to safeguard them against various diseases and should not feel degraded in their lives or in their different stages of growing up. The baby who has been subjected to cultural rituals by the traditional doctor grows up healthy and is not vulnerable to diseases and if they get infected, they recover very quickly. Furthermore, they highlight that a baby is fed with *tshiunza* which is prepared from a soft porridge mixed with various medicinal roots obtained from a traditional doctor. On the contrary, other elders in the community believe that the Christianity rituals must be performed on the baby by pastors and elders of the church. The leaders of the church pray for the baby with the belief that the prayer will ward off evil spirits that may attack the baby.

Elders in royal household

Elders in royal residence and in the communities are knowledgeable about the language of traditional medicine. They have mentioned African herbs names such as *mugwiti*, *mukolokoṭe*, *muvhuyu* and *muembe* which are mixed together in water and used to stir soft porridge called *tshiunza*. If a baby is suffering from measles, it is cured through washing it with '*mungu*' (*mungu* is a fine powder obtained from the

maize granules which are sifted before being milled). The elders are happy that they still have this knowledge, but they rarely come across it among the youth.

Nurses and doctors

During the investigation, all nurses and doctors participants did not mention the use of African traditional medicine after birth. Instead they argue that the use of African traditional medicine on newborn babies will negatively affect their health. They further reiterate that the babies who are fed with traditional medicine are the ones who are infected with various diseases, as they are not taken to hospitals for vaccination/immunisation. The participants show that they did not have knowledge of language of medicine for babies.

Youth

The youth participants demonstrated that they have little knowledge of the traditional medicine administered to babies. They, however, support the administration of *tshiunza* on babies and use of traditional medicine for the fortification of the baby. Some youth participants explained that a baby is also fed with *mukundululo*, a liquid extract prepared from water and traditional African medicines.

6.2.14. Participant's knowledge of baby diseases

Elders from the royal residence

On the theme of baby diseases, the elders from the royal household endorse that a baby should be tabooed to safeguard it from catching different diseases. They explain that a baby who is not tabooed suffer from diseases/conditions such as wrinkling on the skin, the baby is sickly or weak, rotting of navel, measles, unstable fontanelle, *goni* (swelling on the back of the baby's head), and diarrhoea (*u shela ha n'wana hu na mahirihiri*).

Elders in the communities

The elders in the community substantiate the views expressed by elders in the royal households and echo that a baby who is not tabooed catches various diseases of which some are not treatable. They continue stating that a baby may catch diseases such as hot fever, measles, *goni* (swelling on the back of the baby's head), *nzwera* (swollen skin) and diarrhoea.

Nurses and doctors

Nurses and doctors proved to be knowledgeable about baby diseases as they are trained in the medical fraternity. According to the nurses and doctors participants, the most prevalent diseases that babies are prone to include TB, hot fever, diarrhoea, measles, influenza and decaying of the navel. The navel of the baby needs to be properly cleaned otherwise it ends up decaying. They maintain that most of the diseases affecting babies are preventable but most mothers do not take their babies to the clinics and hospitals for routine medical check-up.

Youth

The youth participants support the sentiments shared by the elders, nurses and doctors and reiterate that the babies are mostly susceptible to diseases such as diarrhoea and hot fever. However, when asked on some of the diseases in Tshivenda, they could not elaborate or give answers.

6.2.15. Participants' traditional knowledge of mother's diseases

Method of agreement

Elders in the royal residence

Elders in the royal residence demonstrated knowledge of mothers' diseases. The elders in the royal household mentioned the mother's diseases such as *khumela*, in which a baby emerges and slips back during birth or delayed birth, which is believed to be caused by a failure by a pregnant woman to observe pregnancy taboos. In some cases, the baby comes out dead already or may die immediately after birth owing to fatigue. In addition, they assert that the experienced birth attendants or midwives can recognise that the baby is slipping back and, in that situation, they would normally assist the pregnant woman to give birth through caesarean section. After birth the mother suffers from a health condition known as *tshikangala*, a condition where *mudzadze* experiences abdominal pain which is a sign that her abdomen is recovering.

Elders in the communities

Some elders in the community are in agreement with elders in the royal household on mothers' diseases. However, they add that illnesses which affect mothers are *tshikangala* and *khumela*.

Nurses and doctors

Nurses and doctors' participants stated that the disease that tends to affect mothers is stomach cramp/pain. The other problem with mothers after birth is stomach warbling together with pain. The mothers also experience the problem of the swollen wound especially after they have given through caesarean section or operation.

Youth

It appears that the youth do not have knowledge of the diseases affecting mothers/pregnant women. It was clear that they do not know that pregnant women are prone to various diseases. There was more in agreement than disagreement

6.2.16. Participants' knowledge of sex/voluptuous language

Method of agreement

Elders from the royal residence

According to elders in the royal household, it is a taboo for a mother who has recently given birth to engage in the sexual intercourse as it is believed that it exposes the baby to sicknesses/illnesses. In addition to illnesses, a baby's skin develops wrinkles like that of an older person.

Elders from in the communities

Elders in the community believe that before a *mudzadze* engages in *u dzhena nduni*, sexual intercourse again, the cultural rituals must be performed first.

Nurses and doctors

Nurses and doctors participants are of the opinion that nowadays mothers are not tabooed. They go on to argue that if a woman spends many months without having sexual intercourse with her husband, the possibility is that the husband will look for other women.

Youth

Some of the youth participants share their frustrations on the fontalle illness for babies. They believe that fontalle illness is caused by sexual intercourse when the pregnant woman is seven (7) months or older pregnant. In addition, they say that mothers engage in sexual intercourse while they still in the seclusion period because they cannot discipline themselves. The mothers argue that the men will leave them

for other women if they take months before sleeping with their husbands.

The participants tended to agree more than they disagreed.

6.2.17 Causes of decline of language for taboos in relation to pregnant woman and newborn baby

Method of agreement

Elders from royal residence

Participants **Ba, Bb, Bc and Bd** concur that the Tshivenda language and taboos in relation to pregnancy and childbirth are disappearing. They attribute the decline in language and use of taboos to a number of factors such as westernisation, dominance of English and other languages, urbanisation, fluent speakers of the language are few, and the influence of technology. According to Participant **Ba**, English has become a dominant language that threatens other African native languages. This might be because it is a common language used in many domains of life such as business, communication, education, health/medicine and so forth.

Participants **Ba** and **Bb** echo that the Tshivenda terms and phrases used to refer to taboos associated with pregnancy and childbirth are also gradually disappearing. As respondent **Ba** notes the youth have no knowledge of terms or words used for taboos and do not make any effort to learn.

Elders from communities

Participants **As** and **Aw** state that the Tshivenda language and taboos in relation to pregnancy and childbirth are on the verge of disappearing. According to them, this is caused by intermarriage influences, influence of English on Tshivenda language, and reliance on technology. According to participants **Au, At** and **Aw**, the language and the use of taboos pertaining to pregnancy and childbirth is getting lost. They attribute the loss to intermarriage, ignorance, undermining advice from elders and

use of other languages instead of Tshivenda. According to them, children particularly in urban areas communicate mostly with their parents in English.

Nurses and doctors

N1, N2 and **N3** concur that the Tshivenda language and taboos in relation to pregnancy and childbirth are being ignored and undermined particularly by the youth. They are of the view that several factors contribute to the decline in the language and use of taboos. These factors are use of foreign languages, lack of narrating oral folklore to children, and government language policy influence.

6.3. Conclusion

This section focuses on the findings which emerged from the data collected by the researcher. The elders from the royal household and the community, nurses and doctors participants are of the view that the Vhavenḁa culture and language are getting lost in the new generation. The participants have noted with concern that the language of pregnancy is no longer being followed except in families which are still preserving culture and tradition and those that believe in African religion. Most of the youth participants do not subscribe to the taboos and the culture, belief and customs as well as morals of Vhavenḁa.

The following chapter will be focus on the interpretation of finding, conclusions and recommendations.

CHAPTER 7

CONCLUSIONS AND RECOMMENDATIONS

7.1. Introduction

The previous chapter dealt with research findings and interpretation of data which emanated from the interpretative data analysis. This chapter discusses the interpretation of findings, conclusions and recommendations of this study. The researcher provides a summary from the introduction to the conclusion of this study. The researcher presents the interpretation of the results and draw conclusions. In addition, the researcher makes recommendations which emerged from the data collected from participants, as well as the viewpoints of various authors who conducted their studies related to the subject under investigation.

7.2. Review of the research

7.2.1 Background of the study and research problem

In the context of this background, it is evident that there are many traditional practices that are no longer being followed and are emasculating the Tshivenda culture. They used to help in instances where a person is a pregnant woman, during

childbirth, in the raising of a newborn, as well as ensuring that the infant's health is good, or it is well cared of.

The Tshivenda culture started to be undermined with the introduction of the Western culture and Christianity. These changes therefore emanated from the Christian ways of doing things and later African customs were abandoned (Raňanga, 2009:48). In explaining the influence of Western culture and Christianity, both Mathivha (1985:68) and Ladzani (2014:38) concur that the missionaries played a role in the way some Vhavana people disregard their traditional customs and culture. Their assertion is a confirmation that even though some of the Vhavana people are moving away from their own customs and culture and embracing the Western ways, those whose ways are being embraced look down on the Vhavana customs and culture. Furthermore, Mathivha (ibid) and Ladzani (ibid) are of the view that the missionaries had a hand in the undermining of customs of most Vhavana especially the Christian community which decided to follow Western beliefs.

African people in general who moved from their villages to stay in newly established townships and suburbs changed their ways of doing things and followed the Western ways. Although some people were still holding on to their traditional ways of doing things, they were involved in these practices behind closed doors, because they did not want their fellow neighbours to know that they are still practising traditional practices of doing things. Though among them, there are some who still follow their customs and cultural practices that affect the pregnant mother, giving birth and caring for the infant.

This study discovered that the Vhavana culture is being undermined. The main contributing factor to undermining and disappearance/loss of Tshivenda culture is the influence of Western culture and Christianity from one generation to another. The Tshivenda culture also got undermined because of urbanisation, use of money, and influence of Christianity. When the Tshivenda culture is being undermined,

child-aligned language regarding pregnancy, childbirth and everything associated with a newborn child is starting to disappear.

It is public knowledge that some African societies have a problem of ignoring and undermining their own cultures. It is on this basis that the researcher focused on the loss of child-aligned language about pregnancy, childbirth and anything associated with a newborn child. The researcher is of the view that one of the contributing factors for people to ignore culture occurs when young people move far away from home to study at tertiary educational institutions. In some cases, they socialise together as young people without any guidance from elders. They start relationships and finally fall pregnant without any elderly people around to give advice and guidance on how they should handle themselves. As young as they are, they are not familiar with how to conduct themselves during pregnancy and how to take care of the newborn baby. This is where culture starts to disappear.

7.2.2. Literature review

The literature reviewed, proved that authors such as Stayt (1931), Hammond-Tooke (1962) and Mbiti (1969) demonstrated that they understood the cultures that they were investigating. They showed that they understood the culture of that society because they did not contradict themselves. It is only a handful of authors that have conducted their studies on the Vhavenda culture and traditional beliefs. As a result of this, the researcher struggled to find literature which is relevant to the topic under discussion focusing on the Tshivenda language and culture. She finally picked up some information here and there. The Western authors such as Stayt (1931), Hammond-Tooke (1962), Mönnig (1967) and Fairclough (1992) have conducted their studies on the conduct of a pregnant woman with special reference to the African cultures. On the other hand, most of the African authors have not written about the language used with an infant and the taboos applicable during pregnancy and birth. This is why nowadays, there is a lack of knowledge or research on the

language of a pregnant woman and taboos in relation to pregnant woman and newborn baby. This has led to the loss of language associated with Tshivenda culture and traditional beliefs.

7.2.3. Theoretical framework

This section discusses the various theoretical frameworks applied by the researcher during the collection of data for this research. The main theory that was used in this study is CLA. This theory looks at understanding language education in relation to social relations, politics and ideology of language and uses grammar context. CLA theory looked at how the language is spoken in the society/community. It was further used to show how powerful language is to the people who use it. CLA focuses on the power of the language from the speakers. In addition, CLA recommends the transfer of education to one another in order to end up educating one another. The ideology of a power group is followed and it lays down educational laws. Therefore, the implementation of the education laws determines whether a language will be powerful or powerless to its speakers. When the rules and procedures of education are laid down, the ideology of a certain language group is promoted.

In this study, the researcher utilised CLA and discovered that youth lack knowledge about the language of birth and pregnancy. In her study, the researcher found out that youth, some elders, some nurses and doctors ignore the Tshivenda ideology and prefer Western ideology. CLA was applied when interviewing participants on the language development of the baby which transmitted in the womb. The participants indicated that if the pregnant woman uses bad language, the unborn baby would mimic it even after birth, and, if the mother uses swearing language, the baby will mimic the same language. This is where we talk about the influence of the language of the mother on the baby. Similarly, the baby may be influenced by other babies she/he plays with.

In the CLA theory, the researcher examined the knowledge generation which in this study was evident when the participants were asked about the language of birth,

pregnancy and taboos. The younger generation lacked knowledge about the Vhavenda culture and traditional beliefs. This demonstrates that some sections of the younger generation do not understand culture and tradition which were practised in the olden days.

This study investigated the power relations which was evident during the data collection process where some young people stated that they like publishing their pictures when they are pregnant on social media whereas the older generation found it odd. The researcher applied CLA theory to investigate social relations. Regarding social relations, the researcher looked at the words borrowed from other ethnic groups and used as the genuine and original words. A word such as '*muimana*' (pregnant woman) was borrowed from Northern Sotho ethnic group and it is now regarded as Tshivenda word. Ethnopragmatics is one of the theories the researcher used when collecting data from different places. In this study the researcher focused on Vhavenda ethnic group specifically looking at the language of birth and pregnancy. This is where the Ethnopragmatics theory was used to explore whether the Vhavenda society understands its culture, particularly on the language of pregnancy, newborn babies and taboos.

In terms of cultural diversity, the researcher learned that the Vhavenda culture is different from Vatsonga culture, the Bapedi culture, and other ethnic groups even from the same geographical area. There might be some similarities but the way they think and their practices will differ. In this study, the researcher focused on the Vhavenda culture which has various dialects.

Ethnography of communication or speaking is another theory the researcher used when she collected and interpreted her data. This is the theory the researcher utilised when communicating with the participants of different age groups from the different natural settings. Furthermore, the researcher used ethnography of

communication to learn and understand the rules and manners of the way of speaking in a society under investigation.

In this study, the researcher was in the midst of the Vhaventḁa people of various age groups in order to understand and gain knowledge on the way they spoke. When the researcher was in the Vhaventḁa speech community administering interviews, it helped her know their opinions and their likes and dislikes.

When the researcher was within the various age groups, it helped her to understand and gain knowledge on the speech of the particular society. The elderly people have their own way of communicating which is different from the way youth communicate. The researcher communicated with elders in the language they understood and vice versa with the young people. The researcher conducted the study on the speakers of the language so as to gather the correct and appropriate words, phrases and utterances of first grade. In this study the researcher shows that when the rules and principles of a language are not followed, aspects such as words, phrases and utterances pertaining to a domain such as that of pregnancy and childbirth are lost. The researcher in this study selected words, phrases, utterances, rules and taboos pertaining to a pregnant woman for analysis and interpretation. Furthermore, she investigated taboos that a pregnant woman must observe. The researcher utilised the sociolinguistic competence to understand the rules and norms that are followed when speaking about the birth of the baby and its upbringing.

Ethnography of communication became handy to explain the Vhaventḁa cultural practices and discourse in relation to child-aligned language with regards to pregnancy, childbirth and anything associated with a newborn child. The researcher is a Muventḁa person who speaks the language fluently and understands the culture and traditional beliefs of the speech community under investigation. As a result, this made this theory very relevant.

7.2.4. Research methodology

In this study, the researcher adopted qualitative research method and used it to collect data because it more exploratory. There were cases here and there where the quantitative method was used, but this was minimal. .

- **Population**

In this study, the sample was elderly from royal residence and communities, nurses and doctors from hospitals and clinics and younger people from communities and a university with knowledge on language associated with pregnancy, delivery of a pregnant mother, newborn baby and food, illnesses and taboos associated with mother and the newborn baby.

- **Sampling**

This study used non-probability sampling because it fits well in qualitative method. The researcher selected participants who have knowledge of the phenomenon under investigation. The researcher utilised non-probability sampling to solicit crucial information from different participants from different places. In this study both purposive and snowball sampling techniques were appropriate since the researcher sampled people particularly young women and old women participants from community, royal households, clinics and hospitals about language associated with pregnancy, childbirth and newborn. The participants were selected based on their knowledge of the Tshivenda language and culture particularly taboos associated with pregnancy and childbirth.

- **Research setting**

The researcher collected data from the Vhavanḁa language speakers. The study was conducted in the Vhembe District Municipality, Limpopo Province, South Africa. The researcher collected data from royal households, rural areas, clinics and the hospitals.

- **Size of the data**

From the sample, the researcher managed to collect data for analysis and interpretation. In order to avoid confusion, the data collected was reduced to be small in order to be manageable

- **Data collection**

In this study, the researcher used questionnaires, face-to-face as well as telephonic interviews to collect the data which is related to the research topic. The elders in the community, elders in the royal household, youth, nurses and doctors who were familiar with the childbirth and taboos, the language of unborn child and fortification were identified for both questionnaires and interviews. The researcher distributed questionnaires to be completed by the respondents themselves and collected on the dates agreed upon.

Later on a number was selected for interviews. The face-to-face interviews were held at the participants' households. Members from royal families were interviewed at the royal residences and other elders were followed in their communities, the nurses and doctors were interviewed at the hospitals and clinics. Some of the youth were interviewed at their homes and others at one of the hospitals. The researcher conducted telephone interviews with the participants from anywhere and she was well received.

During the face-to-face and the telephone interviews, the researcher used a voice recorder although they were also writing notes in a notebook to record all the information from the participants. During the telephonic interview, the researcher put a phone on the loudspeaker for her research to record and writing notes too. The

data obtained from interviews, face-to-face and telephonic interviews were re-written and typed to make it easy to read it. The research discovered that indeed the language of pregnancy until childbirth is disappearing. The next generation will be ignorant about the language of pregnancy and associated taboos.

The researcher followed the ethical issues namely introduction, outlining the aim and purpose of the research to the participants, confidentiality, privacy and anonymity. All these were taken into consideration and consent of participant(s) was sought. The researcher introduced herself to the participant(s). She was truthful, trustworthy and honest and got permission from the participants and indicated that the study was approved by Unisa. The researcher conducted this study based on the permission letter from Unisa's research code of conduct that explains the conduct expected during the investigation.

7.3. Data analysis

In the data analysis, the data collected from participants was re-written and typed. Furthermore, the researcher withheld the real names of the participants and instead used codes with double letters or alphabets. The researcher analysed data with the aid of the analytical comparison tool as suggested by Neuman (2000) which comprises two types namely method of comparison and method of difference. In a bid to make data analysed, it was categorised into themes which emanated from the data collected.

7.4. Research findings

From the research findings and interpretation, the researcher generated the recommendations and conclusion. From the themes identified, it was discovered that nowadays the language of pregnancy and associated taboos is no longer being followed as it used to be in the past. Most of the youth participants did not know

about the pregnancy taboos. Some elders' participants seem to know the taboos even though they are no longer being obeyed or followed. This implies that taboos related to pregnancy and newborn born are being lost. Elders from households, elders from communities, doctors, nurses and youth participants provided enough information on the language of pregnancy and associated taboos which according to the researcher will answer the research question of the investigation. They further elucidated that a pregnant woman can understand the unborn baby language. It was discovered that language of pregnancy has been lost depending on the belief of the elders as participants. The elderly people believe in the taboos which are no longer being followed nowadays. On the other hand, the youth participants believe in the Western medical doctors and Western taboos.

The participants (elders from the royal household, elders from the community, nurses, doctors and youth) share the same sentiments when they assert that an unborn baby communicates by means of movement or kicks in the womb. They further add that this is when the bond is created between the pregnant mother and unborn baby. This is followed by learning the language in the family. The elders, nurses and doctors' participants state that this is the stage where the unborn baby learns either a good or a bad language depending on the language used in the family especially by the mother. For instance, if a mother uses a swearing/insulting language, the unborn baby will learn and imitate to speak in a similar way in the future.

It was found from the research that the life of obeying the elders has deteriorated in modern times. The taboos in relation to pregnancy and childbirth have been lost. It is only a handful of young people who still observe taboos. They practice these taboos secretly out of fear of being seen by others who will look down on them. Nowadays, families invite a pastor to bless the baby and as soon as he/she has left, they secretly consult traditional healer for the fortification of the baby.

The participants from the societies were not open about what they believe in. It is of vital significance that people who know about taboos and rules in relation to pregnancy should make such information available, so that it can finally be documented for the next generation to be able to read it and acquire knowledge. People such as traditional healers and students (both young and old) should value the matters related to language associated with pregnancy such as newborn babies, baby naming, fortification etc.

The elderly participants assert that the pregnancy taboos are being lost because the times that we are living in have changed. They further explain that nowadays there are plenty of educational opportunities and people get enriched with Western education. On the other hand, nurses and doctors' participants are of the view that there is a lack of health education relating to pregnancy at the healthcare facilities. The royal household, community, nurses and doctors' participants echo that taboos are helpful to those who believe in culture and tradition. They continue to say that in the olden days, taboos were meant to safeguard the baby. In addition, it was up to the belief of an individual. The youth on the other hand, were hesitant and tended to guess. This study established the causes of differing communication and changes in culture that led to the loss of the language of pregnancy as well as that which is used in relation to the newborn. From the study, it is clear that the elders still obey culture and traditional beliefs including taboos whereas the younger generation ignores the Tshivenda culture and tradition owing to Western culture being preferred in modern times. This ignorance came about when Western and Christian ways of doing things were followed and African customs were abandoned. Moreover, some of the younger generation exclusively use the services of the Western medical doctors for medical treatment and advice.

7.5. Limitations of the study

The research would like to express the limitations that were encountered during the investigation.

Funding arrangements

The lack of funding for the researcher during the investigation constituted a shortcoming for this study. The researcher used her own money for all the expenses.

Participation

However, another shortcoming in this study was that some participants did not show up for interviews or withdrew from participating in the study, despite having confirmed with the researcher on their willingness and commitment to take part. A follow-up was made with them and some were then interviewed.

Expectations for gifts

Some royal households demanded *nduvho* (a gift for the Chief) prior to explaining the purpose of the visit. In all cases, the researcher had to thoroughly explain to the royal family and convince them that the research was not funded and it was for study purposes. In the royal households where the Royal Council has some educated members who understood what research is about, the research team was allowed to gather data without having to persuade them.

Late coming

The researcher experienced a challenge of late coming or no punctuality and unwillingness to answer certain questions. In this instance the researcher had to wait for few hours for the participants to show up.

Insufficient time

In the hospitals and clinics, the nurses and doctors did not have enough time to provide more information. Similarly, some nurses and doctors were reluctant to provide the knowledge they have and those who were unwilling interrupted those willing to give out information. One of the challenges was that some of the nurses who were supposed to attend to questionnaires and be interviewed were often busy with their work. As a result, they had limited time available for both questionnaires and interviews. In some cases, the nurses were off sick or off duty. The researcher had to reschedule the interviews for those who were unavailable or off sick.

Interruptions

During the data collection process, the researcher encountered a challenge where some participants answered their telephones and pretended as if they could not hear the researcher's voice citing the telephone network problem and eventually ended the interview earlier. A follow-up was made with some of those participants.

Unwillingness to provide information

Another challenge the researcher encountered was that participants would say they did not know the answers of the interview questions. With telephone interviews, it proved very difficult to gather information from participants because there is an element of mistrust. This implies that such people have very little information in research and its benefits. On the other hand, those who are educated were able to give out information without any resistance. With this challenge, the researcher had to make several calls in a day or call the participants for two days to confirm the appointment.

The researcher was resilient even though she came across with so many challenges. The researcher kept on collecting data from other participants.

7.6. Conclusions

This study informs scholars, students and readers about the importance of the child-aligned language regarding pregnancy, childbirth and anything associated with a newborn child. This study uncovered that taboos associated with pregnancy and childbirth do exist in the Vhaventḁa speech community. Moreover, this study also helps the societies to know and understand that the unborn baby language development starts while the unborn baby is still in the womb. This study will create awareness and understanding to the Vhaventḁa society on those things are lacking or missing in the culture. It is clear from the findings that the Tshiventḁa culture is being undermined and the Western culture preferred in modern times. The youth are no longer following culture, as this is evident in their lack of understanding of taboos associated with child-aligned language regarding pregnancy, childbirth and anything associated with a newborn child. These changes came about when Western and Christian ways of doing things were followed and African customs were abandoned. This study will stimulate interest in youth to carry out their studies on the culture of Vhaventḁa society. An interesting observation is that those who are uneducated were the ones who practice pregnancy and childbirth taboos. Moreover, rural women are more knowledgeable on taboos whereas those in urban and semi-urban settlements are less knowledgeable.

7.7. Recommendations

The Departments of Arts and Culture (both National and Provincial) should integrate the Tshiventḁa culture and traditional beliefs into the mainstream curriculum of the schools, which must be disseminated to all schools and community institutions to revive and restore tradition. In the same manner, the teachers of primary and secondary schools should teach learners about the importance of observing the Tshiventḁa culture and traditional beliefs. In other words, this study may assist educationally, that is in school curricula to equip learners with knowledge, as they too will become parents one day. On the whole, this implies that the curriculum should note that culture carries language and language carries culture or culture

provides the context in which the meanings of words, phrases and utterances are determined.

The Departments of Education and Arts and culture should offer bursaries to tertiary students who want to pursue their studies at Honours, Masters and/ or Doctor of Philosophy in the African languages. In a similar way, the Department of Arts and Culture should initiate debates on the issues related to language and taboos associated with pregnancy and the winners should be awarded accordingly. In addition, the Department of Arts and Culture should initiate Tshivenda cultural competition for the potential writers of stories related language associated with pregnancy taboos, fortification, baby naming, food suitable to a pregnant woman and newborn baby. The royal households and civic organisations may play an imperative role through developing programmes of the elderly people and youth to discuss the importance of culture and taboos associated with Vhavenda people.

It is the researcher's opinion that the writers of books be it *zwirendo*, poetry, should take into consideration the Vhavenda culture and traditional beliefs. The writers should therefore, write all the categories of taboos that must be observed by the Vhavenda society. In the same vein, the traditional doctors and those who have knowledge about taboos in relation to a pregnant woman and newborn baby, fortification of the baby, diseases affecting a baby and mother as well as baby naming practices should convene summits/seminars/workshops to educate the younger generation about the Tshivenda language, culture and traditional beliefs. In addition, the traditional doctors and those with knowledge about taboos may write about this so that the younger generation will be able to know about the Tshivenda language, culture and traditional beliefs.

The youth who are studying should consider conducting their studies in the Tshivenda language, culture and traditional beliefs. Language used during

pregnancy, childbirth and the raising of a newborn baby is not documented in literature studies by a handful of scholars. It is on this basis that the researcher feels that the traditional doctors and the elders who have wealth of knowledge on Vhavenda culture and traditional beliefs should share such information so that it can finally be documented to preserve it. The younger generation will be able to read about Vhavenda language, culture and traditional beliefs to enrich themselves with the indigenous knowledge in different aspects.

The elderly women and men being custodians of all family matters in the families must pass the knowledge to the younger generation on the language used during pregnancy, childbirth and the raising of a newborn babies, as well as the importance of baby naming practices. The younger generation young mothers are in turn expected to restore respect of the elders and follow the respective taboos.

It is of vital importance for the pregnant women to be engaged in nutritional programmes as well as being taught about the importance of food taboos. In this way, pregnant women would know about the consequences of not practicing taboos. The local clinics should be empowered to advise women on food taboos as well as nutritional education and awareness. The non-governmental institutions are also critical in educating women about pregnancy and childbirth taboos. It is also recommended that further research be conducted to specifically investigate the taboos pertaining to pregnancy and childbirth.

7.8. Future research focus

There are numerous research gaps pertaining to taboos associated with pregnancy and childbirth that would be of significance to study further. These gaps are explained below:

It would be interesting for other researchers to conduct an in-depth exploration of language and taboos associated with pregnancy and childbirth in other African

ethnic groups. In this way, researchers will be able to compare the taboos and unborn baby language from various African societies. Since this study adopted purposive and snowball non-probability sampling strategies, it would be thought-provoking to use other non-probability sampling techniques except the ones used in this study. It is of vital significance to establish if literature on the unborn baby language exists in other African societies.

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ANNEXURE A: Request or permission letter from Unisa

UNISA

Department of African Languages
PO Box 392, UNISA, 0003
Tel: 012 429 8253
Date: 2 June 2017

To whom it may concern

This is to confirm that **Ms Mutshinyani Mercy Mahwasane** is a registered Doctoral student at the University of South Africa in the Department of African Languages, Student number: 90224027. The title of her Dissertation is:

Language flux: The decline in the use of registers and taboos during pregnancy and birth among Vhavela from a Critical Language Awareness perspective.

Ms Mutshinyani Mercy Mahwasane has satisfied the requirements of ethical clearance by the Departmental Research Ethics Review Committee. To continue with her research project, she now requires permission to conduct interviews at/in Limpopo Vhembe District hospitals: Tshildini, Sigam and Donald Frazer; Clinics Limpopo Vhembe District: Tshildini, Muledane, Shayandima, Budeli, Lwamondo and Thohoyandou; Royal residents and communities Limpopo Vhembe District: Muledane, Ngovhela, Cuthun, Dzworani, Maungani, Tahino, Tshimbupfe, Masakona, Mangodi, Tshaulu, Thengwa, Sambandou and Sinthumule to collect her data. Her findings will be used solely for research purposes and the anonymity of the interviewees will be guaranteed.

It will be greatly appreciated if you could facilitate the student's data collection by granting her access to the identified hospitals, clinics, royal residents and communities.

Kindly direct any questions you may have to the student's supervisors, Prof. TM Sengani or Dr KY Ladzani, or the coordinator of the Research Ethics Review Committee, Prof. SE Bosch.

Yours sincerely



Prof. TM Sengani
Supervisor
sengani@unisa.ac.za
Tel: 012 429 8078



Dr KY Ladzani
Co-supervisor
ladzani@unisa.ac.za
012 429 8227



Prof. SE Bosch
Coordinator: DAL Research Ethics Review
Committee
boschse@unisa.ac.za
Tel: 012 429 8273



Prof. P Pheahla
Chair: Department of African Languages
ppheahla@unisa.ac.za
Tel: 012 429 8284

ANNEXURE B: Approach letter for informants

Department of African
languages
P.O Box 392
UNISA
0003

Vhembe District
Thohoyandou
0950

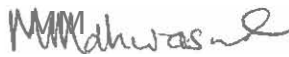
I, Mutshinyani Mercy Mahwasane hereby request to come and do research in your hospitals and clinics on the following dates 24th July 2017 up to 4th August 2017.

I will visit the following hospitals and clinics: Tshilidzini, Siloam and Donald Fraser (Vhufuli) hospitals. Lwamondo, Tshilidzini, Shayandima, Muledane clinics and Thohoyandou health center.

For ethical clearance from my department, please see the attached letter.

Kind

Regards,


Mahwasane

ANNEXURE C: Approach letter for informants

UNISA |

University of South Africa
Department of African languages
P.O Box 392
UNISA
0003



Letter from the
researcher

To:.....
.....

I, Mutshinyani Mercy Mahwasane student from University of South Africa registered
Doctoral degree in the Department of African Languages. My research
topic is **'LANGUAGE FLUX: THE DECLINE IN THE USE OF TABOOS
REGARDING PREGNANCY AND BIRTH AMONG VHAVENḌA FROM A
CRITICAL LANGUAGE PERSPECTIVE'**.

This study was prompted by the decline of language associated with pregnancy
and childbirth among Vhavenda. It will explore what a pregnant woman is supposed
to observe or not do as well as what is done for a newborn and what is supposed
to be followed. The different stages of when a woman is pregnant until she gives
birth as well as when her newborn is looked after will be closely examined in
this study. The language used in these scenarios will be looked at until the ceremony

of the newborn is performed and it is allowed to be taken outside the house or be seen by the people (*U bviswa ha riwana*).

This study will also explore the taboos relating to a child and a pregnant woman, immunisation of the newborn by older women or a traditional herbalist and the procedures thereof, how a pregnant woman is supposed to look after herself, the food she is supposed to eat and not to eat. It will further investigate the area of when a woman becomes a new mother and the food she and the child are supposed to eat as well as the illnesses that can affect the mother and the child if the Tshiven9a cultural procedures are not followed.

Participating in this research is voluntary. You are free to answer all questions or not to answer all questions if it is intimidate you. You are allowed to add information or ideas in the questions. You are free to ask question(s) to the researcher or assistants.

Your details (names, age, education and location), responses and outputs will be highly confidential, {they will not appear anywhere). I will appreciate your presence.

Yours faithfully

MM Mahwasane

Email: 55500102@mylife.unisa.ac.za

ANNEXURE D: Consent form

INDIVIDUAL INFORMED CONSENT LETTER TO PARTICIPATE IN THE STUDY

INDIVIDUAL INFORMED CONSENT FORM

Greetings

.

My name is Mahwasane Mutshinyani Mercy, I am presently conducting a research with the title: **Language flux: The decline in the use taboos R pregnancy and birth among Vhavenda from a Critical Language Awareness perspective.**

This study will look at nowadays and olden days language use and taboos during pregnancy and birth. The good things when you follow the taboos and the bad things when you are not follow the taboos. This study will be conducted Vhembe district, Limpopo province.

The aim of this study is to investigate how language was lost in relation to pregnant women as well as the meant to be followed when a woman is pregnant until childbirth including newborn.

You have been chosen to participate in the study because you might be have knowledge about the taboos during pregnancy and birth also you have knowledge about the language of an infant and the ceremonies prepare to an infant (including naming and fortifying).

The results of this study will be used for scientific purposes to bring knowledge to the nowadays generations about the language of an infant and also the taboos

during pregnancy and birth. The research will be done used for a doctoral study. I agree to this, provided my privacy is guaranteed.

I want to assure you that all of your answers will be kept strictly confidential. I will not keep a record of your name. You have the right to stop the interview at any time, or to skip any questions that you do not want to answer and you will not be penalised for that.

There are no right or wrong answers. Some of the questions may be a little bit sensitive to discuss, but you may find out that it will be useful to have the opportunity to talk about it.

Your participation is completely voluntary but your experiences could be very helpful to other young and old women in the community; nurse and doctor in the medical areas regarding language of an infant and taboo during pregnancy and birth.

Do you have questions before we can start asking questions?

The interview* will take approximately 40 minutes to complete). Do you agree to take part?

I have not been pressurised to participate in any way and I hereby give consent to participate in this study.

.....
.....
.....
Signature of the respondent Date

Statement by the Researcher

I provided verbal and/or written* information regarding this study to the participant.

I agree to answer any future questions concerning the study as best as I am able.

I will adhere to the approved protocol.

Mahwasane Mutshinyani Mercy

.....

Researcher name

.....

Signature

.....

Date

ANNEXURE E: Language editing certificate

7542 Galangal Street

Lotus Gardens

Pretoria

0008

24 January 2020

TO WHOM IT MAY CONCERN

This certificate serves to confirm that I have edited and proofread M Mahwasane's thesis entitled, **LANGUAGE FLUX: THE DECLINE IN THE USE OF TABOOS REGARDING PREGNANCY AND BIRTH AMONG VHAVENDA FROM A CRITICAL LANGUAGE AWARENESS PERSPECTIVE**

I found the work easy and intriguing to read. Much of my editing basically dealt with obstructionist technical aspects of language, which could have otherwise compromised smooth reading as well as the sense of the information being conveyed. I hope that the work will be found to be of an acceptable standard. I am a member of Professional Editors' Guild.

Hereunder are my particulars:



Jack Chokwe (Mr)

Contact numbers: 072 214 5489

jackchokwe@gmail.com

Professional
EDITORS 
Guild



ANNEXURE F (i): Luñwalwo lwa ndivhuwo kha vho dzhenelelaho

Kha _____

Ndi tama u fhirisa dzindivhuwo dzanga kha tshi tshavha, misanda, dzikiḽiniki na zwibadela vho zwi konaho u dzhenelela kha tḽoḽisiso ye nda vha ndi tshi khou i tḽoḽisisa. Mafhungo vhe vha kona u a ḽekedza a ḽo shuma u tandulula na u tsireledza luambo lwa vhuimana ho sedzwa kha riḽe Vhavenda.

Ndi khou livhuwa tshifhinga na tshumisano yavho.

Wavho

MM Mahwasane

ANNEXURE F (ii) Luñwalwo lwa u livhuwa kha vho kundelwaho

Kha _____

Ndi tama u livhuwa kha vhe vha vho zwi funa u dzhenelela kha ṭhoḏisiso iyi, nga mulandu wa zwi kundusi zwo fhambanaho vha kundelwa u dzhenelela. Vhanwe vhavho vho kundelwa u vhuisa mbudzisavhathu ngeno vhanwe vho kundelwa u fhindula zwe zwa vhudziswa.

Ndi khou livhuwa

Wavho

MM Mahwasane

ANNEXURE F (iii): Interview questions/ *mbudziso dza interview*

The researcher is Mutshinyani Mercy Mahwasane from University of south Africa in the Department of African Languages. The promoter is Prof TM Sengani and co-promoter is Dr KY Ladzani. *Muṭodisisi ndi Mutshinyani Mercy Mahwasane, u bva Yunivesithi ya Afrika Tshipembe fhasi ha muhasho wa Nyamba dza Afrika. Vhagudisi ndi Prof, TM. Sengani na Dr, KY Ladzani.*

Place/*Fhethu*.....

Date/*Datumu*.....

Please answer the following questions to the best of your ability

Ri vha humbela uri vha fhindule mbudziso dzi tevhelaho nga vhuronwane na vhuḍiimiseli.

1. Ethnic group/race/ *Tshigwada tshine vha wela khatsho*

Black

White

Coloured

2. Are male or female?/ *Vha mbeu ya tshinnani kana tshisadzini*

Male/*Tshinna*

Female/*Tshisadzi*

3. What is your age group? *Vha kha thangana i fhio?*

20-34.....35-40.....41-50.....51-60.....61-70.....71-80....81-and above

4. What is your highest education qualification? *Ndi murele u fhio we vha phasesa?*

Master's Degree

Honors Degree

Junior Degree/ Diploma

Grade 12

5. What language does the infant use in her mother's womb? OR Which language is used by unborn baby? *Ndi lufhio luambo lune n'wana a lu shumisa musi a sa athu u da shangoni?*

6. Is this language still used these days or nowadays? *Ulwo luambo lu kha di tevhedzwa naa ano maḍuvha?*

7. Does a pregnant woman understand the child's language? *Muimana wa ano maḍuvha u a pfa luambo lwa n'wana naa?*

8. Why is the pregnant woman unable to understand the infant's language before birth? *Ndi mini tshine tsha itisa uri muimana a sa pfe luambo lwa n'wana wawe musi a sa athu u bebiwa?*

9. How did the previous generation understand the language of the infant whilst in her mother's womb? *Hone musala uḷa luambo lwa n'wana musi a sa athu u bebiwa vho vha vha tshi lu pfa hani?*

10. How do you view today's language in relation to the pregnant woman?

Vha vhona hani luambo lwa ano maḁuvha ro zwi livhisa kha muimana?

11. Why does the language of the infant in its mother's womb disappear?

Ndi nga mini luambo lwa musu muthu o ḁi hwala lu tshi khou ngala ngala?

Why pregnant languages disappear?

12. What are the differences of pregnancy nowadays and past generations?

How does today's pregnancy differ from the older generations?

Vhuimana ha ano maḁuvha ho fhambana hani na ha musala uḁa?

13. Are pregnancy taboos still followed among the Vhavenda and why?

Zwiilaila zwa vhuimama kha Vhavenda zwi kha di tevhezwa naa? Ndi ngani

vha tshi ralo?

14. What are the main aims of pregnancy taboos among the Vhavenda?

Zwiilaila zwa muimana vuhulu hazwo ndi mini kha Vhavenda? Kana zwiilaila

zwa muimana zwi vha zwi tshi khou shuma mini kha Vhavenda?

15. What happens if pregnancy taboos are not followed or respected? Arali vhuila-ila ha muimana hu sa tevhezwa hu bvelela mini?

16. What are the consequences? If a pregnant woman does not taboo herself? Arali muimana a sa diileli zwi na masiandoitwa-de?

17. What can help if the pregnant woman tabooed? What are the advantages adhering to taboos of? Zwi thusa mini musi muimana o diilela?

18. Why is an infant tabooed among the Vhavenda? Ndi nga mini lutshetshe lu tshi ila?

19. What language do you communicate with a pregnant mother who is a Muvenda? Explain why? Musi muimana wa Muvenda o da u tolwa /kaliwa vha amba nae nga luambo lufhio? Kha vha talutshedze.

20. Which words and of which language associated with pregnancy do you use in communicating with a pregnant mother who has come for check-up? Give reason for your answer. Vha shumisa maipfi afhio, nahone a

luambo lufhio ane a tshimbilelana na u ḍihwala vha tshi amba na muimana o ḍaho u ṭolwa?

21. Which words (and of which language) associated with giving birth of which language do you use when communicating with the mother? Why do you use them? *Maipfi ane a tshimbilelana na u beba/ u vhofholowa ane vha a shumisa vha tshi amba na mudzadze ndi afhio nahone a luambo-ḍe. Ndi ngani vha tshi shumisa ayo maipfi.*

22. Which language and words associated with the new born do you use when advising the mother. Why do you use them? *Vha shumisa maipfi afhio a luambo lufhio kha zwi kwamaho lutshetshe na mme a n̄wana. Ndi nga ni zwo ralo?*

ANNEXURE F (iv): Interview questions/ Mbudziso dza inthaviwi

In this interview, the researcher will investigate the old and the new words that are popular nowadays. The participants are allowed to give or to add where the researcher not touch. *Kha mbudziso dzi tevhelaho ndi hune muṭodisisi a ḡo kona u wana maipfi e a vha a tshi shumiswa na ane a khou shumiswa zwino. Muvhudziswa kana mufhinduli o tendelwa u engedza hune a pfa ho siedzwa.*

- 1. What do we say has happened to a woman who will have a child in Tshivenda? Give five or more words and support your understanding.** *Arali mufumakadzi a tshi ḡo vha na ṛwana hu pfi o ita mini nga Tshivenda? Kha vha ṛnee maipfi ane a nga swika maṭanu kana u fhira. Kha ḡiṛwe na ḡiṛwe vha ṭalutshedze vhupfiwa havho.*

- 2. What do you call a woman who has given birth in Tshivenda? Arali muthu a na ṛwana muṭuku u vhidziwa u pfi mini?**

- 3. There is a tendency to borrow words associated with birth from other languages. Mention them and give your viewpoint in full.** *Ho no vha na dzema kha Vhavana ḡa uri arali mufumakadzi a tshi khou ya u wana ṛwana hu shumiswa maipfi mapambwa. Ndi afhio? Kha vha ṭalutshedze vhupfiwa havho vho ḡisendeka ng ayo maipfi.*

4. **What do we call food is eaten by the mother who had given birth in Tshivenda?** *Zwiliwa zwine zwa liwa nga mudzadze zwi pfi mini nga Tshivenda? Kha vha nee madzina azwo vha talutshedze zwine a amba.*

5. **What do we call a new born baby in Tshivenda?** *Nwana mutukutuku ane a kha di bva u bebiwa u vhidzwa u pfi mini nga Tshivenda?*

6. **Mention types of food that is given to a new born baby in Tshivenda. Explain each in full.** *Kha vha bule tshaka dza zwiliwa zwine zwa newa nwana ane a kha di bva u bebiwa nga Tshivenda. Vha inge nga u talutshedza lushaka luwe na luwe.*

7. **What do we call feeding a new born baby in Tshivenda. Give a number of words, your view and their functions?** *U lisa nwana ri ri ndi u itani nga Tshivenda? Kha vha nee maipfi o vhalahvha talutshedze kushumisele kwao na vhuifiwa havho.*

8. **(In Tshivenda what is supposed to be performed before a new born baby is still restricted inside the house. Is this practice still in-force**

today? Nwana a sa athu u bva nduni nga Tshivenda hu pfi u tea u thoma a itiwa mini? Zwi itelwa mini? Hone kha la namusi zwi kha di itiwa?

9. What do we call the person who performs rituals before the new born baby is seen by the public in Tshivenda? Do we still have people like these today? What are the importance of performing these rituals? Support your view? Muthu ane a farafara nwana a sa a thu u bva nduni u vhodzwa u pfi nnyi nga Tshivenda? Vhanevha vhathu vha tshe hone? Hone vhuhulu hazwo ndi hufhio? Kha vha tikedze phindulo yavho.

10. What do the elderly say when the new born baby cries endlessly, and what do they do? Nwana arali a dzulela u lila a tshe lutshetshe vhakegulu vhari u khou ita mini? Nahone hu itiwa mini nga Tshivenda?

11. What do we call a process were babies follow each other. Give a number of terms and explain in full. Arali vhana vha tevhekana, uyu o tevhelwaho hu pfi o itwa mini nga Tshivenda. Kha vha nee maipfi ayo vha a talutshedze.

12. Lets hear other things. *Kha ri pfe zwiñwe.*

ANNEXURE G (i) Answers/ Phindulo

ANSWERS FROM ROYAL RESIDENCE

The researcher is Mutshinyani Mercy Mahwasane, from the University of South Africa in the Department of African Languages.

Supervisor: Prof, TM. Sengani

Co-Supervisor: Dr, KY Ladzani.

Place/Fhethu.....

Date/Datumu.....

Please answer the following questions to the best of your ability *Ri vha humbela uri vha fhindule mbudziso dzi tevhelaho nga vhuronwane na vhuḏiimiseli.*

1. Ethnic group/race/ Tshigwada tshine vha wela khatsho

Black

White

Coloured

2. Are male or female?/ Vha mbeu ya tshinnani kana tshisadzini

Male/Tshinna

Female/Tshisadzi

3. What is your age group? Vha kha thangana ifhio?

20-34.....35-40.....41-50.....51-60.....61-70.....71-80....81-and above

4. What is your highest education qualification? Ndi murole ufhio we vha phasesa?

Master's Degree

Honors Degree

Junior Degree/ Diploma

Grade 12

**5. What language does the unborn baby use in her mother's womb? OR
Which language used by unborn baby? Ndi lufhio luambo lune n'wana a
lu shumisa musi a sa athu u da shangoni?**

Ba hhh hei ndi luambo lwa u raha-raha. Lune kha lwonolwo luambo ndi hune a vha
a

tshi khou dweledza luambo lwa mme. Ndi henefha hune arali a mme kana mutani
hu tshi ambiwa nga u semana n'wana na ene musi a tshi tou bebiwa luambo lwe a
lu guda luvha lu tshi thoma u di sumbedza.

Bb ndi lufhio luambo, ndi u tamba-tamba ha n'wana a tshe muvhilini wa mme awe

Bc Musi muimana a tshi vhidzelela n'wana u a mupfa, a raha-raha. Musi wo kwata
na

ene u a kwata ha dzinginyei. Ndi nefha hune u a thoma u dweledza luambo lwa
mme awe. Hezwi zwa u raha-raha zwi thoma kha miñwedzi miña. N'wana u
pfala tshothe uri ndi n'wana kha n'wedzi wa vhuṭanu na vhuthihi.

**6. Is this language still used these days or nowadays? Ulwo luambo lu kha
di tevhedzwa naa ano maḍuvha?**

Ba Ee, arali a tshi dzula na vhahulwane vha a muvhudzisa uri n'wana u a tamba na.
vhana ndi nga zwo vha tshi ri u thanya vha amba vha tshi shumisa luambo lwa mme.

Bb Ku bveledza uri n'wana u na mutakalo wavhuḍi muvhilini wa mme awe.

Bc Ee, lu divha hone, a thi ri n'wana u tea u thoma u pfa ipfi la mme awe , musi a sa
athu u talukanya a vhanwe vhathu. Luambo lwa n'wana lu kha divha hone hu u
bveledzela mutakalo kha n'wana. N'wana u a divha ipfi la mme awe u fhira a vhathu
vhanwe. He zwi zwi thusa uri a tshi da shangoni u vha a tshi divha uri havha ndi
mme.

**7. Does a pregnant woman understand the unborn baby 's language?
Muimana wa ano maḍuvha u a pfa luambo lwa n'wana naa?**

Ba Nga mulalo u tea u zwi pfa nga uri a sa zwi pfa zwiamba uri űwana ha tsha tshila. űwana u tea u lu pfa sa izwi űwana a tshi ɔ tea uri a ambe a tshi thanya.

Bb Zwi tou vha khagala u tea u lu pfa musi űwana a khou tamba-tamba e muvhilini wawe. Arali a sa mupfa u tea u vhoneana na madokotela.

Bc Ee; ri a pfana nga uri ndo takala na ene u a takala a pfunya pfunya.

8. Why is the pregnant woman unable to understand the unborn baby's language before birth? *Ndi mini tshine tsha itisa uri muimana a sa pfe luambo lwa űwana wawe musi a sa athu u bebiwa?*

Ba hai izwo zwa bvelela zwi amba uri muimana uyu ha londi kana ha dzhieli nzhele zwi pfi zwa we, uri muvhilini wanga hu khou bvelela min. fhedzi zwi nga bvelela arali a sa londi kana u sa pfi vhahulwane vha tshi u laya.

Bb Eeh zwine zwa nga itisa uri muimana a sa pfe luambo lwa wana ndi musi űwana a si na mutakalo wa vhuɗi muvhilini wa mme awe űwana ha tamba.

Bc kha fhungo ilo ndi nga si ri űwana u amba u tou shumisa dzi saine dza u raha-raha,
ya vha yone tsumbo ya uri u khou tshila nahone o takala.

9. How did the previous generation understand the language of the unborn baby whilst in her mother's womb? *Hone musala uja luambo lwa űwana musi a sa athu u bebiwa vho vha vha tshi lu pfa hani?*

Ba Arali a vhuya ari o pfukwa vhahulwane vha a thoma u mu vhudza uri a so ngo edela

nga thumbu uri a kone u pfa űwana a tshi tamba kana u tsukunyea. Mme u a kona u zwi pfa uri űwana u khou tamba. Honeha musi zwi tshi kha ɔvha minwedzi miraru miṅa u tou vha na muhumbulo uri huna tshithu wa usa tou pfa tshoṅhe uri hu khou bvelela mini. Ri tshi yak ha minwedzi miṅanu u yak ha wa rathi mme u a kona u zwi pfa uri huna tshithu khae nga u pfa u vhevheledzha.

Bb A huna inwe ndila, ndila ndi nthihi ya n'wana zwe zwi a tshi khou tsukunyea u vha a tshi khou amba kana a vha a tshi tou raha – raha afha u vha onovha muthu ane a da shangoni u a tshila.

Bc Ndi yenei ndila ya u raha-raha.

10. How do you view today's language in relation to the pregnant woman? Vha vhona hani luambo lwa ano maduvha ro zwi livhisa kha muimana?

Ba kha hezwo, ndi vhona hu na thahalelo ya u funza vhaimana nga ha vhuimana. Arali u tshi toda u pfa n'wana zwavhudi u tsukunyea hawe u tea u di fha tshifhinga wa dzula fhasi wo fholisa muya wau u do zwi pfa na iwe mme uri n'wana u khou tamba tamba zwavhudi. Arali vhaimana vha nga funziwa vha thetshesha nga ha vhuimane zwithu zwi a vhuielela ngonani

Bb Eeh ndi lwonolwu na kha la namusi lwa u tamba tamba e tivhani.

Bc he zwithu a zwi fhamabani. N'wana wa zwino u tamba thumbuni ya mme awe a pfala uri u khou tamba na zwa kalw ndi zwezwo.

11. Why does the language of the unborn baby in its mother's womb disappear? Ndi nga mini luambo lwa musu muthu o di hwala lu tshi khou ngala ngala? Why pregnant languages disappear?

Ba Hh, honeha ndi nga ri lu khou ngala ngala nga uri vhahulwane vha khou ndondomedzwa, nga uri hono dalesa tshikhuwa, zwa ita uri vha fhumule vha si tsha amba tshithu, vha amba uri vha do di vhonelela. Vhana vha khou vha vhaimana vha vhatuku and a hu tshena ndayo. Ano maduvha a hu tshena ndayo (madomba na dzikhombazwo ngala ngala he vhasidzana vho vha tshi wana hon endayo). Kale madombani na dzikhombani vho vha vha tshi di vhudzwa uri vha tea u ita mini musu vho no vha musadzi, ha swikiwa na musu ono vha muimana. Kale ho vha huna vhasidzana-si, vho vha vha tshi ya dzindayoni idzo vhe na minwaha ya u thoma henefha kha 15 na 16 nga uri hovha hu tshi vha hu hone hu tshi pfi ndi khomba

(Vhasidzana vha khou thomaho u vhona maḍuvha avho a ṅwedzi) . Musi musidzana a tshi ri minwaha ya 21-25 hovha hu tshivha hu hone vha tshi khou ya dombani zwine zwa amba uri ho vha hu sina musidzana ano ḍihwala e fhasi ha minwaha ya 21, and u vha o laiwa nga ha vhuimana henengei dzingomani.

Bb ri nga si ri lu khou ngala ngala, sa izwi hu na vha tsivhudzi vhane vha vha vha mutakalo. Naho zwi sa tsha tevhedzwa nga heyo ṅḍila.

Bc luambo lwone a lu ngali ngali sa izwi vhuimana vhu so ngo shanduka. Hu tou vha vhaimana vha zwino a vha ṭhogomeli zwithu

12. What are the differences of pregnancy nowadays and past generations? How does today's pregnancy differ from the older generations? Vhuimana ha ano maḍuvha ho fhambana hani na ha musala uḷa?

Ba Kuambarele kwa kale muimana o vha a tshi vhudziwa uri a fuke uri a songo dzhenwa nga phepho, fhedzi vha zwino a vha fuki.

Vhuḍifari - kale vho vha vha tshi kaleliwa zwiliwa, minwedzi ya uya ṅḍuni tshihulwane hu u itelwa uri ngoma ya ṅwana i songo kwamea, mara vha zwino vha ya ṅḍuni waya waya. ṅwana wa hone u bebiwa ana ngoma khulwane.

Maambele – wo vha u tshi vhudziwa uri u songo amba sa mupengo na ṅwana u ḍo edza zwezwo. U tshi vhudziwa uri u tea u vha na vhulenda. Ndi uri wo vha u tshi vhudziwa uri zwine wa ita zwoṭhe zwi dweledzwa nga ṅwana. Zwino wo vha u tshi edzisa nga nungo dzoṭhe uri u songo vha wa bva ṅḍa ha ṅḍila.

Bb Kuambarele kwa ano maḍuvha kwa vhaimana vha ambara zwiambaro zwi vha manyaho muvhilini u fana na marukhu, vha kale vhaimana vho vha vha tshi ambara zwiambaro zwo vuleaho, zwi sa pati, nga maanḍa vho vha vha tshi kanyela minwenda.

Vhuḍifari - vhaimana vha ano maḍuvha a vha ḍi fari zwavhuḍi, vhanwa mahalwa, vhala mavu, vha shumisa zwidzidzivhadzi vha ṭwa vha dzigigini vha tshi ya zoo fhethu hune a vha tendelwi uya.

Kuambele kwa vhaimana vha ano maḁuvha a vha tḁhonifhi vhathu vhahulwane, vha a semana na u bvonyola vha tshi ri vha vhaimana vha khou tshitshitwa nga vhuimana.

Bc Kuambarele, vhaimana vha zwino vha ambra marukhu, vhaimana vha kale vho vha vha tshi ambara minwenda na rokho dza hone dzo vuleaho dzine a dzi vhonadzi thumbu.

Vhufifari - vhaimana vhakale vho vha vha sa ambari marukhu vha tshi nwa mabundu. Vhaimana vha ano maḁuvha vha a nwa mahalwa.

Kuambele, ano maḁuvha vhaimana vha a bvonyola nga khole uri hu pfi ndi vhaimana, vha a so kou ḁalaḁala.

13. Is taboos pregnancy still followed among Vhavenda and why?

Zwiilaila zwa vhuimama kha Vhavenda zwi kha di tevhedzwa naa? Ndi ngani vha tshi ralo?

Ba Ano maduvha zwiilaila zwinwe zwi kha ḁi tevhedzwa, zwinwe a zwi tsha tevhedzwa, nga uri arali a tshi khou fhelekedza muthu hu tea u thoma u takuwa ene ha.fhelekedzi muthu, muimana ha huma ḁdilani nga uri zwi ita uri aye sibadela a tshi huma. Muimana ha ḁi tshinwe na tshinwe nga uri ḁwana u ḁo hulesa zwa ita uri a bebe nga muaro. Kana zwezwi a tshi sokou ḁa zwoḁhe zwoḁhe a ḁa zwi sa ḁiwi..

Bb Zwiilaila zwa vhuimana a zwi tsha tevhedzwa, vhaimana a vho ngo tea u ḁa mavu, vha ano maḁuvha vhaimana vha a ḁa mavu. Vh a do kondelwa musi vha tshi ya bungani hu shavhiwa uri a tshi khou phusha u ḁo phusha na ḁwana. Vhaimana a vha ngo tea u ḁa zwithu zwa mapfura na zwithu zwi rotholaho sa dzi (ice block) magwada a maḁi. Muimana ha ngo tea u kwata kwata kana u sinyuwa, muimana u tea u dzula o takala tshifhinga tshoḁhe. Muimana ha tei u dzula o lala. Ha tei u fara mishumo ino lemela. Vhaimana vha zwino vha dzula vho lala na u vuwa a vha tḁavhanyi, vha vuwa vho lala tshifhinga tshi tshi swika u do vha o edela ngauri u dzula o lala

Bc Muimana ha ḁi muladza. U vuwa nga matsheloni, matsheloni a so kou ima nḁa

uri ḍuvha li tshi ṭavha avhe e n̄nda. Ha eḍeli nga masiari a tshi ya u beba n̄wana na ene u ḍo eḍela.

Hai, vhaimana vha zwino a vha tsha tevhedza zwiilaila zwa vhuimana na luthihi ndi nga zwo mpfu dza zwitshetshe dzo ḍala and dzi ḍo ḍala u swikela

Musi muimana o la muladza a tshi vhofoholowa mme vha thoma nga u kaka n̄wana a kona u ḍa. Musi muimana a tshi eḍela masiari zwi ita uri n̄wana a tshi ḍa a eḍele e n̄dilani tshinwe tshifhinga a kundelwe u lila a tshi tou bva nga uri u vha o eḍela, zwi nga dovha hafhu zwa nga ita uri a kundelwe u kokodza muya wa n̄nda. ha vha uri o eḍela tshoṭhe.

14. What are the main aims of pregnancy taboos among Vhavenda?

Zwiilaila zwa muimana vuhulu hazwo ndi mini kha Vhavenda? Kana zwiilaila zwa muimana zwi vha zwi tshi khou shuma mini kha Vhavenda?

Ba Muimana o vha a tshi beba zwavhuḍi. Ngoma ya n̄wana i vha i ṭhukhu i so ngo hulesa. N̄wana u bebwa e si na mavhala.

Bb Nwana na mme vha vha na mutakalo wavhuḍi musi muimana o tevhedza zwiila.

Bc Muimana a tshi vhofoholowa u vhofoholowa zwavhuḍi.

15. What's happen if pregnancy taboos are not followed or respected?

Arali vhuila-ila ha muimana hu sa tevhedzwa hu bvelela mini?

Ba Ḍuvha line a beba u vha na phepho nga uri u vha a songo fukedza vhuimana hawe, u vha o la zwithu zwa u rothola. Ngoma ya n̄wana i a hulesa. Mme u a beba n̄wana a si na mutakalo wa vhuḍi.

Bb Zwi ita uri arali muimana a dzulelela u kwatakwata havhi na mutakalo wavhuḍi.

Bc Hei, ndi uri zwiilaila wa tshi ri u songo zwi tevhedza u tou ḍivhonadza kha lushaka nga uri u ḍo vha na n̄wana a sa tamisi nahone ane ha n̄wana u so kou hwahwamala sa mukegulu. Muimana we a tevhedza zwiilaila n̄wana wawe u a tamisa u tou wana a tshi tou penya lukanda lu la lutshetshe.

16. What are the consequences? If a pregnant woman does not taboo herself?. Arali muimana a sa diileli zwi na masiandoitwa-de?

Ba `Zwi na masiandoitwa nga uri arali ha pfi a ndi fuke ndi si fuke ndi tshi beba ndi do tetemela, Nda nwa halwa ndi do beba nwana o kambiwaho, Arali nda sa ila ndi do vusa khakhathi kha vha no do bebisa, muimana a tshi edela kana u dala fhaḷa na fhaḷa zwi do ita uri nwana ane a do mubeba nwana onetaho.

Bb Nwana u delwa nga mutsiko wa malofha musi mme awe a tshidzulela u vha vho kwata tshifhinga tshoṭhe.

Bc Masiandoitwa ndi a u beba nga muaro', ndi u vha na nwana ane ha tamisi, nwana wa hone u skou farwa nga zwidwadze dwadze

17. What can help if the pregnant woman tabooed? What are the advantages adhering to taboos of ? Zwi thusa mini musi muimana o diilela?

Ba U beba nwana wau zwavhuḍi ane a vha na tshiinga (nwana ane avha na tshikalo) , zwi dovha zwa ita uri a bebee, nwana ane a vha na ngoma ya vhuḍi ino ilafhea. Zwi dovha zwa ita uri mme asi vhe na khumela.

Bb Nwana na mme awe vha dzula vha na mutakalo wa vhuḍi arali vho tevhedza zwiilaila.

Bc Muimana a tshi vhofoholowa u fhofoholowa zwavhuḍi.

18. Why is an infant tabooed among Vhavenda? Ndi nga mini lutshetshe lu tshi ila?

Ba Lwo tea u ila uri lu so ngo so kou kumba mimuya mivhi, lu tea u dovha lwa ila nga uri arali lwa so kou takuliwa nga muthu a khou bvaho nduni tshihulwane zwi ita uri tshikombo tsha nwana tshi si fhole. Lu vha lu khou tsireledziwa uri a so ngo kandedziwa nga mirunzi ya vho no thusiwaho.

Bb Arali mufumakadzi a tshi dzhena hu re na lutshetshe e maḍuvhani awe nwana u a fhisa muvhili woṭhe a tou vha mulwadze vhukuma. Na musi mufumakadzi o dzhena

nduni tshihulwane kana u edela na munna wawe tshihulwane nazwo zwi nzwerisa n̄wana. Nga uri n̄wana u khou mama mashika a khotsi na mme.

Bc Musi muthu a tshi bva magondoni a dzhenela n̄wana u sala a tshi fhisa muvhili ha vha u thomiwa nga vhulwadze. Arali muthu a dzhenela n̄wana a tshi bva dzi mpfuni u sala a tshi lwala. Hezwo zwi alafhiwa nga uri ane a khou bva lufuni u tea u dzhia makaka a khuhu a fhisedzela zwan̄da. Mufumakadzi a dzhenela n̄wana a maḡuvhani awe a nwedzi u a ita uri n̄wana avhe na mufhiso. Mufumakadi a dzhena nduni na munna wawe ha ngo tea u takula n̄wana, u a fhisa n̄wana a lwala. Khotsi a n̄wana a vho ngo tendelwa u dzhenela n̄wana nga uri vha vha vho pfuka magondo manzhi, kana vha tshi bva vhasadzini, hezwi na zwone zwi lwadza n̄wana.

19. What language do you communicate with a pregnant mother who is a Muvenda? Explain why? Musi muimana wa Muvenda o ḡa u ḡolwa /kaliwa vha amba nae nga luambo lufhio? Kha vha ḡalutshedze.

Ba Nga luambo lwavhuḡi nga uri u vhidzwa u pfi muthu wa thovhela zwine zwa amba uri a ya thonifhiwa, hu u itela uri a songo luza n̄wana.

Bb Hu shumiswa luambo lwo dzumbamaho u shavhisa vhana heneffho muḡani. U amba u tshi tou shumisa mavhuvhisi uri thangana ḡhukhu I so ngo zwi pfa.

Bc no answer

20. Which words and of which language associated with pregnancy do you use in communicating with a pregnant mother who has come for check-up? Give reason for your answer. Vha shumisa maipfi afhio, nahone a luambo lufhio ane a tshimbilelana na u ḡihwala vha tshi amba na muimana o ḡaho u ḡolwa? Ndi ngani zwo ralo?

Ba Ri amba nae nga nḡila yavhuḡi ya Tshivenda uri fukani, iḡani, tshinwe tshifhinga u a muruma nga khole u tshi mu ita tshid̄ahela hu u itela uri a songo so kou dzula hune zwa ḡo ita uri a edele. U ambiwa nae nga luambo lwa u luvheledza hu u itela

u mukaidza uri a songo ita zwi sa itwi. Na u vhudzisa uri ñwana u khou tamba na, kana a i khou luma na.

Bb na Bc no answer

21. Which words and of which language associated with giving birth of which language do you use when communicating with the mother?

Why do you use them? *Maipfi ane a tshimbilelana na u beba/ u vhofholowa ane vha a shumisa vha tshi amba na mudzadze ndi afhio nahone a luambo-ḡe. Ndi ngani vha tshi shumisa ayo maipfi.*

Ba I khou luma naa (u pfa vhuḡungu). Tshiḡanga tsho no kwashea na.

22. Which words of which language associated with the new born do you use when advising the mother. Why do you use them? *Vha shumisa maipfi afhio a luambo lufhio kha zwi kwamaho lutshetshe na mme a ñwana.*

Ndi nga ni zwo ralo?

Ba Huna tshifhinga tshine vha vhudza muimana uri a songo tshinya ñwana (A songo ya ḡuni tshihulwane na munna wawe) hu a vhudzisiwa mme uri maḡambo o fhela na, (vha tshi khou vhudzisa uri tshika a dzi tsha bva na). Vha dovha vha vhudzisa uri nḡdu yo no kunguluwa na uri arali yo no kunguluwa mme a kone u hamela ñwana. Kha ḡuvha ḡa u thoma mme na khotsi a ñwana vha tshi ḡangana vha dzhia tshika dza vho dza pangwiwa maḡini ha nwiswa ñwana. Ra dovha ra vhudzisa uri mme ono ita tshiunza na.

Bb na Bc no answer

ANSWERS FROM ROYAL RESIDENCE

In this interview, the researcher will find the old and the new words that are popular nowadays. The participants allow to give or to add where the researcher not touch.

1. **What do we say has happened to a woman who will have a child in Tshivenda? Give five or more words and support your understanding.**

Arali mufumakadzi a tshi do vha na nwana hu pfi o ita mini nga Tshivenda? Kha vha nee maipfi ane a nga swika maṭanu kana u fhira. Kha liḥwe na liḥwe vha ṭalutshedze vhupfiwa havho.

Ba O ḡi hwala- O hwala muthu khae.

Ndi mahosi. U a ṭhonifhiwa

Ndi muthu wa thovhela - ha semiwi u a ṭhonifhiwa

Ndi muimana - Tshi imo tshawe tsho no tshintsha

O gonya miri - Ha tshe ho kha tshivhumbeo tshine ra tshi ḡivha

O vundeḡa mulenzhe, Ha tsha so kou tshimbila tshimbila

O hulelwa

Bb O gonya miri, O pfukwa, O ḡi hwala. Ndi muimana, U na thumbu

Bc Muthu wa thovhela, nga uri o hwala zwithu zwavhuḡi zwi thonofheaho na nga mahosi

U na thumbu, Thumbu yawe i vha yo hula lwa kalulaho i sa ngi thumbu yo ḡaho vhuswa.

O gonya miri, O pfukwa, O ḡi hwala. Ndi muimana, U na thumbu

2. **What do you call a woman who has given birth in Tshivenda? Arali muthu a na nwana muṭuku u vhidziwa u pfi mini?**

Ba Ndi mudzadze

Bb Mudzadze.

Bc Ndi mudzadze

3. **There is a tendency to borrow words associated with birth from other languages. Mention them and give your view point in full. Ho no vha na dzema kha Vhavenda la uri arali mufumakadzi a tshi khou ya u wana nwana hu shumiswa maipfi mapambwa. Ndi afhio? Kha vha talutshedze vhupfiwa havho vho disendeka ng ayo maipfi.**

Ba U khou ya labour

U khou ya madigirini – musi wo lindela u ya u vhofholowa wo vha u tshiambara rokho dza green zwino zwo vha zwi tshi vhidzwa u pfi madigirini.

U khou tsa mirini. O ya tshihulwaneni

Bb O tsa mirini, vha vhona u nga u beba ndi u semena vha ri o tsa mirini sa izwi o vha o gonya miri, musi vha tshiralo vha vhona u nga vho vhuafhedza (u vhuvhisa)

Bc Diliva - u vhofholowa

U mema nga Tshiguvhu - u tsa mirini.

U vhelea nga Tshisuthu zwi tshi amba u vhofholowa.

4. **What do we call food is eaten by the mother who had given birth in Tshivenda? Zwi liwa zwine zwa liwa nga mudzadze zwi pfi mini nga Tshivenda? Kha vha nee madzina azwo vha talutshedze zwine a amba.**

Ba Mukapu nga uri dangani lawe a hu athu u dzudzanyea

Bb Mukusule wa munawa u na muthotho munzhi a u sura uri dangani la mudzadze li dzudzane zwavhudi. Vhuswa vhu no fhisa uri madamu a gauwe uri nwana a kono wana mikando.

Bc Muroho wa mukusule u na muthotho munzhi u a sura hu u itela u kandedza vhuṭungu ha tshikangala, ndi nowa i vha i khou toḁa nwana wayo. Vhuswa ha u fhisa vhu phuleithini vha vhu dzhia vha vhu vhea kha thumbu kana kanda ngayo vha tshi khou itela vhuṭungu ha tshikangala. Tie ya u fhisa u i ita uri a vhe na mikando minzhi ya u fusha nwana.

5. **Mention types of food that is given to a new born baby in Tshivenda. Explain each in full. Kha vha bule tshaka dza zwiliwa zwine zwa newa nwana ane a kha di bva u bebiwa nga Tshivenda. Vha inge nga u talutshedza lushaka luñwe na luñwe.**

Ba Khongoḍoli. Tshiunza

Ntsu- ndi madi ano nwiswa nwana.

Bb Nwana a tshe mutuku u vha a khou mama mikando ya mme awe fhedzi u swika a tshi thusiwa, musi o no thusiwa, .murahu ha nwedzi u do kona u rindelwa tshiunza ndi mukapu wo tanganyiswa na mishonga ya vho maine.

Bc Mikando, mafhi a bvaho kha mme awe.

Khongoḍoli, mukapu wo sheleswa madi

Tshiunza nga murahu ha musi o no thuswa

6. **What do we call feeding a new born baby in Tshivenda. Give a number of words, your view and their functions. U lisa nwana ri ri ndi u itani nga Tshivenda? Kha vha nee maipfi o vhalahvha talutshedze kushumisele kwao na vhupfiwa havho.**

Ba U nusa - ri thivha ningo ra shela mukapu kha tshamonde, tshanda tsha u la ndi tsha u lisa nwana nga munwe wa vhukati.

Bb U nusa - nwana u tou ganamiswa ha shelwa mukapu kha tshanda tsha monde tsha iswa mulomoni, tshanda tsha ula ndi tshone tshine tsha lisa.

Bc U nusa - Nwana u vha o ganamiswa ro vhea vhuswa kha tshanda tsha monde tsha u la ndi tsha u lisa, nwana uyu u vha a na minwedzi miḅa u ya nḅha.

U kapudza - nwana u vha ana minwedzi ya 9 u ya nḅha.

U thothedza - na ene u vha a na minwedzi ya 9 u ya nḅha.

7. **What do we call the person who performs rituals before the new born baby is seen by the public in Tshivenda? Do we still have people like**

these today? What are the importance of performing these rituals? Support your view. *Muthu ane a farafara n'wana a sa a thu u bva nduni u vhidzwa u pfi nnyi nga Tshivenda? Vhanevha vhathu vha tshe hone? Hone vhuhulu hazwo ndi hufhio? Kha vha tikedze phindulo yavho.*

Ba Maine wa vhana, Vha tshe hone

Bb Vhomaine

Ee, vha vha vha tshi khou tsireledza n'wana kha malwadze, mirunzi ya vhathu vhavhi.

Bc Vho maine; Ee, u tsireledza n'wana kha malwadze.

8. What do the elderly say when the new born baby cries endlessly, and what do they do? *N'wana arali a dzulela u lila a tshe lutshetshe vhakegulu vhari u khou ita mini? Nahone hu itiwa mini nga Tshivenda?*

Ba Hu pfi u khou lilela dzina, vhaya ha vhomaine vha tungudzela arali hu dzina vha mu ira jelo.

Bb U khou lilela dzina, u iswa ha vhomaine vha tungudzela uri vha wane dzina jine a khou lilela nga thangu. Musi vho no ji wana u a rinwa hejo dzina u a fhumula na zwezwo.

Bc U lilela dzina, Hu iwa ha vhomaine vha vhone vhane vha wisa thangu uri dzi ambe uri n'wana u lidzwa ngani, arali hu dzina u a riniwa jenejo dzina ambo di fhumula na zwenezwo. N'wana u a lila a tshi khou totwa, zwine zwa vha uri dangani jawe hu khou dzudzanyea.

9. What do we call the person who performs rituals before the new born baby is seen by the public in Tshivenda? Do we still have people like these today? What are the importance of performing these rituals? Support your view?. *Muthu ane a farafara n'wana a sa a thu u bva nduni u vhidzwa u pfi nnyi nga Tshivenda? Vhanevha vhathu vha tshe hone? Hone*

vhuhulu hazwo ndi hufhio? Kha vha tikedze phindulo yavho

Ba ndi maine nga uri kale ndi vhone vhane vha alafha lutshetshe

10. What do the elderly say when the new born baby cries endlessly, and what do they do? Nwana arali a dzulela u lila a tshe lutshetshe vhakegulu vhari u khou ita mini? Nahone hu itiwa mini nga Tshivenda?

Ba Hu pfi u khou lilela dzina, vhaya ha vhomaine vha tungudzela arali hu dzina vha mu ira jelo.

Bb U khou lilela dzina, u iswa ha vhomaine vha tungudzela uri vha wane dzina jine a khou lilela nga thangu. Musi vho no ji wana u a rinwa hejo dzina u a fhumula na zwezwo.

Bc U lilela dzina, Hu iwa ha vhomaine vha vhone vhane vha wisa thangu uri dzi ambe uri nwana u lidzwa ngani, arali hu dzina u a riniwa jenejo dzina ambo di fhumula na zwenezwo.

Nwana u a lila a tshi khou totwa, zwine zwa vha uri dangani jawe hu khou dzudzanyea.

11. What do we call a process were babies follow each other. Give a number of terms and explain in full. Arali vhana vha tevhekana, uyu o tevhelwaho hu pfi o itwa mini nga Tshivenda. Kha vha nee maipfi ayo vha a talutshedze.

Ba O lumulwa - Hoyu wa u thoma o lumulwa nga hoyu mutuku.

Kana a pfi zwimamavhege - ndi nwana we a mama tshifhinganyana ha mbo di imiwa nga munwe

Bb O lumulwa - ndi nwana a no tsvhanya u wana murathu wawe a tshe mutuku.

Bc O lumulwa - o beba hoyu munwe a tshe mutuku, vhanwe vha a vha tshi khou fhirana nga nwaha.

12. Kha ri pfe zwiñwe.

Ba Ri wana uri vhabebi vha khou khakhela vhana nga uri ri a wana tshi tshi shisha/runda vho edela. Hu dovha hafhu ha vha na zwine mudzadze a tea u ita kana u tea u vhofha hu u itela u dzudzanye thumbu, u tea u vhofha kha mukombo. Ndi hune wa do wana vhadzadze vha sa vhoneali uri o beba, u a vha o nakalela a sina mikhavha ine ano maduvha ya khou vhoneala. Huna zwine vho makhulu vha a isa lukwere ha vho makhulu u vhona mudzadze na n'wana. N'wana ha tea u bvela nnda na mavhudzi e a bebwa nao. N'wana u dovha a vha na ngozwi ndi musi mavhudzi awe a phanda na a tshitikoni a sa edani hu na mutalo wo monaho na thoho.

Vhanwe vhafhinduli vho do kona u nea phindulo nga ndila ine vha pfesesa ngayo. Muṭodisisi afha o nea vhafhinduli vhamanese. Phindulo dzi tevhelaho ndi dzine dza bva kha manese a zwibadela na dzikilini. Muṭodisisi o ira vhafhinduli u bva kha alifabethe u swikela henefho hune muṭodisisi a do guma hone.

ANSWERS FROM THE COMMUNITIES

The following answers were participants from the communities from different areas and different ages. The participants will answer in the best possible ways. The researcher has given the participants labels to protect their identities. *Phindulo dzi tevhelaho ndi dzine dza bva kha vhathu zwavho tshitshavhani vha vhupo ho fhambanaho vha mirele yo fhambanaho. Vhafhinduli vho do nea phindulo nga ndila ine vha pfesesa ngayo. Ho vha ho phadaladzwa mbudzisavhathudza dana kha vhupo ho fhambanaho kha tshitiriki tsha Vhembe. Ho do kona u vhuya mbudzisavhathu dza fumbili raru. Muṭodisisi afha o nea vhafhinduli madzina nga dzi alifabethe u shavha u shumisa madzina a vhukuma.*

Names/Madzina

Date/Datumu.....

Muṭodisi ndi Mutshinyani Mercy Mahwasane, u bva University of South Africa fhasi ha Muhasho wa Nyambo dza Vharema. Vhagudisi ndi Prof, T.M. Sengani na Dr, K.Y Ladzani.

Place/Fhethu.....

Date/Datumu.....

Please answer the following questions to the best of your ability

Ri vha humbela uri vha fhindle mbudziso dzi tevhelaho nga vhuronwane na vhuḡiimiseli.

1. Ethnic group/race/ Tshigwada tshine vha wela khatsho

Black

White

Coloured2

2. Are male or female?/ Vha mbeu ya tshinnani kana tshisadzini

Male/Tshinna

Female/Tshisadzi

3. What is your age group? Vha kha thangana i fhio?

20-34.....35-40.....41-50.....51-60.....61-70.....71-80....81-and above

4. What is your highest education qualification? Ndi murole u fhio we vha phasesa?

Master's Degree

Honors Degree

Junior Degree/ Diploma

Grade 12

5. What language does the infant use in her mother's womb? OR Which language used by unborn baby? Ndi lufhio luambo lune ṛwana a lu shumisa musi a sa athu u ḡa shangoni?

Aa Hmmm ṛṅe a thiathu u zwi pfa uri ṛwana u amba a sa athu u bebiwa.

Ab zwine nda vhona ndi uri u shumisa luambo lwa u raha-raha.

Ac khamusi hu ḡo vha hu zwa musi ṅwana tshi raha-raha.

Ad Nga u raha-raha ha ṅwana a tshe muvhilini wa mme awe

Ae luambo lwa ṅwana mme munwe na munwe u tea u pfa ṅwana wawe musi a tshi khou tamba-tamba nga ngomu thumbuni yawe.

Af Mme a ṅwana vha a pfa ṅwana a tshi khou tamba, vha ḡi dzulela vha navha milenzhe uri a tambe zwavhuḡi

Ag Hmmm ya u tou gananwa kana a tou raha-raha.

Ah Mme a ṅwana u tea u ḡi fha tshifhinga tsha u tamba na ṅwana wawe, uri a pfe ṅwana wawe a tshi khou tamba u tea u dzula zwavhuḡi o di geḡa uri ṅwana a tambe zwavhuḡi.

Ai a huna zwinwe ndi u tamba-tamba thumbuni ya mme, mme u tea u dzula fhasi a ḡi geḡa hu u itela uri ṅwana a tambe zwavhuḡi musi mme vho ḡi dzulela vha ḡi geḡa

Aj u shumisa luambo lwa u raha raha zwine mme u a pfa ṅwana wawe a tshi khou tamba a tshi tsidulula milenze uri a tambe zwavhuḡi.

Ak ṅwana u a pfala a tshi khou raha-raha ndi musi ono hula. Musi a saa thu u hula hu pfala u sokou ngau khou vhevheledzhiwa. A tshi raha-raha kana zwezwo a tshi khou tukunyea, mme a ṅwana u a kona-ha u mu fara. Havha hu hone hune vhushaka ha khou vhumbea hone kana izwi zwine zwa pfi hu khou vhumbea bondo

Al luambo lu hone lwa ṅwana a sa athu u bebiwa. Mme na ṅwana vha amba nga murahu ha musi mme vha tshi khou ḡa na ene u vha a khou ḡa. zwa vhuḡi vhuḡi zwine mme a ita na ṅwana u a ita-vho.

Am ndi musi ṅwana a tshi raha-raha thumbuni ya mme awe.

An ṅwana a tshi tamba na mme awe u tou raha-raha, Hezwo zwa u raha-raha zwi a

thoma musi a na miṅwedzi miṅa. Musi a na hei minwedzi (vha sumbedza mivhili) u ḡo pfa thumbuni hu tshi nga hu na tshithu tshine tsha khou vhelevhedzha.

Am Ndi musi a tshi raha-raha.

An Hezwi ṅwana a tshi khou raha-raha thumbuni ndi hone u amba, musi o takala u sumbedza u takala .nga u raha-raha. Na mutakalo wa mme u vha u vha u wa vhuḡi.

zwi khakhea musi mme a tshi vho kwata kana u sokou vha na zwiñala gudu na ñwana u mbo ði edza zwezwo.

Ao Ñwana a tshi raha-raha thumbuni ya mme awe u sumbedza uri o takala. Mme a ñwana a tshi fara u sumbedza u fhindula ñwana wawe.

6. Is this language still used these days or nowadays? Ulwo luambo lu kha ði tevhedzwa naa ano maðuvha?

Aa No answer

Ab Ee, ndi vhona lu tshi kha ði tevhedzwa. Yaa lu kha ði tevhedzwa, habe ndi zwine muimana a tea u zwi pfa uri ñwana u khou tshila na kana hai.

Ac Ee ku shumisele u ku kubvedza mutakalo wa ñwana, sa izwi arali u tshi pfa ñwana a khou raha-raha u ðo ðivha uri ñwana uyu u khou tshila. Musi una minwedzi mivhili u ðo pfa u nga u khou vhelevhedzhiwa nga ngomu thumbuni. Kha ñwedzi wa vhuraru u ya kha wa vhuña ndi hone u tshi ðo pfa hu na tshithu tshine tsha khou thukhunyea, Kha ñwedzi wa vhuñanu na muthihi ndi hone ñwana a tshi vha a khou thoma u raha-raha. Hezwi zwi amba uri kha hoyu ñwedzi u vha o no vha ñwana.

Ad lu kha ðitevhedzwa sa izwi lu tshi sumbedza mutakalo wavhuði kha ñwana na mme awe, nga uri mme a ñwana u ðo ðivha uri ñwananga u a tshila.

Ae lu kha ði tevhedzwa, sa izwi hu hone hune ha pfi muthu ndi muimana. U vha hawe muimana ndi uri uvha a tshi pfa tshithu thumbuni yawe ha vha hu lwone luambo lwawe na ñwana.

Af Lu kha ðitevhedzwa sa izwi lu tshi sumbedza u tshila ha ñwana, u tsini na u bebwa, o takala

Ag Ee, lu kha ðitevhedzwa ano maðuvha hu tou vha vhaimana a vha ði fhi tshifhinga tsha u thetshesela ñwana

Ah Vhaimana vha ano maðuvha a vha na tshifhinga tsha u thetshesela luambo lwa ñwana. Lwone lu kha ðivha hone, sa izwi vhuimana vhu sa shanduki.

Ai luambo lwa ñwana a sa athu ubebiwa lu kha ði vha hone. Musi ñwana a tshi tamba-tamba zwi sumbedza uri ñwana u na mutakalo, nahone u ðo bebwa e na

mutakalo wo fhelelaho. Na fhethu he a dzula hone o dzula zwavhuḁi.

Aj lu kha ḁitevhedzwa, mafhungo mahulwane ndi uri ndi nnyi ane a nga dzula fhasi a thethselesa ḁwana a tshi khou tamba tamba. Muimana wa ano maḁuvha tshifhinga tshi a mukondela.

Ak lu kha ḁi tevhedzwa sa izwi hu lwone lune lwa sumbedza uri ḁwana u khou tshila.

Al Ee, lu kha ḁi tevhedzwa sa izwi hu lwone lu no sumbedza uri ḁwana u khou tshila nahone o takala.

Am Ndi vhona u nga luambo a lu shanduki. Hu shanduka matshilelel a muimana na u ḁiḁhogomela ha muimana.

An Lwone luambo u nga si ri a lu tsheo kana wa ri lu hone. Hone ha lu hone sa izwi muimana a tshi tea u pfa uri ḁwana u khou takanyea, hu tshi vha u sumbedzwa ha lwone luambo.

Ao eish, luambo lwa ḁwana a sa athu ubebiwa lu kha ḁivha hone. Hu tou vha ho shanduka tshifhinga zwe zwa vha zwi tshi itwa kale a zwi tsha itwa.

7. Does a pregnant woman understand the child's language? Muimana wa ano maḁuvha u a pfa luambo lwa ḁwana naa?

Aa No answer

Ab Ee, ndi pfesesa uri vha a lu pfa sa izwi ḁwana a tshi ḁo tamba-tamba kana u raha- raha u sumbedza uri o takala kana u khou tshila.

Ac Ee; Musi nyambedzano i kati mme na ḁwana vha a kona u pfana, musu ḁwana a tshi khou raha-raha, mme ḁwana vha a fara henefho hune a khou raha-raha hone, ḁwana u a zwi pfa uri mme anga vha a khou amba na ḁḁe.

Ad Ee; vha a pfana, nga uri mme a ḁwana zwenezwo a khou raha-raha mme u ḁo fara

henefho hune a khou raha-raha hone.

Ae Ee; nga uri mme a u tea u pfa ḁwana wawe nga ngomu thumbuni yawe.

Ae EE; Vha a pfana sa izwi mme a tshi ḁo pfa a khou raha-raha na ene a isa tshandḁa henefho.

Af Ee; nga u tou fara-fara henefho hune n̄wana a khou raha-raha.

Ag Ee, nga uri mme u tea u pfa kana u thetshesela n̄wana wawe a tshi khou tamba nga ngomu thumbuni ya mme.

Ah Ee, ngauri mme u tea u pfa n̄wana waewe a tshi khou tamba thjumbuni yawe.

Ai Ee, Ngauri u a mupfa musi a tshi kho tamba-tamba nga ngomu thumbuni.

Aj Ee vha a pfana, mme a tshi pfa a tshi tamba u isa tshanda a zwi pfa. Mme u a edzisa na u fara a zwi pfa uri thoho ya n̄wana i ngafhi, na hune ha vha na milenzhe ndi ngafhi.

Ak N̄wana u bva ena muvhili wavhuḡi.

Al Ee, Vha a pfana, hezwi n̄wana a tshi raha-raha mme a n̄wana vha a fara hafha hune
a khou raha-raha ngaho.

Am Mme na n̄wana musi vha kha tshi kha nyambedzano vha a pfana, vhanwe vhamana u pfa vha tshi tou amba nae musi a khou raha-raha. U ḡo pfa vha tshi ri ni na ḡala naa, vho fara hu ne a khou raha hone. N̄wana u mbo ḡi litsha u raha-raha.

An Ee, Mme na n̄wana vha a pfana. Arali mme o dinalea na n̄wana u a raha-raha lwa u
tou bvuvhula. Mme u a kona u zwi pfa uri na n̄wana o dinalea, na misi mme o takala a khou amba na khotsi awe na n̄wana u a takala a zwi pfa uri avho ndi baba.
Ao Ee; vha a pfana sa izwi mme a tshi ḡo fara fhaḡa hune n̄wana a khou raha ngaho
N̄wana na ene a zwi pfa uri mme awe vha khou mufara.

8. Why is the pregnant woman unable to understand the infant's language before birth? Ndi mini tshine tsha itisa uri muimana a sa pfe luambo lwa n̄wana wawe musi a sa athu u bebiwa?

9. Aa No answer

Ab hei, hezwo zwiitiswa nga u u sa ɔi fha tshifhinga tsha u ɔi geɔa sa izwi ano maɔuvha u tshi wana vhaimana vha mishumoni kana zwickoloni, zwino a vha na tshifhinga tsha u ɔi thetshesela. Tsumbo ya nne mune, ndo vha muimana ndi tshikoloni Vhembe. Ndo vha ndi tshi balelwa u pfa nwana a tshi tamba nga uri ndi vha ndo neta.

Ac Vha a vhona ra vha ra swika hafho, Muimana arali a vhuya a swika hune a sa pfe nwana wawe musu a sa athu bebiwa, zwi a ɔi sumba uri nwana ha tsha tshila kana nwana u ɔo vha a sina mutakalo wavhuɔi. Musu zwo ralo ano maɔuvha muimana u fanela u ya sibatela kana kha madokotela uri vha muɔole uri nwana u kha ɔi tshila na.madokotela nga mutshini yavho vha a kona u vhona uri nwana u khou ɔi vha na vhutshilo na. Arali a kha ɔi tshila madokotela vha ita muaro vha bvisa nwana vha tshi khou mu tsireledza.

Ad Hai izwo, hai, a huna tshi no itisa uri muimana asa pfe nwana wawe, ngauri arali asa mupfi a tshi raha-raha zwiamba uri nwama ha tsha tshila.

Ae zwi nga itiswa arali a sa thetshesela nwana wawe na u ɔi fha tshifhinga tsha u thetshesela nwana a tshi khou tamba.

Af eish, zwine zwa nga itisa ndi uri nwana u vha o neta kana a vha a sa tsha tshila. Ndi zwine zwa ita uri luambo u sa lu pfe

Ag Ha pfi luambo nga uri u vha a sa ɔi thetshesela kana u ɔifha tshifhinga tsha u thetshesela nwana wawe kana u ɔi fha tshifhinga tsha u ɔi geɔa o tou dzula fhasi.

Ah zwi bvelela kha muimana a sa thetshesela nga uri u vha a sa khou ɔifha tshifhinga tsha u dzula fhasi a ɔi geɔa a thetshesela nwana wawe a tshi khou tamba-tamba.

Ai Ndi nga murahu ha musu kutambe kwawe ku sa tsha pfala. Ano maɔuvha u gidimela sibatela uri vha khwaɔhisedza uri nwana u kha ɔi tshila na. Ndi ngazwo vhakalevho vha vha tshi dzuleli u vhudzisa uri nwana u khou ɔi tamba naa.

Aj A tshi khou ɔoɔa tshithu hu thoma iwe mme, u vha ana nɔala

Ak A huna tshi no itisa uri mme a si pfe nwana wawe a tshi tamba, A vhu ya a pfa nwana wawe a sa tamba u gidimela sibatela kana madokotelani uri madokotela vha

sedze nga mitshini yavho uri hu khou bvelela mini.

Al kha hezwi a huna tshithu tshine tsha ita uri muimana a sa pfe luambo lwa n'wana wawe musu a sa athu u bebiwa. Arali wa vhuya wa sa pfe luambo lwa n'wana zwi amba uri n'wana wau hana mutakalo wo fhelelaho.

Am Hai, muimana a huna tshithu tshi no itisa uri mme a nwa na a si pfe luambo. Arali n'wana wawe a sa mu pfi zwi sumba uri n'wana ha na mkutakalo kana n'wana ha tsha tshila.

Am Zwa vhuḁi vhuḁi a huna tshi no ita uri muimana a sa pfe luambo lwa n'wana wawe. Arali a sa vhuye a pfa luambo lwa n'wana, hezwo zwi amba uri n'wana ha tsheho u tea u ya sibadela nga u t'v'hanya

An A huna tshi ne tsha ita urri mme a n'wana sa pfe luambo lwa n'wana wawe. Arali a sa pfa luambo lwawe zwi amba ui n'wana ha tsha tshila.

Ao hezwo zwithu a si konadzei uri muimana a si pfe luambo n'wana wawe. Muimana a vhuya a swika hune a sa pfe n'wana wawe u vha na nyofho ya uri n'wana ha tsha tshila. Ano maḁuvha vha gidimela sibadela kana madokotelani ane a vhone na vhuimana..

10. How did the previous generation understand the language of the infant whilst in her mother's womb? *Hone musala uḁa luambo lwa n'wana musu a sa athu u bebiwa vho vha vha tshi lu pfa hani?*

Aa eish nḁe thi khou ḁivha

Ab Hezwo, hai, ndi vhona u nga vho vha vha tshi lu pfa nga u tamba-tamba kana u raha-raha sa izwi vhatu vha kale vho vha vha tshi t'hogomela kana u vha na ndavha na vhuimana. Arali muimana a tshi dzula na muthu muhulwane kana vhakegulu vho vha vha tshi t'ḁa u ḁivhesesa uri n'wana o takala na, Vho vha vha tshi zwi ḁivha arali muimana o amba uri u ya tamba kana u raha-raha zwithu zwi khou tshimbila.

Ac a huna zwinwe sa izwi hu zwone zwine zwa vhumba luambo lwa n'wana a sa athu u bebiwa

Ad Ehhh, zwi a fana ndi u raha raha, ndi zwine n'wana u ḁi vhumba uri ndi ḁo

shumisa luanbo lwa muthu we a khwala nga uri ndi ene ane a amba na ñwana always, sometimes a dinalea u mbo ði amba na ñwana o fara thumbu yawe.

Ae Nga u vhona ha nga zwezwi ñwana a tshi khou tamba-tamba thumbuni ya mme.

Af zwi a ði fana ndi u raha-raha.

Ag Vhakegulu vho vha vha tshi pfa luambo lwa ñwana nga u tamba hawe e thumbuni ya mme, u fanela u tamba tamba ndi hone vhakegulu vha tshi pfa luambo.

Ah lumabo lwa ñwana ndi lwonolwo lune lwa shumiswa na ñamusi, hu khou tou shanduka zwifhinga. Ndi lwonolwu lwa u tamba tamba tivhani.

Ai zwi a fna vho vha vha tshi lu pfa nga u tamba-tamba ha ñwana.

Aj vho vhs vhs tshi pfa nga u remiwa nga t̄hoho na u teledza mishumo na u tshimbila

Ak Na kale na kale luambo lwa ñwana lu vha lu nga ñdila yeneyi nthihi fhedzi ya u raha-raha.

Al N̄ne sa mukegulu a hu na inwe ñdila ya u amba na ñwana wau musu a tshe thumbuni, Luambo lwa ñwana ndi lwonolwo lwa u raha-raha. Ñwana musu o takala u a raha-raha na musu o dinalea u a raha raha lwau tou bvuvhula u sumbedza uri o kwata, zwi nga o tshuwa u raha lune wa pfa na u vhavha.

Am Vhakegulu na kale na kale luambo lwa ñwana ndi u raha-raha.

An Na kale na kale vhakegulu vhari luambo lwa ñwana a huna lunwe ndi u raha-raha fhedzi, u raha-raha fhedzi musu zwo tea e thumbuni ya mme awe

Ao U bva tsha kale na kale ñwana a muvhilini wa mme awe u tou raha-raha. A huna inwe ñdila, ñdila ndi u raha-raha ndi yenei nthihi fhedzi ya u raha-raha.

11. How do you view today's language in relation to the pregnant woman?

Vha vhona hani luambo lwa ano maḍuvha ro zwi livhisa kha muimana?

Aa No answer

Ab Ndi vhona u nga luambo ulu lu tshi nga alu tsha tou t̄hogomelwa nga uri u ḍo wana uri muimana u dzula a khou shuma kana a tshikoloni kana vha wane uri muimana onoyo a muthu muswa a tshi khou dzula na mutukana wawe ane a vha

muswa hu sina muthu muhulwane zwine zwi ita uri honoyo muimana asivhe na ndavha na luambo lwa n'wana lwa u raha-raha.

Ac Ee; Musi nyambedzano i kati mme na n'wana vha a kona u pfana, musu n'wana a tshi khou raha-raha, mme n'wana vha a fara henefho hune a khou raha-raha hone, n'wana u a zwi pfa uri mme anga vha a khou amba na nne.

Ad Kha ja namusi luambo a lo ngo shanduka, ndi lwonolwo lwa u raha-raha

Ae lu vhpнала nga tshifhinga tsha u vhotholowa tsho swika tsha uri mme avhe na n'wana.

Ae Luambo lwa mme na n'wana a lu ngo tshintsha tsha kale na kale, sa izwi na vhuimana vhu so ngo shanduka.

Af EEE. nga u tou ya u tolwa hu re na mitshini. Vhathu vha vho shumisa luambo lwa u tou tolwa nga mitshini u fhira u di thetshesha vhone vhane.

Ag Vha luvhona nga mme a n'wana a tshi khou pfa vhuṭungu. Na nga musu maḍuvha o swika a u vhotholowa.

Ah Vha zwi vhona nga u swika ha tshifhinga tsha u vhotholowa ha muimana.

Ah Nga u tamba-tamba ha n'wana nga ngomu thumbuni ya mme kana nga musu maḍuvha a u vhotholowa o swika.

Ai Kha ja namusi vha zwi pfala nga u tamba-tamba thumbuni ya mme awe. Vha dovha vha thetshesha na nga mitshini ya madokotela a tshikhuwa ya u sumbedza uri mbilu ya n'wana i khou tamba. Arali vha pfa mbilu ya n'wana i khou rwela fhasi, madokotela vha a isa mme a n'wana muaroni uri vha thuse n'wana.

Aj Izwo ndi nga ri nga u dzuleli u ja zwiliwa.

Ak Kha ja namusi luambo lwa mme na n'wana a lwo ngo shanduka lu di fana na luambo lwa kale.

Al Kha ja namusi luambo lwa n'wana a lwo ngo shanduka ndi lwonolo lwa kale na kale lwa u raha-raha.

Am Na kha jamusi luambo lwa n'wana lu kha di fana na luambo lwa musalauja. Sa izwi vhuimana vhu tshi kha di fana vhu sa shanduki.

An Luambo lwa n'wana kha ja namusi lu kha di fana na lwa musala uja.

Ao Kha ǀa ǁamusi luambo lwa muimnama a lwo ngo shanduka lu kha ǀi fana na luambo lwa kale. A huna inwe ndila ntswa.

12. Why does the language of the infant in its mother's womb disappear?

Ndi nga mini luambo lwa musi muthu o ǀi hwala lu tshi khou ngala ngala?

Why pregnant languages disappear?

Aa hei, nǁe zwi khou nkongela, mara ndi nga uri a ri vhuǀanzi na luambo lwa ǁwana

Ab Ndi nga uri a vha na ndavha na vhuimana havho sa izwi vhunzhi ha vhatu vha ne khou vha vhaimana hu vhatu vha so ngo zwi dzudzanyaho vho tou mangala vho pfukwa.

Ac Luambo lwa u shumiswa musi muthu o ǀi hwala a lu khou ngala ngala nga uri vhuimana avhu ngo shanduka.

Ad Hai hezwi zwithu zwa a fana, luambo a lu khou ngala ngala nga uri thumbu dzoǀhe dzi a fana. A huna thumbu dza maǀuvha ona dzi a fana na dza kale.

Ae Musala uno vhatu vha khou laǀa sialala ǀavho na mvelele ya havho, zwi sia luambo lu tshi ngala ngala. Nga mini nga uri arali muimana a tshi vhudziwa nga muthu muhulwane muǀini uri ǁwana o tamba na, muimana a u fhindula uri ndi ǀo ya ha dokotela a mmbudza uri ǁwana u khou tamba.

Af Ho no ǀalesa zwa tshikhuwa zwa u sa ila tshithu na u shaya ǀhonifho kha ǁwana.

Ag Luambo lu khou ngala ngala nga uri vhatu vane vha khou vha vhaimana ndi vane vha vha vhaǀuku vha vho laǀa sialala ǀashu kale vho vha tshi tevhedzela zwa sialala. Na uri vhaswa vha ǁamusi a vha ǀoǀi u awela zwa ita uri na u pfa luambo lwa ǁwana zwi vha kongele.

Ah Lu khou ngala-ngala nga uri vhatu a vha musalauno vha khou dzhiela sialala ǀashu fhasi na ngauri vhunzhi ha vhaimana ndi vhasidzana vha dzhiela sialala na mvelele yashu fhasi.

Ai Hai, A lu ngali-ngali nga uri ǁwana u tamba nga yenene ǀa ǁila ya kale na kale, hu tou vha tshifhinga tsho shanduka vhaimana a vha tsha tevhedzela zwa sialala, vha vho ita zwa tshikhuwa.

Aj Lu khou ngala ngala nga uri ho no dālesa zwa tshikhuwa

Ak hai hezwo zwithu u nga si tou zwi tenda na hone luambo lwa u shumiswa musi muthu o dī hwala alu khou ngala-ngala lu dzula lwo tou ralo ngauri na vhuimana avhu ngo shanduka.

Al Hmmm, luambo lwa u shumiswa musi muthu o dīhwala a lu khou ngala ngala sa izwi hu sina inwe ndila nga nnda ha u raha-raha.

Am Hai, zwi amba uri, ok. Luambo lwa u shumiswa musi muthu o dīhwala a lu khou ngala-ngala ludzula lwo tou ralo.

An Luambo lwa zwino alu khou vhuya lwa ngala-ngala ro zwilivhisa kha musala uja na musala uno nga uri vhuimana na hone a vhu khou vhuya ha shanduka

Ao Luambo lwa muimana musi muthu o dī hwala a lu khou ngala-ngala. Vhuimana ha zwino a hu ngo fhambana na vhuimana ha kale.

13. What are the differences of pregnancy nowadays and past generations? How does today's pregnancy differ from the older generations? Vhuimana ha ano maḍuvha ho fhambana hani na ha musala uja?

Aa Yaa phambano I hone. Musi ndo sedza maambarele kale vho vha vha tshi ambara rokho dza maternity dzo vuleaho, ano maḍuvha ri ambara dzi tight a ri ambari rokho.

Ab Zwo fhambana zwone. Vhuimana ha ano maḍuvha ho fhambana nga uri vhaimana vha ano maḍuvha a vha na ndavha, zwiambaro vha ambara zwi no vhonadza na zwi no pata. Vha kale vho vha vha tshi ambara zwiambaro zwi no tthonifhisa vhuimana. Vhaimana vha ano maḍuvha ano vha a nwa mahalwa na u daha zwidzidzivhadzi. Vhaimana vha ano maḍuvha a vha koni u amba, vha amba nga u semana vha tshi dzhenisa na matamba zwine zwi ita uri nwana a sa athu u bebiwa a dowele luambo lune lwa khou shumiswa mme awe, ngeno vha kale vho vha vha sa semani vha tshi amba nga vhulenda.

Ac Hmmm, vhaimana vha ano maḍuvha a vha koni u ambara vha ambara

zwiambaro zwa u fara mivhili hune wa tou vhona hune wa tou vhona uri thumbu i bva ngafhi ya guma ngafhi.

Vhufufari, vhaimana vha ano maduvha a vha na vhuufari havhudi vha a nwa mahalwa. Kuambeke, vhaimana vha ano maduvha a vha koni u amba vha amba nga u semana.

Ad Yoo zwa zwino zwia lemela, vhaimana vha ano maduvha vha ambara zwiambaro zwa u pata, Vhufufari havho asi havhudi, vha nwa mahalwa, vha tshi amba vha amba nga u semana.

Ae Eish, nge ndo no zwi vhona zwa zwino lini, wo sedza kuambarele- vha ambara zwi sa manyi thumbu, zwino vha sia thumbu nda vho ambara mabokhathi Vhufufari- vho vha vha tshi vhotholowa zwavhudi ngauri vho vha vha tshi tevhezela sialala, vha sa lese.

Kuambeke vho vha vha tshi thonifha, vha zwino vha a semana nahone vha amba nga u zhamba.

Af Yoo, kale muthu o vha a tshi tou newa minwenda kana mikumba ya u tou fuka fhedzi, namusi hu tou ambarwa zwi nopata zwi sa todei kha nwana Kuambela kwa hone ndi kwo bvaho na u amba hu si na u thonifha.

Ag Ni a vhona kale vho vha vha tshi ambara zwi sa manyi, zwino vha vho ambara mabokhathi a no manya. Kale vho vha tshi di fara zwavhudi a vhuya a tou vhotholowa u sa zwidivhi, zwino zwi sumbedzwa munwe na munwe a vha tsha thonifha.

Ah Musala uja vho vha tshi ambara zwi sa sii thumbu nda, vha zwino vha vho sia thumbu nda wa vhona na mutalo wa kha thumbu, he ya thoma u swika he ya guma. Kale vho vha vha tshi vhotholowa u sa zwi divhi, uri ndi muimana nga uri vho vha vha sa vhone uri o swika u beba. Vha zwino zwi divhiwa nga shango lothe, dzi gurandani na kha dzi radio, kha dzi founu. Vha foda na thumbu a songo ambara. Kale vho vha vha tshi amba nga thonifha vha zwino vha a sema a vha thonifhi.

Ai Ho fhambana na musalaula.

Kuambarele: Zwa ano maduvha, ndi zwi da na minwaha vhaimana vha ambara

zwikete zwi no fara, marukhu ano fara, zwiambaro zwi no vhonadza.

Kale muimana u bva kha minwedzi mivhili ye a vha a tshi ambara, a ḁa u ambara zwiambaro zwi sa fari, zwine zwa litshedza muvhili, ane a si vha na maḁo wo vha u si nga vhone uri ndi muimana Ho vha hu tshavhiwa arali a ambara zwiambaro zwi no pata zwi khakhisa ṅwana kha kutambele na ene mme u dzulela u pfa pain.

Vhuḁifari: Na kuḁifarele kwa ano maḁuvha vhaimana a vha na vhuḁifari havhuḁi vha nwa zwikambi, vha daha mafola, Madzulele a hone ha tsha fana na a kale vha tshi dzula vha pomba four, kana ndi hone kudzulele kwa tshikhuwa wee, rine ri khou vhoniswa. Muimana u tea u ḁigeḁa na ṅwana u a kona u tamba zwavhuḁi.

Kuambebe: Vhaimana vha ano maḁuvha a vha koni u amba, u wana vha tshi amba vha tshi semana na u shumisa maḁamba, muimana ha tei u shumisa luambo lu songo kunaho sa izwi ṅwana a tshi vha a khou dweledza zwine wa ita. Vha tshi amba vha tou vhidzelela lune na ṅwana a tshenuwa e henegei tivhani.

Aj Hezwo ndi he ha vha na phambano hone nga uri maḁuvha ano vhathu vha amba tshinwe na tshinwe, u wana vha khou anḁadza vhuimana kha dzi theḁevishini na dzi founu hune havha kha (face book, twitter na istagram) vha dovha hafhu vha amba uri ndo ima nga ṅwana wa mini, khotsi awe ndi nnyi. Khamusi zwa khotsi a ṅwana u nga zwi amba, hu si zwa uri ndi ḁo vhoḁholowa lini

Vhuḁifari - A vha tsha di fara zwavhudi, vha nwa mahalwa, vha ri u daha vha daha na murimuhulwane.

Kuambarele a vha koni a amba na muthu munwe na munwe, hu nga vha muhulwane kana muḁuku. Vha sokou phoḁo maipfi avho.

Ak Vhuimana ha ano maḁuvha hofhambana tshoḁthe na vhuimana ha musalaula kha kuambarele.

Vhaswa vha ano maduvha vha ambara zwiambaro zwa u pata, mabokhathi a u manya, zwiambaro zwa u vhonadza.

Vhudifari ha vhaimana vha ano maduvha a si havhudi, u wana vhaimana vha ano maduvhs vha tshi nwa mahalwa, vhanwe vha daha mafola.

Al Vhuimana ha ano maduvha ho fhambana na ha musalaula nga kuambarele, Ano

maduvha vhaimana vha ambara zwiambaro zwa u pata na zwa u vhonadz. Vhaimana vha kale vhovha vha vha tshi ambara minwenda na misisi, hezwo zwiambaro zwo vha zwi sa bvisi tshiirunzi tsha muimana, sa izwi zwo vha zwi sa vhonadzi, zwi sa vhonadzi na kuhulele kwa thumbu.

Vhanwe vho vha vha tshi tou vhuya vha beba zwi sa vhonali, ano maduvha vhaimana vha ambara zwa u vhonadza hune vhathu vhahulwelwa vha vhona uri muimana una minwedzi mingana nga kuambarele kwawe.

Kuambele, vhaimana vha kale vho vha vhga tshi funzwa u amba zwavhudi na vhathu, vha tshi vhudzwa uri vhatuwele kule na u semana.

Vhudifari ha vhaimana vha kale ha hu havhudi, vhaimana vha kale vho vha tshi fhulufhela munna muthihi fhedzi vha ano maduvha vhaimana a vha na vhudifari havhudi na musu vha na thumbu, u wana vha na vhanna vhanzhi. Vhaimana vha ano maduvha vha a nwa mahalwa, vha a daha na mafola hezwi zwi sumba usa vha na vhudifari.

Am Vhaimana vha ano maduvha a vha koni u ambara, vha ambara zwiambaro zwa u pata na u vhonadza.

An Vhuimana ha ano maduvha ho hambana na ha musalaula nga kha kuambarele, ngauri ano maduvha vhaimana u wana vho ambara marukhu na ziambaro.

Ao Vhaimana vaha ano maduvha vha ambara zwiambaro zwino pata ma zwine zwa sa sumbedza mukombo. Vhudifari ha vha ano maduvha vha tshi dzula vha a vhea milenzhe nthha ha munwe zwine zwa vha muila, Nwana u a edzisa a dzula o thopha mile nzhe a fhedza aa tshi vha thihole. Munn ha nga tei u amba a tshi semana, ngauri nwana anga bebwa na matamba a tshi semana

Muimana ha ngo tea u edela o kwata na nwa u a kwata.

14. Is taboos pregnancy still followed among Vhavenda and why? Zwiilaila zwa vhuimama kha Vhavenda zwi kha di tevhedzwa naa? Ndi ngani vha tshi ralo?

Aa A thi tou divha nga ha zwiilaila

Ab Hai, ngauri vhunzhi ha vhaimana ndi vhaswa ende vhaswa vha na dzi mbudziso nzhi a vha temdi uri hu na zwiila.

Ac Hai, vhaimana vha ano maduvha a vha tsha tevhedza zwila zwa vhuimana, vhari shango lo shanduka ri khou tshila tshikhuwa.

U sa tevhedza havho zwiila ndi ngazo vhunzhi havho vha tshi shumiselwa muaro. Muimana arali a dowela u dzula o thopha milenzhe, na nwana u dowela u thopha milenze duvha line a tea u bvela nnda u do divha o thopha milenzhe, ndi ngazwo hu tshi do itwa muaro nwana a kona u bva.

Ad Hai; a zwi tsha tovhedzwa,kale ndi hone he zwa vha zwwi tshi tevhedzwa ndi ngazwo hovha husina muaro.

Ae Hai; ngauri vhatu vho lata sialala la havho.

Ae Hai; ngauri musalauno vhatu vha no khou vha vhaimana ndi vhana, vhana vhatuku vha dziela sialala fhasi vha vho tshila tshizwino.

Af Hai; vha vhona unga ndi zwithu zwa kale zwwi sina na muhumo.

Ag Ee ngauri ri kha di la vhuswa ha mavhele, ri khou wana vhasidzana vha thi khou hwala mavhele vha isa tshigayoni,ra dovha ra wana uri vha sidzana vha kha di imbelwa vhatukana vha khou ya mirunduni,

Ah Hai ngauri vhatu vho lata tshothe sialala la havho, ri tshi sedza kuambarele, kuambele na vhidifari a zwi tsheho tshifhinga na fhethuvhupo ndi zwa zwino kana musalauno.

Ah Hai, Ndi ngauri vhatu vho lata sialala la havho.

Ai Hai, Mueni o daho mudini muimamne ha tei u mu fhelekedza.

Muimana a fhedza minwedzi ya rathi ha tshaya nduni, Ano maduvha vhaimana vha vho ya nduni. Muimana hali zwiliwa zwa mudini. Muimana ha dali. Muimana hayi zwimimani na dzi mpfuni vhaimana vha ano maduvha vha aya ndi zwone zwiilaila Muimane arali o fhelekedza muthu a tshi huma ha onesi, a dovha a tshi huma a hashu mavu, o no ralo ha tsha sedza murahu. Muimana a tshi ja u tou kalelwa zwiliwa. Muimana ha tei u semana. Muimana ha tei u la mphwe.

Zwau la zwiliwa zwi sa liwi zwi ita uri nwana a bebiwe e dabadaba.

Muimana hayi mudini, vhathu vha ya swiela he wav ha wo dzula hone u si tsha beba wa khauliwa- zwi amba u lovha ha nwana.

Aj Hai, Ngauri vhathu vha khou la tshinwe na tshinwe a vha khethi.

Ak Hai, Vhathu vha maduvha ano avha tsha tevhedza zwila zwa vhuimana vhari shango ndi tshikhuwa zwithu zwo shanduka.

Al Ee: Nne sa mukegulu wa mualuwa muthu wa miumana arali e mutani une nda dzula khawo kana arali e thsikwenda tshanga ndo vhudzwa uri ndi muimana. ndi ari ade ndi mu vhudze zwine wza ila. Arali ndi tshi dzula nae a thi mu tendeli a tshi ita zwithu zwine zwa vha muila.

Musi a tshi la zwiliowa ndi tou mukalela ,a thi tendi a tshi di avhela zwiliwa. Mishumo ino lemela a thi tendi a tshi i shuma. Ndi twa nae ndi tshi mu vhudza zwithu zwino takadza fhedzi, hezwi ndi itela uri asa dzule o sinyuwa a dzula o takala tshifhinga tshothe.

Ndi a mu vhudza uri a so ngo semana naho o dinalea hani. Mueni arali oda hayani a thi tendi a tshi mu fhelekedza, naho vhe vha hawe, Zwiambaro zwi no pata, manya, u vhonadza na zwone a thi tendi a tshi ambara a thi tendi a tshi ya midini, u la zwiliwa zwa mudini, u ya zwimimani, dzimpfuni hu dinga na ngei vhugalaphukha a thi tendi a tshi ya, a vhuya a fhedza minwedzi mitanu na muthihi ha tsha edela na munna wawe, ndi tou mu dzhia nda edela nae. Arali a tshi ya u dala u tuwa tshihulwane nahone hayani hawe (Tshihulwane ndi u tuwa a vhuya o no vha na nwana na u thuswa ono thuswa)

Hezwi vha kale vho vha vha tshi itela uri vhaimana vha tuwe tshihulwane vha tshi itela uri avhe a na vha hawe vha tshi khou mu laya, nga maanda zwi itweswa kha nwana wa tanzhe(nwana wa u thoma kana muhulwane). Muimana a thi mutendeli a tshi ambara tshiambaro tsha munwe u shavha uri nowa yawe i do vha na doledza, arali a tshi beba zwi hole na ene u do beba tshihole.

Muimana u tea vuwa nga matsheloni duvha li sa athu u bva uri duvha li tshi bva a vhe o no svela nda. Vhaimana vho no vha ho hone mutani wanga vhothe vha beba

zwavhudi, a huna zwa u beba nga muaro, a huna zwi hole na madabadaba.

Am Hai: a ri tsha tevhedza ngauri arali vhari ri so ngolesa vhuswa ri a lesa. Arali vhari ri so ngo edela masiari ri a edela.

An Hai; u sa tevhedzwa ha zwiila musala uno vhunzhi ha vhafumakadzi vha tshi vhofoholowa vha vho to itwa miaro.

Ao Ee; Ndi ngauri vhuswa ha muimana ha muladza a tshi la u thoma a vhu lafha.

15. What are the main aims of pregnancy taboos among Vhavenda?

Zwiilaila zwa muimana vhuhulu hazwo ndi mini kha Vhavenda? Kana zwiilaila zwa muimana zwi vha zwi tshi khou shuma mini kha Vhavenda?

Aa A thi zwi divhi

Ab Vha kale vho vha vha tshi tenda uri zwi ita uri zwi tsireledze muimana na nwana.

Ac Mushumo wa zwiila ndi wa uri musi muimana a tshi vhofoholowa u do vhofoholowa zwavhudi hu sina vhokondi, na nwana u dovha na mutakalo wavhudi khathihi na mme a nwana.

Ad Muimana ha bikeli mukalaha wawe zwiliwa arali thumbu yo no hulesa, na nduni u vha asa tshaya Tshihulwane izwi zwi do muthusa uri a bebwe esina mashika.

Ae Ndi u vha na mutakalo wavhudi.

Af Ndi ha uri nwana wahone u a aluwa zwavhudi, o takala nahone nwana wahone ha sa kou farwa nga malwadze, u dovha hafhu a aluwa zwavhudi.

Ag Vha khou itela vhutungu uri vhu leluwe.

Ah Ndi u tsireledzana na u fha mutakalo wavhudi kha nwana na mme a nwana.

Ai Musi wo tevhedza zwiila zwa vhuimana zwi ita uri muthu a tshi vhofoholowa asa kondelwe.

Aj Ndi u itela uri a aluwa zwavhudi.

Ak Mushuma wa zwila ndi u tsireledza muimana musi a tshi vhofoholowa uri a asi vhe na vhukondi.

Zwiila zwi ita uri mme na nwana vha vhe ma mutakalo wavhudi.

Nwana u bebiwa o takala zwavhudi musi ho tevhedzwa zwila.

Al Vhuhulwane ha zwiila ndi uri muimana a tshi ya a vhofoholowa asa vhofoholowe nga muaro, nwana a bebwe e na mutakalo wo fhelelaho khathihi na mme awe a na mutakalo.

Am Wa u la ndi wa uri nwana aso ngo hulesa, uri a kone u bva zwavhudi U edela ndi uri nwana musi tshifhinga tsho nswika uri a de shangoni u edela a si tsha da.

An Muimana musi a tshi dzula ha tei u thopha milenzhe, u vhea mulenzhe kha munwe.

Ao Muimana a tshi vhofoholowa ha itwi muroho, zwi thusa uri a vhe na mutakalo wavhudi a kone u vhofoholowa.

16. What' happens when pregnancy taboos are not followed or respected?

Arali vhuilaila ha muimana hu sa tevhedzwa hu bvelela mini?

Aa a thi zwi divhi

Ab Vha kale vhari muimana hu bebiwa nwana a sina mutakalo kana aso ngo fhelela kana muholefhali

Ac Zwiila zwa vhuimana zwa sa tevhedzwa muimana musi a tshi vhofoholowa u vhofoholowa nga muaro. Nwana u bebwa hunwe ya mirado yawe yo holefhla. Nwana u ari a tshi bebwa a lovha. Mme a nwana u a ri a tshi beba linwe duvha u a lovha, hezwi ndi zwone zwine zwa bvelela musi hu songo tevhedzwa zwiila.

Ad Musi muimana a tshi vhofoholowa u avha na vhukondi, hezwi zwi ita uri mme kana nwana hu lovhe muthihi.

Ae U a tshinyalelwa nga nwana. U a beba muholefhali kana nwana a songo fhelelaho muhumbulo. U a fhedza tshifhinga tshilapfu asa khou vhofoholowa.

Af Muthu asa tevhedzeli zwiilaila zwa vhuimana nwana wa hone ha aluwa zwavhudi, u dovha a vha muhota, a dovha hafhu a vha asina mutakalo wavhudi.

Ag Hu a vha na masiandoitwa asi avhui ano bvelela.

Ah U nga beba muholefhali kana nwana a songo fhelelaho U nga tshinyalelwa nga nwana U nga fhedza tshifhinga tshi lapfu u sa khou vhofoholowa.

Ah U beba nwana wa muholefhali kana a songo fhelelaho.

U a tshinyalelwa nga nwana. U a fhedza tshifhinga a sa khou vhofholowa mara tshifhinga tsho swika.

Ah Tshinwe tshifhinga u a tshinyalelwa nga nwana. Tshinwe tshifhinga u beba muholefhali.

Ai Muimana ha fhelekedzi munna wawe musi a tshi tuwa a nga vha a khou ya makhuwani kana u dala, Hezwo zwi ita uri aye sibadela a tshi huma ndila. (u ya a sivhe na nwana) Uri a vhofholowe u aravhedzwa tshilavhi tsha munna wawe.

Aj Nwana a nga sivhe na mutakalo wavhudi.

Ak Zwiila zwa vhuimana zwa sa tevhedzwa nwana u a bebiwa o holefhala hunwe ha mirado yawe. Nwana u a bebiwa e dabadaba. Nwana ua lovha. Mme a nwana na vhone vha nga di lovha.

Al Muimana u vhofholowa nga muaro. Nwana asina mutakalo kana nwana a fhedza a lovha.

Am Arali wo lesa zwiliwa/ vhuswa ndi muaro ngauri u do belelwa sa izwi a tshi do vha ohulesa.

An Musi muimana atshi vhofholowa u fhedza a tshi itwa muaro. Mutakalo wa nwana na wone u a kwamea na mutakalo wa mme awe sa izwi asa ngo da zwavhudi.

Ao Hu shavhiwa uri a tshi vhofholowa u do thoma nga makaka ha kona u da nwana, Hezwi zwo khakha ngauri nwana u do la makaka ambo di lovha.

17. What are the consequences of a pregnant woman who does not follow taboos? Arali muimana a sa diileli zwi na masiandoitwa-de?

Aa A thina vhutanzi na hezwi zwithu zwa vhuilaila

Ab U beba nga muaro kana a lovha kana muiomana a beba muholefhali.

Ac Same as 7

Ad Masiandoitwa ndi ha nea muthihi akha 7, sa izwi mme a nwana a tshi do vha na vhukondi a tshi beba

Ae U beba nwana a na mashika a vhanwe vhanna.

Ae Arali u muimana u tshidzulela u lila u beba nwana aso ngo takalaho. Arali u muimana u tshi ubva mudini wa onesa zwi na masiandoitwa a uri duvha li tshi swika u tea u dovha wa onesa vhathu vhothe we wa vha onesaho u do kona u vhofholowa.

Af U a vhaisala musi a tshi yo beba, tsumbo sa ula mphwe zwi ita uri a tshetshekanwe musi a tshi yo beba.

Ag Nwana wa hone u vha asi wavhudi, u tshi mubeba u vha a na mashika a vhanwe vhanna na hone u dovha a sa vhe na mutakalo wavhudi.

Ah Muimana asa diileli musi a tshi vhofholowa u do wana nwana wawe o khakhathela tshikha dza vhanna. Nwana wa hone u vha asina mutakalo wavhudi.

Ah Asi avhudi ngauri nwana a tshi u bebiwa u vhuya ana mashika a vhanwe vhasadzi.

Ai Masiandoitwa, Ufhedza a tshi beba nga muaro. Nwana a songo fhelelalo. U lovha ha nwana kana mme a nwana.

Aj Nwana u vha ana mashika manzhi.

Ak Muimana asa diileli zwi na masiandoitwa hanea are kha 7.

Al Masiandoitwa a u sa diila ndi u sa vhofholowa zwavhudi. Nwana a sina mutakalo wo fhelelaho.

Am U a beba nga muaro.

An Masiandoitwa a u beba nga muaro kha muimana a tshi bebe u a kundelwa u phusha nwana, nwana a gonyela nthu kha mukulo, mme anwana a fhedza o lovha. Muimana u a dovha a kundelwa u beba a fhedza a ri sia, musi muimana a tshi ri sia u vha o fhelelwa nga nungo kana maanda.

Ao U lesa vhuswa nwana u khwathesa a balelwa u bva, Hezwi zwi ita uri hu vhe na muaro. Zwiila zwi so ngo tevhelwa mmwe a nwana u a fhelelwa ngamanda a fhedza a tshi lovha na nwana.

18. What are the the advantages of a pregnancy woman who adheris tabos?

Zwi thusa mini musu muimana o diilela?

Aa A thi zwi divhi

Ab Uri asongo beba nga muaro a beba nwana ana mutakalo

Ac Same as 6

Ad Hezwi ndi ndovhololo ya kha 7

Ae Nwana ane a mu beba u a vha na mutakalo wavhudi.

Af Zwi thusa uri a tshi edela a edela zwavhudi.

Zwithusa uri a tshiyo vhofoholowa a vhofoholowa zwavhudi.

Ag Zwithusa uri nwana a bebwe ena mutakalo wothe.

Ah U diilela ha muimna zwi thusa uri nwana a vhe na mutakalo wavhudi na mme a nwana. Nwana a dovhe avhe hafhu a aluwe zwavhudi a sina thaidzo.

Ah Zwi thusa nwana wawe u mubeba o takala ana mutakalo wavhudi na hone a dovha hafhu a aluwa zwavhudi, ha sokou kumba malwzdze manwe na manwe

Ah Zwithusa uri nwana avhe na mutakalo wavhudi na iwe mme u vhe na mutakalo wavhudi.

Ai Musi a tshi beba asivhe na vhukondi. A kone u vhandu zwe a lindela. (nwana we a lindela)

Aj Zwi thusa mutakalo wavhudi.

Ak U diilela ha muimana zwi thusa uri nwana abebiwe o takala khathihi na mme awe.

Al U diila ha muimana zwi thusa uri a tshi vhofoholowa a sa vhe na vhukondi, nwana a fhedza o bebwa ena mutakalo na ene mme awe.

Am Zwi thusa uri a vhofoholowe zwavhudi.

An Zwi thusa arali misi a tshi vhofoholowa a vhofoholowa zwavhudi. Mma na nwa vha fhedza vhothe vhuvhili havho vha na mutakalo wavhudi

Ao U diilela ha muimana zwi mu thusa a tshi vhofoholowa. Nwana a fhedze a tshi vha na mutakalo wavhudi na mme awe.

19. What are the important to follow taboos related to infant among Vhavenda? Ndi nga mini lutshetshe lu tshi ila?

Aa No answer

Ab Û tsireledza kha malwadze.

Ac Zwi a ila ngauri vhafumaakadzi arali vha dzhena hune ha vha na lutshetshe vho edela na vhanna tshihulwane vha takula nwana, ngoma ya nwana i sala i si tsha tamba zwavhudi, kana mukombo wa nwana wa sita zwa sia nwana a tshi vho lwala, hezwi zwi ita uri nwana a fhedza a tshilov ha. Vhafumakadzi vhanwe vha dzhena hune ha vha na lutshetshe vhe maduvhani avho a nwedzi vha takula nwana na zwone zwi a lwadza nwana. Mufumakadzi arali o vhifha muvhilini a dzhena hure na lutshetshe a lu takula a tshi kandisa thumbu, uyu nwana ha nga tavhanyi u tshimbila, u do tshimbila khathihi na hoyu a re muvhilini wa mme awe. Khotsi a nwana na ene ha ngo tendelwa u dzhena hune ha vha na nwana a sa athu u wisa mukombo, Hezwi zwi do ita uri khotsi a nwana vha lwale mato.

Ad Vhanwe vha dzhena hure na lutshetshe vha so ngo diilela, vhafumakadzi vha maduvhani, vho edela na vhanna tshihulwane, vho ya dzi mpfuni. Hezwi zwothe vhi onzisa nwana asivhe na mutakalo wavhudi.

Ae U a kandeanga ngauri vhatu vhanwe vha khou dzhena, vha vha vha na zwiila, zwa sia a tshi khou nzwera u vha asi tshena mutakalo wavhudi.

Ae Nwana u a kandeanga ngauri vhatu vha vha zwiilini, Zwi a lwadza nwana, wa wana a tshi vho nzwera a tshi vho lwala.

Af Zwi kandedza nwana a thoma u vha na muhuso muhulu. Tshikombo tshawe tshi a lenga u fhola (Ngauri vhanwe vha vha tshi kha di vha nduni).

Ag Zwiila nga uri vhanwe vha vha vha maduvhani. Vha zwiilani zwofhambananaho zwino zwi nzwerisa nwana ha tshavha na mutakalo wavhudi, nwana wa hone u aluwisa zwinwevho.

Ah zwiila ngauri vhatu vha vha vha kha zwiila zwo fhambananaho zwi ita uri nwana a kandeanga mirunzi ya vhatu, zwa mulwadza a nzwera nwana a sa tsha tamisa.

Ah Zwiila ngauri a hu dzheni vhabvana na vhathu vhare maduvhani, ngauri zwi lwadza nwana a si vhe na mutakalo wavhudi zwi a mu nzwerisa.

Ai Nwana a dzhenelwa asa athu wa tshikombo, tshikombo tshawe tshi a sita.

Vhafumakadzi vhanwe vha a dzhena vha so ngo ilela. Vhafumakadzi vha maduvhani avho, vhafumakadzi vho edela na vhanna vhavho tshihulwane avha vhathu vha a dzhenela nwana, nwana u fhedza a tshi nzwera asa tsha takadza nga maanda kha vhabvana na dzikhomba.

Khotsi a nwana na ene ha tei u dzhena hu re na mudzadze a takula nwana a sa athu u naka mukombo. Hezwi zwi thusa kha khotsi uri vha sa do lwala mato

Aj Nwana u ya kandedzea kana a sala a tshi lwala.

Ak Vhafumakadzi vha maduvhani a vha ngo tea u dzhena hu re na lutshetshe.

Vhafumakadzi vho edelaho na vahanna vhavho tshihulwane a vha ngo tea u dzhena hu re na lutshetshe. Khotsi a nwana na ene ha ngo tea u dzhena hu re na lutshetshe musi lu sa athu u wa tshikombo Hezwi zwi ita uri lutshetshe lu nzwere, lu sa vhe na mutakalo wavhudi, ngoma ya lutshetshe I thithisee kha kutambeke kwayo.

Al Zwi a ila ngauri mufumakadzi arali o dzhena hune ha vha na lutshetshe a maduvhani a takula lutshetshe lu sala lu tshi lwala, lwa nzwera (hezwi ndi u anda lu no to shonisa)

Mufumakadzi arali o dzhena hune ha vha na lutshetshe a lu takula o edela na munna wawe tshihulwane, lutshetshe lu a lwala. Khotsi a nwana ha ngo tea u dzhena hune ha vha na lutshetshe lu sa athu u wa mukombo, hezwi zwi do ita uri arali khotshi o takula nwana u vha na thaidzo ya mato, linwe divha khotsi a fhedza o swinga.

Am Zwi a ila ngauri arali a sa athu u wisa tshikombo tshi a lenga u wa.

An Vhathu vha vhafumakadzi a vha tendelwi u dzhena vha maduvhani. Munna na mufumakadzi na vhone na u tangana tshihulwane a vho ngo tendelwa.

Ao Arali lutshetshe lwo dzhenelwa nga mufumakadzi a tshi khou tamba a lu tahula lutshetshe lu a rotha, u rotha ndi u onda. Namusi o takulwa nga mufumakadzi o tshinyalwelwaho u a rotha.

20. What language do you communicate with a pregnant mother who is a Muvenda? Explain why? Musi muimana wa Muvenda o da u tolwa /kaliwa vha amba nae nga luambo lufhio? Kha vha talutshedze. Aa Vha amba na nne zwavhudi. Vha shumisa luambo lwa Tshivenda.

Ab Ndi vhona u nga vhatea vha shumisa luambo lune muimana a lu pfesesa.

Ac Ndi vhona u nga vhatoli vha nga vha vha tshi shumisa luambo lune a lupfesesa nuhone lwa u tou mu luvheledza uri a zwipfe urio hwala tshithu tsha ndeme

21. Which Tshivenda words associated with pregnancy do you use in communicating with a pregnant mother who has come for check-up? Give reason for your answer. Vha shumisa maipfi afhio, nahone a luambo lufhio ane a tshimbilelana na u dihwala vha tshi amba na muimana o daho u tolwa? Ndi ngani zwo ralo? Aa A thiathu u tou ambiwa na nne nga zwa vhuimana.

Ab Maipfi ao tambaho a Tshivenda arali a muvenda a Xitsonga arali a mutsonga u itela uri muimana a vhe na vhu difari havhudi na u di thogomela.

Ri mu vhudzasa uri u khou la zwiliwa zwire na mutakalo naa, Na u mu vhudzi uri arali a vhona malofha nga tshifhinga hetshi a gidimele sibdela, Ri a mu vhudzisa uri a tshi lwala u do isa hani sibadela.

Ac Vhatoili vah shumisa maipfi anonga uri nu di thogomele, ni le zwiliwa zwa mutakalo, ni le mishonga ne ra nifha.

6. 22. Which Tshivenda words associated with giving birth do you use when communicating with the mother? Why do you use them? Maipfi ane a tshimbilelana na u beba/ u vhofholowa ane vha a shumisa vha tshi amba na mudzadze ndi afhio nahone a luambo-de. Ndi ngani vha tshi shumisa ayo maipfi.

Aa E zwo a vhaathu u amba na nne sa izwi ndi saathu u swika u vha na nwana.

Ab No answer

Ac Mudzadze u tutuwedziwa uri a le zwiliwa zwine zwa do ita uri a tavhanye a fhole, kana a dovhe a vhuyelele kha tshi imo tshawe tsha kale.

23. Which Tshivenda words associated with the new born do you use when advising the mother?. Why do you use them? Vha shumisa maipfi afhio a luambo lufhio kha zwi kwamaho lutshetshe na mme a nwana. Ndi nga ni zwo ralo?

Aa U nga zwe nda fhindula afho nth a vhaathu u amba na nne.

Ab Ri shumisa maipfi a Tshivenda musi a tshi khou laiwa uri a farise hani nwanana ene mune.

Ac Mme vha vhudziwa uri vha mamise nwana nga maanda na uri vha thogomele mukombo wa nwana.

ANSWERS FROM THE COMMUNITIES

In this interview, the researcher will find the old and the new words that are popular nowadays. The participants allow to give or to add where the researcher not touch.

1. What do we say has happened to a woman who will have a child in Tshivenda? Give five or more words and support your understanding. Arali mufumakadzi a tshi do vha na nwana hu pfi o ita mini nga Tshivenda? Kha vha nee maipfi ane a nga swika mațanu kana u fhira. Kha liñwe na liñwe vha țalutshedze vhupfiwa havho.

Aa O di hwala – ndi uri una muthu thumbuni

O gonya miri – a thi divhi ngoho

O vundea mulenzhe – ndi uri a u tsha da kona u tsa u tshi gonya na bada

Ab O vhfifa muvhilini, O di hwala, O gonya miri

Ndi muthu wa thovhele, Ndi muimana

Ac O vhfifa muvhilini - mivhili wawe a tshu vha nga ndila ye wa vho u wone.

O di hwala - muthu uyu o hwala muthu

Ndi muimana - muthu uyu u ima uya mauvhani ngauri husi kale u yo vha na nwana
O gonya miri - o gonya mirri ngauri u na munwe muthu khae.

Ndi muthu wa thovhela - muthu uyu u t̄honifhiwa na nga mahosi, nga uri una muthu
khaye.

Ad O Vhifha muvhiluni, U na thumbu

Muthu wa thovhela, U di hwala

O gonya miri, Ndi muimana

Ae O Vhifha muvhiluni, U na thumbu

Muthu wa thovhela, U di hwala

O gonya miri, Ndi muimana

Ae O d̄i hwala - ngauri u vhone a o hwala tshithu nga phanda

O vhifha muvhilini - nga uri u vha a sa tshavha zwe a bebwa e zwone

O gonya miri - nga uri hu vha hu na tshithu tsho gonyaho nga phanda hawe.

Af O dzedzefhala, O tsa mirini O vhofoholowa, O tshila O etsemula

Ag O gonya miri, O di hwala. O vhifha muvhilini, Ndi muthu wa thovhela.

Ah U vha mudzadze. Ngauri u vha a muthu asi tsha vhone na mukalaha wawe
u swika n̄wana a tshi wa tshikombo.

O vhifha muvhilini. Ndi muthu wa thovhela.

Ah O vhifha muvhilini - O vhifha muvhilini nga uri ha ngo fhelela ho dzhena tshinwe.

O gonya miri - Ono vha na tshithu nga phanda.

U na thumbu - i vha yo no hulesa yo no vha khulu.

Muthu wa thovhela - Ngauri u vha ono vha na thumbu khulu.

O d̄ihwala - U vha o hwala tshithu nga phanda.

Ai U na thumbu - Thumbu iyi yo fhambana na thumbu yo l̄aho vhuswa, nga uri heyo
i vha yo hwala muthu

O d̄ihwala - O d̄i hwala nga uri o no vha na muthu muvhilini wawe.

O gonya miri - O gonya miri ngauri hu na n̄wana are muvhilini wawe ane a d̄o hula
a tshi ya phanda.

Muthu wa thovhela - O hwala zwithu zwivhuya, ndi ngazo a tshi t̄honifhiwa na nga

mahosi.

O vhifha muvhilini- Tshivhumbeo tshawe tshi vha tshi si tsha fana na tsha u thoma tshine a ḁivhiwa ngatsho.

U pfukwa- O pfukwa ngauri ha ngo tshaya maḁuvhani ngauri ho vha na u vhumbea ha ḁwana muvhilini wawe.

Ndi muimana- Ndi muthu ane a vha na tshithu tshine ra tshi vhidza uri ḁwana muvhilini wawe. Zwa sia mbonalo yawe I tshi tshuisa.

Aj Ndi mudzadze. U vhofha thumbu, U ḁiilela nduni. U ḁa uri ḁwana a wane mafhi.

Ak O ḁi hwala - O hwala zwithu zwine zwa vha zwivhuya muvhilini

O vhifha muvhilini - O vhifha muvhilini wawe ngauri muvhili wawe a u tsha fana na kale kana tshivhumbeo tshawe tsho shanduka ngauri u na muthu muvhilini wawe.

Ndi muthu wa thovhela - U pfi muthu wa thovhele ngauri u na muthu muvhilini wawe ndi nga zwo a tshi ḁhonifhiwa na nga mahosi.

Ndi muimana - Ndi muthu are na munwe muthu muḁuku nga ngomu hawe ane a ḁo hula a vha muthu.

O gonya miri - O gonya miri ngauri hovha na u gonyana ha vhathu vhavhili ha fhedza hu khou bvelela muthu muvhilini a ne a ḁo vhidzwa u pfi ḁwana.

U na thumbu - U na thumbu nga uri thumbu yawe yo hula lwo kalulaho a i fani na thumbu ya vhuswa nga uri yawe i na muthu nga ngomu hayo.

Al O pfukwa - O pfukwa nga uri ha ngo vhona maḁuvha awe a ḁwedzi.

U na thumbu - Thumbu yawe yo hula vhukuma isi ya u ḁa vhuswa i thumbu ya ḁwana.

O ḁihwala - O ḁihwala nga uri o hwala muhwalo wa ḁwana.

Ndi muthu wa thovhela - Ndi muthu ane a ḁhonifhiwa na nga mahosi izwi e na muthu nga khæ.

Am Nga u sa vhona maḁuvha, U hula ha thumbu

U pfukiwa nga maḁuvha a ḁwedzi

An O gonya miri, U na thumbu, Ndi muimana, Muthu wa thovhela, O dihwala.

Ao O gonya miri, U na thumbu, Ndi muimana, Muthu wa thovhela, O dihwala

2. What do you call a woman who has given birth in Tshivenda?

Arali muthu a na n'wana muṭuku u vhidziwa u pfi mini?

Aa Mudzadze **Ab** Mudzadze

Ac Ndi mudzadze **Ad** Mudzadze

Ae Mudzadze **Af** U vhidzwa upfi ndi mudzadze.

Ag Mudzadze, ngauri u vha a tshi kha di mamisa

Ah Mudzadze. **Ai** Ndi mudzadze.

Aj Mudzadze. **Ak** Ndi mudzadze.

Al Ndi mudzadze. **Am** Mudzadze.

An Ndi mudzadze. **Ao** Ndi mudzadze.

3. There is a tendency to borrow words associated with birth from other languages. Mention them and give your view point in full. Ho no vha na dzema kha Vhavenda ḽa uri arali mufumakadzi a tshi khou ya u wana n'wana hu shumiswa maipfi mapambwa. Ndi afhio? Kha vha ṭalutshedze vhubufiwa havho vho ḽisendeka ng ayo maipfi.

Aa U khou ya u beba – li bva kha birth

Ab U diliva lo bva kha English, na u in labour, vhatu vha shumisa maipfi ayo ngau pfa unga vha vha vha khou ṭhonifha muthu onoyo ane a khou ya vhofholowa

Ac U beba ḽi bva kha Tshisuthu pepa zwine zwa amba u vha na n'wana

Ad Ndi diliva, deliver ḽi bva kha English hezwi zwi amba u beba.

Ae U na thumbu, Ngauri vha vha vha tshi khou shumisa maipfi ane a tavyhanya wanala a sa kondi.

Ae U khou ya u vhofholowa ngauri maḽuvha vha o swika a uri a wane n'wana

Af U khou ya u diliva, U khou ya birth

Ag U na thumbu.

U vhidzwa u pfi u na thumbu nga uri ndi one maambe ane a tavyhanya u pfala nga munwe na munwe.

Ah U khou ya u beba. Ndi ngauri minwedzi yawe i vha yo swika uri a vhe na n'wana.

Ah U khou ya u vhofoholowa. Hu pfi u khou ya u vhofoholowa ngauri maduvha awe a vha o swika uri a vhe na n'wana.

Ai Diliva - li bva kha English deliver.

U zala - zwi amba u beba ndi Ttshizulu

Kubebula - Ndi u beba nga tshi Tsonga

Thola mutwana - Tshizulu u wana nwana

Ano maduvha vhatu vha vhona u nga u beba a si zwavhudi kana a si maipfi avhudi, vha vhona u nga vha tshi ri u diliva ndi u vhuvhisa kha avho vha sa pfi luambo nga maanda vhatu vhaaluwa.

Aj U vhofoholowa kana u beba U khoun yau vha na n'wana mutuku

Ak U diliva-Ndi ipfi li bvaho kha English deliver line la amba u vhofoholowa.

Al U beba - li bva ka Tshisuthu pepa line la amba u vhofoholowa.

Am U beba

An U diliva

Vhatu vha shumisa u diliva vha pfa u nga vhari u vhofoholowa ndi u semana, vhatu vha dzhia luambo lwa Tshiisimane lu luambo lwavhudi lu sa semani.

Ao U diliva- li bva kha ipfi la English deliver.

4. What do we call food that is eaten by the mother who had given birth in

Tshivenda? *Zwiliwa zwine zwa liwa nga mudzadze zwi pfi mini nga Tshivenda? Kha vha nee madzina azwo vha talutshedze zwine a amba. Aa Vhuswa vhutete vhune ha dudela.*

Ab U tea u la mitshelo na miroho na tshinwe na tshinwe tshi na mutakalo

Ac Mukapu, hu dzhiwa thi dishi tsha mukapu tsha kanda kha thumbu uri l dzudzane zwavhudi.

Mukusule wa munawa, U nwa muthotho wa hon uri thumbuni hu dzudzane. Vhuswa ha u fhiswa, Uri madamu a gauwe huvhe na mikandominzhi. Tie ano maduvha, uri mme vha vhe na mikando.

Ad Mukusule wa munawa, mukusule u thusa uri daangali la mme a nwana hu dzudzane

Vhuswa ha mutuku vho no fhis vhu ita uri madamu a gauwe nwana a wane mikando Mitshelo na miroho hezwi zwi ita uri mme na nwana vha vhe na mutakalo wavhudi.

Ae Mukusule wa munawa. Mabovhola a u gausa madamu. Na tie ya u dudela uri nwana a wane mikando..

Af No respond

Ag Tie ya u dudela u itela uri nwana a wane mikando

Mabundu a u itela uri nwana a kone u wana mutakalo wavhudi na hone hu itelwa uri mikando i tavhanye u bva, Mukusule wa Munawa

Muroho u mufha mutakalo

Ah Tie ya u dudela uri nwana a wane mikando.

Vhuswa ho fholaho vhu vhukati ha u fhisa na u fhola hu ita uri mikando ibve.

Muthotho wa munawan u lafha tshikangala. Mukapu u gausa madamu a mudzadze uri mikando ibve. Mitshelo i itelwa u ita mutakalo kha nwana.

Ai Mudzadze u tea u bikelwa mukusule wamunawa a sura muthotho u nsina muroho. A tshi itela tshikangala (Tshikangala ndi tshilumi tshine tsha itea nga murahu ha musu nwana o no bebiwa, ono bva kha mbumbelo nowa I vha I khou toda nwana I fanela uri u hone.) Vhuswa ho no fhisa/ nga maanda ha mutuku uri madamu awe a gauwe a vhe na mikando ya u fusha nwana. U tea u mamisa nwana wawe mukapu wa mugayo/ mavhele hu dzhiiwa tshidishi tsha hone tsha mu kanda kha thumbu uri I dzudzane

Mudzadze u tea u vhofha muvhofho uri thumbu I dzudzane, Ano maduvha hu vhofhiwa nga dugu kana bannda, vhakale vho vha tshi vhofha nga luzwa.

Aj Khongodeli.

Ak Mukapu- Ndi vhuswa vhusekenr ho itwaho nga mugayo kana mavhele

Munawa- Ndi mukusule wo itwaho nga muroho wa munawa u vha wo tou anewawa omisiwa

Mitshelo-I ngavha mitshelo ya daka kana mitshelo ya daka kana ya tshikhuwa.

Al Lambadza - Ndi mukapu u luwaho nga mudzadze nga matshelonio
Vhuswa ho no vhisaha mutuku na mukusule.

Am Mudzadze u tea u la mukusule u ita uri dangani la mudzadze h vhuzelele.

Mudzadze u tea u la vhuswa ha u fhisaha mutuku uri madamu awe avhe na mikando
a kone u fusha nwana ngayo. Ano maduvha hu nwiwa tie l fhisaho uri madamu avhe
na mikando minzhi, nwana akone u mama afura.

An Mukapu wa mugayo kana wa mavhela, mukapu uyu u shuma u dzudxanya
thumbuni ya mudzadze Muroho wa mukusule nawone u shuma u dzudzanya
thumbu ya mudzadze.

Ao Mukusule wa munawa, kana u sevha nga mukusule wo itwa muthotho munzhi
uri thumbuni hawe hu dzudzane.

U vuwa nga matsheloni a itelwa mukapu wa mugayo kana mavhele a kandiwa
ngawo kha thumbu, Hezwi zwi itelwa uri thumbuni yawe hu dzudzane.

**5. What do we call a new born baby in Tshivenda? Nwana mutukutuku
ane a**

kha di bva u bebiwa u vhidzwa u pfi mini nga Tshivenda?

Aa Lushie

Ab . Lutshetshe Lushie

Ac Lutshetshe. U bva kha o u swika khaa minwedzi mitanu na muthihi.

Lushie. U bva kha o u swika khaa minwedzi mitanu na muthihi.

Ad Lushie, Lutshetshe, Lukhandwa

Ae Lushie.

Af Lushie

Lutshetshe

Ag U pfi lushie kana lutshetshe.

AhLushie.

Lutshetshe.

AiLutshetshe.

Lushie.

Lukhadwa.

Aj Lutshetshe.

Ak Ndi lusheshe.

Ndi lushie.

Ndi lukhadwa.

Al Ndi lutshetshe lu bva kha 0 u sweika kha minwedzi mitanu na muthihi.

Am Lutshetshe

An Lutshetshe

Lukhadwa

Lu bva kha o u swika kha minwedzi ya malo

Ao Lutshetshe, u bva kha o u swika kha minwaha mitanu na muthihi.

6. Mention types of food that is given to a new born baby in Tshivenda.

Explain each in full. *Kha vha bule tshaka dza zwijiwa zwine zwa newa nwana ane a kha di bva u bebiwa nga Tshivenda. Vha inge nga u talutshedza lushaka luñwe na luñwe.*

Aa Mikando na Glucose

Ab Tshiunza na khongodoli

Ac Khongodoli

Tahiunza

Mikando

Ad Mikando, ndi mikando i bvaho kha madamu a mia nwana o to mamisiwa

Khongodoli, ndi mukapu musekene wa mugayo u nonga madi.

Tshiunza, ndi mukapu u no rindiwa wo tanganyiswa na mishonga ye a fhiwa nga vho maine..

Ae Mukapu wa tshiunza u thusa mikando.

Mikando ya mme, ngauri mikando i mu thusa uri a aluwe zwavhudi.

Af Mikando- I wanala kha mme kha madamu a mme

Khongodoli- mukapu musekene wa madi

Tshiunza- ndi mukapu wo rindwaho na midzi ya mukolokote

Madi

Ag Mikando ya mme-Ndi u iktela uri nwana a aluwe zwavhudi na hone ana mutakalo

wavhudi na hone nwana wa hone u vha na muvhili wavhudi

Mukapu wa tshiunza

Ah Mikando ya mme-U itela u furisa na u nea mutakalo.

Tshiunza kana khongodoli i thusa uri heyi mikando ya mme awe ine a khou mama i si mu songolose.

Ai Khongodoli i thusa uri heyi mikando ya mme awe isi mu songolose

Ai Mukapu

Tshiunza- Ndi mukapu wo rindwaho wo tanganyiswa na mushing ye a fhiwa nga vhomaine.

Mukandululo- u suriswa mukandoni, Ndi madi ane a vha o tanganyiswa na mushonga uri dangani lawe hu dzudzane.

Aj Madi na mafhi, mikando ya mme awe.

Ak Khongodoli-Ndi madi o shelwa mugayo mutuku-tuku zwa fhedza zwi tshi nga madi.

Tshiunza- Ndi mukapu wo tanganyiswaho na mugayo na midzi ya mukolekote ye mme a nwa a i fhiwa nga vhomaine musu vha tshi mu thusa.

Mikando – Ndi mafhi a wanalaho kha madamu a mma awe.

Mukandululo- Ndi madi o tanganyiswaho na mishonga I bvaho kha vhomainr, mukandululo uyu u nwiswa nga Matsheloni na nga madekwana hu tshi itelwa uri dangani lawe hu dzudzane.

Al Mikando. Ndi mafhi a no bva kha madamu a nwana.

Mukanduklulo- Ndi madi o tangana na shunga i bvaho kha vhomaine.

Tshiunza- Ndi mukapu wo no rindwa wo tanganyiswa na midzi ya mishonga i bvaho kha vhomaine.

Am Mikando

Madi

An Khongodoli-Ndi mukapu musekene u ne wa nga madi, musi u tshi bikiwa a u lengi tshivhasoni, ndi u sokou vhea kha tshi vhaso wa dovha wa fula.

Ao Khongdoli- Khongodoli ndi mukapu u no liwa nga nwana a tshi kha di bv u bebwa.

Tshiudza- tshiudza ndi tsha lutshetshe musi ono thuswa. Ndi mukapu wo tanganiswa na midzi ya mushonga.

7. What do we call feeding a new born baby in Tshivenda. Give a number of words, your view and their functions. U Jisa nwana ri ri ndi u itani nga Tshivenda? Kha vha nee maipfi o vhalahvha talutshedze kushumisele kwao na vhubiwa havho

Aa U khou kapudziwa

mukapu

Ab U nusa

U kapudza

Ac U nusa, ndi u ganamisa nwana wa dzhia madi a u nanga, wa shela mukapu kha tshanda tsha monde wa isa mulomoni ngeno tshanda tsha u la tshi khou lisa nwana.

U kapuddza, ndi u kapudza nga tshanda tsha monde,

Ad U nusa, ndi madi, mukapu wo shelwaha ha tshanda tsha monde tshanda tsha ula tshi tshi khou u mulisa

U kapudza, ndi u kapudza vhuswa nga lebula nga tshanda tsha ula.

U thothedza, ndi u thothedzaa vhuswa nga tshanda kha tshidishi wa muisela kha mulomo nga tshanda tshaa u la.

Ae U nusa

Ngauri ndi kone kulisele kwa nwana wa Vhavenda ri tou nusa.

Af U nusa, ngauri ndi kwone kulisele kwa nwana, u tou nusiwa nga Tshivenda

U kapudza nga lebula, na kone ndi kulisele kwa nwana nga tshi zwino

Af U nusa.

U kapudza.

Ag Unusa ndi u lisa nwana nga tshanda wo tou mu takula u tshi mulisa nga tshanda u tshi shela mukapu kha zwanda

U kapudza ndi musu u tshi khou mu kapudza kana u lisa nda lubula

Ah U nusa nwana ndi musu u tshi khou lisa mukapu wo shela kha zwanda u tshi khou mu panga nga ngomu mulomonin ya do vha hafha kwa vha kwone kwu lisele kwa nwana u you nusiwa.

Ai U nusa ndi u dzhia madi, tshanda wa vhea nwana kha tshanda tsha monde tshanda tshaula tshi khou mulisa.

U lisa- Ndi u mulisa nga lebula hu si nga tshanda.

Aj Ndi u nusa.

Ak U nusa- U nuswa nga tshanda tshaula tsha monde ndi tshone tshine tsha shela vhuswa ngeno thanda tshaula tshi khou lisa

U thothedza-U nwata vhuswa nga tshanda tsha u la wa thothedza kha muthohotho ure tshidishini wa kona u lisa kha nwa.

U kapudza- Ndiudzhia vhuswa wa fha nwana nga tshanda tshaula

U lisa-Ndi u dzhia mukapu wa lisa nwana nga tshanda tsha ula nga lebula.

Al U nusa- Ndi u dzia madi a u nangedza khao tshanda, wa dzhia mukapu wa u shela kha tshanda tsha monde, tshanda tshaula ndi tsha ulisa.

U thothedza- Ndi dzhia vhuswa wa vhu thothedza kha tshi dishi wa isa mulomoni nga tshanda tshaula, hoyu nwana u vha o no thanya nyana, a nga vha an minwaha u ya kha mivhili.

U kapudza- Ndi u dzhia mukapu kga lebula wa kapudza nwana.

Am U nusa.

U lisa.

U thothedza.

U kapudza.

An U nusa

U kapudza- nwana u vha a khou kapudzwa nga tshanda.

U thothedza-nwana u vha a kho toy thothedzwa a tshi iselwa mulomoni a tshi la.

U nusa, u vha o tou ganamiswa a thivhiwa ningo a tshi liswa.

Ao Ndi u munusa- u vha wo mu ganamisa wo mu pata tshanda tsha monde ndi tshone tshi no fara vhuswa, tshanda tsha ula tshi vha tshi khou kapudza

U lisa, U thothedza uyu u vha o no muhulwane ubva kha nwaha uya ntha.

8. In Tshivenda, what is supposed to be performed before a new born baby is still restricted inside the house. Is this practice still in-force today? Nwana a sa athu u bva nduni nga Tshivenda hu pfi u tea u thoma a itiwa mini? Zwi itelwa mini? Hone kha la namusi zwi kha di itiwa?

Aa U thusiwa uri a songo hwala malwadze. Ee ndi a tenda uri zwi kha di itiwa

Ab A thusiwa, zwi itelwa u tsireledza nwana, kha la namusi a zwi tsha tou wanala sa izwi vhathu vha tshi vho vho tshila nga tshikereke.

Ac U thusiwa. U tsireledza kha malwade a misho

Ee, vhunzhi ha vhathu vha vho thusa nga kereke, vha shumisaho vhomaine asi vhanzhi.

Ad U thusa, ndi u mu tsireledza kha malwadze na u mutanganyisa na mimuya ya vhanwe vha thusiwaho.

Ee, nwana u kha di thusiwa na kha la namusi.

Ae U tea u thoma a thusiwa

A songo kandekanyiwa nga mirunzi ya vhanwe vho no thusiwaho

Ee, zwi kha di itiwa na namusi

Af U thoma a thusiwa uri a so ngo kandekanywa nga mirunzi ya vhathu.

Ag U thoma a thusiwa, zwi itelwa u thivhela misho (malwadze ane a nga dela nwana musi a tshi khou tangana na mirunzi ya vhathu vho fhambananaho).

Hu a thoma ha lindelwa tshikombo tsha nwana tshi tshi wa.

Ah U thoma a thusiwa.

Zwi itelwa uri a songo kandekanyiwa nga mirunzi ya vhanwe vho na thusiwaho.

Ee, zwi kha ɔi itiwa na ɔamusi nga uri ri kha ɔivha na vhakegulu vhane vha a tevhedzela zwa sialala na zwavhurereli.

Ai A thusiwa- zwi itelwa uri ɔwana asa lemeliwe nga mirunzi ya vhanwe, ngauri vhanwe vha ɔo vha vho thusiwa ene vha a mutsiko nga uri ha ngo thusiwa Hu vha hu khou itelwa misho (ndi malwadze ano fara vhana). Ndi musi ɔwana a tshi tetemela a shanda mato a fhedza oma, mme awe u ɔo mbo ɔi lila, ono lila ɔwana u fhedza o holefhala kha minwe ya mirado yawe kana a vha veveru (ɔabadaɔaba) Kha ɔa ɔamusi vhanwe vha kha ɔi zwi ita fhedzi a vho ngo tsha ɔala, Nga uri tshikhuwa tsho no dzhenesa , kana u ɔifha maanda kha vhathu Vharema.

Aj Hai. U thoma a thusiwa

Ak U thoma a thusiwa

Zwi mutsireladza kha malwadze kana mimuya ya vhathu vhavhi uri i sa mu pfukele. Ee, kha ɔa ɔamusi vhana vha kha ɔi thuswa, fhedzi-ha vhathu vho bva kha sialala. Vhunzhi ha vhathu vha vho thusa vhana vhavho nga dzikereke. Avha vha thusaho nga Tshirema/Tshivenda a si vha gathi.

Al A thusiwa

U mutsireledza kha malwadze o fhambananaho

Vha ano maɔuvha a si vhanzhi vhane vha thusa. Vha kha ɔi thusaho ndi vhaɔa vho faraho tshikale nahone mudini wa hone huna mukegulu.

Am U thusiwa.

Uri a kone u fhira u tshila kha mirunzi minzhi ya vhathu.

Kha ɔa ɔamusi a zwi tsha itiwa.

An U thoma nga u thuswa a kona u bvela nnda muɔani a sa yi khoroni, A ɔo kona u bviselwa nnda nga murahu. U vha khou tshireledzwa kha malwadze na u ɔanganyiswa na vha fhasi.

Ao ɔwana u thoma a thusiwa.

U vha khou tsireledwa kha malwadze na vhaloi. ɔwana u a vha a khou ɔanganyiswa na mimuya ya vhanwe vhathu.

Kha ɔa ɔamusi a si vhanzhi vho vho faraho nɔila ya tshikale ya u thusa ɔwana.

Hezwi zwa u thusa u tou vhala fhala na fhala, vhunzhi ha vhathu a vha musalauno vho fara tshikhuwa.

8. What do we call the person who performs rituals before the new born baby is seen by the public in Tshivenda? Do we still have people who perform rituals today? What are the importance of performing these rituals? Support your view. Muthu ane a farafara n'wana a sa a thu u bva nduni u vhidzwa u pfi nnyi nga Tshivenda? Vhanevha vhathu vha tshe hone? Hone vhuhulu hazwo ndi hufhio? Kha vha tikedze phindulo yavho.

Aa No answer

Ab Vhomaine, Vha tshe hone

Ndi u tsireledza n'wana kha malwadze

Ac Vhomaine

Ee, vha tshe hone

N'wana u vha a tshi khou tsireledzwa kha vhavhi (vhaloi)

Ad Ndi vhomaine

Ee, vha tshe hone vha vha vha tshi khou tshireldz n'wana kha mutakalo na uri a aluwa zwavhudi. U tsireledza na kha mirunzi ya vhathu vhavhi uri musi vha tshi da zwe vha hwala zwi si shume tshithu.

Ae Makhulu a n'wana.

Ee, hu tea uri n'wana a tshile zwavhuḍi a si na thaidzo.

Af Ndi maine.

Ee, vha the hone.

Hu itelwa uri n'wana a sa tou t'angana na mirunzi ya vhathu yo fhambananaho.

Ag Ndi makhulu a n̄wana

Hu itea uri n̄wana a tshile zwavhuḍi asi na thaidzo

Ai Vhomaine

Ee, Vha tshe hone

Vha mufhisedzela mishonga uri a hule zwavhuḍi, vha mu n̄ea na tshiunza tshine tsha ita uri a aluwe o takala, vha muḥanzwa na nga mushonga uri tshileme tshawe tshi si leluwe.

Vha mufhisedzela mishonga uri a vho ne vha bva kule vho hwala mimuya mivhi vha sa mu tsike a sala ngoma yawe isi tsha takadza u tshi mulavhelesa.

Aj Zwi ya ila

Ee. Ndi u tsireladza n̄wana.

Ak Ndi vhomaine

Ee: Vha tshe hone

Vhuhulu hezwo ndi u tsireledza n̄wana uri a sa sokou kavhiwa nga zwidwadze-dwadze. A dovha a tsireledzwa kha vhatu vhahulwane (Vha u silinga) uri zwine vha ḍa vho hwala zwi sa pfukele kha n̄wana.

Al Ndi vhomaine.

Ee: vha tshe hone.

Vha vha vha tshi khou tshireledza vhana kha malwadze na mirunzi ya vhatu vhavhi.

Am Vhomaine

Ee: Vha tshe hone

Vha tsireledza n̄wana kha malwadze na uri a sa tsikiwe nga mimuya ya vho thusiwaho.

An Ndi vhomaine.

Ano maḍuvha vha kha ḍivha hone.

Vhuhulu hazwo ndi u tsireledzwa kha malwadze.

Ao Ndi vhomaine vha muta.

Vhomaine na ano maḍuvha vha tshe hone vhane vha fara-fara vhana vha sa athu u bva n̄uni. Vhuhulu ha u fara-fara n̄wana ndi u mu tsireledza kha malwadze.

Ŋwana a so ngo farwa-farwa ho u vha a sina mutakalo wavhuḁi na luthihi, u dzulela u lwala.

10. What do the elderly people say when the new born baby cries endlessly, and what do they do? *Ŋwana arali a dzulela u lila a tshe lutshetshe vhakegulu vhari u khou ita mini? Nahone hu itiwa mini nga Tshivenda?*

Aa Vha ri a si wa hafha muḁini, u vha a tshi khou lilela vha hawe.

Ab Vha ri u khou lilela dzina, vha muisa ha vhomaine vha tungudzela arali hu dzina u mbo ḁi rinwa ḁenelo dzina a vhidzwa ngaḁo a mbo ḁi tou fhumula a si tsha lila.

Ac U khou lilela dzina

Hu iwa ha vhomaine. Ndi vhone vhane vha sedza nga ḁhangu dzavho uri dzina ḁine a khou lilela ndi ḁifhio.

Ad U khou lilela dzina, hu iwa ha vhomaine vha tungula nga ḁhangu vha vhone dzina ḁine a khou lilela ḁone. Musi vho no ḁi wana u a iriwa ḁenelo dzina u lila ha mbo ḁi fhela na zwenezwo..

Ae U khou ḁi kukumusa muvhili kana u khou tatamuwa.

Af Zwi vhidzwa upfi ndi misho (u khou lilela dzina), zwenezwo hu mbo ḁi ḁoḁiwa maine uri a ḁe a thuse ŋwana, kana u ḁo vhidzwa nga dzina ḁeneḁo ḁine a khou lilela ḁone.

Ag Vhakegulu vha ri ŋwana u khou tatamuwa kana u khou kukumusa muvhili. u tea u hameliwa mikando uri a sa tsha dzulela u lila.

Ah Vhakekugulu vha ri o thoma, vha ri u khou lilela dzina. u ri niwa dzina ḁeneḁo ḁine avha a tshi khou lilela ḁone.

Ai U khou lilela dzina

Hu iwa ha vhomaine vha pfa nga ḁhangu uri dzina ḁine a khou lilela ndi ḁa nnyi. ḁo no wanala a irwa a vhidzwa ngaḁo, a sa tsha lila na luthihi.

Aj U khou lilela dzina, u iswa kha vhomaine.

Ak U khou lilela dzina

U iswa ha vhomaine vha tungudzela vha vhona tshino khou lidza ŋwana. Arali hu

dzina vha dovha vha wane dzina line a khou li lilela, lo no wanala u fhiwa jeneo dzina u mbo di fhumula u lila na zwezwo.

Al U khou lilela dzina. Hu iwa ha vhomaine vha ya u pfa tshine tsha khou lidza nwana. Vhomaine vha zwi vhona nga thangu uri dzina line a khou lilela lone ndi lifhio. Dzina la hone la wanala u a rinwa u mbo di fhumula u lila na zwenezwo

Am Vha ri u khou lilela dzina.

Hu iwa ha vhomaine.

An U lilela dzina.

U iswa ha vhomaine vha tungudzela dzina line a khou lilela lone.

Ao U vha a tshi khou di kukumusa kana u vha a tshi khou lilela dzina.

U tea u fhiwa dzina jeneo line a khou lilela lone.

11. What terms do we use for babies who are born close to each other?. Arali vhana vha tevhekana, uyu o tevhelwaho hu pfi o itwa mini nga Tshivenda. Kha vha nee maipfi ayo vha a talutshedze

Aa U lumula

Ab O lumuliwa.

Ac O lumulwa

Musi mme vha tshi tou vhuzelela nduni nowa ya mbo di fara, zwa sia nwana uyu o lumulwaho a songo vha na tshifhinga tshawe tsha u mama.

Ad U lumuliwa - huvha na munwe hoyu munwe nwana a tshe mutuku.

Pfulekano - vho tou pfulekana nga uri ho vha na munwe nwana munwe asa athu pfelela kha u mama kana u swika tshiga tsha u litsha u mama.

Ae Ndi dzi pfulekano

Zwi vha zwi khou itela uri vha songo lwa.

Af O lumuliwa - u tea u thoma a lafhelwa hu u itela uri thumbu i dovhe i fare nahone nwana a tshi kha di vha mutuku, u mu lumulula uri aso ngo nzwera.

Af O lumulwa - ndi u litshisa damu tshifhinga tshi sa athu u swika.

Ag Vhavhidzwa u pfi dzipfulekano – nga uri vha vha vho tevhekana. Hoyo a

tevhelwaho u vha a songo pfelela nga u mama.

Zwi vha zwi khou itelwa uri vhana vha songo lwa na hone vha aluwe zwavhuḽi vha tshi funa na.

Ah O lumulwa.

Hu itela uri thumbu i fare ṅwana a tshe muṽuku.

Mulumulwa a songo nzwera.

Ai U lumuliwa- Ho bebwa munwe ṅwana a sa athu u aluwa nga ṅḽila ine a tea u vha na murathu.

Pfulekanyo- Ndi vhana vho tevhukanaho vha tshibebiwa. .A hongo vha na tshikhala tshihulwane tsha munwe ṅwana.

Aj U vha ṅwana o lumulwaho vha tou ri olumulwa - Ndi ṅwana ane a vha o vha hone kha mme awe vha kha ḽivha mudzadze ha vha na ene.

Ak O lumuliwa - Ho vha na munwe nwana hoyu o lumuliwaho asa athu u mama lwo linganaho kana mme a nwana vho mamisa nwana vha sa zwidivhi uri vha na thumbu.

Pfulekani - Ndi pfulekani ngauri ho vha na munwe ṅwana, hoyu munwe a sa athu lugelwa u vha na murathu.

Al O lumulwa - Ho vha na munwe ṅwana, musi hoyu o lumulwaho a tshe muṽuku.

Hezwi zwi amba uri ho yu o lumulwaho mme vho vha na thumbu a kha ḽi mama.

U tevhekana - ṅwana o tevhelaho o vha hone hoyu munwe a sa athu u fhedza u ṅwaha

Am O lumuliwa.

An O lumuliwa, Hoyu nwana u vha o mama mme awe vho vhifha mivhiluni.

Ao Ndi u lumula - Musi hu tshi pfi o lumulwa , hoyu o lumulwaho u vha o mama mme awe vho vhifha muvhilini, kanzhi zwi itea mme a ṅwana a sa zwi ḽivhi. Naho zwo ralo vha khethekanya mikando.

12.Please provide any other information related to pregnancy and childbirth language and taboos. *Kha ri pfe zwiṅwe.*

Ab Zwinwe zwithu zwine zwi nga itwa u thusa vhaimana ndi vhona u nga vha tea u vheiwa nga zwigwadagwada musi vha tshi ya zwikaloni u itela uri vhafunziwe nga vhundema ha vhuimana. Vha tea u funziwa nga ha masiandoitwa a musi muimana a so ngo vha na u ṭhogomela vhuimana hawe, nga uri ri wana uri hu khou vha na dzi mpfu dza vhana kana vhaimana nga uri vha vha vho shaya ndivho ya vhuimana.

ANSWERS FROM NURSES AND DOCTORS

Some nurses and doctors gave answers the way they understood. The following answers came from the nurses and doctors from the hospitals and clinics. The researcher named the participants alphabetically. .

The researcher is Mutshinyani Mercy Mahwasane, from University of South Africa in the Department of African languages.

Supervisor: Prof T.M Sengabni

Co-supervisor: Dr K.Y Ladzani

Place/Fhethu.....

Date/Datumu.....

Please answer the following questions to the best of your ability. Ri vha humbela uri vha fhindule mbudziso dzi tevhelaho nga vhuronwane na vhuḏiimiseli.

1. Ethnic group/race/ Tshigwada tshine vha wela khatsho.

Black

White

Coloured

2. Are male or female?/ Vha mbeu ya tshinnani kana tshisadzini?

Male/Tshinna

Female/Tshisadzi

3. What is your age group? Vha kha thangana i fhio?

20-34....35-40.....41-50.....51-60.....61-70...71-80....81-and above

4. What is your highest education qualification? Ndi murole ufhio we vha phasesa?

Master's Degree

Honors Degree

Junior Degree/ Diploma

Grade 12

5. What language does the unborn baby use in her mother's womb? *Ndi lufhio luambo lune n̄wana a lu shumisa musi a sa athu u ḡa shangoni?*

N2 Zwine nda vhona zwone ndi zwa uri u vha a khou shumisa luambo lwa dzi tswao, nga uri u vha a tshi khou raha raha lune ndi luambo lwa saini. Lwonolwo luambo lu sumbedza uri nwana o takala.

N1 Ndi u tamba tamba thumbuni ya mme awe kana u raha-raha

D1 Ndi lune mme a mba lwone, ndi henefha hune n̄wana avha a khou develop hone luambo lune a ḡo lushumisa. Zwe zwi a tshi tsukunyea u vha a tshi khou develop language..

D2 U amba nga u raha-raha

6. Is this language still used these days or nowadays? *Ulwo luambo lu kha ḡi tevhedzwa naa ano maḡuvha?*

N2 U nga si tou ri u a ḡalukanya nga uri kale vho vha vha tshi ḡa ra vha funza vha vhanzh, zwino ari koni u vha funza uri vha ḡivhe luambo lwa n̄wana nga uri vha ḡa tshikaloni nga muthihi nga muthihi. Zwine tshifhinga ri vha ri si na tsho tsha muthu nga muthu.

N1 Hai, kha mme a vha tsha ḡa tshikaloni zwine zwi a ita uri vha sa tsha funziwa nga ha luambo lwa n̄wana musi a tshe o ḡi hwala. Vha ḡa tshifhinga vhe tsini na labour

D1 U a lupfa nga u tsukunyea

D2 Lu kha ḡi tevhedzwa nga uri ria vhudzisa muimana o ḡa tshikaloni, uri o guma lini u pfa n̄wana a tshi tsukunyea

7. Does a pregnant woman understand the child's language? *Muimana wa ano maḡuvha u a pfa luambo lwa n̄wana naa?*

N2 Ee, Vha a lu pfasesa nga uri vha a kona u pfa uri arali a tshi khou tamba, nga u ralo, mme a n̄wana u fanela u itani zwi tshi bva kha uri n̄wana u khou tambisa hani.

N1 Hai, vho mme a vha tsha ya tshikaloni zwine zwi a ita uri vha sa tsha funziwa nga ha

luambo lwa n̄wana musi a tshe o d̄ihwala

D1 U a kona u lu pfa luambo lwa mme awe nga uri a tshi d̄a clinic u a funziwa nga ha

luambo lwa n̄wana

D2 N̄ne zwine nda vhona zwone ndi zwa uri n̄wana a tshi khou raha-raha i vha i tsumbo ya uri ha ngo lovha, mara ha koni u pfa uri ndi mutakalo kana ndi vhuṭungu mara j̄ivha dakalo ja uri n̄wana u khou tshila o takala. Arali ari duu kana a so kou pfa tha! u tea u zwi pfa uri hu na zwine zwi so ngo dzudzanaho, u tea u gidimela kiliniki.

8. Why is the pregnant woman unable to understand the infant's language before birth? *Ndi mini tshine tsha itisa uri muimana a sa pfe luambo lwa n̄wana wawe musi a sa athu u bebiwa?*

N2 A huna tshine tsha nga ita uri muimana a si pfe luambo lwa n̄wana wa we arali n̄wana a na mutakalo

N1 Ndi u shaya n̄divho nga uri a vha tsha wana n̄divho kha manese kana kha vha aluwa

D1 Arali muthu a so ngo t̄anganedza uri u muimana, a nga si kone u d̄ifha tshifhinga tsha u thetshesela n̄wana a tshi raha raha

D2 A hu tou vha na tshithu tshine tsha ita uri muimana a si pfe uri n̄wana u khou tamba

arali a khou tshila, nga uri ri a vha funza.

9. How did the previous generation understand the language of the newborn baby whilst in the mother's womb? *Hone musala uja luambo lwa n̄wana musi a sa athu u bebiwa vho vha vha tshi lu pfa hani?*

N2 Vho vha vha tshi lu pfa nga u tamba- tamba.

N1 Vhakegulu vho vha vha tshi pfa nga u tamba-tamba

D1 Vho vha vha tshi fara thumbu musi vha tshi pfa n̄wana a tshi khou tamba-tamba.
Zwine zwa amba uri vha vha vha tshi mupfa ngau tamba-tamba

D2 Vha vha vha tshi pfa ngau tamba-tamba.

10. How do you view today's language in relation to the pregnant woman?

Vha vhona hani luambo lwa ano maḍuvha ro zwi livhisa kha muimana?

N2 Luambo lwa n̄wana ano maḍuvha a lu tsheo. Ri fhanu clinic muimana ha tsha funziwa. Vhaimana vha ḍa u kaliwa nga zwifhinga zwo fhambanaho.

N1 Vhaimana a vha khou ya tshikaloni nga tshifhinga

D1 No answer

D2 No answer

11. Why does the language of the unborn baby in its mother's womb disappear? Ndi nga mini luambo lwa musi muthu o ḍi hwala lu tshi khou ngala ngala? Why pregnant languages disappear?

N2 Clinic ya fhanu ri a edzisa u n̄nea muimana chart ya uri a tick a tshi pfa n̄wana a tshi

tsukunyea. Ri vha ri khou ḍi fhedzela tshifhinga a vha zwi iti. Lune lu khou ngala ngala ngazwo.

N1 Vhaimana vha ano maḍuvha vha ḍi ita unga vha a ḍivha zwithu. Vha dovha hafhu

vha vha na mutsiko zwi tshi bva kha n̄divho ino bva kha manese na kha vhaaluwa hayani, vha sa ḍivhe uri ifhio ndi ifhio.

D1 Ndi ngauri vha khou vha vhaimana vha vhaḥuku

D2 A lu khou ngala ngala ngauri ri a vha funza nga ha luambo lwa n̄wana a sa thu bebiwa.

12. What are the differences of pregnancy nowadays and past generations?

How does today's pregnancy differ from the older generations?

Vhuimana ha ano maḁuvha ho fhambana hani na ha musala uḁa?

N2 Vhuimana ha ano maḁuvha na ha kale ho fhambana nga maanḁa, ri tshi ḁa kha zwiambaro a zwi fani. Kale ho vha hu tshi ambariwa rokho dzo vuleaho uri ḁwana a kone u tamba zwavhuḁi, mara vha zwino vha ambara mabokhathi ano pata ḁwana a balelwa u tamba.

Maḁele a zwino na a kale a zwi fani nga uri kale ho vha hu tshi pfi a u tei u ḁesa u tshi tou kaleliwa. ḁwana wa hone a tshi bebiwa u ḁo wana a muḁuku-ḁuku a si na pfushi.

N1 Ho fhambana nga uri vha kale vho vha vha tshi ambara dzi rokho na zwikete dzi sa

vhonadzi, fhedzi vha zwino vha ambara zwa u pata zwi no si a zwirumbi nḁa. Vhaimana vha zwino vha ambara zwiambaro zwine zwa ita uri ḁwana a si kone u tamba. Vhaimana vho vha vha sa lukiwi mavhudzi mara vha zwino vha a luka, hu tshi pfi ḁwana u ḁo bebiwa ana mitalo kha ḁhoho.

Vhaimana vho vha vha sa tei u vhona zwipuka ngauri u ḁo beba ḁwana a tshi elana na tshipuka, o vha a sa tendelwi uya lufuni na u amba amba fhedzi vha ano maḁuvha vha a zwi ita

D1 Vhaimana vha zwino vha ambara zwino vha pata, vha a vhofha mabanda, vhakale

vho vha vha tshi ambara zwiambaro zwi no dzumba thumbu

D2 Kale ho vha hu na kuambarele nga uri ho vha hu tshi pfi ni songo ḁi manya, vha tshi ri ani tei u ambara zwi no guma vhukati. Zwa zwino muimana u a kona u ambara bokhathi yawe ende a hu tshena zwa uri arali muthu ana thumbu u do ya a renga mathinithi, vhatu vha khou ambara zwoḁhe, zwine a funa.

13. Are pregnancy taboos still followed among Vhavenda and why? Zwiilaila

zwa vhuimama kha Vhavenda zwi kha ḁi tevhedzwa naa? Ndi ngani vha tshi ralo?

N2 A zwi tsha tevhedzelwa. Munwe na munwe u khou so kou di tshilela, vhaimana vha a tshimbilela, vha ya dala na dzinyrndo dza tshikhala vha a dzi fara, vha tshimbila dzi nyendo u swikela maḁuvha a u beba a tshi swika.

N1 A vha tsha tevhedza nga uri vha la zwoḁhe na zwine a vho ngo tea u zwi ḁa

D1 A zwi tsha tevhedzwa, kale vha vha vha tshi ri u muimana ha onesi, ha fhelekadzi muthu, vha zwino u tshi vha kaidza a vha tsha pfa. Vhaimana vha zwino vha nwa mahalwa vha dovha vha daha mafola Zwiḁwe zwo vha zwi tshi bva kha lutendo, vha no zwi tevhedza ndi vha no dzula

na vhakegulu.

D2 A zwi tsha tevhedzwa nga uri u a wana vhaimana vho di ambarela dzirokho dzavho

dzi no vhonadza vha dzi bitshini, ngeno vhaḁwe vha tshi kha di zwi tevhedza, vha kale vho vha vha tshi ri muthu wa muimana ha li muladza, ha imi munangoni.

14. What are the main aims of pregnancy taboos among Vhavenda? Zwiilaila zwa muimana vhuhulu hazwo ndi mini kha Vhavenda? Kana zwiilaila zwa muimana zwi vha zwi tshi khou shuma mini kha Vhavenda?

N2 U ya nga ha nḁe a thi vhoni zwi na mushumo nga uri ho vha ho tou ḁala u shushedza.

N1 Zwo vha zwi tshi muthusa uri a tsireledzee, u sa lesa zwo vha zwi tshi muthusa uri a bebe zwavhuḁi. Zwo vha zwi tshi muthusa uri a bebe ḁwana are na mutakalo nahone wa vhudi, zwo vha zwi tshi mu thusa na kha kualutshela kwa ḁwana musi a tshe thumbuni ya mme awe

D1 Ndi u tsireledzwa ḁwana

D2 Ndi u tsireledza ḁwana kha malwadze.

15. What would happen if pregnancy taboos are not followed or respected?

Arali vhuilaila ha muimana hu sa tevhedzwa hu bvelela mini?

N2 No answer

N1 Zwa sa tevhedzwa zwi ita uri hu si bebwe n̄wana wavhuḍi.

D1 Tshikombo tsha n̄wana tshi a siṭa

D2 Arali muimana a ḵa muladza n̄wana a tshi bebiwa u a eḍela nga uri o ḵa zwithu zwa

mulovha zwo eḍelaho. Arali a ima munangoni tshifhinga tsha musi a tshi ḍo vhofoholowa n̄wana u ḍo ima nḍilani. Arali hu thumbu yo tou simetshadzelwaho hu vha hu na mishonga ye ya fhaheva, musi i tshi thoma u luma hu ya ha fhaululwa iḵa mishonga yo fhaheva.

16. What are the consequences with regard to a pregnant woman not following taboos?. Arali muimana a sa ḍiileli zwi na masiandoitwa-ḍe?

N2 Musi wo sedza zwe zwo kale kha believe ya vhakale wo vha u tshi vha na n̄wana ane mutakalo u sivhe wavhuḍi, wo vha u tshi beba nga muaro. A tho ngo ṭangana nazwo mara

D1 no answer

D2 no answer

17. What are the advantages adhering to pregnancy taboos ? Zwi thusa mini musi muimana o ḍiilela?

N2 No answer

N1 No answer

D1 U beba n̄wana a re na mutakalo wavhuḍi.

D2 No answer

18. What is the importance of following taboos associated with an infant tabooed among Vhavenda? Ndi nga mini lutshetshe lu tshi ila?

N2 Ndi ngauri hu na malwadze manzhi a phirela sa TB na tshifumbu, zwino ri tea

u mu ilela u swika a tshi ya vhathuni, ndi ngazwo ri tshi vhudza mudzadze uri arali a na mukhushwane kha mu mamise, a edele thungo nga uri arali nwana a farwa nga mukhushwane u vha a sa athu vha na mushonga nga uri tshivhindi na mafhafhu avha a tshe zwitete.

N1 Lu a ila nga uri arali wa so kou lu fha muthu a nga lenga u mela maṅo. Nwana ha

takulwi nga muthu o lovhelwaho nga uri u a lovha, ha fariwi nga muthu are maḁuvhani nga uri u a fhisa .Arali muthu aya ṅuni tshihulwane ha tei u fara nwana nga uri u a lwala, na musu muthu o thutha thumbu kana o huma ṅila.

D1 Hu vha hu tshi klhou tsireledziwa nwana na u ita uri mukombo wa nwana u so ngo

siṭa. Arali mme a tshi khou ya ṅuni tshihulwane a ṭanzwa mukombo wa nwana a u omi.

D2 Vho vha vha tshi tenda kha uri muthu munwe na munwe u na mimuya. Vha tenda

na kha uri arali muthu a tshi khou bva ṅuni, a takula nwana zwi a lwadza nwana

19. What language do you use to communicate with a pregnant mother who is a Muvenda? Explain why? Musi muimana wa Muvenda o ḁa u ṭolwa /kaliwa vha amba nae nga luambo lufhio? Kha vha ṭalutshedze.

N2 Nga Tshivenda arali a Muvenda, arali a mubvannḁa a sa pfi Tshivenda ri shumisa English, fhedzi vhunzhi havho vha ḁa na munwe muthu ane a ḁo vha ṭalutshedza zwine ra vha vhudza arali a sa pfi Tshuvenda.

N1 U ambiwa nae zwavhuḁi u mu vhudza uri a ḁe zwiḁiwa zwa hani na u ita nyonyolosa na maḁele uri a vhofholowe zwavhuḁi.

D1 Lune a lu shumisa

D2 Nga luambo lwawe lwa ḁamuni kana lune a lu pfesesa.

20. Which words (and of which language) associated with pregnancy do you use in communicating with a pregnant mother who has come for check-up? Give reason for your answer. *Vha shumisa maipfi afhio, nahone a luambo lufhio ane a tshimbilelana na u dhwala vha tshi amba na muimana o daho u tolwa? Ndi ngani zwo ralo?*

N2 Ndi maipfi a Tshivenda ane ra a shumisa u muvhudza uri u do vhuya lini tshikaloni, ndi zwiliwa zwi fhio zwine a tea u zwi la, sa zwiliwa zwine zwa vha na pfushi sa mashonzha, dzinduhu, dzikhovhe na mitshele.

N1 No answer

D1 Vha mu tutuwedza uri a de tshikaloni nga Tshivenda, vhañwe ri amba na vho nga

English nga uri vhaswa vhanzhi Tshivenda tshi khou vha balela.

D2 Ri mu vhudza zwa uri u khou tea u la zwiliwa zwi re na mutakalo, Na u mu vhudzi uri arali a vhona malofha nga tshifhinga he tshi a gidimele Sibdela. Ri a mu vhudzisa uri a tshi lwala kana u pfa u pain u tea u gidimela sibadela.

21. Which words and of which language associated with giving birth of which language do you use when communicating with the mother? Why do you use them? *Maipfi ane a tshimbilelana na u beba/ u vhotholowa ane vha a shumisa vha tshi amba na mudzadze ndi afhio nahone a luambo-de. Ndi ngani vha tshi shumisa ayo maipfi.*

N2 Ndi shumisa u beba.

N1 No answer

D1 and **D2** No answer

22. Which Tshivenda words associated with the new born do you use when advising the mother. Why do you use them?. *Vha shumisa maipfi afhio a luambo lufhio kha zwi kwamaho lutshetshe na mme a nwana. Ndi nga ni zwo ralo?*

N2 Nga Tshivenda u mu vhudza uri a tanzwe mukombo wa nwana, na u mu vhudza uri a songo lisa nwana tshithu na kana u nwise nwana maḁi zwao. U tea u tou mamisa u swika minwedzi ya 6.

N1 Ri muvhudza uri a so ngo mamisa nwana mafhi a boḁelo, u tea u mamisa mikando. Maboḁelo a tshulusa vhana.

D1 Nga Tshivenda ri tshi muvhudza uri a thogomelisa hani nwana, u tea u mamisa mikando, ha tei u munea mukapu a sa athu u fhirisa minwedzi ya 6.

D2 Arali muimana o beba nga tshititshi ri mu funza uri a tshi tazwise hani, na u tanzwa tshikombo tsha nwana na u mamisa nwana lwa minwedzi ya rathi a sa fhiwi tshinwe tshithu.

ANSWERS FROM NURSES AND DOCTORS (II)

In this interview, the researcher will find the old and the new words that are popular nowadays. The participants allow to give or to add where the researcher not touch.

1. What do we say has happened to a woman who will have a child in Tshivenda? Give five or more words and support your understanding.

Arali mufumakadzi a tshi do vha na nwana hu pfi o ita mini nga Tshivenda? Kha vha nee maipfi ane a nga swika matanu kana u fhira. Kha lihwe na lihwe vha talutshedze vhupfiwa havho.

N2 Ndi muimana

Ndi muthu wa thovhela

O vhifha muvhilini - Muvhili wawe wo no hulesa a u tsha tou vha nga heila ndila ine ra u divha nga yo. Ha tsha tshimbila kana u edela nga ndila ye a vha a tshi ita ngayo.

N1 O pfukwa – o pfuka nwedzi a sa yi maduvhani

O di hwala

O gonya miri

Ndi muimana

Una thumbu

Ndi muthu wa thovhela

O vhifha muvhilini

D1 U muimana

Ndi muthu wa thovhele

O di hwala

D2 Ndi muimana - ndi muthu o imelaho nwana

O vhifha muvhilini - hu khou sumbedziwa uri ha tshaya maduvhani ho no vha na tshithu muvhilini wawe

O pfukiwa - ha tshaya maduv hani

O gonya miri – u ntha na rihe vhanwe

O dihwala – u na muthu thumbuni yawe

2. What do you call a woman who has given birth in Tshivenda?. Arali muthu a na n'wana mutuku u vhidziwa u pfi mini?.

N2. Mudzadze

N1. Ndi mudzadze

D1 to D2 Mudzadze

3. There is a tendency to borrow words associated with birth from other languages. Mention them and give your view point in full. Ho no vha na dzema kha Vhavenda la uri arali mufumakadzi a tshi khou ya u wana n'wana hu shumiswa maipfi mapambwa. Ndi afhio? Kha vha talutshedze vhupfiwa havho vho disendeka ngayo maipfi.

N2 U khou ya u beba, u khou ya u vha na n'wana

U ya labour

N1 U khou ya u diliva, li bva kha English

Zwi itwa nga uri vha pfa u nga u beba ndi u semana.

D1 – D2 U khou ya labour

U khou ya u diliva

4. What do we call food eaten by the mother who had given birth in Tshivenda?.. Zwi liwa zwine zwa liwa nga mudzadze zwi pfi mini nga Tshivenda? Kha vha nee madzina azwo vha talutshedze zwine a amba.

N2 Zwi bva kha uri muthu o bebisa hani n'wana, arali o beba nga muaro u

tea u la zwi liwa zwisekene, o bebaho zwavhudi u la tshinwe na tshinwe tshi re na mutakalo.

N1 No answer

D1 U tea u la orange uri a t'avhanye u fhola nga uri li na vitamin C, U dovha a vhudziwa

uri a le zwithu zwisekene.

D2 U tea u ja zwithu zwi no dunga u itela uri thumbuni yawe hu dzudzanyee na u itela

Mikando i gauwe nga u tavhanya.

5. What do we call a new born baby in Tshivenda? *Nwana muṭukuṭuku ane a kha ḍi bva u bebiwa u vhidzwa u pfi mini nga Tshivenda?*

N2 Lushie, Lutshetshe

N1 Lushie, Lutshetshe, Lukhanda

D1 – D2 Lutshetshe, Lushie

Lugadzazwanda.

6. Mention types of food given to a new born baby in Tshivenda. Explain each in full. *Kha vha bule tshaka dza zwiliwa zwine zwa newa nwana ane a kha ḍi bva u bebiwa nga Tshivenda. Vha inge nga u talutshedza lushaka luṅwe na luṅwe.*

N2 Nwana o bebiwaho kale o vha a tshi newa khongodoli, khongodoli ndi mukapu musekene wo itwaho nga maḍi na mugayo. La namusi nwana u newa mikando fhedzi u swika a tshi vha na munwedzi ya 6.

N1 Tshiunza

D1 U tou mama mikando fhedzi

D2 Khongodoli, ndi mukapu musekene-sekene une kha wo hu vhonala mugayo wo tou thalala.

7. What do we call feeding a new born baby in Tshivenda. Give a number of words, your view and their functions. *U lisa nwana ri ri ndi u itani nga Tshivenda? Kha vha nee maipfi o vhalahvha talutshedze kushumisele kwao na vhupfiwa havho.*

N2 Ndi u nusa

N1 U nusa

U kapudza

D1 U kapudza - u lisa nga lebula

U nusa - u nusa ndi u tou kumbetshedza n̄wana uri a le.

D2 U nusa

U kapudza – hu shumiswa lebula.

8. In Tshivenda, what is supposed to be performed before a new born baby is still restricted inside the house. Is this practice still in-force today?. N̄wana a sa athu u bva nduni nga Tshivenda hu pfi u tea u thoma a itiwa mini? Zwi itelwa mini? Hone kha la namusi zwi kha di itiwa?

N2 u fhatutshedzwa

N1 u thusiwa kana u fhatutshedzwa

D1 U thoma a thusiwa, zwi kha di itwa, fhedzi hu si nga vhathu vhothe. Zwa zwino ho dalesa u thusa nga kereke

D2 U thusiwa - Uri a so ngo kandekanyiwa nga mirunzi ya vhanwe vho no thusiwaho.

9. What do we call the person who performs rituals before the public in Tshivenda sees the new born baby? Do we still have people like these today? What are the importance of performing these rituals? Support your view. Muthu ane a farafara n̄wana a sa a thu u bva nduni u vhidzwa u pfi nnyi nga Tshivenda? Vhanevha vhathu vha tshe hone? Hone vhuhulu hazwo ndi hufhio? Kha vha tikedze phindulo yavho.

N2 Makhadzi kana Vhomaine

N1 Ndi maine

D1 Ndi vho maine zwi kha di itwa fhedzi hu si nga vhathu vhothe.

D2 Ndi vho maine, zwi kha di itiwa hu tou vha vhathu vha ya vhusiku.

10. What do the elderly say when the new born baby cries endlessly, and what do they do? *Nwana arali a dzulela u lila a tshe lutshetshe vha ke gulu vhari u khou ita mini? Nahone hu itiwa mini nga Tshivenda?*

N2 Vha ri u khou lilela dzina.

N1 Vha ri u a fhisa kana u khou lilela dzina. Arali hu dzina hu iwa ha vhomaine vha tungudzela, vha fhedza nga ira *lene*lo dzina *line* a khou lilela

D1 U khou lilela dzina, vha muisa ha vhomaine vha tungudzela arali hu dzina vha murina dzina *line* a khou lilela.

D2 U khou lilela dzina, vha ya ha vhomaine vha tungudzela uri a ambe uri u lilela dzina

ji fhio. Tshinwe tshifhinga a tshi lila u vha a tshi khou totwa totwa dangani nga uri u vha a kha *di di* dzudzanyea malani awe.

11. What do we call a process were babies follow each other. Give a number of terms and explain in full. *Arali vhana vha tevhekana, uyu o tevhelwaho hu pfi o itwa mini nga Tshivenda. Kha vha nee maipfi ayo vha a talutshedze.*

N2 O lumulwa

D1 O lumulwa

D2 O lumuliwa

Tshixele

12. Lets hear other things . *Kha ri pfe zwiñwe.*

D2 Muimana kale o vha a tshi vhuyelela nduni tshihulwane nga murahu ha ñwaha. Vha tshi shavha uri u do vha na ñwana muñwe a kha *di* mama. Vha zwino tshifhinga tshinwe na tshinwe vha a vhuielela nduni. Tshinwe tshine ndi nga dadzisa ndi uri vhaimana vha zwino a vha na tshifhinga tsha u awela avha dzula vha tshi khou tsa vha tshi gonya nga dzi golo. Zwine musi ñwana a tshi y au bebiwa u a kundela u

kokodza muya wa fhando shangoni. Vhaimana vha a vhudziwa uri vha ite bed rest fhedzia vha zwi dhzeni

ANSWERS FROM NURSES AND DOCTORS (I)

The researcher is Mutshinyani Mercy Mahwasane, from the University of South Africa in the Department of African Languages.

Supervisor: Prof, T.M. Sengani

Co-Supervisor: Dr, K.Y Ladzani.

Place/*Fhethu*.....

Date/*Datumu*.....

Please answer the following questions to the best of your ability.

Ri vha humbela uri vha fhindle mbudziso dzi tevhelaho nga vhuronwane na vhuḏiimiseli.

1. Ethnic group/race/ Tshigwada tshine vha wela khatsho

Black

White

Coloured

2. Are male or female?/ Vha mbeu ya tshinnani kana tshisadzini

Male/Tshinna

Female/Tshisadzi

3. What is your age group? Vha kha thangana i fhio?

20-34.....35-40.....41-50.....51-60.....61-70.....71-80....81-and above

4. What is your highest educational qualification? Ndi murole u fhio we vha phasesa?

Master's Degree

Honors Degree

Junior Degree/ Diploma

Grade 12

5. What language does the infant use in her mother's womb? OR Which language used by unborn baby? *Ndi lufhio luambo lune n'wana a lu shumisa musi a sa athu u da shangoni?*

A1 Ee luambo lune n'wana a lu shumisa ndi lune mme lu shumisa Luambo lwa n'wana ndi lwonolwo lune lwa shumiswa nga mme a n'wana. Arali hu Tshivenda ndi lwonolwo lune a tea ulu shumisa.

B2 Yaa luambo lwa n'wana ndi u raha raha, uri u kone u pfana ndi musi a tshi raha raha

wa fara henefho hune a khou tsukunyea e hone, na ene n'wana u a pfa uri mme anga vha khou amba na nne

C1 Ndi luambo lwa mme awe sa izwi mme awe a Muvenda u do dzulela u pfa mme awe vha tshi khou amba.

C2 Luambo lwa n'wana ndi u raha raha. Ndi vhona u nga u vha a tshi khou amba na mme awe uri ndi a tshila

C3 Ndi lwonolwo lwa u tsukunyea

C4 Movement ine avha a khou ita ndi luambo

C5 Ndi nga sokou ri ndi luambo lwa u raha raha, fhedzi a thi koni u pfesesa uri n'wana u

develop hani luambo nga uri mme u vha a sa ambi nae.

C6 U shumisa sign, ha dovha ha vha tshone tshifhinga tshine lutshetshe lu tsh thumbuni lwa vha lu khou develop language lune lwa shumiswa nga mme awe naho mme a sa ambi nae nga maipfi.

6. Is this language still used these days? *Ulwo luambo lu kha di tevhedzwa naa ano maquvha?*

N1 Zwa zwino lu khou shumesa. Vhaimana vha a conetiwa. Vhaimana vha zwino vha

na ndivho nanzhi ya luambo lwa n'wana. Vha a newa bugu ine ya vha na table yo subedzaho maḍuvha a vhege u swika kha a nwedzi. Muimana u vhudziwa uri ḍuvha na ḍuvha u tea u tick uri n'wana o tamba na. Vha tea u tick luraru nga ḍuvha.

N2 Lu kha ḍi tevhedzwa sa izwi vhaongi vha tshi edzisa u vhudzisa muimana uri n'wana o tamba na. Muimana a ḍi tenda uri o tamba.

C1 Yaa, lu khou ngala-ngala nga uri vhaimana vha sokou vha vhaimana nzhe. Kha vhathu vho tou ḍi vhudzaho uri vha khou ḥoḍa u vha na n'wana vha a ḍifha tshifhinga tsha u ḍi thetshesela.

C2 Lu khou ngala ngala nga uri riṅe vhaswa ri vha na thumbu ri songo ḍiimisela, zwino

ndi zwine zwa ri ita uri ri si thetshesele n'wana

C3 Luambo lwa n'wana ri khou ita uri lu ngale ngale nga uri a ri na tshifhinga tsha u dzula fhasi ra awela. Ra tou sedzana na thumbu.

C4 Yaa luambo lwa n'wana ri ṅe vhaswa a ri na ndavha nalwo. Nga uri a rina tshifhinga tsha u awela. Ri dzula ri tshi tsa ri tshi gonya. Ri dzulela u ya dzi phathini

C5 Yaa neh, ndi nga si ri lu khou ngala ngala nga uri, manese a hone vha khou ḍi shumana na vhaime ḍuvha na ḍuvha. Lune vha khou edzisa nga nungo u vha vhudza nga ha luambo lwa n'wana. A di vavhudza uri ndi hune luambo lwa n'wana thoma hone.

C6 U nga ri lu khou ngala ngala nga uri vhaswa u amba ngoho ari ḍifhi tshifhinga tsha u

awela ri ya mimall, shopping, munatini, u dalela dzi friends na boy friend. In other words ri a tshimbilesa u pfa luambo lwa n'wana zwi vha difficult especially new generation.

7. Does a pregnant woman understand the child's language? Muimana wa ano maḍuvha u a pfa luambo lwa n'wana naa?

N1 Yaa hezwi zwithu, zwi a fana zwa kala na zwino. Hu tou lifestyle yo shanduka. A ri tsha dzula hayani nga uri ndi muimana. I tea ri tshi khou sedza sedza withu

mavhengeleni. Zwine zwa ita a ɔi fhi tshifhinga tsha u ɔi geɔa a thetshesela n̄wana wawe.

N2 Hu na thaidzo nga uri muimana u do da u kaliwa zwi tsini, lune riṅe manese ri a muvhudzisa uri u a pfa n̄wana a tshi tamba na. A nga ɔi tenda fhedzi avha a sa zwi dzhieli nzhele.

C1 Hai, vhaimana vha anomaḁuvha a rina tshifhinga tsha u tou dzula fhasi ra thetshesela. Tshinwe tshifhinga ri vha ri zwikoloni kana mishumoni

C2 Ee, u nga ri hai kana ee, zwi bva kha uri muimana u a ɔi fha tshifhinga tsha u ɔi thetshesela na zwine zwa khou bvelela muvhilini wawe

C3 U nga tenda kana wa hanedza nga uri musi u tshi sedza maḁwalwo muimana u tea u

awela a si dzulele u tsa a tshi gonya. Zwino vhaimana vha zwino vha dzulela u tshimbila

n̄tha na fhasi. Vha nga vha tshi khou shuma kana vha zwikoloni. Mara tshinwe tshifhinga ri vha ri tshi ya dzikhonanini na majikitani

C4 U a lupfa hu tou vha vhaimani a vha zwi dzhieli n̄tha.

C5 Hei, zwi a konḁa u amba uri u a pfa kana ha pfi. Ano maḁuvha vhaimana a vha na

tshifhinga tsha u awela. Vha dzulela u tshimbila.

C6 Ndi khou shavha u zwifha, a thiathu u vhala nga hazwo kana u zwi vhudzisa muimana

8. Why is the pregnant woman unable to understand the infant's language before birth? Ndi mini tshine tsha itisa uri muimana a sa pfe luambo lwa n̄wana wawe musi a sa athu u bebiwa?

N1 U a pfa, hu tou vha vhaswa vha tou ignore nga uti ri vha ri sin a tshifhinga tsha u dzula fhasi ra awela.

N2 Vhaimana vha anomaḁuvha a vha thetshesesi manese nga uri vha ri manese vha a

sema vha tshi amba navho. Ane ri tshi amba a tevhedza ri a takala

C1 Nga uri vha khou vha vhaimana vha vhaḁuku, zwino a vhana ndavha uri ṅwana u khou amba kana u mu thetshesesa.

C2 Vhaimana vha zwino vha vha vhaimana vha songo ḁi imisela zwi ita uri vha si ḁi fhe

tshifhinga tsha u thetshesesa

C3 A vha thetshesesi nga mini ndi khou bva clinic ndo pfa vhonevha vha tshi amba na

muimana uri no pfa lini ṅwana a tshi tamba, a sumbedza a si na vhuḁanzi. Lune u nga amba uri a vhatshesesi and sa vhaswa a vha dzhii zwithu serious ri sokou tshila

C4 Yaa ṅamusi ndo vha ndi nga hengei labour ward. Masister vho vha vha tshi khou gungula uri vhoiwe ni sa thetshesesi uri ṅwana o tamba na ndi nnyi ane a ḁo ni thetshesela. Zwa ṅea uri muimana ha ḁi fhi tshifhinga tsha u thetshesesa ṅwana.

C5 Hei, kha heḁi fhungo, u nga ri vha sap fi luambo lwa ṅwana ndi uri vhaimana vha a

tshimbilesa, zwa ita uri ṅwana a dzule o neta, hu sumba na u tamba ha ṅwana u ḁo tamba zwiḁuku kana a si tambe nga uri u vha o neta.

C6 I think that a pregnant woman does not hear the language of the baby because she

does not rest. She is going up and down. A baby become tired also so to show sign of language is limited.

9. How did the previous generation understand the language of the unborn baby whilst in her mother's womb? Hone musala uḁa luambo lwa ṅwana musi a sa athu u bebiwa vho vha vha tshi lu pfa hani?

N1 Vha kale vho vha vha tshi ṭhonifha thumbu uri ŋwana a kone u tamba tamba.
Vha

zwino vhaimana a vha ṭhonifhi vha ambara zwi no sia mikombo n̄ḡa. bja ambara
zwi no pata ŋwana a balelwa u tamba a free

N2 Ndi vhona u nga zwi a fana na zwino ndi u tamba tamba. Hu tou vha uri arali na
ene ovha sa dzheli zwithu n̄ḡa o vha a sa lupfi.

C1 Ndi vhona u nga ndi zwezwi zwa u raha raha. Mara ŋwana u vha a kha tshipiḡa
u develop language nga uri arali ha vha na u kwata ha mmena ŋwana u a kwata, ha
semaniwa na ŋwana u tambala thungu. Ndi vhona language I vha I khou develop
henefha.

C2 Vhaimana vha kale vha vha vho ḡi imisela u vha na ŋwana. Vha nga vha vha
tshi
ṭhogomela vhuimani.

C3 Ndi vhona u nga kale zwo vha zwi tshi konḡa nga uri kale ho vha hu si na clinic
hune

vha vhudzwa nga ha luambo lwa ŋwana. Khamusi nga n̄ḡivho yavho vho vha vha
tshi zwi ṭhogomela.

C4 Yaa, kale ndi vhona u nga ndi zwe zwi zwa u raha raha.

C5 Kha heli fhungo, ho vha hu zwe zwi zwa u raha raha

C6 I think is the same of kicking of the baby, and is the time of developing language

**10. How do you view today's language in relation to the pregnant
woman? Vha vhona hani luambo lwa ano maḡuvha ro zwi livhisa kha
muimana?**

N1 U nga si ambe uri vha a zwi ṭhogomela kana a vha ṭhogomeli, nga uri dzi clinic
a ri

tsha funza nga ha vhuimana nga uri vhathu vha ḡa u kaliwa nga muthihi thihi.

N2 Sa ḡamusi hu na vhaimana vho zwi vhona a huna u funza ri sokou kala a ṭuwa.
Ra

vhudzisa uri u ḡi pfa hani zwo fhela. Tshinwe tshifhinga a ri vhudzisi uri u ḡi pfa hani. Ri sokou kala a ḡuwa u swikela a tshi vhuya.

C1 .Vhaimana vha anomaḡuvha a ri ḡi londi zwine zwa ra swikisa kha u sa pfa luambo lwa ḡwana, na u dzhiela nzhele zwine ra vhudziwa nga vhabebi hayani. Hahhh, ri mbo ḡi ri zwi a bora kana nda zwifha nda ri doctor uri mini hu si zwone. U itela uri vhaḡhumule.

C2 Fhungo ndi ḡithihi ḡa uri a ri ḡi fhi tshifhinga tsha u ḡi thetshelesa

C3 A ri na tshifhinga sa vhaswa ha vhuimana, eish na uri ri expect hu mistake lune u wana uri thi ready na u vha na ḡwana.

C4 U vha na thumbu musu ri zwi koloni zwa makhuwani zwi ri sia ri si na mueletshedzi. Ra dovha ra kundelwa u ḡivha uri vhuimana ndi tea u ita mini. Zwino uri ndi ḡo ḡnga ha luambo lwa vhuimana zwi a konḡa. but u fhedza wo learn from the friends who already being mother.

C5 Mathada a ḡa hafha ndi tshi vho dzula na boyfriend hune a ri ḡivhi nga pregnancy. Ndi hune wa wana luambo lwa vhuimana lwo xela tshoḡhe

C6 Because we are young and stay with a boyfriend which is also a young. End up not

knowing about the pregnancy.

11. Why does the language of the unborn baby in its mother's womb disappear? *Ndi nga mini luambo lwa musu muthu o ḡi hwala lu tshi khou ngala ngala? Why pregnant languages disappear?*

N1 A lu khou ngala ngala sa izwi fhano ri vha ḡea bugu ine ya sumbedza maḡuvha a vhege u swika ḡwedzi u tshi fhela hune vha tea u tick uri ḡwana o tswukunyea lungana nga duvha.

N2 Musu ri tshi ḡa hafho vhaimana vha shavha uri khamusi u tshi vha vhudzisa u ḡoḡa u

vha lowa. Ri ḡe vhatu vharema ri na believe ya u loiwa. Wa vhudzisesa u vho pfi why ndi tshi vhudzisesa, So, zwo ralo ri a litsha ra continue na mushumo. Zwino vha

na ho ko kuitele kwa uri vha ḁo loiwa a thi ambi uri ndi a zwi pfa na. tshinwe hafhu vha na uri vhone vhaṅe vha ḁi vha u fhirisa manese. Zwino luambo lu a vha lu tshi khou ngala ngala nga u sa pfesesana.

C1 Vhathu vha khou vha vhaimana vha vhaṅuku, u nga wana muthu o vha muimana asa zwiṅodi zwa ita uri a si vhe na ndavha uri ṅwana u khou tamba na.

C2 Riṅe ri na thaidzo ya u sa kona u dzula fhasi ra ḁi thetshesela zwine zwa khou bvelela mivhilini yashu. Tshinwe habe ri vha vhaimana ri songo ḁiimisela u vha mme. Habe uvha na thumbu ndi khou vha vha mme ṅwana u ḁo mmbidza mma, zwino kha riṅe ri vha ri sa zwi funi hezwo

C3 Zwi itiswa nga uri ri vha vhaimana ri vhaṅuku lune ra sina ndavha na ṅwana

C4 Vhaimana vha zwino vha khou ngala ngadza luambo lwa vhuimana nga uri ri funesa majikiṅa. Luambo lwa ṅwana ri tea u lu hangwa nga uri ri vha ri khou ḁi phina nga u tsar i tshi gonya.

C5 Ri vha na thumbu ri songo ḁiimisela ra dovha hafhu ra sa fune u vha mma because

na majikiṅa a vha a si tsheo nga uri ndi teau u vha ndi khou mamisa, ndi tea u vha ndi na bege nga murahu

C6 We fall pregnant while we are still young and we do not care about the unborn baby

and we do not listen the nurses and our parents. By doing this we are losing unborn language. We do not care the pregnancy. Nurses talk to pregnant woman give yourself time to listen yourself but we do not we ar going up and down.

1. What are the differences of pregnancy nowadays and past generations?

How does today's pregnancy differ from the older generations?

Vhuimana ha ano maḁuvha ho fhambana hani na ha musala uḁa?

N1 Vhuimana ha zwino hu ambarwa zwiambaro zwine zwa pata, lune na ṅwana ha

tsha kona u move a free. Ndi hune a tshi do bebiwa a nga haathu u swika naho o swika nga uri u vha a mutuku. U sumbedza a mutuku nga uri hormone dzawe dza u aluwa dzi vha dzi songo aluwa zwavhudi.

N2 Yoo maambarele a zwino vha sia muvhili nnda, kale vho vha vha tshi ambara rokho khulwane. Vho vha vha sa tendelwi u sia thumbu yo tala

C1 Yaa vhaimana vha zwino vhaambara zwi no pata, vha kale vho vha vha sa li tshinwe na tshinwe vha zwino vha la tshinwe na tshinwe. Vhaimana vha zwino vha ya

ambara zwi no dzhenisela nwana phepho.

C2 Eish ri ambara stomach out na musi ri pregnant, why nga uri ndi vha ndi na zwenezwo zwiambaro fhedzi and a thi rengi maternity dress, Hahha maternity ndi zwa kale hezwo. Zwino ri ambara zwine zwa sia mikombo nnda na musi hu na phepho ri ambara zwe zwo.

C3 Ha zwino vhone, dzi khou vhuya. Vhaimana vha zwino vha ambara nga ndila ye vha dowela ngayo. Arali ndo vha ndi tshi ambara skinny jeans na crop kana vha wana ndo ambara tiht t-shirt, ndi do ambara zwe zwo u swikela. Ndo no tangana na munwe henefha ndi tshi khou ita practical, ho yo nwana a atshi khou balela u fema. O ambara skinny jean na t-shirt and hu khou fhisa zwiambaro zwi khou pata nga afha nwana u khou ita mushumo wawe. Hejo duvha nwana uyo o vha tano.

C4 Zwinwe ri vhaswa ari zwi thogomeli, manese vha nga amba uri u tea u mbara lune nwana a songo dzhenelwa nga phepho fhedzi a ri thetshesesi. U do wana o ambara dzi tight na crop ndi t-Shirt ine ya sia thumbu nnda

C5 Hu tou vha ano maduvha ri nga si ambare dzi rookho dzi la khulukhulu, fhedzi ri tea

u ambara ra thivha muvhili nga uri u sa vala muvhili nwana u vha a tshi khou dzhenelwa nga phepho.

C6 Olden days wearing maternity dress and mowadays we are wearing what ever you

like without checking unborn baby health

2. Are pregnancy taboos still followed among Vhavenda and why? Zwiilaila zwa vhuimama kha Vhavenda zwi kha di tevhedzwa naa? Ndi ngani vha tshiralo?

N1 A zwi tsha tevhedzwa nga uri vhana vha zwino vha a vhudzisesa, vha a toda u divhisesa uri ndi ngani vha tshi ri a zwi itiwu, ngeno vha kale vhovha vha sokou tevhedza hu sina mbudziso khazwo.

N2 Zwiilaila ndi taboos, ok ndi vhona u nga a zwi tsheoho unless hayani huna mukegulu nga uri vha bebi vhashu a vha tou vhahulwane lune nda nga ri vha divha zwiilaila. Nga inwe ndila a vha tsha tevhedza nga uri a huna tshine tsha ila anomaduvha

C1 A zwi tsha tevhedzwa nga uri vha ja tshinwe na tshinwe, vha dovha vha nwa tshinwe na tshinwe na mahalwa, vha daha na mafola. A zwi tsha tevhedzwa nga uri vhaya nduni tshihulwane zwa ita uri nwana a bebiwe tshifhinga tshi sa athu swika. Nga uri u do a tshi khou lwala mme kana nwana

C2- C5 No answer

3. What are the main aims of pregnancy taboos among Vhavenda? Zwiilaila zwa muimana vuhulu hazwo ndi mini kha Vhavenda? Kana zwiilaila zwa muimana zwi vha zwi tshi khou shuma mini kha Vhavenda?

N1 A zwi tsha vha hone hezwo zwithu.

N2 Zwo vha zwi tshi shuma kale, zwino a zwi tsheoho

C1 TO C6 No answer

15. What would happen if pregnancy taboos are not followed? Arali vhuila-ila ha muimana hu sa tevhedzwa hu bvelela mini?

N1 Hezwi zwithu u nga si divhe, nahone zwi bva kha uri u a tenda khazwo kana hai na.

N2 Kaleni wo vha u tshi beba ṅwana a sina mutakalo mara zwo bva kha uir u tenda khazwo

C1 up to C6 No answer

16. What are the consequences of a pregnancy woman not following taboos? Arali muimana a sa ḡileli zwi na masiandoitwa-ḡe?

N1 Arali ṅwana a takulwa nga muthu a re maḡuvhani kana mudzadze a dzhena ṅduni tshihulwane na munna wawe a mamisa ṅwana u a nzwera

N2 he zwi zwithu, musi ri ṅe manese na madokotela a ri ḡi ileli. Ri a fara kana u bebisa ri maḡuvhani

C1 to C6 No answer

17. What are the advantages of a pregnant woman adhering to taboos ?

Zwi thusa mini musi muimana o ḡiilela?

N1 No answer

N2 No answer

C1 TO C6 No answer

18. Why is an infant tabooed among Vhavenda? Ndi nga mini lutshetshe lu tshi ila?

N1 Yoo, hezwi zwa u ila nga tshi nese a zwi ho, mara ndi u itela uri ṅwana avhe ns Nutskslo wavhuḡi..

B2 Yaa, u ya nga ha zwine nda pfa hu pfi hu na zwithu zwinzhi zwe zwa vha zwi tsi ilwa fhedzi nne a thi tou vha na vhuḡanzi nazwo.

C1 mmm, Ndi nga uri arali a fariwa nga muthu o thutha thumbu u a lwala, kana a dzheneliwa mukombo wawe u a sita ha tei u dzhenelwa nga vhatu vhothe, kana u takuliwa nga vhatu u itela u mutsireledza kha malwadze.

C2 Vha shavha uri vha ḡo mulowa a vha veḡeveḡe

C3 TO C6 No answer

19. What language do you use to communicate with a pregnant mother who is a Muvenda? Explain why? Musi muimana wa Muvenda o da u tolwa /kaliwa vha amba nae nga luambo lufhio? Kha vha talutshedze.

N1 Eish, hezwi zwi bva kha uri arali a Muvenda ri amba nae nga Tshivenda, afha ri na vhaimana vha Zimbabwe bdi vha ne ra tea u shumisa English uri ri kone u pfesesana. uri a vhofholowe zwavhudi.

N2 Hafha ndi hune ra kona u muvhudza uri u tea u thogomela nwana are thumbuni. Na uri u tea u dzulela u di thogomela uri nwana u khou tamba na. Na u muvhudza uri u tea u ambara nga ndila ine nwana a si dzhenelwe nga phepho.

C1 Hei ri shumisa Tshivenda kana nga lune a lu pfesesa, u muvhudza nga ha vhuimana

C2 Ndi vhona u nga ndi nga touri u shumisa luambo lune muimana a lu pfesesa.

C3 – C6 No answer

20. Which words and of which language associated with pregnancy do you use in communicating with a pregnant mother who has come for check-up? Give reason for your answer. Vha shumisa maipfi afhio, nahone a luambo lufhio ane a tshimbilelana na u dihwala vha tshi amba na muimana o daho u tolwa? Ndi ngani zwo ralo?

N1 Ri shumisa maipfi a Tshivenda. Hu tou vha kha Tshivenda ri na maipfi manzhi ane ra nga a shumisa mui ri tshi amba na muimana, zwi ri sia ri tshi shumisa msipfi a Tshikhuwa

N2 No answer

C1 Ri mututuwedza ndila ine a tea u la nga yo zwiliwa, zwiliwa zwine a tea u la, ri do vha hafhu ra muvhudza nga zwine a do zwi pfa musi o di hwala, ri dovha hafhu nga ha u mamisa musi a sa athu u vhofholowa ri mu tutuwedza u ita nyonyoloso, ri dovha hafhu rafha mme vhundeme ha u toliwa malwadze na uri a tutshele kule na

u vha na dzi thaidzo, ri mu vhudza uri a so ngo edela nga thumbu, ha tei u edela nga mutana

C2 – C5 No answer

C6 We encourage her to eat healthy and visits the clinics all the time

21. Which words (and of which language) associated with giving birth of which language do you use when communicating with the mother? Why do you use them? *Maipfi ane a tshimbilelana na u beba/ u vhofholowa ane vha a shumisa vha tshi amba na mudzadze ndi afhio nahone a luambo-de. Ndi ngani vha tshi shumisa ayo maipfi.*

N1 Sa zwe nda amba afho ntha a rina maipfi a Tshivenda ane ra nga a shumisa.

C1 Ri vhudza mme uri a feme nga maanda a tshi itela na nwana wawe, ri dovha ra vhudza muimana uri a so ngo phusha ngauri mulomo wa mbumbelo u do zwimba, kana tthoho ya nwana ya zwimba.

C2 ri vhudza mme a nwana a feme nga mulomo and a songo phusha

C3 ri vha ri tshi khou khuthadza mme a nwana uri a kondelele

C4 ri vhudza mme a nwana uri a kondelele cose a asa kondellea u do vhulaya nwana

C5 ri vhudza mme a nwana uri a songo phusha nwana arali mulomo wa mbumbelo u sa athu u thoma u vulea nga uri nwana u vha a sa athu uvha ready na u bva

C6 ri vhudza mme a nwana uri kha kondelele nahone a tevhedze zwine ra amba uri nwana wawe a tshile. Nahone a songo phusha nwana a sa a thu u swika kha mulomo

22. Which words of which language associated with the new born do you use when advising the mother. Why do you use them? *Vha shumisa maipfi afhio a luambo lufhio kha zwi kwamaho lutshetshe na mme a nwana. Ndi nga ni zwo ralo?* **N1** *Ri muvhudza nga luambo lune a lu pfesesa uri u tea u mamisa nwana nga*

maanda. Ha tei u mulisa mikapu lwa minwedzi ya six, ri tea u muvhudza uri mikando ya u thoma ine ya nga maḁi a i tei u hamulelwa nḁa, ndi ine ḁwana a tea u mama yone, ndi ine ya vha ana pfushi

N2 Ri vhudza mme uri a mamise ḁwana u thivhela dzhondisi, na u vha funza uri vha tazwese mukombo wa ḁwana, ri dovha ra muvhudza uri a so ngo shumesa musi a sa thu fhedza u bvisa tshika.

C1 to C6 No answer

ANSWERS FROM NURSES AND DOCTORS

In this interview, the researcher will find the old and the new words that are popular nowadays. The participants allow to give or to add where the researcher not touch.

- 1. What do we say has happened to a woman who will have a child in Tshivenda? Give five or more words and support your understanding.**
*Arali mufumakadzi a tshi ḁo vha na ḁwana hu pfi o ita mini nga Tshivenda?
Kha vha ḁee maipfi ane a nga swika maḁanu kana u fhira. Kha ḁiḁwe na ḁiḁwe vha ḁalutshedze vhupfiwa havho.*

N1 O ḁi hwala – ndi musi muthu ana muthu muvhilini
Ndi muthu wa thovhele – ndi muthu ane a ḁhonifiwa
O gonya miri -

N2 O pfukwa

O ḁi hwala, O gonya miri, Ndi muimana
Una thumbu, Ndi muthu wa thovhela
O vhiḁa muvhilini

C1 to C6 O vhiḁa muvhilini, O di hwala, O ganya miri
Ndi muthu wa thovhele, Ndi muimana
O vhiḁa muvhilini, O di hwala, O ganya miri

Ndi muthu wa thovhele, Ndi muimana

2. **What do you call a woman who has given birth in Tshivenda? Arali muthu a na nwana mutuku u vhidziwa u pfi mini?**

A1 Mudzadze

B2 . Ndi mudzadze

C1 to C6 Ndi mudzadze

3. **There is a tendency to borrow words associated with birth from other languages. Mention them and give your view point in full. Ho no vha na dzema kha Vhavenda la uri arali mufumakadzi a tshi khou ya u wana nwana hu shumiswa maipfi mapambwa. Ndi afhio? Kha vha talutshedze vhupfiwa havho vho disendeka ng ayo maipfi.**

N1 U khou ya u deliva

N2 O ya labour, o ya maternity nao ya u deliver

C1 – C6 U khou ya u deliver

4. **What do we call food is eaten by the mother who had given birth in Tshivenda?**

Zwiliwa zwine zwa liwa nga mudzadze zwi pfi mini nga Tshivenda? Kha vha nee madzina azwo vha talutshedze zwine a amba.

A1 U la khogodoli.

B2 No answer

C1 – C6 U tea u nwa tie ya u fhisa ya Rooiboss uri a kone u vha na mikando minzhi, miroho, nama na mitsheloni.

U tea u nwa na u la zwi dudelaho uri mikando I gauwe, u tea u la vho cheese, mafhi uri a kone u engedza mikando

U tea u nwa tie ya u fhisa ya Rooiboss uri a kone u vha na mikando minzhi, miroho, nama na mitsheloni.

5. **What do we call a new born baby in Tshivenda? Nwana mutukutuku ane a kha di bva u bebiwa u vhidzwa u pfi mini nga Tshivenda?**

N1 Lushie, Lutshetshe

N2 Lushie, Lutshetshe

Lukhanda

C1 – C6 Lutshetshe

Lushie.

6. **Mention types of food that is given to a new born baby in Tshivenda. Explain each in full. Kha vha bule tshaka dza zwiwiwa zwine zwa newa nwana ane a kha di bva u bebiwa nga Tshivenda. Vha inge nga u talutshedza lushaka luñwe na luñwe.**

N1 Kha tshi nese nwana hali tshinwe tshithu nga nndani ha mikando ya

Mme awe u swika a fhedza minwedzi ya 6

N2 Tshiunza

C1 – C6 Mikando

7. **What do we call feeding a new born baby in Tshivenda. Give a number of words, your view and their functions. U jisa nwana ri ri ndi u itani nga Tshivenda? Kha vha nee maipfi o vhalahvha talutshedze kushumisele kwao na vhupfiwa havho.**

N1 U nusa

U jisa

N2 U nusa

U kapudza

C1 – C6 U kapudza, Ri shumisa lebula. nwana ha liswi nga zwanda

8. In Tshivenda what is supposed to be performed before a new born baby is still restricted inside the house. Is this practice still in-force today?

Nwana a sa athu u bva nduni nga Tshivenda hu pfi u tea u thoma a itiwa mini? Zwi itelwa mini? Hone kha la namusi zwi kha di itiwa?

N1 no answer

N2 ndi u thusiwa kana u rabelewa nga vhafunzi

C1 U thoma a thusiwa

C2 U thoma u thusiwa nga vhomaine kana a rabelelwa nga vhafunzi

C3 U thoma a thusiwa nga vhomaine

C4 U rabelelwa nga vhafunzi u thivhila vho saṭhane na vhaloi khathihi na madimoni

C5-C6 U rabelelwa nga vhafunzi u thivhela mimuya

9. What do we call the person who performs rituals before the new born baby is seen by the public in Tshivenda? Do we still have people like these today? What are the importance of performing these rituals?

Support your view. *Muthu ane a farafara nwana a sa a thu u bva nduni u vhidzwa u pfi nnyi nga Tshivenda? Vhanevha vhathu vha tshe hone? Hone vhuhulu hazwo ndi hufhio? Kha vha tikedze phindulo yavho.*

N1 Makhadzi kana Vhomaine

N2 Ndi maine

C1 Vhomaine

C2 Ndi vhafunzi

C3 Ndi vhafunzi. Vhane vha ḡisa thabelo muḡini huna nwana muḡuku

C4 Ndi mUkegulu ane a thusa vhana

C5 Ndi mukegulu ane a thusa vhana

C6 Pastor or priests

10. **What do the elderly say when the new born baby cries endlessly, and what do they do?** *Nwana arali a dzulela u lila a tshe lutshetshe vhakegulu vhari u khou ita mini? Nahone hu itiwa mini nga Tshivenda?*

N1 Vha ri hoyu u khou lilela dzina.

N2 Vha ri u a fhisa kana u khou lilela dzina, arali hu dzina hu iwa ha vhamaine vha tungudzela arali vha mu ira lenelo line a khou lilela

C1 Hu pfi u khou lilela dzina, dzina line a khou li lilela u rinwa nga vho maine

C2 – C3 U lilela dzina

C4 U nga pfi u khou lilela dzina kana avha a tshi khou lila nga u pfa u vhavha thumbuni

sa izwi hu tshi kha di dzudzanyea

C5 U lilela dzina kana u khou totwa thumbuni.

C6 U lilela dzina la munwe wa murado wa muta

11. **What do we call a process were babies follow each other. Give a number of terms and explain in full.** *Arali vhana vha tevhekana, uyu o tevhelwaho hu pfi o itwa mini nga Tshivenda. Kha vha nee maipfi ayo vha a talutshedze.*

N1 Pfulekano.

N2 U lumulwa

C1 – C4 O lumuliwa – ndi musu mme ovha na thumbu a tshi khou mamisa,

C5 – C6 O lumuliwa

12. **Lets hear other things.** *Kha ri pfe zwiñwe.*

N1 Zwine nda nga tou gadzisa ndi uri vhaswa kha ri vha funze vha zwiqivhe uri vhuimana ndi mini nga uri zwine vha zwiita zwi sumbedza uri a vha qivhi uri vhuimana ndi mini and vha dovha vha ya vhuimanani vha vhatuku, nga uri a vha tendi u bva hafha hune vha vha hone vha ya vhuimanani vha vhuimana. U wana vho ambara zwithi zwine u tshi zwi sedza wa wana zwi tshi khou

Vhavha lunwe zwi tshi shonisa vhahulwane. Vhaswa vha a ambara zwiambaro zwa u pata zwine zwa ita uri nwana ange o bebiwe a s a thu u swika, ngeno o swika.

C1 Ok, ndi a tenda uri nwana u guda luambo a sa athu u bebiwa. Yaa colleugues ndi zwone

C1 Zwiñwe nne a thi tendi uri nwana u guda luambo lwa nga e thumbuni nga uri ha ambi u zwi divhisa hani uri ndi amba Tshivenda, reason ya nga ndi ya uri arali nda mubeba a ya a dzula na Muzulu, ho uja nwana a nga si humbule uri ndo bebiwa nga Muvenda.

C2 Linwe ja nga ndi ja uri unborn baby u ya pfa zwine nne mme nda khou ita, ndi humbula makhulu wanga vha tshi khou amba na mukomana wanga vha tshi ri inwi hezwi zwa vhuhali ni do beba dana lavhuhali, li do ni tshovhola na fa nga vhulwadze ha mbilu. Nwana wa mukomana wanga u a sema nga maandla, ndi khou tou zwi humbula zwino uri mukomana wanga o tou zwiita uri nwana wawe a semane.

C3 Zwine nda divha ndi uri ho vha hu sa tendiwi muthu a tshi dzhena nduni ine ha vha

na lutshetshe nga uri hooyo muthu o daho a nga dzhia luji lwawe lwa vhudzimuni a fara lutshetshe kha marinini a sa mele mano.

C6 Nne ndi hanedza kha ja uri u mbo di vha Muzulu but the blood stream ndi ya Muvenda whatever you like it ndi Muvenda

ANSWERS FROM THE YOUTH

The following answers came from the youth from the different areas such as rural, urban and semi rural-urban. A researcher inteveiwed youth from different arears around Vhembe District.

Please answer the following questions to the best of your ability (*Ri vha hambela uri vha fhindle mbudziso dzi tevhelaho nga vhuronwane na vhuḏiimiseli.*)

1. Ethnic group/race/ Tshigwada tshine vha wela khatsho

Black

White

Coloured

2. Are male or female?/ Vha mbeu ya tshinnani kana tshisadzini

Male/Tshinna

Female/Tshisadzi

3. What is your age group? Vha kha thangana i fhio?

20-34.....35-40.....41-50.....51-60.....61-70.....71-80....81-and above

4. What is your highest education qualification? Ndi murole u fhio we vha phasesa?

Master's Degree

Honors Degree

Junior Degree/ Diploma

Grade 12

5. What language does the infant use in her mother's womb? OR Which language used by unborn baby? *Ndi lufhio luambo lune ḥwana a lu shumisa musi a sa athu u ḏa shangoni?*

Kp Musi ḥwana a tshi khou raha-raha e nga ngomu thumbuni ya mme awe, i vha i yone ḥḏila ya u amba.

Kq Ḥwana a tshi raha-raha u vha a khou amba na mme. Ndi hene fha hune a dweledza hone luambo lwa mme awe.

Kr Ḥwana u a raha-raha musi muimana ana minwedzi miḥa. Ndi hone ḥwana a tshi tou

pfalesa uri huna tshithu tshi no khou tukunyea. Minwedzi muḥanu na muthihi

ndi hone a tshi pfala uri ono vha ñwana wa vhukuma. U a kona u pfa uri iyi ndi tshoho, iyi ndi milenzhe, ndi ngazwo kha minwedzi mitani na mivhili a tshi kona u bviswa a vhewa bodeloni arali mme a ñwana a si muthu wavhuḁi o lugelaho u beba ñwana.

Ks Musi ñwana a sa athu ḁa shangoni u shumisa luambo lwa u raha-raha kana u tsukunyea

Kt Yaa ḁila ine ñwana a mba ndi u raha-raha. Ndi nga mini ndi tshi ralo arali nda nga tshuwa ḁe mme ñwana u ḁo raha raha lune na ḁe mme nda pfa u vhavha. U bva hemefho ñwana u ḁo fhumula tshifhinga tshilapfu u swikela na ḁe mme ndi tshi femuluwa na ñwana a thoma u ima u raha raha lwa u tou bvuvhula a tou tamba lwavhuḁi.

Ku Nga u pfa ñwana a tshi raha raha kana u tsukunyea. Musi a tshi kona u pfa uri mme vha khou vhaaisala na kana vho takala na, zwi vhidziwa uri u dweledza. Luambolune lwa khou shumiswa nga mme na ñwana u vha a khou shumisa lwone.

Kv Ñwana u amba na mme awe nga u raha raha sa tsumbo musu mme a tshi amba na munna ñwana u a pfa ipfi lavho u a kona u talukanya na dzi nyimbo dzine mme awe vha dzi lidza.

Kw Ñwana u tou raha raha kana u tamba tivhani. Hu a swika hune mme a divha uri musu ñwana a tshi tamba nga ḁila ngende mme a divha uri musu ñwana a tshi khou raha raha nga ḁila iyo zwi amba mini, fhedzi zwi divhiwa nga mme ane a vha na vhuronwane.

Kx ḁila ine vha amba nga yo ndi musu muimana a tshi brush thumbu u vha a tshi khou amba nae, nga yenei ḁila u ḁo pfa na ñwana a tshi raha raha zwavhuḁi u sumbedza o takala.

6. Is this language still used these days or nowadays? *Ulwo luambo lu kha ḁi tevhedzwa naa ano maḁuvha?*

Kp Kushumisele u kwo kwa iyi nyambedzano ku sumbedza mutakalo wa ñwana uri ndi wavhuḁi, Arali a so ngo takala a nga si rahe-rahe.

Kq Zwi vha zwi khou sumbedza uri ñwana u na mutakalo.

Kr Kubveledza mutakalo wa ñwana kana ku sumbedza uri ñwana o takala

Ks Ee lu kha ði tevhedzwa, nga uri arali muthu o ði hwala nahone o hwala ñwana o takalaho kana ane a khou tshila u tea u mu pfa a tshi khou tamba-tamba

Kt Kushumisele kwa nyambedzano zwi bveledza vhushaka vhukati ha mme na ñwana naho a sa athu u bebiwa. Ñwana u vha a tshi khou thoma u ðivha mme awe nga zwi pfi zwine rine ri nga si zwiðivhe. Ndi henefha hune a ðo vha a tshi khou pfa uri mme u khou amba kana u khou semana. Ndi hune ñwana avha a tshi khou guda luambo lwa muṭani.

Ku Zwiita kana u bveledza vhuḍipfi ha mme na ñwana.

Kv Zwi thusa uri kubveledzele kwa luambo lwawe kuvhe kwavhaḍi. zwi dovha zwa ita uri ñwana na mme awe vhavhe na lufuno lwo khwaṭhaho.

Kw Kushumisele ku bveledza uri ñwana naho a sa athu u ḍashangoni a ambe. Ndi henefha hune arali mme a tshi amba nga u semana vha ḍo vhona na ñwana wawe musi e muṭuku u vha a tshi rubulusa milomo kana a tambisa milomo lu mangadzaho. Musi a tshi thanya a amba nga u ṭavha mukosi. Musi muthu e muimana ha tei u semana.

Kx Ku bveledza bond ya mme na ñwana

7. Does a pregnant woman understand the child's language? Muimana wa ano maḍuvha u a pfa luambo lwa ñwana naa?

Kp Ee, Vha a pfana nga uri ñwana a tshi tamba mme awe u a zwi pfa, na musi mme a

ñwana o dinalea, na ñwana u a dinalea. Mme o kwata na ñwana u a kwata.

Kq Ee, vha a pfana, nga uri hezwi ñwana a tshi khou raha-raha mme awe u a fara henefho hune ha khou raiwa hone, na ñwana na ene u a zwi pfa uri mme awe vha khou mu fhindula.

Kq Ee, vha a pfana nga uri musi a tshi raha-raha mme u a swika hune a fara hune ñwana a khou raha-raha ngaho. Musi wo kwata na ñwana u peta milenzhe u

sumbedza uri o kwata.

Kr Vha a pfana nga uri nwana hezwi a tshi raha-raha mme a nwana vha a fara hune a

khou raha hone, na ene nwana u a zwi pfa uri mme awe vha khou amba nae.

Ks Ee, Ndi vhona uri u a lupfa

Kt Ee vha tea u pfana nahone vha a pfana. Nga uri arali

mme o tshuwa na nwana u a tshenuwa. Zwa dovha u vhonala musi mme o takala na nwana u a takala u mu pfa nga u raha raha ho dzi kaho. U raha raha hu songo dzi kaho ndi nga ndila ya u tou raha raha nga u tshavhanya.

Ku Vha a pfana sa izwi mme a tshi do dzula o takala uri nwana u khou tshila, zwa disa

mutakalo kha nwana futhi.

Kv Ee. Mme a nwana u a kona u pfa musi nwana ana ndala nga uri u raha raha lu sa

gumi.

Kw Ee, vha a pfana sa izwi arali wa pfa a tshi khou raha raha wa fara henehala hune a

khou raha raha hone u a pfa a tshi raha zwavhuqi a sa dzhai.

Kx Ee vha a pfana nga uri u vha a tshi amba uri ndo takala. Arali o kwata u do di raha

raha lwa u sumbedza u sinyuwa nga uri u a bvuvhula na iwe mme wa pfa u vhavha.

8. Why is the pregnant woman unable to understand the infant's language before birth? Ndi mini tshine tsha itisa uri muimana a sa pfe luambo lwa nwana wawe musi a sa athu u bebiwa?

Kp A huna tshine tsha itisa uri mme a nwana asa mu pfe a tshi raha-raha. Arali a vhuya a sa mupfe zwiamba uri nwana a nga vha o lovha

Kq Arali muthu a so ngo tshanganedza uri u muimana a nga si kone u dipfa tshifhinga tsha u thetshesela nwana

Kr A hu tou vha na tshithu tshine tsha ita uri muimana a si pfe uri n̄wana u khou tamba

arali a khou tshila, nga uri ri a vha funza.

Ks Ndi ngauri a vha tshena tshifhinga tsha u sa ðivha tshi imo tshine vha vha vha khatsho tsha vhuimana, na uri a vha ðinei tshifhinga tsha u awela, u wana muimana a tshi tshimbila a tshi tsa na tshi gonya a sa ði ðhonifhi.

Na u sa vha na ndavha ngauri ri wana vhathu vha khou vha na thumbu vha vhaṭuku vho thithiswa nga vhaṭhanga vha fhedza vha hana thumbu iyo, zwino u wana muimana uyu a na mutsiko a si tshena ndavha na zwe a hwala

Kt Zwine zwa itisa uri muimana a sa pfe luambo lwa nwana, zwi itiswa nga u sa dzhiela nzhele zwithu. Vhunga musi nwana a tshi khou raha raha u sa mupfe. Muimana wa musalauno ha pfi luambo lwa nwana nga nwambo wa u sa dzula fhasi a dithetshesela zwine zwa khou bvelela muvhilini wawe zwezwo u di hwala.

Ku Zwi nga si bvelele uri a sa zwi pfe sanizwintshithu tshi thumbuni yawe.

Kv Ndi nga uri vhaimeane avha tsha tevhedza sialala na mvelele ya Tshivenda.

Kw Ndi zwezwi zwa u sa dzhiela nzhele zwine wa pfa muvhilini wau.

Kx Ndi uri iwe mme wa dzulela u na ma mood zwi ita uri n̄wana na ene a dzule o kwata a sa tsukunyei.

9. How did the previous generation understand the language of the infant whilst in her mother's womb? *Hone musala uḽa luambo lwa n̄wana musi a sa athu u bebiwa vho vha vha tshi lu pfa hani?*

Kp A huna inwe n̄dila, n̄dila ndi yeneyo nthihi ya u raha-raha.

Kq Luambo lwa n̄wana ndi lwonolwo na kale.

Kr Na kale na kale a ho ngo vha na inwe n̄dila, n̄dila yo vha yenenei ya u raha-raha

Ks Vho vha vha tshi ði lupfa nga u tukunyea kana u raha-raha kana u tamba-tamba

Kt Ndi vhona u nga u zwi pfa nga u raha raha.

Ku A thiathu u vhudzisa vhakegulu hezwo.

Kv Vha ri o vha a tshi raha raha u sumbedza uri huna zwine a khou pfa.

Kw Luambo lwa u raha raha ndi lwa muimana munwe na munwe. Lune na vhakale vho

vha vha tshi zwi pfa.

Kx Nga u tsukunyea, zwi a fana na kale

10. How do you view today's language in relation to the pregnant woman?

Vha vhona hani luambo lwa ano maḍuvha ro zwi livhisa kha muimana?

Kp Kha ḽa ḽamusi luambo lwa mme na ḽwana a lwo ngo shanduka lu kha ḽi fana na kale na kale nga uri ndi lwonolwo lwa u raha-raha.

Kq No answer

Kr Kha ḽa ḽamusi luambo lwa ḽwana na mme awe musi a tshe muvhilini wa mme awe a

lwo ngo shanduka lu kha ḽivha lwonolwo lwa kale na kale lwa u raha-raha.

Ks A thiathu u vhona lu tshi khou shanduka

11. Why pregnant languages disappear? Why does the language of the infant in its mother's womb disappear? N di nga mini luambo lwa musi

muthu o ḽi hwala lu tshi khou ngala ngala?

Kp Luambo lwa u shumisa muthu o ḽi hwala a lu khou ngala-ngala na luthihi nga uri vhuimana a hu ngo shanduka.

Kq A lu khou ngala ngala nga uri vhaimana ha zwino vhu fana na ha kale

Kr Luambo lwa mme na ḽwana a lu khou ngala-ngala, sa izwi na vhuimana vhu tshi kha

ḽi fana na ha kale.

Ks Vhaimana vha zwino a vha tsha ḽi fha tshifhinga tsha u thetshesesa ḽwana a tshi tsukunyea.

Kt Ndi vhona u nga a zwo ngo fhambana, sa izwi thumbu ya ḽwana i tshi fana. Na maḽele a thumbu a a fana

Ku A thi vhoni huna zwo shandukaho musi ri tshi vhambedza zwino na kale. Mme a

ñwana u a pfa musi ñwana a tshi amba nae e muvhilini wa mme awe. Nga nnda ha u raha raha, ñwana u a ita sound ine ya pfiwa na nga vhañwe vhathu vho dzulaho tsini na mme.

Kv luambo lwa ñwana na mme lu hone. Sa izwi hu lwone lune wa pfa uri ñwana u na mutakalo na kana hai.

Kw Lu ñi vha hone hu tou vha a ri ñi ñekedzi tshifhinga tsha u dzula fhasi ra thetshesela

matambele a ñwana, ri vha ri tshi tsa fhasi na ntha.

Kx lu hone sa izwi a tshitsukunyea

12. What are the differences of pregnancy nowadays and past generations? How does today's pregnancy differ from the older generations? Vhaimana ha ano maduvha ho fhambana hani na ha musala u/a?

Kp Kuambarele; Vhaimana vha ano maduvha vha ambara zwiambaro zwa u pata. Vhudifari havho a si havhudi, nga uri vhañwe vha nwa a mahalwa, kuambela na kwone a si kwavhudi. Vhanwe vha amba nga u semana.

Kq Ano maduvha vha zwino vha ambara zwa u pata zwa sumbedza mukombo.

Vhudifari ano maduvha a huna ri tshi ña kha thumbu

Kr Kuambarela - Muimana ha ngo tendelwa u ambara rokho ya bannda a ñi vho fha nga bannda, zwino vhaimana vha ano maduvha vha ambara zwi no manya, sa mabokhthi. Zwine zwa vha muila kha muimana. Ndi nga zwo kuambarele kwo fhambana na kwa kale, nga uri kale vhaimana vho vha tshi kanyela ñwenda, nahone u tshi kanyela ntha kha thumbu

Vhudifari – vhudifari ha kale muimana o vha a sa tendelwi u nwa mahalwa, thothotho na muvanya, vhaimana kale vho vha vha tshi ñwa mabundu fhedzi.

Kuambele - vhaimana vha ano maduvha a vhana mikhwa, a vha koni u amba vha

amba nga u bvonyala, vha semana, vhaimana vha kale izwi zwothe vho vha vha si nazwo. Vha tshi shavha uri nwana u do dweledza.

Ks Vhuimana ha ano maduvha na ha musalauja ho fhambana ri tshi sedza kha ku lele

kuambarele na zwinwe vho. Kale muimana o vha a tshi ambara zwiambaro zwi hulwane zwi sa pati, o vha a tshi ja zwiliwa o tou kaleliwa, vha sa nwi mahalwa vha sa dahi mafola, Fhedzi vha zwino vha ambara zwa u pata vha a daha mafola na u nwa mahalwa.

Kt Kuambarele kwa zwino vha ambara zwi ambaro zwa u ola thumbu. Vha a ambara zwi ambaro zwine zwa vhoneadza muvhili wawe.

Vhudifari ha muimana a vhu ngi ha kale sa izwi ano maduvha u dzula a pomba milenzhe. U a kona u ja zwiliwa zwinwe na zwinwe na zwine a zwi na pfushi kha nwana.

Kuambeke kwa ano maduvha kwa muimana u sokou amba na u semana u a semana o

di hwala nwana. Muimana wa ano maduvha u a kwata o dihwala lune ndi tshi pfa hu pfi muimana ha tei u kwata sa izwi zwi tshi ita uri nwana a si vhe na mutakalo wavhu di.

Ku Kuambarele – vhaimana vha namusi vha ambara muambaro wa u pata, wa u vhoneadza na u ambara zwipufhi zwino sia muvhili nda.

Vhudifari – muimana ha sokou ja tshinwe na tshinwe tshine a si divhe uri tsho bikwa ngafhi, ha dovhi a sokou nwa tshinwe na tshinwe tshine tsha vha phanda hawe.

Kuambeke – vhaimana vha ano maduvha vha a sema, ri a semiwa hayani, vha sa divhi uri nwana u khou zwidweledza.

Kv Vha kale vha tshi ambara nga ndila kwae, hu uri vha zwino vha tshi ambara zwa u

pata na u sia muvhili nda. Vha zwino a vha difari nga ndila yavhu di. Vha kale vho vha vha tshi amba nga ndila ine ya vha i thonifheaho, hu uri vha zwino u amba nga

ndila isi na thonifho. Vha vha vha sa divhi uri nwana u vha a tshi khou dweledza zwothe zwine wa khou ita. Na vhudakwa nwna u a dweledza a bebiwa o dala zwikambi malofhani awe. A tshi hula u mbo divha tshidakwa.

Kw Zwo fhambana vhukuma, maambarele a ano maduvha ndi ane thumbu i sala nda, wa ambara zwithu zwi no pata zwa ola thumbu yothe, ha dovhiwa ha mbariwa zwiambaro zwo no vhonadza muvhili wothe zwa tala na thumbu uri yo thoma ngafhi ya guma ngafhi..

Maambele a ano maduvha, vhaimana a vha londi vha a kona u semana o dihwala. Vha

hangwa uri nwna u vha a tshi khou dweledza. Nne kale mazwale wanga vha tshi amba uri na u kwata ni songo kwata. Arali muthu o no dina i bvani tsini nae.

Vhudifari ha muimana ha ano maduvha a si hone, a vhungi he rihe ra aluwa ri tshi zwitevhedza. Hovha hu na madzulele a muimana, malele, maambele sa izwi ndo no zwi amba afho ntha, maambarele na uri muimana ha tshimbili a tshi ya midini, ha dali, ha fhelekedzi, ha onesi. Ndi zwine ano maduvha muthu ha zwi tevheli. Vho vha vha tshi shavha uri u tsi dala u nga bebela ndilani kana u nga la zwi sa liwi henengei madaloni. Kale wa fhelekedza muthu wo vha u tshi huma ndila kana nwna zwa kongda uri a bebiwe a so kou vhonala a tshi khou da a si de ndilani. He zwo zwithu zwo the ho vha hu tshi shavhiwa

Kx Zwa zwino a ri tsha tevhedza ndayo. Kale ho vha hu tshi tevhedzwa milayo, ho vha

hu tshi pfi muimana ha li muladza a la muladza a tshi yo beba u do beba na u ya bungani tshihulwane. Zwa zwino a ri ambari, a ri thonifhi ndayo, ri a edela hunwe na hunwe, ri a dala na musu thumbu yo no vha na minwedzi ya rathi u gonya, ri a semana ro hwala nwna na u la u fhirisa mpimo.

13. Is taboos pregnancy still followed among Vhavenda and why? Zwiilaila zwa vhuimama kha Vhavenda zwi kha di tevhedzwa naa? Ndi ngani vha tshi ralo?

Kp Hai; vhaimana vha ano maḁuvha vha a fhelekedza mueni arali oḁa. Vha tshi dzula u

wana vho ṭhophekanya milenzhe, vhaimana vha a ḁesa a vha tendi vha tshi kalelwa zwiḁiwa.

Kq A zwi tsha tevhedzwa vhathu vha khou ita tshikhuwa.

Kr Hai; Ndi nga uri wa muvhudzwa wa ri hezwi zwi a ila uri zwi ila mini, naho wa muṭalutshedza uri zwi a ila ha vhuyi a tevhedza. Muimana musi a tshi bva a so ngo huma nḁila. Muimana ha ngo tea u ima munangoni. Hezwi zwi ita uri a tshi vhoḁholowa ṅwana wawe a tshi bva u ḁo ima munangoni na ene, sa izwi mme awe o vha a tshi ima munangoni wa nṅḁu.

Ks A zwi tsha tevhedzwa nga uri vhunzhi ha vhathu vhane vha khou vha vhaimana ndi

vhaswa, vhaswa a vha tendi kha zwiilaila a vha zwi pfesesi vha na u vhudzisesa kana u ṭoḁa u ḁivhesesa na u tenda musi zwithu zwo no tahinyala. Muimana o vha a sa dzuli tshiukhuvhani tsha munangoni wa nṅḁu, vha sa ḁesi vha sa fhelekedzi mueni, vha sa yi zwimimani fhedzi vha zwino wa muvhudza uri a songo ita hezwo zwoṭhe vha a vha na mbudziso nṅzhi.

Kt Hai, a zwi tsha tevhedzwa. U a ḁi wana muimana a tshi khou nwa halwa a kambiwa

na u kambiwa, a ḁi daha na fola. A ḁi dovha a sia thumbu nṅḁa a songo ambara kana wa wana o ambara tshikipa na tight wa wana zwo mupata nga maṅḁa.

Ku Ee, zwi kha ḁi tevhedzwa nga uri hu nga vha na u lovha ha vhana vhanzhi vha tshi

bebiwa. Muthu arali ari a zwi tsha tevhedzwa nṅe ndi a ḁi hanedza fhungo iḁo nga uri vhathu a vha funi o vhoniwa kha zwine vha tenda khazwo. Miḁini hafhu hu kha ḁi tevhedzwa zwa tshikale.

Kv Hai a zwi tsha tevhedzwa. Musalauno vhaimane avha tsha na ndavha na zwiilaila,

sa tsumbo u do wana muimana o ambra zwiambaro zwa u mupata, u a fhelekedza mueni o daho, masiandoitwa a hone u fhedza o huma ndila.

Kw Ee, zwi kha di itiwa. Ndi hafha hune muimana a sa tevhela zwiilaila u ya vhuya fhedzi.

Kx Zwo vha zwi tshi tevhedzwa kale. Zwa zwino a zwi tevhedziwi. Muthu are na thumbu zwino u a dzhena nduni tshihulwane a na seven month. Lune kale wo vha u sa tsha dzhena nga uri munna u a rwa ngoma ya nwana. Ndi hafhala hune wa wana nwana a tshi bebiwa ana ngoma khulwane, kana heneyo ngoma khulwane ya dzhia vhutshilo ha nwana.

14. What are the main aims of pregnancy taboos among Vhavenda? Zwiilaila zwa muimana vhuhulu hazwo ndi mini kha Vhavenda? Kana zwiilaila zwa muimana zwi vha zwi tshi khou shuma mini kha Vhavenda?

Kp Zwi thusa uri arali muima a vhofoholowe zwavhuḏi. Mme na nwana vha vhe na mutakalo wavhuḏi.

Kq Zwiila zwi thusa uri avhe na mutakalo wavhuḏi a kone u vhofoholowa.

Kr Mushumo wa zwiilaila ndi u tsireledza nwana kha malwadze.

Ks Vhavenda kana vhakale vho vha vha tshi tenda kha uri zwi tsireledza nwana

Kt Ndi vhona u nga zwiila zwo vha zwi tshi itelwa uri muimana a vhofoholowe zwavhuḏi. Na uri a si lwale nga ndavha ya vhuimana khamusi na mutakalo wa nwana zwe zwo a sa athu u bebiwa. Musi muthu a sa tevhedza zwiilaila ndi hefhala hune muthu a so ngo tsha vhuya nae ha pfi hu na muloi kana ha pomokedziwa makhadzi wa henefho muḏini.

Kv Zwiilaila zwi thivhela masiandoitwa a si avhuḏi. Zwi dovha zwa ita uri mutakalo wa

nwana na mme awe u thithisee. Zwi ita uri vhuvha na mvelele zwashu zwa Vhavenda zwi si ngale ngale ri kone u vhone tshitshavhani.

Kw Mushumo wa zwiilaila ndi u tsireledza muimana na nwana kha vhathu vhane vha

silinga. Zwi thusa uri u vha na ñwana are na mutakalo.

Kx Zwiilaila zwo vha zwi tshi itelwa uri muthu a songo dzhena nduni musi ono swikisa

minwedzi ya sumbe, sa izwi zwi tshi engedza ngoma ya ñwana. Ndi hefhala hune munna a dzhena nduni na muimana ane avha na minwedzi u bva kha ya sumbe u ya phanda ñwana u bebiwa a na vhunna muvhili wothe.

15. What's happen if pregnancy taboos are not followed or respected? Arali vhuilaila ha muimana hu sa tevhedzwa hu bvelela mini?

Kp Musi zwiilaila zwa vhaimana zwi so ngo tevhedzwa muimana a tshi vhofoholowa u

itwa muaro. Hu vha na u thithisea musi a tshi beba nwana a nga ði lovha kana a holefhala.

Kq Masiandoitwa- Mme u a kondelwa u vhofoholowa. Mutakalo wa ñwana u a kwamea.

Mutakalo wa mme na wone u a thithisea.

Kr Muimana musi a tshi ðo beba nga muaro, nga uri ha ngo tevhedza zwiila, ndi ngazwo kale ho vha hu sina muaro, nga uri vhakale vho vha vha tshi tevhedza zwiila.

Ks Muimana a nga beba nga muaro kana a beba ñwana wa muholefhali, sa musi arali

hu tshi pfi miumana a songo nwa halwa, ene a nwa u beba nwana o kambiwa, kana vha ri a tshi dzula a songo thopha milenzhe ene a thopha u a beba muholefhali, Arali ha pfi a songo lesa ene a lesa hu vha hu khou shavhiwa uri muimana u ðo beba nga muaro.

Kt Zwine nda khou vhona zwino ndi zwa uri u sa tevhedza zwiilaila ho ðala u lovha ha

vhana vha tshi khou bebiwa. Vhana vha khou bebiwa vha sa athu u swika minwedzi ya u bebiwa ngayo. Ndi vhona u nga ndi zwenezwo masiandoitwa a u sa tevhedza zwiilaila zwa muimana.

Ku Ndi zwe nda amba afho n̄tha muḏini hu a ḏala mavhiḏa. Vhathu vha hovha kana u

ḏoḏa vhuloi vhusiho.

Kv Sa zwe nda amba afho n̄tha, mutakalo wa ṅwana na mme awe u a thithisea.

Mme

na ṅwana hafhu zwi ita uri vhutshiloni havho vha ḏangane na vhuleme kana mathada vhukuma.

Kw Hu vha na masiandoitwa a si avhuḏi. muimana a nga lozwa tshibegwa kana ṅwana

a vha a sina mutakalo

Kx ndi henefha hune vhana vha ḏo lwala ngoma.

16. What are the consequences? If a pregnant woman does not taboo herself?. Arali muimana a sa ḏiileli zwi na masiandoitwa-ḏe?

Kp Masiandoitwa a muimana ndi uri u a vhuya nga si ḏa vhuḏi u a lovhelwa.

Kq Masiandoitwa mme anga vhofoholowa nga muaro, mme a tshi balelwa nga u pusha

kana ṅwana a lovha arali mme a fhelelwa nga maandḏa.

Kr Masiandoitwa ndi aneo are kha 7.

Ks Zwi na masiandoitwa a uri muimana a nga ri sia kana ṅwana. Muimana a nga beba

nga muaro kana a beba ṅwana wa muholefhi.

Kt Muimana a sa dilileli hu a vha na u lovha ha vhana vha tshi

khou bebiwa, tshinwe tshifhinga na mme awe u a ri sia kana muthihi a tshila.

Ku A nga ḏi lovhelwa nga ṅwana kana ṅwana wawe a bebiwa a sina mutakalo

Kv Zwi khakhisa mutakalo wa n̄wana zwa dovha zwa ita uri mme a t̄angane na vhukonḁi v̄hutshiloni ha n̄wana sa izwi a tshi ḁovha a songo tevhela zwiilaila.

Kw U vha na n̄wana a si na mutakalo, tshin̄we tshifhinga n̄wana wa hone a fhedza o ri sia.

Kx masindoitwa a nga vha a uri n̄wana ane a khou bebiwa a vha a sin a mutakalo wavhuḁi.

17. What can help if the pregnant woman tabooed? What are the advantages adhering to taboos of? Zwi thusa mini musi muimana o ḁiilela?

Kp Zwi thusa uri arali muimana a tshi v̄hofholowa a v̄hofholowe zwavhuḁi, mme na n̄wana vha vhe na mutakalo wavhuḁi.

Kq U v̄hofholowa zwavhudi. Mutakalo wa n̄wana na mme u vha wavhudi.

Kr A tshi v̄hofholowa zwithu zwawe zwi ḁo tshimbila zwavhuḁi

Ks U beba n̄wana ana mutakalo

Kt Ndi vhona u nga zwi nga thusa uri hu sivhe na u lovha ha vhana musi vha tshi khou bebiwa khathihi na mubebi wawe

Ku Uri n̄wana na mme vha songo kavhiwa nga malwadze

Kv Zwi thusa kha uri n̄wana a sa sokou lwala malwadze nga inwe nḁila zwi thivhela malwadze kha n̄wana. Zwi ita uri muimane a t̄honifhee. Zwi dovha zwa thusa uri mme asi t̄angane na vhukonḁi v̄hutshiloni. Zwi a dovha hafhu zwa thusa uri vhuvha na mvelele zwashu zwi sa ngalengale.

Kw U vha na mutakalo wavhuḁi wa mme na n̄wana, u a v̄hofholowa zwavhuḁi, dzimpfu

dza dzitshetshe dzi a fhungudzea

Kx N̄wana na mme vha vha na mutakalo wavhuḁi

18. Why is an infant tabooed among Vhavenda? Ndi nga mini lutshetshe lu tshi ila?

Kp Zwi ila nga uri vhafumakadzi vha a dzhena vha maḁuvhani n̄wana u a thomiwa

nga

mufhiso, vhañwe vhafumakadzi vha a dzena vho edela na vhakalaha vhavho tshihulwane, hezwi zwi nzwerisa ñwana. Ngoma ya ñwana na yone i sala i si tsha tamba zwavhuḏi.

Kq Vhasidzana vha ya dzhena nduni ñwana u a lwala, wa dzhena nduni tshihulwane ñwana u a lwala, u takula ñwana u muimana.

Kr Zwi a ila nga uri munwe a nga vha o pfuka magondo manzhi a tshi dzhena hu na lutshetshe u vha a khou kandedza ñwana, a farwa nga malwadze na tshikombo tshawe tshi a sina a fhedza a tshi lovha.

Ks Lu a ila hu itela u lu tsireledzwa kha malwadze.

Kt Nga uri ñwana a nga hwala mimuya mivhi ine muthu a nga vha o i hwala, ndi hafhala

hune ñwana a lwala vhathu vha sa ḏivhi uri ndi mini tshine tsha khou lwadza ñwana. Zwiñwe zwine zwa shavhiwa musu muthu a dzhena he ha dzula ñwana, hu shavhiwa uri muthu a nga vha a tshi bva u ḏangana na munna lwa vhudzekani. Musi zwo ralo a dzhena ñwana u a dzhenwa nga mufhiso wa muvhidzela vhulwadze.

Ku Zwiitelwa uri vhathu vha nga dzhena nduni vha na mishonga vha shelela ñwana kana vha dzhena vha tshi bva mabaini, zwi shela mufhiso wa vhulwadze kha ñwana

Kv Ndi nga uri lutshetshe lu a ḏavhanya u fara malwadze, nga inwe ndila hu shavhiwa uri vhathu vha ḏo mu fhirisela malwadze. Ha dovhiwa hafhu ha shavhiwa uri vhathu vha no silinga vha nga kandedza ñwana. Vhathu vha nga lowa ñwana asi aluwe zwavhuḏi.

Kw Ñwana u tou raha raha kana u tamba e tivhani. Hu a swika hune mme a ḏivha uri

arali ñwana a tshi khou tambisa nga urali zwi amba mini fhedzi zwiḏivhiwa nga mme ane u a ḏhogomela matambeke a ñwana. Arali u sa zwi dzhieli nzhele u nga si zwiḏivhe uri zwi amba mini.

Kx Vha shavhisa uri arali muthu a tshibva fhethu hawe sa u bva baiini kana u lala tshihulwane, wa dzhenela ñwana u a lwala.

19. What language do you communicate with a pregnant mother who is a Muvenda? Explain why? Musi muimana wa Muvenda o da u tolwa /kaliwa vha amba nae nga luambo lufhio? Kha vha talutshedze.

Kp Musi ndo di dzula nae ndi a muvhudzisa uri inwi mutakalo uri mini namusi.

Kr ndi shumisa luambolune lwa pfiwa nga ene na nne nga maanda arali huna vhana vhatuku. Ndi tshi vhudzisa mutakalo wawe na uri nwana u khou tamba tamba na.

Ks ri tea u shumisa luambo lwo dzumbamaho uri vathu vhanwe vha si pfe uri ri khou amba nga ha mini. Ndi vha ndi tshi vhudzisa nga ha mutakalo wawe mme na uri nwana u khou tamba tamba na.

Kt ndi shumisa Tshivenda u amba nae. Ndi tshi toda u pfa uri mutakalo wawe na nwana u hani.

Ku Thiathu u vhudzisa muthu

Kv No answer **Aw** No answer **Ax** No answer

20. Which words and of which language associated with pregnancy do you use in communicating with a pregnant mother who has come for check-up? Give reason for your answer. Vha shumisa maipfi afhio, nahone a luambo lufhio ane a tshimbilelana na u dihwala vha tshi amba na muimana o daho u tolwa? Ndi ngani zwo ralo?

Kp Ndi shumisa maipfi o dzumbamaho nahone a Tshivenda u nga ndi tshi ri vho vuwa hani makhulu ndi tshi amba nwana.

Kq ndi shumisa maipfi ane a nga sa musu ndi tshi r indo takala na, ndo vuwa hani, ndo tamba na namusi. Ndi tshi amba nwana

Kr no answer **As** no answer

Kt ndi shumisa Tshivenda uri mukalaha vho vuwa hani, ndi tshi zwilivhisa kha nwana.

Ku no answer **Av** no answer

Kw hu tea u shumiswa luambo lwa Tshivenda lwo dzumbamaho

Kx no answer

21. Which words (and of which language) associated with giving birth of which language do you use when communicating with the mother? Why do you use them? *Maipfi ane a tshimbilelana na u beba/ u vhofholowa ane vha a shumisa vha tshi amba na mudzadze ndi afhio nahone a luambo-ḁe. Ndi ngani vha tshi shumisa ayo maipfi.*

Kp ḁwana o ḁamba na, tshikombo tshi tshi wa ni ambe

Kq ndi amba nae nga ha mafarele a ḁwana, na uri ḁwana ha tei u u fariwa nga mutsinda

Kr mafarele a ḁwana na ene muḁe na zwine a tea u ḁa khathihi na ḁwana

Ks, Kt, Ku, Kv, Kw na Kx no answer

22. Which words of which language associated with the new born do you use when advising the mother. Why do you use them? *Vha shumisa maipfi afhio a luambo lufhio kha zwi kwamaho lutshetshe na mme a ḁwana. Ndi nga ni zwo ralo?*

Kp ndi hune nda ḁhogomela uri ḁwana u khou tondwa zwone na, mme u khou fhola na khathihi na ḁwana, na u sedza ngoma yawe uri I khou tamba hani. Hafha ndi hune wa vhudza mme a ḁwana uri aralia vhuelela ḁuni u ḁavhanya ḁwana u ḁo nzwera na ngoma ya ḁwanai ḁo mbombomela zwa fhedza zwo dzhia vhutshilo ha ḁwana

Kq ndi hune mme a gudisiwa uri ḁwana u fariswa hani u swikela a tshi thuiswa

Kr ndi tshifhinga tshine mudzadze a guda uri ḁwana ndi mutondisa hani uri wa vhuvhili a tshi ḁa u kone u mualusa

Ks, Kt, Ku, no answer

Kv, Kw na Kx mafarele a ḁwana na u ḁi ḁhogomela

ANSWERS FROM THE YOUTH (II)

In this interview, the researcher will find the old and the new words that are popular nowadays. The participants allow to give or to add where the researcher not touch.

1. **What do we say has happened to a woman who will have a child in Tshivenda? Give five or more words and support your understanding.**

Arali mufumakadzi a tshi do vha na nwana hu pfi o ita mini nga Tshivenda? Kha vha nee maipfi ane a nga swika matanu kana u fhira. Kha lihwe na lihwe vha talutshedze vhupfiwa havho.

Kp O gonya miri, U na thumbu, Ndi muimana, Muthu wa thovhela, O dihwala

Kq O gonya miri, U na thumbu, Ndi muimana, Muthu wa thovhela, O dihwala

Kr Ndi muimana - nga uri u na muthu muvhilini wawe. Ndi muthu wa thovhela - Ndi muthu a thonifheaho na nga vhamusanda ngauri u na nwana muvhilini wawe. U na thumbu - Thumbu yawe i vha yo hula u fhira thumbu ya u ja vhuswa sa izwi yawe ina nwana kha yo. O dihwala - O dihwala nga uri u na muthu muvhilini wawe
O vhifha muvhilini - Muvhili wawe wo vhifha nga uri tshivhumbeo tsha muvhili wawe tsho shanduka sa izwi ana muthu muvhilini wawe.

Ks O di hwala

O vhifha muvhilini

O gonya miri

O pfukwa

Ndi uthu wathovhela

Kt O vhifha muvhilini – zwi tshi tou amba uri hu na tshithu tshine tsho mushandukisa vhuvha ha muvhili wawe

O pfukwa – ndi muthu wa musidzana kana mufumakadzi o pfuka nwedzi u vhona maduvha kana u ya maduvhani.

O gonya miri – ndi musu mufumakadzi a kha nyimele ine a huna munwe muthu a nga swikela.

Muthu wa thovhele – ndi musu muthu a tshi thonifhiwa u nga vho thovhele

U na thumbu – ndi musu a na tshilelo tshine tsho shanduka mavhumbele.

O dihwala - ndi musu muthu o hwala muthu a sa athu u da shangoni

Muimana – ndi musu muthu o ima nga munwe ane u khou tea u mu disa shangoni.

Ku Muimana –

U na thumbu – ndi musu musadzi o hulelwa nga thumbu

O gonya miri – zwi sumbedza uri u vha a kha tshiimo tsha n̄tha hune vhanwe a vha ho khatsho.

U mirini – ndi musu hu tshi khou sumbedzwa uri musadzi haho fhethu huthihi na vhañwe

Muthu wa thovhele – zwi sumbedza uri u a t̄thonifhiwa.

Kv O gonya miri - muimana u vha a kha l̄ifhasi l̄awe

O dihwala – o hwala muthu

O vhifha muvhilini – muvhili wawe wo fhambana na wa vhañwe

Ndi muthu wa thovhele – ndi muthu wa vhuṯhogwa na nga musanda u a t̄thonifhiwa.

Kw O pfukwa – ndi musu a so ngo vhona maḍuvha awe. Kha he l̄i fhungo, zwi nga itea a vha a so ngo pfukwa lwa u vhumbea n̄wana, zwo sokou bvelela sa vhutshilo

O gonya miri – zwi amba uri mufumakadzi u fhethu hune vhanwe a vha swikeli nahone u fhethu hune a hu swikelwi nga nnyi na nnyi

Muimana – ndi musu mufumakadzi o hwala muthu nga thumbu, zwine zwa vha uri muthu o ima nga n̄wana.

Muthu wa thovhele – muthu ane a t̄thonifhiwa nga tshitshavha na nga vhakololo na musanda

O dihwala – mdi musu muthu kana mufumakadzi a hwala n̄wana nga thumbu

O vhifha muvhilini – ndi musu vhuvha ha muvhili wa muthu wa mufumakadzi wo shanduka

Tshinwe tsho wela tshinweni – ndi musi hu na zwithu zwivhili zwe zwa dzula fhethu huthihi

O zwimba gona kana o vundeā gona – muthu ane ha tsha ḡo kona u tshimbila tshimbila

Kx Muimana – muthu o lindelaho tshithu

O gonya miri – muthu ane avha fhethu hune vhanwe vhathu vha si swikele

O ḡihwala – muthu ane avha na muthu thumbuni

U na thumbu – ndi muthu ane thumbu yawe i si nge dza vhanwe.

2. **What do you call a woman who has given birth in Tshivenda? Arali muthu a na ṅwana muṅuku u vhidziwa u pfi mini**

3.

Ao Ndi mudzadze.

Kp Ndi mudzadze.

Kq Mudzadze.

Kr Ndi mudzadze.

O tsa mirini.

Ks Ndi mudzadze

Kt Mudzadze

Ku mudzadze

Kv U vhidzwa u pfi mudzadze

Kw Mudzadze

Kx Mudzadze

4. **There is a tendency to borrow words associated with birth from other languages. Mention them and give your view point in full. Ho no vha na dzema kha Vhavenda ḡa uri arali mufumakadzi a tshi khou ya u wana ṅwana hu shumiswa maipfi mapambwa. Ndi afhio? Kha vha ḡalutshedze vhubfiwa havho vho ḡisendeka ng ayo maipfi.**

Ko U diliva - li bva kha ipfi la English deliver.

Kp Udiliva - li bva kha English deliver line la amba u vhofoholowa.

Kq U diliva - lo pambiwa u bva kha English

U beba - u bva kha Sepedi.

Kr U beba ndi u vhofoholowa.

Ks U diliva

U give birth

U labour

Kt O ya u deliver.

Ku O ya labour kana o ya u deliver

Kv U pregnant – ndi ipfi lo pambiwaho u bva kha Tshikhuwa
lino amba muimana.

Kw U vhofoholowa – o vha o hwala zwino zwo fhela

U rula mihwalo – o vha o hwala zwino o rula mihwalo

U tsa mirini – ndi musi a tshi vho tshila sa muthu munwe na munwe a si tshe na
zwine a ila.

Kx U ya maternity

U ya labour

5. **What do we call food is eaten by the mother who had given birth in Tshivenda?** *Zwiliwa zwine zwa liwa nga mudzadze zwi pfi mini nga Tshivenda? Kha vha nee madzina azwo vha talutshedze zwine a amba.*

Kp Mukapu wa mugayo kana wa mavhele, mukupu uyu u bikiwa nga mugayo na maḍi wo shela muno kana swigiri, mukapu uyu u thusa uri maḍamu a mudzadze a gauwe hu kone u wanala mafhi a u fusha nwana.

Mukusule ndi muroho wo omiswaho u nga vha wa munawa kana wa mudzungu (muroho wa mukusule wa muphapha, muphapha ndi muroho une wa nga sa thanga

fhedzi wone u anwa maranga, maṭari a hone a bikiwa a anelwa a vhidzwa u pfi mudzungu, muroho uyu u thusa uri dangani ḷa mudzadze hu dzudzaynee zwavhuḍi. Vhuswa ha mutuku vho no fhisa na tie zwi thusa iru mme a ṅwana vha vhe na mikando.

Kq No respond.

Kr Lambaza- ndi mukapu u no itelwa mudzadze nga Matsheloni u itelamikando ya nwana na uri thumbuni yawe i dzudzane.

Muroho wa mukusule - Uyu ndi muroho wo omiswaho u ngavha wa mudzungu kana munawa mudzadze a tshi u ḷa u tea u nwa na muthotho wa hone, u ḍo vha a tshi khou ita uri dangani ḷawe ḷi dzudzane.

Vhuswa vho no fhisa nga maanda ha mutuku u itela uri madamu awe a gauwe ṅwana a wane mukaando.

Ks Zwiḷiwa zwisekene. Tie na vhuswa ha mutuku ha u fhisa uri avhe na mikando minzhi.

Kt U ḷa zwiḷiwa zwaluḍi, ha tei u ḷa zwithu zwo omaho,

u tea u ḷa zwithu zwa orange,

u ḷa munawa na vhuswa vhutete kana a nwa muthotho wa muṅawa,

u tea u la mitshelo,

u ḷa makhaha na maxeu. Ndi zwine a tea u ḷa zwone sa izwi zwi sa omisi thumbu.

Zwi muthusa na musu a tshi ya bugani a si pfe u vhavha.

Ku U ḷa mukapu

Kv No answer

Kw U ḷa mukapu – vhuswa vhutete.

Musi mudzadze a tshi bva u vhuya u beba u tea u ḷa mukapu lwa vhege. Musi mukapu wo itelwa kha tshigodelo, tshetsho tshigedelo tshi shuma u mutsila kha dzi thumbu uri muvhili wawe u vhuelele ngonani.

Vhuswa vhutete u vhuḷa nga murahu ha vhege sa izwi dangani ḷawe hu tshi khou vhuela nga zwiṭuku nga zwiṭuku. U tea u sevha nga miroho nga maanda mukusule

wa muḡawa kana u si mukusule. Zwi tshi itelwa u alafha u luma ha ḡowa kana mala awe sa mudzadze.

Kx Mitshelo, miroho, yoghurt, chocolate na zwiḡwe. Zwi itelwa uri mikando I vhe yavhuḡi

6. **What do we call a new born baby in Tshivenda?** *ḡwana muḡukuḡuku ane a kha ḡi bva u bebiwa u vhidzwa u pfi mini nga Tshivenda?*

Kp Lushie. Lutshetshe.

Kq Lutshetshe.

KrLutshetshe, Lushie.

Ks Lushue, Lutshetshe

Kt Lushie, lutshetshe, muthu muswa, mbuwe na murwa

Ku Lutshetshe, lushie, muthu muswa, mbuwe, murwa na lukhandḡwa

Kv Lutshetshe

Kw Likhandḡwa, lushie, u bva afho a tshi vha vhukati ha vhege ya rathi na sumbe ndi

hone a tshi vhidziwa u pfi ḡwana.

Kx lushie, lutshetshe na lukhandḡwa

7. **Mention types of food that is given to a new born baby in Tshivenda. Explain each in full.** *Kha vha bule tshaka dza zwiḡiwa zwine zwa ḡewa ḡwana ane a kha ḡi bva u bebiwa nga Tshivenda. Vha inge nga u ḡalutshedza lushaka luḡwe na luḡwe.*

Kp Mikando- Ndi mafhi ane a wanala kha maḡamu a mme a ḡwana, mikando yenei i na

pfushi kha ḡwana.

Khongoḡol i- Ndi mukapu wo itwaho nga maḡi, wone hoyu mukapu u vha u tshi tou vha maḡi, maḡi o shelwa mugayo muḡukuḡuku.

Tshiunza - Ndi mukapu wo ḡanganyiswaho na midzi i bvaho kha vhomaine. Yeneyo

midzi l a lovhelwa maḁini, eneo maḁi ndi ane a rinda tshiunza tsha ḁwana. Midzi i yo ndi ya mukolokoḁe, mugwiti na muembe.

Kq Tshiunza.

Kr U fhiwa mukandulula - Ndi maḁi o ḁanganyiswa na mishonga ya Tshirema, mukandululo u fhiwa nwana nga matsheloni.

Tshiunza - Ndi mukapu wo ḁanganyiswa na midzi ya mushonga i bvaho kha vho maine. Tshiunza – ndi mukapu une u tshi buikiwa u bikiwa nga maḁi e a vha o lovhelwa zwitanda zwiraru zwo vhofhekanywa zwine zwa vha zwa mugwiti, mukolokoḁe na muvhuyu

Mikando - Ndi mafhi a mamiswaho ḁwana a bvaho kha maḁamu a mme a ḁwana.

Ks Tshiunza

Kt Mikando mafhi ane a wanala kha madamu a mme awe

Glucose – ndi ine a do itelwa madi ane a mama one kana a tou nwiswa one

Tshiunza – ndi mukaou une a nuswa wone.

Ku Tshiunza kana mukapu

Kv Tshiunza

Kw U thoma u mamiswa lwa miḁwedzi miraru.

A ḁa a ḁewa mukapu wa luḁi nga murahu ha miḁwedzi miraru

U bva afho mukapu wa khwaḁhiswa nyana u sa tou vha luḁi tshoḁthe

Musi a tshi khou nusiwa mukapu uyo u vha a tshi khou mamiswa

Kx Tshiunza, purity na nestum

8. What do we call feeding a new born baby in Tshivenda. Give a number of words, your view and their functions? U ḁisa ḁwana ri ri ndi u itani nga Tshivenda? Kha vha ḁee maipfi o vhalahvha ḁalutshedze kushumisele kwao na vhupfiwa havho.

Kp Ndi u nusa - u dzhia madi a u nanga ngao, wa dzia mukapu wa u shela kha tshanda

tshau tshamonde wa vhea tsini na mulomo wa ḁwana ngeno tshanda tsha uḁa hu

vha hu tshone tshi no khou lisa.

Ndi u thothedza – u thothedza ndi u dzhia vhuswa wa thothedza kha muthotho ure tshidishini wa isa kha mulomo wa nwana nga tshanda tsha uja.

Kq U nusa.

U kapudza nga lebula wo mu ganamisa nyana.

U lisa,

U thothedza.

Kr U kapudza - ndi u dzhia mukapu wa lisa nwana nga tshanda tsha u ja.

U thothedza - u dzhia vhuswa wa thothedza kha muthotho ure tshidishini wa kona u isa kha nwana nga tshanda tsha u ja.

U lisa - ndi u dzhia mukapu wa lisa nwana nga lebula.

U nusa - ndi u dzhia mukapu na maqi a u nanga khao, wa shela mukapu kha tshanda tsha monde wa vhea kha tsini na mulomo wa nwana tshanda tsha uja ndi tshone tshine tsha isa mulomoni wa nwana.

Ks U nusa na U kapudza

Kt . U kapudza – nwana u vha a tshi khou lisiwa hu tshi shumiswa lebula. U nusa ndi u lisa nwana musi o tou ganamisiwa, hu tshi shumiswa munwe wa vhukati wa tshanda tsha u ja..

Ku U nusiwa

Kv U nusa ndi u lisa nwana musi wo vala dziningo dza nwana wo shela mukapu kha tshanda.

U kapudza – ndi u lisa nwana nga lebula.

Kw Ndi u nusa – ndi musi nwana a vhewa kha zwirumbi (ndi kutshetshe a sa koni u fusa mukapu) wa shela mukapu kha tshanda, wa vula mulomo nga munw wa vhukati wa shela mulomoni nga zwiṭuku nga zwiṭuku.

U ja tshiunza musi a tshi rathela kha nwedzi wa vhuṇa. Tshiunza ndi mukapu wo rindiwaho nga maqi e a lovheliwa zwitanda zwiraru zwine zwa vha muembe, mugwiti na mukolokote.

Kx U kapudza

9. In Tshivenda, what is supposed to be performed before a new born baby is still restricted inside the house. Is this practice still in-force today? *Nwana a sa athu u bva nduni nga Tshivenda hu pfi u tea u thoma a itiwa mini? Zwi itelwa mini? Hone kha la namusi zwi kha di itiwa?*

Kp U thoma nga u thusiwa uri nwana a vhe na mutakalo wavhiuḍi, zwa dovha zwa mutsireledza kha vhathu vha mimuya mivhi (vhaloi). Kha la namusi vhanwe vha ḍi thusa fhedzi asi vhanzhi

Vhunzhi ha vhathu vha thusa nga tshi kereke, vhanwe na u thusa a vha vhuyi vha thusa. U ḍo pfa vha tshi ri a zwi na mushumo.

Kq U thuswa, u mu tsireledza kha malwadze.

Kr A thusiwa u tsireledzwa kha malwadze na mimuya ya vhathu vhavhi musi vha tshi ḍa

u mu dalela.

A si vhanzhi vhane vha kha ḍi thusa, ho tou sala vha si gathi

Ks U thoma a thusiwa, hu pfi u khou tsireledziwa kha malwadze'A zwi tsha iteswa

Kt U naka nḍu kana u kunguluwa nḍu

Ku U thusiwa nga murahu a bvisiwa lune a bva nga gethe

Kv No answer

Kw U thoma a thusiwa. Nḥe sa mutendi hu ḍa vhafunzi na

vhakegulu vhane vha vha kha zwipiḍa zwa u thusa vhana. Vhafunzi vha mu rabelela.

Zwa kale ho vha hu tshi vhidzwa maine a ḍa a thusa nwana. Musi a tshi khou thusiwa

u vha a tshi khou itwa nola kha zwiendanungo. Zwi vha zwi tshi itelwa a khwaṭhe

zwiendanungo. Zwezwo a tshi khou itwa nola u vha a tshi khou sukitedzwa

mishonga kha ntho dza nola. Zwi vha zwi tshi khou mutsireledza kha mirunzi ya

vhanwe vhana na vhathu vhahulwane na uri a songo sokou kavhiwa nga zwi

dwadze-dwadze.

Kx U thusiwa - uri a khwathe kana a tile malwadze. Nhe ndi dzhena ZCC u tambiswa nga maḡi o rabelelwoho. A bommbini u shumisa u tamba, a tshisima u shumisa u nwa one.

9. What do we call the person who performs rituals before the new born baby is seen by the public in Tshivenda? Do we still have people like these today? What are the importance of performing these rituals? Support your view. Muthu ane a farafara ṅwana a sa a thu u bva ṅduni u vhidzwa u pfi nnyi nga Tshivenda? Vhanevha vhathu vha tshe hone? Hone vhuhulu hazwo ndi hufhio? Kha vha tikedze phindulo yavho.

Kp Ndi vhomaine.

Kha ḡa ṅamusi vha tshe hone. Zwi thusa uri ṅwana a aluwe ana mutakalo wavhuḡi. ṅwana wa hone ha sokou dodelwa nga zwidwadze zwothe zwothe. Vhathu vhavhi vho ḡa vho hwala zwithu zwavho a zwi shumini.

Kq Vhomaine.

Zwi bva kha lutendo, u farwa nga malwadze, u thivhela kha vhaloi.

Kr Maine.

Ee, vha tshe hone.

ṅwana u vha a khou tsireledzwa kha misho na malwadze ane a fara vhana

Ks Vhomaine

Kt Ndi maine. Vha kha divha hone. Ndi u thusa ṅwana zwi tshi bva kha uri muta u tenda kha vhurereli uvho na.

Ku Ndi maine. Fhedzi ano maḡuvha ndi vhafunzi. Vha ḡa vha rabelela ṅwana na mme

awe

Kv vhafunzi kana vhomaine zwi bva uri lutendo ndi lufhio henefho muḡini

Kw Ndi maine, ndi vhona u nga a vha tsheo ho ano maḡuvha.

Vhana vhanzhi a vha tsha thusiwa. Ho no vha na zwa vhafunzi vhane vha tou fhatutshedza n'wana zwa vha zwifhelaho

Kx ndi vho maine

10. What do the elderly say when the new born baby cries endlessly, and what do they do? N'wana arali a dzulela u lila a tshe lutshetshe vhakegulu vhari u khou ita mini? Nahone hu itiwa mini nga Tshivenda?

Kp U khou lilela dzina

U iswa ha vhomaine vha muṭa vha vhona tshine a khou lilela tshone. Hezwi zwoṭhe vha zwi sedza nda ṭhangu. Musi vho no zwi vhona uri ndi dzina u a riniwa leḽo dzina, u lila ha fhela na zwezwo.

Kq U lilela dzina, hu iwa ha vhomaine vha tungula vha vhona zwine a khou lilela zwone
uri ndi mini.

Kr U khou lilela dzina - hu vha ho iwa ha vho maine u vhonisa nga ṭhangu tshine tsha
khou lidza n'wana, arali hu dzina hu ḽo mbo ḽi sedziwa uri dzina ḽa hone ndi ḽifhio ḽa wanala u mbo ḽi rinwa ḽeneḽo dzina. Musi a tshi tou ri nwa a mbo ḽi fhumula nazwezwo.

Ks Hu pfi u khou lilela dzina, vha nga mu isa ha vho maine vha posa ṭhangu fhasi vha
tungudzela arali hu dzina vha murina dzina ḽine a khou lilela a mbo ḽi tou fhumula tshoṭhe

Kt Hu pfi u khou kwaṭhisa mirado, kana ha pfi u khou kwaṭhisa mbabvu
Hu pfi u khou totwa thumbuni

Hu pfi u khou lilela dzina

Ku U khou lilela dzina.

Kv U khou lilela dzina. Hu vhidziwa maine wa henefho muṭani a ḽa a amba na vha fhasi

uri vha khwathise uri dzina line a tea u lifhgiwa ndi lifhio. Maine u da a konaha u khwathisedza elo dzina.

Kw Vha ri u khou lilela. Zwine nga Tshivenda hu mbo di vhidzwa maine uri a de a ambe uri nwana u khou totwa nga nnyi. Zwine sa izwi nge ndi mutendi. Ndi isa nwana kiliniki kana sibandela. Arali zwa dovha a sokou lila, ndi hefhala hune nda thoma u muvhidza nga madzina o fhambanaho a vhatu vhane nda vhahumbula, vha kha sia la hammeni na khotsini.

Kx u lilela dzina kana a vh aa khou totwa thumbuni.

11. What do we call a process were babies follow each other. Give a number of terms and explain in full? Arali vhana vha tevhekana, uyu o tevhelwaho hu pfi o itwa mini nga Tshivenda. Kha vha nee maipfi ayo vha a talutshedze

Kp O lumuliwa - Ho vha na u vhifha muvhilini ha mme awe, ho yu mutuku a sa athu u fhedza nwha kana minwedzi mitanu na muthihi. U ya vha nwana hoyu muhulwane.

Pfulekani - ho vha na munwe nwana hoyu muhulwane a sa athu u lugela uri a vhe na murathu.

Kq U lumuliwa – nwana o mama mme vhamuima.

Kr O lumulwa – ho vha na munwe nwana, hoyu muhulwane a so ngo pfelela u mama.

Ks O lumuliwa

Kt U lumuliwa – mme vho vha na thumbu a kha di mama kana vho vha na nwana a kha di mama.

Ku U lumulwa kana o lumuliwa

Kv O lumulwa.

Kw O lumuliwa. Mme u vha o wana muñwe nwana muñwe a kha di mama.

Kx Lumuliwa – ndi u jena nduni lwa tshihulwane thumbu ya fara munwe nwana a kha di mama.

12. **Lets hear other things.** *Kha ri pfe zwiṅwe.*

Kq Zwinwe zwithu zwine zwi nga itwa u thusa vhaimana ndi vhona u nga vha tea u vheiwa nga zwigwadagwada musi vha tshi ya zwikaloni u itela uri vhafunziwe nga vhundema ha vhuimana. Vha tea u funziwa nga ha masiandoitwa a musi muimana a so ngo vha na u ṭhogomela vhuimana hawe, nga uri ri wana uri hu khou vha na dzi mpfu dza vhana kana vhaimana nga uri vha vha vho shaya ndivho ya vhuimana.