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YUNIBESITHI YA PRETORIA

PERCEIVED KNOWLEDGE OF MIDWIVES REGARDING DIFFERENCES IN CULTURAL PRACTICES OF PREGNANT WOMEN AT A REGIONAL HOSPITAL IN GAUTENG

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IN THE FACULTY OF HEALTH SCIENCES

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DATE: 07 MARCH 2022

DECLARATION

I, Nwanadede Patience Maluleke declare that **Perceived Knowledge of Midwives Regarding Differences in Cultural Practices of Pregnant Women at a Regional Hospital in Gauteng** is my original work. All the sources used or cited in this study have been acknowledged by means of a comprehensive referencing system. I further declare that this work has not been submitted to any other institution before. This full dissertation is submitted in partial fulfilment of the requirements for Magister Curationis (full dissertation) at the University of Pretoria, Department of Nursing Science, in the Faculty of Health Science,

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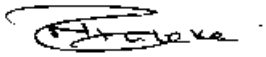
Signature:  Date: 07 March 2022

DEDICATION

I dedicate this dissertation to my late mother, N'warionte Evelyn Tiva. She always encouraged me to study very hard and to achieve as much as I can. She never missed my graduation; this achievement will be the first without her. To my lovely sister Sylia Tiva who also encouraged me because she wanted to have a sister with a master's degree, I say thank you.

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ABSTRACT

The South African Nursing Council, as a professional body, expects midwives to treat and care for pregnant women as unique individuals. South Africa is a rainbow nation as a result its health care system receive patients from diverse cultural background with diverse cultures. Therefore, midwives need to know the differences in cultural practices in order to identify if these practices are safe or not so that they can advise and assist pregnant women. Knowledge of differences in cultural practices can contribute positively to rendering care to pregnant women. Once the midwives are aware of these practices, they will be able to safeguard pregnant women. Knowing the diverse cultural practices will enable the midwife to render quality care whilst respecting the pregnant woman's culture. The purpose of the study was to explore and describe the perceived knowledge of midwives regarding differences in cultural practices amongst pregnant women at a Regional hospital in Gauteng.

A qualitative, explorative, descriptive and contextual research design was used. The qualitative research design and methods enabled the researcher to explore and describe the perceived knowledge of midwives regarding the differences in cultural practices amongst pregnant women at a Regional hospital in Gauteng. Purposive sampling was used to select midwives who had perceived knowledge needed to answer the research question and objectives. Data collection involved individual unstructured interviews. Tesch's method of data analysis was used, and the principles of respect, beneficence, privacy, anonymity and confidentiality and justice were valued. Ethical permission and permission in the setting was obtained from the Chief Executive Officer of the Regional hospital. Informed consent was obtained from the midwives and participation was voluntary. Trustworthiness was adhered to, credibility, transferability and dependability were explained. From the results of the study, six themes were identified.

The study displayed six themes of perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng. Those cultural practices are practices to confirm pregnancy, practices to prevent evil spirits from harming the pregnancy, practices to prevent preterm labour, practices to nurture pregnancy, diet practices and practices to manage pregnancy complications. The results of the study presented a comprehension of the diverse cultural practices of pregnant women which the midwives ought to know to advice on the practices that are

harmful to both the pregnant woman and the unborn baby. Furthermore, it might help the midwives and the institutions to learn more about these cultures so that they understand and avoid offending the women because of their diverse cultural practices.

Keywords: Cultural practices, Differences, Knowledge, Midwives, Perception, Pregnant women.

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ACRONYMS

WHO: WORLD HEALTH ORGANIZATION

SANC: SOUTH AFRICAN NURSING COUNCIL

ANC: ANTENATAL CLINIC

CHAPTER ONE:

ORIENTATION TO THE STUDY

This chapter presents the topic and background of the study. The problem statement aims and objectives, and significance of the study, definition of concepts, ontology and research design and methods are provided.

1.1. INTRODUCTION AND BACKGROUND

In South Africa, training has been quiet about cultural issues in midwifery. Midwifery that is taught and practised does not contain information on cultural practices of different societies (Ngunyulu, Mulaudzi & Peu, 2012: 5). As a result, students have been deprived of knowledge from diverse cultural practices of people who form part of the multicultural societies in this country. South Africa has four major African ethnic groups which are Nguni, which consists of Zulu, Xhosa, Ndebele and Swazi, the Sesotho-Setswana, the Shangaan-Tsonga and the Venda, and Coloureds, Indians and Whites together with people from neighbouring countries (South African History Online, 2018:239). Midwives need to incorporate spiritual, cultural and physical needs in caring for pregnant women, during labour and post-delivery. Women who deliver in a health institution where their cultures are not recognised may feel their health and wellbeing being compromised (Brown, Middleton, (Fereday & Pincombe, 2016:196). As an advanced midwife and a midwifery lecturer, I observed that midwives have difficulties in rendering culturally acceptable midwifery care to pregnant women of diverse cultural backgrounds.

A study conducted in Australia (Brown et al, 2016:196) revealed that the fundamentals of culture, cultural safety and differences were not included in the curricula and therefore this requires attention.

Culture is something that one is taught by other people, and how it is learned. It is taught by older people to the younger generation (Eagleton, 2016:1). Ethnicity is a state of belonging to a social group that has a common national or cultural tradition, where one comes from and is usually based on language and shared culture (Bell, 2015: 15). This author further defines ethnicity as shared cultural practices, views and significance that differentiate one group of people from another. The choice of healthcare and the decisions that pregnant women make, when they have health problems is mostly influenced by their cultural beliefs and practices. Hence, midwives

must acquire the knowledge of diverse cultural practices, for them to identify unsafe practices and advise the women accordingly.

Mothupi (2014: 8) states that some women in the African continent still use herbal medication to sustain the pregnancy until full term, as advised from home, while others even bring the medication to the hospital during labour to help with the progress of labour. The midwives find this unacceptable and strange, therefore, do not allow it in the ward. According to (Mothupi, 2014:8) not all herbal medications are harmful. In Sub-Saharan Africa, a study conducted in Nairobi, Kenya, revealed that some other cultural practices and beliefs can be harmful to the pregnant woman and the unborn child. There are certain cultural practices and beliefs that pregnant women practice in the community that can be addressed for the benefit of both the pregnant women and their unborn babies without passing judgement, practices like using traditional medicine for the benefit of both the pregnant women and their unborn babies without passing judgement. In a study conducted in Zambia, midwives mentioned that pregnant women were advised and encouraged to use herbal medicine as it results in good outcomes, hastens labour, makes the birth canal to be wider and results in uneventful delivery thus preventing prolonged labour (Msoka, Mabuza & Pretorius, 2015:6). Midwives further reported that there are pregnant women who have undergone female circumcision or genital mutilation, yet the midwives are not trained to care for these pregnant women. There is inadequate information about the need and provision of care for pregnant women with female genital mutilation. As an advanced midwife and a researcher, I also observed that midwives get frustrated when nursing women during delivery who have done female circumcision or genital mutilation because there are major gaps in the knowledge, practice and skills of midwives.

This results in midwives being reluctant and sometimes ignorant in caring for women with genital mutilation as it is difficult to suture the vaginal tears sustained during delivery. Most midwives move away from these women since they do not know how to repair those tears. Female genital mutilation refers to a procedure performed on the genitalia that involves the removal of the labia or external genitalia whereby only a small hole is left for giving birth (Turkman, Homer, Varol & Dawson, 2018: 26). Therefore, this lack of knowledge of midwives is a challenge for the health institutions and the midwives since they cannot respond to the needs of the pregnant women

(Turkman et al, 2018:4). The midwife needs to understand and have knowledge and skills on how to deal with issues such as repairing vaginal tears sustained during deliveries, especially those having genital mutilation and control the use of herbal medications these pregnant women use during pregnancy and delivery (Gee et al, 2019:5). Cultural needs and assumptions that are usually unknown or are not met by the midwives.

Midwives need to have a positive influence on caring for pregnant women and should therefore understand the cultural practices of pregnant women and use the ones that are not harmful (Esienumoh, Akpabio, Etowa & Waterman, 2016:29). A barrier in communication and limited cultural sensitivity of prenatal care also plays a role in rendering effective care. Language is the most common hindering factor to quality care. Some pregnant women in public hospitals who are from neighbouring countries where English is not their official language, find it difficult to understand the midwives and many of the midwifery terminologies that they use. Pregnant women also find it difficult to communicate effectively with the midwives (Koneshe, 2014:14).

Communication as a language barrier is also a challenge since our country accommodates people from different countries who do not understand the South African languages. It, therefore, becomes a challenge between both the midwife and the pregnant women. In certain cultures, older women expect to be addressed in a certain way and if not, they feel disrespected especially if the midwife is younger. Therefore, it affects the rendering of quality nursing care if the pregnant woman does not understand what she is expected to do. It will seem as if the midwife is rude, or the midwife will assume the woman is uncooperative, yet this barrier is caused by misunderstanding of the language. Communication barriers can also have delayed referral and access to care which may lead to complications such as stillbirth or misinterpretation of the diagnosis (Koneshe, 2014:53). If during antenatal care the woman felt neglected and was not treated according to her beliefs and culture, there is a chance that she may abandon the baby especially in cases of abuse at home. The midwives do not have the skills and knowledge to identify such problems (Brown et al, 2016:197).

Having knowledge and understanding of diverse cultural practices of pregnant women is important to improving nursing care and having a positive outcome by reducing maternal and neonatal mortality rates. Midwives have inadequate knowledge of the cultures of most pregnant women whom they admit in the hospital (Koneshe, 2014:19). Therefore, they are challenged when exposed to situations where they are expected to incorporate cultural practices. Knowledge of cultural practices might assist midwives to instil a sense of respect in those women they care for and to reduce the stress and anxiety of the pregnant women (Brown et al, 2016:197).

Conceiving and giving birth are biological steps and common events that are connected to cultural factors that are created socially. Midwives need to understand the socio-cultural factors since it is more relevant and important than before, because we live in an era of super-diversity (Marshall & Raynor, 2014:4). The study focuses on the perceived knowledge of midwives regarding diverse cultural practices amongst pregnant women and to describe the midwives' understanding and knowledge to provide effective care to a diverse culture. The professional body that is the South African Nursing Council (SANC) expects midwives to treat pregnant women with dignity, respect, kindness, and understanding and to acknowledge diversity and individual's choices. South Africa comprises four (4) main ethnic groups which are: African, Coloured, Whites, Indians and Foreign Nationals as shown in Figure A below.

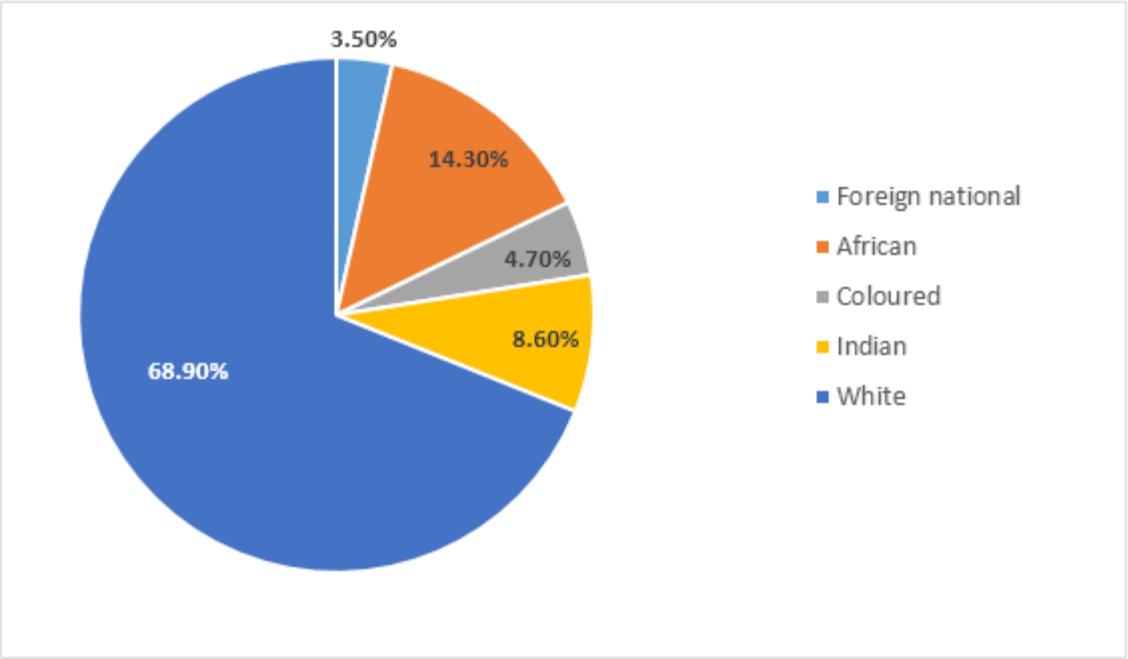

FIGURE A: South Africa's Ethnic Groups

Courtesy of Race and ethnicity in South Africa (www.sahistory.org.za)

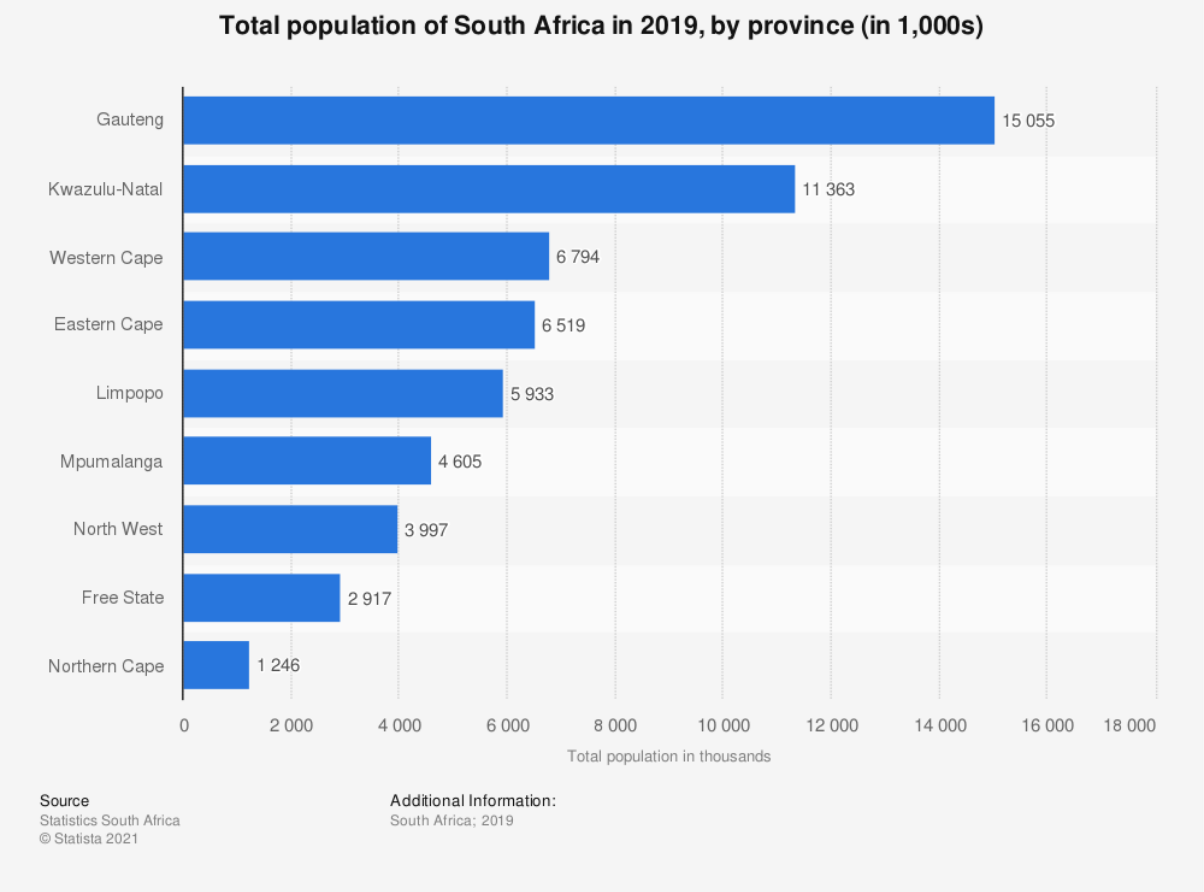

FIGURE B: Total population of South Africa in 2019, by province *(in 1,000s)*

Source: [www.*statista.com*](http://www.statista.com)

The figure above shows the provinces, where each has its own ethnic group. There is influx of people coming to Gauteng province as indicated, who have different cultures and beliefs.

There are eleven official languages in South Africa. These are English (9.6%), Afrikaans (13.5%), Ndebele (2.1%), Sepedi (9.1%), Xhosa (16%), Venda (2.4%), Tswana (8%), Southern Sotho (7.6%), Zulu (22.7%), Swazi or SiSwati (2.5%) and Tsonga (4.5%). The figure below illustrates the different ethnicities according to language. Midwives need to have knowledge of different cultural beliefs and practices in order to give advice to the pregnant women if they perceive that these practices may be detrimental to the mother and the unborn child.

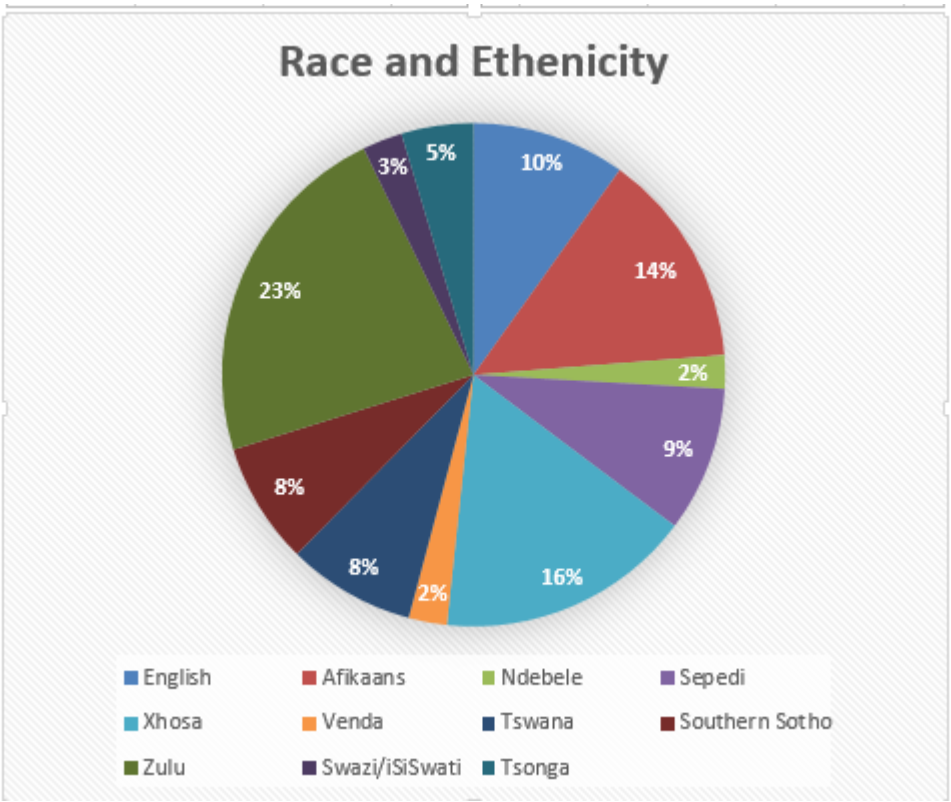

FIGURE D: DIFFERENT ETHNICITIES ACCORDING TO LANGUAGE

1.1. PROBLEM STATEMENT

There is little literature or studies done on perceived knowledge of midwives regarding differences in cultural practices amongst pregnant women and their understanding of cultural differences in South Africa and abroad (Mwanzia, 2017:6). Midwives reported that sometimes they are faced with challenges and have difficulty in understanding diverse cultural practices of pregnant women who are in their care (Koneshe, 2014:52). There are no direct and specific guidelines and protocols in the health institutions in Gauteng Province for the midwives to use and refer to when providing care to pregnant women from diverse cultural backgrounds. Planning a pregnancy, conceiving and giving birth is an important event in a woman's life. Negative experiences can lead to posttraumatic stress syndrome, depression and anxiety. Good interpersonal relationships can help reduce anxiety and fear related to childbirth and result in a positive and satisfactory experience (Lunda, Minnie & Benade, 2018: 27).

South Africans form a *"rainbow"* nation comprised of women from diverse cultural beliefs and practices. In addition, statistics conducted in a Regional hospital in Gauteng showed that out of one thousand and sixty-nine (1069) deliveries, four hundred and sixty-seven (467) were foreign nationals, which accounted for 40% of deliveries (Statistic South Africa, Recorded live births, 2017). Most women hold own different beliefs about pregnancy, intra-partum and postnatal care. Absence of cultural and care knowledge is a missing component to midwives' understanding of many variations required in caring, support, compliance, healing and wellness of pregnant women (Leininger, 2006: 193).

As an advanced midwife and a lecturer, the researcher observed that midwives have a challenge in rendering culturally sensitive quality nursing care to women during pregnancy, labour, delivery and postnatal period. One example is that midwives may find squatting as unaccepted and very strange, therefore, not allow it in the ward because they do not know how to perform a delivery using that method, and therefore delay the second stage of labour. This cultural exercise was practised by the great-grandmothers and passed onto the next generations. A study done in Nepal, South Asia reported that some women still use it as a means of delivery (Desseauve, Fradet, Lacouture & Pierre, 2019:3). Midwives lack an understanding of women's cultural beliefs. For instance, in certain cultures like the Somalians, a woman who delivers by caesarean section is not regarded as a real woman and is therefore rejected by her in-laws. Caesarean section is still perceived as a curse on an unfaithful woman and the woman is regarded as weak (Jama, 2018:13). While doing student accompaniment in the labour ward, the researcher witnessed a man who refused for his wife to undergo caesarean section. The man said if the woman agreed to be operated, she must not come back home since she would not be considered a woman. Some pregnant women believe that caesarean section will result in permanent disability, and they will not be able to do daily household chores and that they might die due to the dehiscence of the scar and future reproductive capacity will be limited (Gee et al, 2018:5). Certain cultures like the Zulu, (Naidu,2014:149), Xhosa (Mkhize 2012:13) use herbal medicine to sustain a pregnancy, which midwives find strange and unacceptable due to lack of knowledge, and cultural insensitivity.

According to (Ngomane and Mulaudzi, 2010: 4), there is a belief and practice of using traditional ornaments such as tying the waist with a runner grass called 'Ritlangi'

immediately after pregnancy is diagnosed with the belief that it strengthens the pregnancy, prevents miscarriage and premature labour. The World Health Organization (2014:10) declared that midwives should have core competencies to achieve quality and equality in rendering care to pregnant women. Midwives need to execute the competencies with cultural sensitivity and work together with pregnant women to overcome cultural practices that are harmful to women during pregnancy (Essential Competencies for Basic Midwifery Practice, ICM 2013:2). Therefore, this study was conducted in order to explore the perceived knowledge of midwives regarding differences in cultural practices of pregnant women in a Regional Hospital in Gauteng.

1.3. RESEARCH QUESTION, AIM AND OBJECTIVE

1.3.1. Research question

What is the perceived knowledge of midwives regarding differences in cultural practices amongst pregnant women at a selected hospital in Gauteng?

1.3.2. Aim

The aim of this study was to explore and describe the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng to make recommendations to improve the care rendered to all multicultural populations.

1.3.3. Research objective

The objective was to explore and describe the perceived knowledge of midwives regarding the differences in cultural practices amongst pregnant women at a selected hospital in Gauteng.

1.4. SIGNIFICANCE OF THE STUDY

In this study, the perceived knowledge of midwives regarding cultural differences amongst pregnant women was explored and described. The knowledge can also broaden and strengthen the midwives to render effective quality care to all pregnant women from diverse cultures. Pregnant women from diverse cultures may utilize the maternity care services freely, and this may reduce the maternal and mortality rates because both the midwives and pregnant women will have a common cultural understanding.

1.5. DEFINITION OF CONCEPTS

1.5.1. Culture

Culture refers to many connected and different norms and values which include, among other things, customs, beliefs, knowledge, morals and other habits and capabilities learned and acquired by human beings belonging to a particular society or community (Surber, 2018: 9). Culture in this study is defined as beliefs, values, norms and the way the midwives have learned, pass or shared those customary beliefs with pregnant women to guide them so that the pregnant women can make their own decision and act concerning their health and the unborn child.

1.5.2. Practice

Practice is defined as repeated exercise or something that is regularly done often as a habit, tradition or custom to acquire or maintain proficiency (Ellis, 2019:14). In this study, practice refers to coordinating or uniting the midwives' clinical knowledge and knowing that pregnant women must be treated as unique beings.

1.5.3. Cultural practice

Cultural practice refers to shared perceptions, of how people or society behave based on their beliefs, values and norms (Frese, 2017:138). In this study, cultural practice refers to the way midwives acquire and share those customary beliefs with pregnant women, to guide and advise the pregnant women on the practices that are harmful so that they can decide and act concerning their health and that of the unborn child.

1.5.4. Difference

Difference refers to a way or point in which things or people are dissimilar; it distinguishes between society and group of people for midwives to understand the similarities in cases of norms and values for them to render quality nursing care to pregnant women (Akhter, Khain & Pauyo, 2019: 331). In this study, difference refers to how midwives understand, identify and apply skills and knowledge when caring for pregnant women, treating and respecting each pregnant woman uniquely without favouritism. This will promote culturally appropriate midwifery care.

1.5.5. Cultural Difference

Cultural difference is defined as those numerous behaviours, languages, norms, beliefs practices as well as expressions that are thought to be unique to people of a specific race, ethnicity and place of origin (Keith, 2019:16). In this study, cultural

differences refer to differences in society's norms, beliefs, values, and practices that are learned and shared, and that guide their thinking, decision making, and actions to be taken by the midwives to render quality nursing care to pregnant women.

1.5.6. Knowledge

Knowledge is defined as reality, details, information and skills acquired through experiences or education; it is the theoretical or practical understanding of a particular occurrence (Hislop, Bosua & Helms, 2018: 34). In this study, knowledge about cultural practices refers to the skills, consistent information that the midwives have gained during training, through practice and experience.

1.5.7. Perception

Perception is how something is understood or regarded, the ability to see or hear. It is a conscious recognition and how something is understood and interpreted, through unconscious associations that serve as a basis for understanding, learning and knowing (Jama, 2018:14). In this study the midwives understand and regards the diverse cultural practices during pregnancy as the belief and norms of pregnant women.

1.5.8. Perceived knowledge

Perceived knowledge is defined as the midwives' self-assessment of the feeling of knowing the information (Mwanzia, 2017:5). In this study, midwives perceive diverse cultural practices of pregnant women based on the knowledge and skills learned during training.

1.5.9. Midwives

Midwives are defined as specialist professionals who have obtained a qualification and are legally licensed to practice, use the title midwife, are competent in midwifery practice and are registered with the South African Nursing Council (Marshall & Raynor, 2014: 1). In addition, they are qualified nurses who completed a midwifery diploma or degree and possess the knowledge to render total care to a woman during pregnancy, labour and delivery and after birth including caring for the baby (International Confederation of Midwives, 2017:1). In this study, midwife means any person who has a qualification or diploma in midwifery and those who have a postgraduate diploma in advanced midwifery, recognized in South Africa.

1.5.10. Pregnant women

Pregnant women refer to women who hold or have a fertilized egg inside the body, which grows into a placenta and embryo and later into a foetus or having an unborn foetus inside the body (Cronje, Cilliers & Du Toit, 2018: 11). In this study, a pregnant woman refers to any woman who has a foetus growing inside of her.

1.6. THEORETICAL FRAMEWORK

The Culture Care: Diversity and Universality Theory (Leininger, 1981) was used in this study:

The aim of the Transcultural Nursing Theory or Culture Care Theory is to render the care that considers cultural differences that include cultural beliefs, practices, norms and values amongst individuals or groups of people or society. The fundamental goal of the transcultural nursing practice is to deliver care whereby the meanings and behaviour, is from the individuals themselves. It focuses on the fact that diverse cultures have different health and illness beliefs, values and different caring behaviours. Culturally congruent care is possible when there is a good nurse-patient relationship. For example, where midwives consider that the pregnant woman might have some cultural practices that they employ during pregnancy, which might clash with the Western healthcare practices. Additionally, they should involve pregnant women in every decision related to their pregnancy and the woman's health for the well-being of both the woman and her unborn child.

Midwives should identify problems and include each woman in the care plan as that may improve each woman's individual decision-making power with resultant culturally congruent care that may improve each pregnant woman's wellbeing. Midwives should act in a manner that assists and helps pregnant women of diverse cultures to adapt to some practices, which form the basis of midwifery while they are admitted in maternity units. Midwifery training should produce culturally competent midwives to assist the pregnant women to adjust to midwifery practices while respecting the pregnant women's cultural beliefs, norms and values (Leininger, 2006: 23) while receiving care in maternity wards Leininger in (Gonzalo 2014:14) describes three modes of nursing care decisions and actions by Leininger as follows:

Culture care preservation or maintenance includes supporting, assisting, facilitating, and preserving the culture of people. The decision and actions taken by

midwives should help to maintain and preserve the women's culture, whilst preventing complications that can be caused by those cultural practices. Midwives should preserve those cultural practices that are not harmful to pregnant women, hence advice should be given about the advantages and disadvantages thereof.

Cultural care accommodation or negotiation includes the support, action, which enable midwives to accommodate pregnant women, who prefer to employ some of their cultural practices during pregnancy. Midwives should negotiate with pregnant women to refrain from cultural practices that might be harmful to their health and well-being and to take decisions that will help the pregnant women of diverse cultures to benefit and have a positive outcome.

Culture care repatterning or restructuring includes facilitating and making professional decisions that will enable midwives to help pregnant women restructure and modify their lifestyles. The midwives should help the pregnant women to change and repattern their health care to a new and unique way, whilst respecting their cultural beliefs and values. This should not compromise the provision of beneficial health care. Restructuring and modifying the pregnant women's lifestyles should be done whilst considering and acknowledging the cultural values and norms.

1.7. RESEARCH PARADIGM AND PHILOSOPHICAL ASSUMPTIONS

The study used and followed the constructivist paradigm, which is described as exploring to initiate the meaning of an occurrence from the perspective of the midwives and identifying the group that shares the same culture and studying how the shared pattern of behaviour develops over time. Insight is gained without measuring concepts or analysing statistics. Creswell and Creswell (2018: 17) state that in the constructivist paradigm, the researcher is part of the process. The participants in this study were the midwives who have the same competencies as the researcher. The researcher engaged with the midwives by conducting individual unstructured interviews using open-ended questions to allow the midwives to share their views. The researcher interpreted the results according to the researcher's own background and experiences (Creswell & Creswell, 2018: 9). The results are the outcomes of the influence between the researcher and the midwives (Polit & Beck, 2017:10).

Philosophical assumptions as defined by Grove et al, (2017:42) are statements or beliefs that are considered and accepted as true even though they have not been

tested scientifically; in other words, there is no proof. Philosophical assumptions that were applied in this study are ontological, epistemological and methodological assumptions.

1.7.1. Ontological assumptions

According to Polit and Beck, (2017:10) ontology is the study of existence and it is concerned with what type of world we live and that by reality the world is constructed mentally by individuals. It investigates what is there that can be learned and known (Lincoln & Guba, 1989: 83). The midwives have their own thoughts, interpretations and meaning regarding the cultural differences amongst pregnant women. The researcher used individual unstructured interviews in order to interpret the perceived knowledge of midwives regarding differences in cultural practices of pregnant women in a Regional hospital in Gauteng.

1.7.2. Epistemological assumptions

Crotty (2003:42) defines epistemological assumptions as a way of recognizing and describing how people know what they know. It is concerned with providing philosophical grounding for deciding what kinds of knowledge are possible and how we can ensure that they are both adequate and legitimate. It also contains ideas of one is understanding of the world and therefore all significant reality as such is dependent upon human practices. It is constructed between the interaction of human beings and their world and developed and transferred within an essentially social context. Thus, meaning is not found but built. Polit and Beck, (2017:10) define epistemology as the way two or more people are connected. In this study, it is what the midwives perceived as differences in cultural practices connection between those being researched (midwives) and their perceived knowledge.

1.7.3. Methodological assumptions

The methodology is a plan of action, procedure or a pattern lying behind the choice and use of methods and connecting the choice and use of the methods to the desired outcomes (Crotty, 2003: 3). Methodological assumptions are assumptions made by the researcher regarding the methods used in the process of qualitative research. It is a belief or theory that promotes qualitative design (Polit & Beck, 2017:720). The aim is to delineate, assess and explain the use of methods. In this study, the researcher

interacted with the midwives by conducting individual unstructured interviews to try to find several facts from each midwife.

1.8. RESEARCH DESIGN

A research design refers to an overall guide that can be followed when conducting a research study. It also refers to the overall strategy that the researcher chooses to integrate the different components of the study in a coherent and logical way, therefore it ensures the researcher to effectively address the research problem (Creswell & Poth, 2018: 82). A qualitative, explorative, descriptive and contextual research design was used in this study, to explore and describe the midwives' perceived knowledge. The aim of qualitative descriptive, explorative and contextual research is to obtain an understanding of valuable information as perceived by the midwives and make meaning by interpreting their perceived knowledge. This research design and methods enabled the researcher to explore and determine the cultural knowledge of differences in cultural practices from the midwives' perspective to achieve the objectives of this study (Grove et al, 2017:28-29). Polit and Beck (2017:728) define exploratory research as research that investigates a situation or problem that is not clearly outlined, it is implemented to have a clear understanding of the problem though conclusive results are not provided. The researcher explored the topic by asking the midwives related to cultural practices amongst pregnant women to gather information relating to their perceived knowledge. Contextual is a well-arranged design process that allows and provides a method for data collection, interprets and combines the data in an organized manner (Creswell, 2014:185). Contextual research is done in a natural setting. A natural setting is defined as the physical, social, and cultural site in which the researcher conducts the study or where midwives experience a problem that is being researched (Creswell & Creswell, 2018:181). The researcher visited the midwives in the antenatal clinic and high risk antenatal ward to observe and explore how they communicate with pregnant women, and to learn more about the challenges or barriers they face daily (Creswell & Creswell, 2018:181).

Grove et al (2017: 200) state that descriptive research focuses on the data that scrutinize and explain the human phenomenon by unfolding the personal experience that is explored to answer a research question, which is related to how often the phenomenon of interest occurred. Information is gathered through talking and engaging directly with the midwives, observing their behaviour and action within their

context (Creswell & Creswell, 2018:181). The researcher gathered accurate facts to answer the research question without manipulating and changing the environment.

1.9. RESEARCH METHODS

The researcher used a qualitative research design, the population was midwives who work in maternity units and have three or more years of experience. A purposive sampling was used to select the midwives based on their experience. The setting was a Regional hospital in Gauteng. The data collected during the study was influenced by the researcher's interpretations and perceptions from the midwives. The researcher collected data through individual unstructured interviews whilst observing the behaviour of the midwives. Data analysis was done using Tesch's method of data analysis. (Creswell & Creswell, 2018:181). Details of the research methods are further discussed in Chapter two.

1.10. SUMMARY

In this chapter, the researcher presented the research aim, objective and research question.

1.11. OUTLINE OF STUDY

Chapter 1: Orientation of the study

The topic, introduction and the background of the study are presented, the problem statement, research question, the objective of the study, significance, definition of concepts, research paradigm, ontology and research design and methods are introduced and benefits of the study are also introduced in this chapter.

Chapter 2: Research methods

In this chapter, the research design and methods, data collection methods and in-depth data analysis are presented and thoroughly described. Measures introduced to ensure the trustworthiness of the study are also presented.

Chapter 3: Presentation of the results of the study

In this chapter, the results of the study are presented.

Chapter 4: Discussion of the results, interpretation and literature control

In this chapter, the results are discussed and included is the literature review to validate the findings.

Chapter 5: Conclusion, implications, limitations and recommendations of the study

This chapter concentrates on the conclusion and implications of the results of the study. Recommendations are formulated for practice and further research.

CHAPTER TWO

RESEARCH DESIGN AND METHODS

2.1. INTRODUCTION

Chapter 1 outlined the orientation of the study. The aim of this chapter is to describe the research design and methods, which clearly outline how the research was conducted. It includes the context, population, sampling, data collection, data analysis, measures to ensure trustworthiness and ethical considerations.

2.2. RESEARCH DESIGN

A qualitative, explorative, descriptive and contextual research design was used in this study.

2.2.1. Qualitative design

Qualitative design refers to an overall guide that can be followed when conducting a research study. It includes all the structures and strategies and addresses the research question, how the variables will be studied, when and how to collect the data as well as the existing relationship between each other (Tappen, 2016: 60). According to (Polit and Beck 2017:741), qualitative design is an inquiry or analysis of an occurrence, distinctively in an in-depth and comprehensive fashion.

The design helped the researcher to obtain an understanding of valuable information as perceived by the midwives and make meaning by interpreting their lived experiences. Furthermore, the design enabled the researcher to explore and describe the knowledge of differences in cultural practices from the midwives' perspectives to achieve the objectives of this study. The researcher gained in-depth information from the midwives while observing their behaviour and how they narrated their perceived knowledge regarding differences in cultural practices amongst pregnant women (Grove et al., 2017: 260). Qualitative research is further defined as a structured, subjective methodological approach used to narrate life experiences and give them meaning (Grove et al, 2017:509).

2.2.2. Exploratory design

The researcher explored the perceived knowledge of midwives, by asking open-ended questions which enabled the midwives to explain, in detail, their perceived knowledge. This also helped in the formulation of themes which are discussed in chapter three. The researcher asked follow-up questions to ensure the midwives further narrated

their perceived knowledge without channelling them, such as “tell me more, those who say they don’t want it after seven months do they have any reasons,” and the midwives were able to narrate further their perceived knowledge regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng to gather information on the phenomena.

Qualitative research is an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem (Creswell & Creswell, 2018:4)**.** An exploratory design enabled the researcher to obtain an understanding of the perceived knowledge of midwives regarding differences in cultural practices amongst pregnant women, by using the direct individual unstructured interviews to explore the perceived knowledge. The design assisted the researcher to explore and describe the perceived knowledge needed to achieve the research objectives regarding the phenomena being researched. Individual unstructured interviews were conducted, and the midwives explained, interpreted and expressed their experiences regarding the problem under research.

The midwives had three (3) or more years of experience in the high-risk antenatal ward and antenatal clinic and some used their work experiences during the care of pregnant women from different cultural backgrounds, these experience of the midwives assisted the researcher to gather the information needed, gain a clear understanding of how much knowledge the midwives had regarding different cultural practices amongst pregnant women, to answer the research question at a Regional hospital in Gauteng since there is little information or knowledge regarding this phenomenon.

Exploratory research explores a situation or problem that is not clearly outlined, and it is implemented in order to have a clear understanding of the problem being researched though conclusive results are not provided Creswell & Creswell, (2018:6) The particular event or phenomenon needs to be explored the way it occurs in order to acquire an explanation or interpretation Polit & Beck, (2017:728).

2.2.3. Descriptive design

The researcher interviewed the midwives in the high-risk antenatal ward and antenatal clinic to clearly describe research topic. During the individual unstructured interviews, the researcher clearly identified and described the perceived knowledge of midwives regarding the cultural differences amongst the pregnant women. The researcher

scrutinized and described the differences in cultural practices by allowing the midwives to explain freely without being manipulated or coerced to unfold their perceived knowledge, to answer a research question, which is related to how often they perceive the problem or situation while caring for the pregnant women. Information was gathered through talking and engaging directly with the midwives (Creswell & Creswell, 2018:181). Descriptive research was conducted in a natural setting. (Creswell and Creswell, 2018:181) define this as the physical, social, and cultural site in which the researcher conducts the study or where midwives perceived a problem that is being researched.

2.2.4. Contextual design

The study was conducted with the midwifery context. A Regional hospital in Gauteng was used because it is the referral hospital for two level one hospitals in the Ekurhuleni district. It has an antenatal clinic, admission ward, high-risk antenatal ward, labour ward and labour wad high care, high-risk postnatal ward and normal postnatal ward and neonatal intensive care. For the purpose of this study high-risk antenatal ward and antenatal clinic was used, the bed occupancy and the number of midwives is described in detail in 2.4.1. The researcher focused on the high-risk antenatal ward and antenatal clinic since the study is about diverse cultural practices of pregnant women.

2.3. Study setting

This study was conducted in the boardroom of the Regional hospital in Gauteng. The Regional hospital has a bed occupancy of eight hundred and twenty-one (821). The maternity units have two hundred and forty-nine (249) beds with the staff establishment of sixty-three (63) midwives and fourteen advanced midwives (14) and eight (8) nurses. Most patients were South African from all nine provinces accounting for 70% and the remaining 30% were pregnant women from Zimbabwe, Mozambique, Nigeria, and the Democratic Republic of Congo. (Grove, Burns and Gray, 2017:353) define a research context as a physical site or location used to conduct a research study.

2.4. RESEARCH METHODS

2.4.1. Context

This context assisted the researcher during the individual unstructured interviews to get the information needed as there were no disturbances. These aspects enabled the

midwives to be free and relaxed when answering the questions since they were familiar with the environment. The data collected during the study were influenced by the researcher's interpretations and perceptions from the midwives. The researcher collected data through individual unstructured interviews whilst observing the behaviour of the midwives (Creswell & Creswell, 2018:181).

2.4.2. Study population

A population is defined as the collection of individuals or a set of members of a defined group, said to be having similar characteristics from whom information is sought, for example, humans and animals Grove et al, (2017: 330).Population is a set of all members of a defined group or people with similar characteristics Grove et al, (2017: 53). In this study the population were midwives working in high-risk antenatal ward and antenatal clinic at a Regional hospital in Gauteng with experiences ranging from three to thirty years in maternity units.

2.5. SAMPLING METHOD

The researcher used purposive sampling, which is the intentional selection of midwives for the study, only midwives who had three or more years' experience in the antenatal clinic and the high-risk antenatal ward were chosen since they possess the information needed to answer the research question. Not all the midwives had an equal opportunity to be in the study. The researcher used the midwives who were willing to participate and met the eligibility criteria (Grove et al, 2017: 343).

Purposive sampling, also referred to as judgemental or selective sampling was utilised, because the midwives have perceived knowledge that was required to answer the research question and objectives. In addition, the researcher used judgement to select the midwives with the belief that these midwives had rich or relevant information about the central purpose of the study (Grove et al, 2017: 345).

The researcher gained in-depth information from the group of midwives that was chosen. In this study, the participants were eleven (11) midwives, three in the antenatal clinic and eight in the high risk antenatal ward with three years' experience or more. Through exploring the perceived knowledge of midwives, the researcher was able to gather the information needed and six themes emerged, and the results were also obtained.

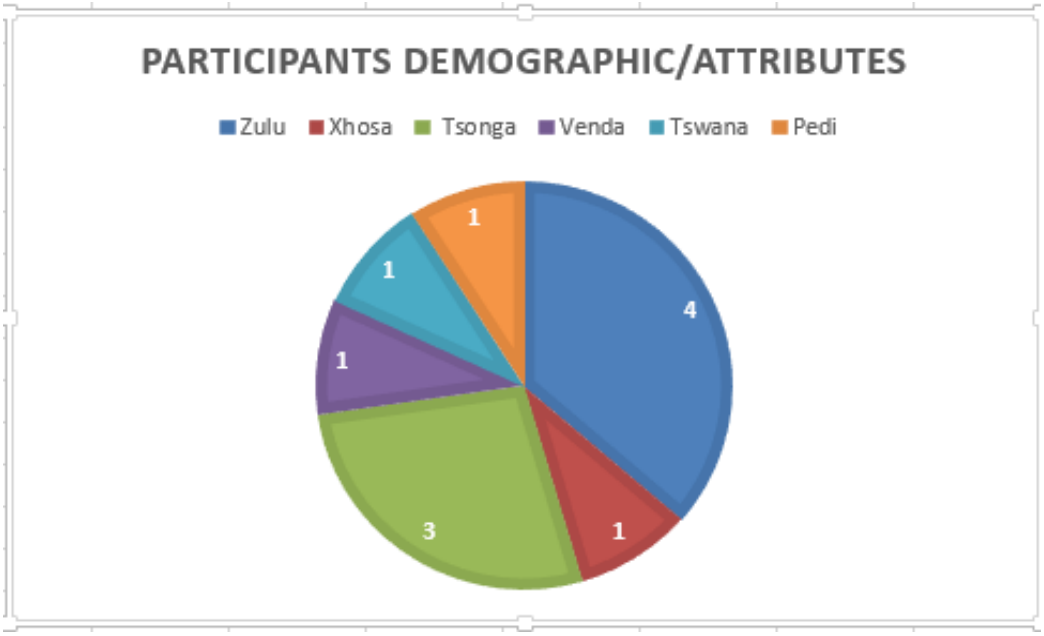

FIGURE E: Participants demographics/attributes

2.5.1. Sample of the study

In this study, sampling was with eleven midwives. According to Grove et al, (2017: 329), sampling is an act, steps or a technique of selecting a suitable group of people, events, behaviours, or other elements of a population to conduct a study. (Polit and Beck, 2017:250) refer to sampling as a procedure or process used to statistically analyse a predetermined number of midwives from a larger population. Data saturation was reached at midwife nine. However, the researcher continued to interview up to midwife eleven.

2.5.2. Sample size

The sample size was eleven (11) midwives. Qualitative studies require a smaller number of midwives. (Polit and Beck, 2017:492) state that sample size is the number of participants in a study. In this study, the sample size was determined by data saturation, which was reached when information was repeated, redundant and no added information was obtained. In this study, data saturation was reached after nine (9) midwives were interviewed. However, two (2) more interviews were conducted to ascertain that there was no more added information, and the sample size was then brought to eleven (11) midwives (Polit & Beck, 2017:60).

The total sampling focused on the inclusion and exclusion criteria as reported below:

2.5.2.1. Inclusion criteria

For this study eleven midwives, three working in the antenatal clinic and eight in the high risk antenatal ward, with three years' experience or more, who were able to give informed consent and had the experience that the researcher needed formed part of the inclusion criteria. The midwives had cared for pregnant women from diverse cultural backgrounds and were able to give information and to answer the research question which enabled the researcher to achieve the study's objectives. (Polit and Beck, 2017:290) define inclusion criteria as the key characteristics that the target population must have to participate in a research study to answer the research question.

2.5.2.2. Exclusion criteria

Midwives who were not working in the high risk antenatal ward or antenatal clinic, with less than three years' experience as midwives and who did not give voluntary informed consent to participate in the study were excluded. Exclusion criteria are defined as the set of predefined characteristics of people who are not eligible and do not have the qualities to be involved in a study (Polit & Beck, 2017: 493).

2.6. PREPARATORY PHASE

The preparatory phase consisted of preparing the interview setting engaging the midwives and placing the audio recorder on the table.

2.6.1. Preparation for Data collection

The researcher had a debriefing with the assistant manager and the operational managers for both the high-risk antenatal ward and antenatal clinic, to discuss the dates and times would be suitable for the interviews to avoid impeding patient care. The researcher arranged visits to the Regional hospital for observations and used the operational managers as the gatekeepers. The researcher then communicated with the midwives who were considered legible to gain their cooperation (Polit & Beck, 2017:261). An arrangement was made with the operational managers on what would be the suitable dates for the researcher to meet the midwives. This assisted the researcher to plan beforehand and be available for the appointments with the midwives. To prepare for the interviews, the researcher visited the Regional hospital to decide for the data collection setting and to check if there was sufficient space, chairs and tables. The boardroom was identified as suitable for data collection, it was conducive, and both the researcher and the midwives felt comfortable and more

relaxed. The boardroom was prepared in advance to avoid possible delays and confusion.

2.6.2. Engagement/recruitment of midwives

According to Polit and Beck, (2017:261) recruitment of midwives involves identifying potential candidates, by considering the midwives that will provide the information needed for the study or asking for expect recommendations. The researcher arranged visits to the Regional hospital for observations. The researcher then communicated with the midwives who met the inclusion criteria for the study, to gain their cooperation (Polit & Beck, 2017:261). An application letter was sent to the Regional hospital to request permission to conduct the research study and to gain access to the institution to recruit midwives (ANNEXURE A). The researcher used a flexible strategy by communicating with the midwives using face-to-face interaction which was more convenient, and it was easier to explain the nature of the study being conducted. The researcher recruited midwives and this recruitment was done individually during day and night shifts in the high-risk antenatal ward and during the day in the antenatal clinic, during their tea and lunch breaks. The midwives were provided with the information leaflet to further read about the aim, objectives and the significance of the study and to gain their cooperation (ANNEXURE B

2.6.3. Interview Phase

On the day of the first interview, the researcher went to the Regional hospital thirty minutes early to view and give the midwives enough time to prepare themselves. The boardroom was inside the high-risk antenatal ward, but far from the nursing station and the patients' cubicle. There were no disruption and people were informed of the interviews that were taking place. A "do not disturb" note was put outside the door in both the high-risk antenatal ward and antenatal clinic. The other staff members were also informed not to disrupt the process.

The researcher used individual unstructured interviews to enable the researcher to understand the midwives better. Individual unstructured interviews provide the basis for exploring the participants' interpretations Holloway & Galvin, (2017:87). Data collection began on 22 February 2021 until 23 March 2021. The researcher asked the midwives open-ended question such as "What is your perceived knowledge regarding differences in cultural practices amongst pregnant women?"

The researcher used probing question such as “what cultural difference comes to your mind as we speak?” to incite the midwives’ action from the questions asked. This was done to appreciate clarification from their first response or encourage midwives to give more information regarding the topic (Polit & Beck, 2017:261).

The researcher used the following approaches to avoid prejudice during the process of interviews in data collection:

2.6.3.1 The audio recorder

The researcher used an audio recorder to record all the information during the individual unstructured interviews with permission from the midwives. The audio recorder was to ensure that the data were the midwives’ actual word for word responses, rather than depending on the researcher’s notes as supported by Polit & Beck, (2017: 508). The audio recorder enabled the researcher to focus on listening intently and assisted the flow of questioning regarding what the midwives had already said. It also assisted the researcher not to be prejudice by incorporating her recollection or personal opinion (Polit & Beck, 2017:729).

2.6.3.2 Field notes

A field note was used to write down the responses made during the interviews Polit & Beck, (2017:729). The researcher also transcribed the field notes to ensure that the interpretation in the interviews was captured correctly. However, it was not included during the analysis of data since what was recorded is the same information as that was written on the field note. Field notes are defined as the method of recording and observing unstructured events, conditions, activities and feelings by mere looking until data saturation is reached. The researcher adhered to the following steps during the data collection process as described by (Grove et al, 2017: 66; Polit & Beck, (2017:729):

- Intuiting: The researcher understood, had a feeling and remained open to the explanation by the midwives regarding the subject under study.
- Data saturation was reached at midwives’ number nine (9) as there was no added information, but the researcher continued until midwives' number eleven (11) to make sure there was no added information that could emerge.

The researcher thanked all the midwives at the end of each interview for participating in the study and they were given a chance to ask questions about the study or provide

clarity where possible. The recorded individual unstructured interviews were checked and listened to soon after the interview to check audibility so that the researcher could ask the midwives if clarity was needed before the researcher left the research setting. The researcher asked permission from the midwives to contact them if there would be follow-up questions that might arise while processing the data.

2.6.4. DATA COLLECTION AND ORGANISATION

Data collection refers to a method of collecting data to solve a problem in the study (Polit & Beck, 2017:725). In this study, the researcher included preparatory, interviews and phases in the data collection process. (Grove et al, 2017: 493) refer data collection as an effective, accurate and methodological way of gathering relevant information applicable to the research aim and purpose of the study. Data collection began on 22 February 2021 until 23 March 2021. The environment was conducive with no interruptions, warm and noise-free where the midwives were able to communicate without fear or disturbances. Pre-booking and arrangement with the management were done to utilize the boardroom for the interviews. The researcher used a flexible strategy by communicating with the midwives using face-to-face interaction which was more convenient, and it was easier to explain the nature of the study.

Midwives were free and relaxed since it was a familiar venue. Interviews were individually and a 'do not disturb" note was placed on the door outside so that no one could disturb the ongoing interviews. The boardroom was well ventilated with ten chairs and an oval table where the voice recorder was placed. Covid protocols were followed and adhered to, each midwife had a face mask on, there was a sanitizer to sanitize the hands and cloth to clean the chairs and the table after each interview and social distancing was also maintained. Each midwife was allowed to answer questions in the language of their choice, and all chose English though some expressed themselves in their language; *'o tlo batla Ngono a tlong sidilla', meaning she will look for an old woman to massage me so that the baby can turn.* The midwives showed willingness, displayed confidence and were eager to answer all the questions by elaborating further using their own experiences to describe their perceived knowledge.

In this study, data collection was through individual unstructured interviews. The researcher used the individual unstructured interviews to enable the researcher to understand the midwives. The researcher listened attentively during the interviews to

the concerns of the midwives in the natural setting during the interviews over an extended period Holloway & Galvin, (2017:87). Midwives were able to share their ideas and knowledge freely without being controlled by completing an instrument. The time allocated was 30-45 minutes for each individual interview, the duration of each interview was between 20 and 48 minutes. The research question that directed the interview was as follows:

> "What is your perceived knowledge regarding differences in cultural practices amongst pregnant women at a selected hospital in Gauteng?"

Audio (voice) recording was used with the midwives' permission and was transferred to a password protected laptop. The midwives were informed that the audiotaped information would be kept for fifteen (15) years after the study is completed per university protocol. Additionally, privacy was maintained during the interviews, only codes were used not the midwives' real names. The researcher disclosed all relevant and specific information regarding the intended study and a statement was provided to the midwives stating that they had been requested to participate in the study (Creswell & Creswell, 2018: 263). The researcher used individual unstructured interviews to enable the researcher to understand the midwives better by asking a general question in a broad area of the study to allow flexibility and made the researcher to follow the midwives' thoughts and interests and not what the researcher assumed Holloway & Galvin, (2017:90).

The researcher used open-ended questions to collect in-depth information concerning the topic. Examples such as determining the gestational age and prevention of bad spirits and protecting the unborn baby from jealous neighbours, were posed. The diverse cultural practices in South Africa guided the researcher in formulating the questions. The researcher probed the midwives to get relevant information by using thought-provoking but nonthreatening questions Grove et al, (2017:261). The researcher observed the behaviour, non- verbal expression of feelings and activities. The audio recording and the field notes will be kept under lock and key for fifteen (15) years, as per university protocols and for future references if necessary.

This was done through asking questions whilst recording the interviews.

2.7. REASONING STRATEGIES

2.7.1. Inductive reasoning

Inductive reasoning refers to reasoning that involves drawing a general conclusion from a set of specific observations, it also refers to the specific to the general in which specific occurrences based on existing knowledge from past experiences are observed and then combined into a larger whole Gray et al, (2017:680). In inductive reasoning, the researcher observes similarities and differences in the data, which are described in categories and themes on various levels of abstractions and interpretations Graneheim, Lindgren & Lundman, (2017: 30). The researcher derived themes naturally from fresh data and then combine them into a larger whole Grinberg, Hawthorne, LaNoue, Brenner & Mautner, (2016:250). The researcher interacted directly with the midwives to gain an emic understanding of lived and perceived knowledge Hmieleski & Powell, (2018:69). The researcher used the inductive reasoning approach in this study for the data analysis to allow unanticipated themes to emerge from the midwives Mitchell, Laurens, Weigel, Hirschman, Scott, Nguyen et al, (2018: 227).

2.7.2. Deductive reasoning

Deductive reasoning refers to the process of argument that involves following one or more factual statements through logical conclusions Gray et al, (2017:676). The researchers moved from theory to data or from a more abstract and general level to a more concrete and specific one Graneheim et al, (2017:30).

2.7.3. Analysis

The researcher used a logical search for modifying evidence and the progressive modification of theory until no disconfirming evidence can be found Graneheim et al, (2017:30). In this study an analysis of qualitative data included groundwork and organisation Qiu et al, (2017: 312). Analysis is defined as a detailed examination of any complex situation to understand its nature or determine its essential features, a process of breaking a complex substance into smaller parts to gain a better understanding of it Graneheim et al, (2017:30).

2.7.4. Synthesis

In this study, the researcher used deductive synthesis to cluster and combine themes into a whole. Synthesis refers to the combination of components or elements to form a connection to the whole De Vos et al, (2011:420). The researcher combined

separate ideas, beliefs, or facts and created something new, clustered and interrelated ideas from several sources to form a new, complete picture of what is known and not known in an area.

2.7.5. Inference

The researcher drew a conclusion from the study evidence, considering the methods used to generate evidence Polit & Beck, (2017:406). The aim was to explore and describe the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng. Inference refers to steps in reasoning, moving from a specific premise to general truth from a part to the whole, from the concrete to the abstract or from known to the unknown Gray et al, (2015: 505).

2.8. DATA ANALYSIS

Coding was done by organizing the material into chunks or segments of text and assigned a word or phrase to the segment to develop a general sense of it Creswell & Poth, (2018: 259). Coding involved a way to name, label and sort data elements, which allowed the researcher to find themes and patterns Jardien-Baboo, Van Rooyen & Ricks, (2016: 399). In this study, the researcher used the Tesch's method of data analysis which allowed the researcher to identify, organise and code the data by identifying similar experiences within the data. The researcher analysed data by using categories, themes and sub-themes. The data analysis process commenced when the process of data collection commenced, to determine when data saturation had been reached. The researcher assigned a meaning, explored and interpreted data to increase understanding and move the empirical knowledge forward Ekstrom & Idvall, (2015:77). Coding of the data was done using Tesch's method of data analysis for qualitative research (Tesch, in Creswell & Poth, 2018: 271). In this study, the data that were gathered from participating midwives were analysed to generate results.

The researcher followed Tesch's suggested eight actions or steps in data analysis (in Creswell & Poth, 2018: 271) to analyse the qualitative data:

Step 1: The researcher read the whole transcript repeatedly and carefully, also listened to the audio-recorded data to obtain a sense of the whole and wrote down some ideas.

Step 2: The researcher selected one interview which was the most interesting case, and asked “what is this about” the researcher thought about the underlying meaning in the information and wrote it down in the margin.

Step 3: The researcher then wrote a list of all the themes or topics, and clustered together themes or topics that were similar.

Step 4: The researcher applied the list of all the themes or topics to the data, the themes or topics were abbreviated as codes, and were written next to the appropriate parts of the transcripts. The researcher tried out this organising scheme and new categories and codes emerged.

Step 5: The researcher found the most descriptive wording for the themes or topics and categorised them. Lines were drawn between categories to show the relationships between the categories.

Step 6: The researcher made a final decision on the abbreviation for each category and then alphabetised all the codes.

Step 7: Then the data material that belonged to each category was assembled and a preliminary analysis was done Creswell & Poth, (2018: 271). The researcher then reported the methods and the findings.

Step 8: the researcher recoded the existing material to make sure all the information needed is captured.

2.9. ETHICAL CONSIDERATIONS

The Code of Ethics for Nursing in South Africa reminds all nursing researchers of their responsibilities towards the participants, families, groups and communities, namely, to protect, prevent illness and alleviate suffering SANC, (2013:4).

2.9.1. Permission to conduct the study

The researcher obtained ethical approval to conduct the research study from the University of Pretoria, Ethics Reference number 516/2020, (ANNEXURE E), the researcher was granted permission by the Gauteng Department of Health: GP 202010 026 (ANNEXURE I), and the Regional hospital in Gauteng. The ethical approval permission letters from the Department of Health were submitted to the hospital’s Chief Executive Officer and the Deputy Director of Nursing of the Regional hospital in

Gauteng to gain entry to the midwives and the research venue and permission was granted (ANNEXURE J).

2.9.2. Obtaining informed consent

The researcher gained consent from the midwives before the commencement of data collection. The midwives were given information regarding the study and an information leaflet was issued for further reading (ANNEXURE B). The researcher allowed the midwives to ask questions and to seek clarity before giving consent to participate. Burns & Grove, (2015:111) state that informing is the transmission of essential ideas and content from the investigator to the prospective subject. Consent is the prospective subject's agreement to participate in a study as a subject.

Informed consent consists of four (4) elements Burns & Grove, (2015:111), namely:

2.9.2.1. Disclosure of essential study information to the study midwives

The consent form indicated the title and the intention of the study, and that the midwives were asked to participate. The researcher gave a full explanation as to why the midwives were selected to be in the study. Benefits were clearly stated, and midwives were assured that confidentiality and anonymity would be maintained by using codes instead of the midwives' names**.**

2.9.2.2. Comprehension of this information by the midwives

There was a detailed description of what is in the consent form before the midwives signed it, and the researcher made sure that midwives comprehended the information that was imparted to them.

2.9.2.3. Competence of the midwives to give consent

The researcher did not influence the midwives to take part in this study, the selected midwives gave informed consent and understood the benefits of the study, hence they were at liberty to choose whether to participate or not.

2.9.2.4. Voluntary consent of the midwives to take part in the study

On the consent form, it clearly states that participation in the study is voluntary, without coercion. The researcher obtained consent from the midwives after a detailed explanation of the study had been done and the midwives had shown comprehension of the information

2.10. PRINCIPLES OF RESEARCH ETHICS

2.10.1. Ethical principle of respect

An application letter was sent to the Regional hospital to request permission to conduct the research study and to gain access to the institution to recruit midwives.

The information leaflet (ANNEXURE B) was used to communicate the intentions of the study. The aim of the study was explained to the midwives and included how the research study would be conducted, which included the use of a tape recorder to record the interviews. Information was given to the midwives in the Regional hospital boardroom both verbal and in the form of a leaflet that anytime they wanted to withdraw from the study, they were allowed to do so without any penalties. The midwives were assured that participation was voluntary and the estimated time to complete the study was explained to them before the commencement of the study Watkins & Milne, (2016:37).

Self-determination is based on the principle of respect for human beings or individuals. Midwives are human, have the freedom to act independently and control their own affairs as they choose without any outside influence. The right to freedom of choice involves or entails that participant have the right to choose whether to participate in a study or not. The researcher informed the midwives about the study and allowed them to voluntarily choose whether to participate or not and informed them that they could withdraw anytime without being punished Grove et al, (2017:162). If they decide to withdraw during data collection, their information will not be used. Respect for the autonomy of eligible midwives to make their own decisions and choices whether to take part in the study or not was taken into consideration. Caring is an individual right, the researcher demonstrated an art of caring and nurturing by applying professional competency and having positive emotions in conducting the study so that both the researcher and midwives could benefit SANC, (2013:1).

2.10.2. Ethical principle of beneficence

The right to protection from harm and discomfort is based on the ethical principle of beneficence, which holds that one should “not harm but do good” to the midwives. The researcher conducted the study in a way that midwives were at all-times assured of their rights to participate in the study. The researcher tried to balance the benefits by being considerate and taking into consideration the midwives’ level of perceived knowledge of differences in cultural practices amongst pregnant women. Under given

circumstances, the researcher acted with kindness to allow midwives to use the preferred language of choice during the individual unstructured interviews and also ensuring that the midwives answer the questions in a manner which they feel comfortable Grove et al, (2017:173).

2.10.3. Right to privacy

Privacy means the individual's right to determine how information concerning one's health, including personal information, may be disclosed, or shared with or withheld from others. Information may be concerning one's attitudes, health, behaviour and opinions including information concerning knowledge of differences in cultural practices may only be disclosed with informed consent, and when required in terms of any law or an order of the court Grove et al, (2017:168). In this study, midwives were protected by not divulging their names. Therefore, the researcher used codes to identify the midwives.

2.10.4. Right to anonymity and confidentiality

Confidentiality is the protection of personal information. Confidentiality means that the information that the midwives share with the researcher will not be made available to others. Interviews were conducted individually. The midwives were informed that since they agreed to take part in the study, this right would be waived because the information would be shared and made public through seminars, symposium, journals and articles. Anonymity means that the name of the midwife and the Regional hospital will not be divulged, codes are used instead. Information given by the midwives would only be shared with others if the midwives gave informed consent Fry, Veath &Taylor, (2011: 339).

2.10.5. Ethical principle of justice

This refers to respecting laws and treating the midwives fairly and with respect during the selection of the midwives. The researcher did not coerce the midwives to take part in the study. The midwives were selected fairly and equally according to the inclusion criteria, and the vulnerability of the midwives and their safety balanced the research study in improving the care they provided Hunfeld & Passchier, (2012: 268-275).

2.11. TRUSTWORTHINESS/RIGOR

Grove et al (2015:392) refer to trustworthiness as the determination that the results are authentic, of high quality and reflect the personal or lived experiences of the phenomenon being researched or investigated. Krefting (in Forero R, Nahidi, S, & Aboagye-Sarfo, P, 2018: 26-27) explains the trustworthiness of qualitative research using Guba's model of qualitative research: truth-value, applicability, consistency and neutrality Lincoln & Guba, in Polit & Beck, (2017:559-560). The quality of research data is measured in terms of trustworthiness, which possesses the following dimensions: credibility, transferability, dependability, confirmability and authenticity.

2.11.1. Credibility

According to the parallel criteria as Lincoln & Guba in (Polit & Beck 2017:559-560), in credibility refers to the idea of internal consistency, where the core issue is how the researcher ensures rigour in the research process and how the researcher communicates to others. The researcher engaged with the midwives and had two hours for sampling the midwives time to meet and the setting in which the individual unstructured interviews were going to be conducted Polit & Beck, (2017:599). Credibility was also enhanced whereby the researcher gave midwives an hour to explain, in detail, what was going to be done during the actual research time and individual unstructured interviews.

2.11.2. Transferability

Transferability refers to the degree to which results can be conveyed or be applicable in other settings or groups Polit & Beck, (2017:560). It also refers to the extent to which the reader can generalize the results of a study to her or his own context and address the core issue of how far a researcher may make claims of a general application of their theory. The researcher provided sufficient information the research context, processes, midwives and research-midwife relationship to enable the reader to decide how the results may be transferred. The researcher allowed the readers to evaluate the applicability of data to other contexts by providing sufficient descriptive data in the research report. The researcher determined if the content of the interviews, the behaviour and observed events were typical or atypical of the lives of the midwives. The researcher provided dense background information about the midwives and the research content and setting to allow others to assess how transferable the findings are Forero R, Nahidi, S, Aboagye-Sarfo, P, (2018: 26) in (Krefting, 1991:216).

2.11.3. Dependability

Dependability relates to the consistency of the results. How a study is conducted should be consistent across time, research and analysis techniques Polit & Beck, (2017:599). To maintain dependability, the researcher gave a comprehensive explanation of data collection, analysis and interpretation. The researcher described the exact methods of data gathering, analysis and understanding. Code and re-code by the researcher to conduct data checks during data analysis were done. After coding a segment of data, the researcher waited at least two (2) weeks and returned to recode the same data and compare the results. Triangulation was done to ensure that the weakness of one method of data collection was compensated. The researcher also used colleagues who holds a Masters' Degree (peer examination) to check the research plan and implementation Lincoln & Guba, (1985:295).

2.11.4. Confirmability

The researcher made sure that truth-value and applicability were established, and the reader will be able to confirm the adequacy of the results. Confirmability addresses the core issue that results should represent the situation being researched and not the beliefs, theories or biases of the researcher Polit & Beck, (2017:559-560). The meaning and understanding of the results are not that of the researcher's creativity, the results are derived from the data collected. The external auditor followed through the natural history or progression of events in a project to try to understand how and why a decision was made. The auditor considered the process of research as well as the product, data results, interpretations, and recommendations. Triangulation was done which is multiple methods that researchers, data sources and theoretical perspective, use to test the strength of the ideas. A researcher who has a Master's degree and work with the researcher and are familiar with qualitative methods and the supervisor rather than a single researcher was used Lincoln & Guba, (1985:294).

2.11.5. Authenticity

The researcher ensured that the results gathered in this study are originally the perceived knowledge of midwives. Authenticity refers to the extent to which qualitative researchers genuinely, fairly and faithfully show a range of different realities in the collection, analysis and interpretation of data Polit & Beck, (2017:720).

2.12. SUMMARY

In Chapter 2, the research design and methods were defined. The researcher described the population and sampling, data collection and analysis were also described. Throughout the study, the researcher ensured the strategies and measures of trustworthiness and ethical considerations. The next chapter which is Chapter 3 present the results of the study.

CHAPTER THREE

PRESENTATION OF RESULTS OF THE STUDY

3.1. INTRODUCTION

In Chapter three (3), the researcher displayed the demographic attribute of the midwives and the outcome of the study. The aim of this chapter is to present the results the study. Data collection was conducted using individual unstructured interviews and observation by taking field notes. Tesch's open coding method of data analysis, for qualitative research, was used to analyse the data collected from the eleven midwives.

3.2. DEMOGRAPHICS

A general outlook of the demographic attributes of the midwives is outlined in the table below (Table1). Eleven midwives, eight are working in the high-risk antenatal ward and three in antenatal clinic at a Regional hospital in Gauteng, were interviewed. To ensure confidentiality and anonymity, midwives were given code names i.e., Participant 1 to Participant 11. The midwives were all females, with a Diploma in Midwifery.

3.2.1. Nature of the environment in which the interviews were conducted

Individual unstructured interviews took place in the boardroom at the Regional hospital. The boardroom was well ventilated, and free from noise. To avoid disruptions, a note was placed outside the door that indicated ''do not disturb, interview in progress''.

3.2.2. Brief outline of the data analysis process

Data collection took place from February 2021 to March 2021. Individual unstructured interviews were conducted at the Regional hospital in the boardroom. Each interview lasted between 30 to 45 minutes, and the interviews were conducted in English since it was the midwives' preferred language.

3.2.3. Description of the sample

The sample used was taken from a Regional hospital in Gauteng, eleven midwives were selected through purposive sampling. The sample consisted of midwives who had 3 years or more experience in high risk antenatal ward and antenatal clinic.

The sample size was determined by data saturation. All midwives were females working in the high risk antenatal ward and antenatal clinic.

TABLE 3.2.1. Midwives' demographics/attributes

Participant Codes	Gender	Age	Ethnicity	Qualifications	Work Experience
Participant 1	Female	30 years	Zulu	Diploma in Nursing and Midwifery	5 years
Participant 2	Female	36 years	Xhosa	Diploma in Nursing and midwifery	10 years
Participant 3	Female	40 years	Tsonga	Diploma in Nursing and midwifery	3 years
Participant 4	Female	32 years	Zulu	Diploma in Nursing and midwifery	6 years
Participant 5	Female	38 years	Tsonga	Diploma in Nursing and Midwifery	8 years
Participant 6	Female	36 years	Zulu	Diploma in Nursing and Midwifery	4 years
Participant 7	Female	44 years	Venda	Diploma in Nursing and midwifery	15 years
Participant 8	Female	59 years	Tswana	Diploma in Nursing and midwifery	30 years
Participant 9	Female	50 years	Zulu	Diploma in Nursing and midwifery	24 years
Participant 10	Female	39 years	Pedi	Diploma in Nursing and midwifery	13 years
Participant 11	Female	56 years	Tsonga	Diploma in Nursing and Midwifery	15years

3.3. RESULTS

The focus or objective of the study was to explore and describe the perceived knowledge of midwives regarding differences in cultural practices of pregnant women

at a Regional hospital in Gauteng. The question that was prepared was used to guide the interviews. The individual unstructured interviews were conducted and Tesch's method of data analysis was used which allowed the researcher to identify, organise and code the data by identifying similar experiences within the data. The researcher who is an advanced midwife and has worked in the field, understood the theme. A list of questions was drawn to obtain rich in-depth data. The main question was:
"What is your perceived knowledge regarding differences in cultural practices amongst pregnant women?''

Follow-up questions emerged as the individual unstructured interviews continued. The analysis resulted in six main themes of differences in cultural practices of pregnant women at a Regional hospital in Gauteng. Those practices are practices to confirm pregnancy, practices to protect pregnancy from evil spirits, practices to nurture the pregnancy, practices to prevent preterm labour and diet practices. Each main theme consists of sub-themes as tabulated below in Table 3.2.2, and the sub-themes are supported by verbatim quotes from the midwives. The verbatim quotes are presented in *italics*.

Table 3.2.2. Themes and sub-themes are indicated below as it emerged regarding Differences in cultural practices of pregnant women at a Regional hospital in Gauteng

Themes	**Sub – Themes**
3.3.1. Practices to confirm pregnancy	3.3.1.1. Early recognition of physical changes, e.g., breasts,
	3.3.1.2. Recognise morning sickness, nausea and vomiting
	3.3.1.3. Use of elderly cultural knowledge and experience
	3.3.1.4. Querying frequency of micturition
	3.3.1.5. Seeing linea nigra

		3.3.1.6.	Sleepiness of people around pregnant woman
		3.3.1.7.	Lines with a razor on the abdomen
		3.3.1.8.	Checking of pads by the mother every month
3.3.2.	Practices to protect pregnancy from evil spirits	3.3.2.1.	Delay in informing people about your pregnancy
		3.3.2.2.	Wool on the waist, Rope around the waist and String around the waist
		3.3.2.3.	Drinking holy water
		3.3.2.4.	Drinking ‘’*isihlambezo*’’ and ‘’*Umchamo we mfene*”
		3.3.2.5.	Razor cuts and put *muti* on the abdomen and go to the *sangoma*
		3.3.2.6.	Cleansing/bathing in holy water
		3.3.2.7.	Prayer
		3.3.2.8.	Stay at home
3.3.3.	Practices to prevent preterm labour	3.3.3.1.	Abstinence from sexual relations
		3.3.3.2.	Wool
		3.3.3.3.	Cloth/ Kaplan around the waist
		3.3.3.4.	Bury dirty underwear
		3.3.3.5.	Husband must wear shoes with shoelaces every day and the shoelace must be tight
		3.3.3.6.	Stone on the back of an elderly
		3.3.3.7.	Practising polygamous marriage

3.3.4. Practices to nurture the pregnancy	3.3.4.1. Traditional medicine
	3.3.4.2. Isihlambezo
	3.3.4.3. Holy water
	3.3.4.4. Isiwasho
	3.3.4.5. Belt, intambo
3.3.5. Diet practices	3.3.5.1. Avoid eating eggs, peanuts and cheese, foods that are too yellow and orange foods
3.3.6. Practices to manage complications	3.3.6.1. Rub/massage the abdomen

3.3.1. PRACTICES TO CONFIRM PREGNANCY

Practices to confirm pregnancy was the first main theme that emerged in the study. The theme was justified by nine (8) sub-themes which are: Early recognition of physical changes, e.g., breasts, bright eyes, use of elderly cultural knowledge and experience, querying frequency of micturition, seeing linea nigra, recognise morning sickness, nausea and vomiting, sleepiness of people around pregnant woman, lines with a razor on the abdomen, mix urine with milk.

3.3.1.1. Early recognition of physical changes, e.g., breasts, bright eyes

Early recognition of physical changes, that is, breast, bright eyes emerged as the first sub-theme to confirm pregnancy among midwives regarding differences at a Regional hospital in Gauteng. Majority of midwives reported that, they identify one's pregnancy through the changes in fingernails bright eyes and breast enlargement. The midwives/participants mentioned that most pregnant women, especially those that have children, will recognize that they are pregnant based on the previous experience when their breasts start becoming full, they gain weight and the skin changes and starts to glow. The midwives/participants mentioned that those pregnant women who have children stated that they knew their bodies, once the breasts started to grow and with some tingling sensation, that is when they concluded that they are pregnant. Midwives/participants also mentioned that the pregnant women reported that the in-laws would tell them that they are glowing, and the eyes are so bright, that is when

they would be inquisitive to ask, 'are you pregnant'? One midwife/participant pointed out that the Pedi culture confirms pregnancy once the skin starts to glow. She used her own experience that even the fingernails change in colour then people realize that one is pregnant. Midwives/participants indicated that the pregnant women mentioned that even if one hides by wearing baggy clothes, people will notice by looking at the eyes which become brighter than that of a non-pregnant woman. Midwives/participants also stated that the Tsonga, Sotho and the Zulu cultures diagnose pregnancy by looking at the eyes, and the breasts. When they are bathing, they will notice the breasts are full and the areola would be darker.

To support this sub-theme Participant ten (10) used her own experience, and she stated that:

For an example in our culture, um, by the way I am Pedi. So, in our culture once you start changing colour and glowing then they identify that you are pregnant. It is our cultural belief, and sometimes we even look at the fingernails to check, oohh they are changing in colour like if they press one and once the colour does not return immediately, you are pregnant.

In support of this statement, another midwife/participant reported that in their culture, they identify pregnancy if one does not see her menstrual cycle, breast and weight changes. To support the above statement Participant eight (8) stated that:

The Tsonga's have their own practices, the Sotho's have their own practices. Most of the time when the lady is not menstruating, the older ones they will tell you about the signs of pregnancy because they know they already have children. The pregnant women who had children before will mention signs of pregnancy like: ''I noticed my breast are now becoming fuller, I am gaining weight and my skin is changing''. To add on that some pregnant women will estimate the gestation to say I am three to four months now because they already have children.

Other midwives/participants had the knowledge, but they were not sure which culture it is as evidenced by the following midwives:

In support of this sub-theme, Participant two (2) stated:

How did your mother find out, because you are probably scared, uh to tell your mother that you are pregnant. So, most of them will tell you that um my mother saw me physically, you know she would see that ok now my breasts are growing they are becoming full. She continued by saying when she was bathing the mother said I can see now that your breasts are full meaning that you are indeed pregnant.

Participant eleven (11) further supported this sub-theme by saying:

Ok, they see, they check the breasts, if the breasts are engorged the, or this areola is black, dark. Showing it is the sign.

Participant nine (9) further supported this sub-theme and articulated:

Besides missing the periods, pregnant women verbalizes that they see the breasts are growing and that is the culture that she knows.

Participant nine (9) further added that:

Most people believe in, especially the Nguni (Zulus) I know because I am Zulu once a woman suspect that she is pregnant, she consults the family and they will confirm the pregnancy by giving the woman something to drink, because they do not know what is inside the abdomen.

Midwives/participants have this perception that physical changes indicate pregnancy. Those women who already have children realise that they are pregnant based on the physical symptoms such as breast engorgement and the change in skin colour besides missing their periods. Midwives/participants stated that most cultures such as the Tsonga, Sotho, and Pedi confirm pregnancy by looking at the breasts; they examine them to see if they are big and fuller and that the eyes of a pregnant woman look bright than those of a non-pregnant woman. There were no differences regarding physical changes to confirm pregnancy, therefore this concludes the theme of early recognition of physical changes.

3.3.1.2. Recognise morning sickness/ nausea and vomiting

Recognise morning sickness/ nausea and vomiting emerged as the second sub-theme of the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng. The midwives/participants reported that if a woman starts to be nauseated and complain of funny smell always symbolises that she is pregnant. The midwives/participants further stated that some women will start off by choosing the type of diet and stating that certain foods make them sick or the smell of certain food or perfume make them sick or nauseated. The midwives/participants had this perception that nausea and vomiting in women is a sign to diagnose and confirm pregnancy since they come across a lot of pregnant women who had experienced this symptom, yet they could not specify which ethnicity or from which cultural background this belief emanates. Therefore, this concludes the theme "Recognise morning sickness/nausea and vomiting."

To support this sub-theme Participant four (4) stated that:

The one that is like known across, we all call it morning sickness that feeling of nauseous and vomiting in the morning you know. So that is how they say that they will diagnose they are pregnant by their mothers.

To back this theme, Participant five (5) also indicated that:

Others who say uh, I have stopped seeing my, my menses, others say I was, I was vomiting. If they see all those things that you, that they were told maybe that will have nausea or they will be vomiting so they will say guys I, I am pregnant.

To support this theme, Participant ten (10) further indicated that:

In our culture, by the way I am Pedi, so in our culture once you, you start vomiting then they identify that you are pregnant, by the way it is out cultural belief.

3.3.1.3. Use of elderly cultural knowledge and experience

The use of elderly cultural knowledge emerged as the third sub-theme from practices to confirm pregnancy, perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng. Only few midwives had knowledge of the use of elderly cultural knowledge and experience, though they did not know from which cultural background this emanated. Midwives

indicated that the elderly confirm pregnancy based on their experience and cultural knowledge. Even if one can hide the pregnancy, the elderly will be able to notice it even before the person who is pregnant is aware of the pregnancy. Midwives/participants indicated that certain cultures rely on elderly people to confirm pregnancy.

Participant four (4) verbalized that:

Old ladies play a significant role in cultures, they confirm by actually looking at your breast. They confirm by looking at the pregnant woman physically and also the breasts are growing. I have seen this amongst the Tswana culture, because my mother is Tswana and people from the neighbouring countries.

Participant six (6) supported this statement by saying:

We used to hear that grandmother recognises a pregnant woman before you are aware that you are pregnant, as to how they see it I do not know. My grandmother told me that I was pregnant because I was spitting a lot. She also added that they see by looking at the eyes, they are bright, and the skin is glowing.

3.3.1.4. Querying of prolonged and frequency in micturition

Querying of prolonged and frequency in micturition emerged as the fourth sub-theme resulting from practices to confirm pregnancy, as the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng. The midwife/participant believed that urinating is the same and has no significance in confirming or diagnosing pregnancy. To the midwife/participant it sounded a bit strange because the only thing she knows is frequency due to the growing uterus which presses the bladder and therefore the pregnant woman will go to the toilet frequently. There were no differences regarding querying of prolonged and frequency in micturition or urinating for a very long time to confirm pregnancy, therefore this concludes the theme of querying of prolonged micturition or urinating for a very long time.

To support this sub-theme, Participant four (4) indicated that:
While I was urinating, she was listening to me. Apparently when you urinate for a very long time and frequently especially in the morning it is one of those signs, something

that I never took note of. For me urinating is urinating. So, they say their mothers would listen to that.

3.3.1.5. Seeing linea nigra

Seeing linea nigra emerged as the fifth sub-theme resulting from practices to confirm pregnancy as the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng. The midwife/participant believed that seeing linear nigra is a sign of pregnancy and has been used in confirming or diagnosing pregnancy. The midwife/participant reported that it is common that seeing a dark line on the abdomen this confirms pregnancy, meaning when the linea nigra starts to be dark and more visible, it symbolises pregnancy.

To support this sub-theme, Participant four (4) indicated that:

And the um the other thing that I have also seen but it is also common with us is the linea uh, nigra. They say that that also gives it away.

3.3.1.6. Sleepiness of people around pregnant woman

The sleepiness of people around pregnant women, emerged as the sixth sub-theme resulting from practices to confirm pregnancy, as the perceived knowledge of midwives. Midwifes'/participant's perceived knowledge is that the normal sleeping period is eight hours, so if a woman sleeps during the day for more than twelve hours, it is an indication that someone is pregnant. The midwife//participant further said even people around will start to sleep and feel tired because there is someone pregnant in their midst. The midwife mentioned that she knew this even before she became a midwife because that is how her mother diagnosed her pregnancy.

To support this sub-theme Participant four (4) indicated that:

Um, they also have the, the perception that pregnant women sleep a lot and that they make the people around them sleep. So, at home once they start sleeping, everyone tired, start sleeping all of a sudden. I am a hard worker, but why am I tired, nope somebody must be pregnant in this house. You know, so those are one of things that I have come across quite often, and this one even actually even dates back before as a midwife. That pregnant women make other people sleep as well.

3.3.1.7. Lines with a razor on the abdomen

Lines with a razor on the abdomen, emerged as the seventh sub-theme resulting from practices to confirm pregnancy by midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng. The midwife mentioned that one Kenyan woman told her that in their culture, women draw lines on the abdomen which are not visible before pregnancy. Immediately they fall pregnant, those lines start to show and that is how they confirm that they are pregnant. They use a razor to draw those lines on the abdomen, which is done by the elders, where sterility is maintained. The drawing of the abdomen with a razor on the abdomen poses some risk of infection because sterility may not maintained properly and also pain because the women are not given any analgesics.

To support this sub-theme, Participant ten (10) indicated that:

Yoh, in quite a different way, for an example I will take um from the Kenyans, neh, the Kenyans say they, how they uh identify their pregnancy is like they draw the lines neh, they draw the lines with the razor and once it starts to grow it will show some marks, it is a design because direct before the pregnancy it does not show it is just a mark, it is happening but as the pregnancy grow it will show that is this is pregnant abdomen. That is how they identify and confirm that the woman is pregnant.

3.3.1.8. Checking of pads by the mother every month

Checking of pads by the mother every month is the eighth sub-theme resulting from practices to confirm pregnancy as the perceived knowledge of midwives at a Regional hospital in Gauteng. . The midwife mentioned that Zulu culture use this practice to see or confirm pregnancy, will therefore take the teenager to the hospital or clinic for further confirmation. The midwife reported that adolescents mentioned that their mothers are responsible for buying them toiletries, which includes sanitary pads.

To support this theme Participant eleven (11) indicated that:

Ok, with them they show this, em the pads every month when they do shopping, they go with the parents to buy sanitary pads and the mother is the one that checks the pads every time. If the pads are finished or what if the pads are being used or not, so every time the mother is the one that is checking on them. If they are not finished it means that they are not used, it means she is pregnant.

3.2.3. PRACTICES TO PROTECT PREGNANCY FROM EVIL SPIRITS

Practices to protect pregnancy from the evil spirit is the second main theme of the study. The main theme was justified by eight (8) sub-themes which are: delay in informing people about your pregnancy, drinking holy water, wool, rope and string around the waist, go to the *sangoma/* razor cuts and put *muti* on the abdomen, prayer, stay at home, cleansing/ bathing in holy water, drinking *isihlambezo,*

3.3.2.1. Delay in informing people about your pregnancy

Delay in informing people about your pregnancy emerged as the first sub-theme resulting from practices to protect pregnancy from evil spirits, as the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng. Midwives/participants reported that pregnancy can be protected from evil spirits if one delays informing people about the pregnancy. This is common in the Tsonga and Zulu cultures. Midwives stated that some pregnant women verbalise that the in-laws prevent them from disclosing their pregnancies for fear that people will use witchcraft which may harm the unborn child. Midwives reported that most women from diverse cultures are discouraged from telling people or disclosing their pregnancies for fear of witchcraft especially during the early stage or first trimester.

The sub-theme was supported by Participant one (1):

Some women will tell you that the in-laws are like, do not tell anyone about your pregnancy, if you tell people they will use witchcraft and you will not get or deliver your baby. Even your friends or neighbours because they will take your baby and do their witchcraft things.

The sub-theme was further supported by Participant five (5):

The midwife/participant reported that she once came across a foreign national who had drawings on her abdomen and mentioned that it is done immediately when one misses her period. Below is her supporting statement:

Mm, one that comes to mind in this regard is that there, I think, I am not sure which countries, but it is one of these African countries where I have realized women, the women that are pregnant they got this eh, something that is eh drawn on their, on their abdomen when they are pregnant. I have asked one woman from Ghana yesterday, she said that in their culture they have to do that thing they say it aids with the

pregnancy that everything goes well with the pregnancy, so that the pregnancy is protected and no complications. They say it is done by their grandmothers. Once they miss their period, they go to their grandmother who is supposed to do the practice before they can inform others about the pregnancy.

Participant four (4) acknowledged this sub-theme by stating that pregnant women believe that if they disclose their pregnancies, they will not deliver as evil people will close them and their pregnancies will results in postdates.

There are different beliefs, the first common belief is not informing people that you are pregnant, and then if you do inform, if people eventually see that you are pregnant, do not tell them your gestational age. That should always remain a mystery to them because they believe that once a person knows that you are due then they are going to prevent you from delivering that baby. You see that amongst ladies who coming to hospital as postdates, they will say people has 'closed me" that is why I am not delivering. They knew when they were supposed to deliver and were actually planning at that point in time, they will use the evil spirit to stop the pregnancy.

Participant nine (9) further said that:
Pregnant women believe that if they disclose their pregnancies, people will use witchcraft and they will not deliver their babies or they will have premature labour.

When you are pregnant, you do not tell people that you are pregnant, they believe that you are doing it to protect the baby. That is why you find that the numbers of booking under sixteen (16) weeks mostly they are not as much because people are still trying to hide the pregnancy to allow the baby to grow. Other they believe miscarriages are caused by you divulging the pregnancy or whatever. They say, for protection of the baby to grow or to prevent maybe black muti or black whatever to happen, deny the pregnancy to give you a chance or for the baby/pregnancy to grow. The evil spirits cannot harm this baby/pregnancy because they believe that if you are still early in pregnancy it is easy for evil spirits to harm the baby.

Participant ten (10) further said that: Pregnant women are not supposed to inform anyone about the pregnancy until the pregnancy is visible.

Well, they believe that once they start telling people about the pregnancy that is bad luck, they can lose their baby. They are not supposed to tell anyone else until they star

showing, this is their culture that they need to sustain their pregnancy because they see as the first trimester as the crucial stage, they do not know what will happen. So, when they start to lose the pregnancy, they tend to believe their belief, so they believe mostly in witchcraft, which is why they do not tell people about the pregnancy.

Participant eleven (11) also added that:

In other provinces there are people that they believe that if you are pregnant, they are not supposed tell you, the neighbours and friends, they do not disclose it until the pregnancy is term. Because they know that there will be people who will bewitch them. They are hiding the pregnancy.

The sub-theme was further supported by Participant five (5) by stating that:

Most of them they stay at home, they say you do not tell people that you are pregnant, so they do not want the evil spirit to attack the baby, or they do not want to lose the pregnancy. You wait until the pregnancy shows.

Participant six (6) used her own experience adding that:
My experience with my family is that they do not disclose their, that they are pregnant. They do not disclose it, those that discloses that they are pregnant, they do not disclose the gestation. They are afraid of evil spirit, so you need to protect the pregnancy.

3.3.2.2. Wool, string or rope around the waist

Wool, string or rope around the waist, emerged as the second sub-theme in this study. Midwives/participants reported that pregnancy can be protected from evil spirits by tying a wool, string or a rope around the waist of a pregnant woman which is common in the Xhosa and Zulu cultures.

Participant four (4) further supported by adding that:

I have seen a whole lot of mothers coming to or institution with um, a rope around their waits. Some are different coloured ropes, some have a little bag with them, they say that is 'muti' (traditional medicine) that is in that bag, it prevents evil spirits from attacking the pregnancy.

Participant two (2) further supported by adding that:

Some of them they have a wool that is placed on their waists.

Participant two (2) further supported by adding that:

Um, that thing they use, those things they use that rope, those ropes. That they put on is the one that they think, it will protect their babies, there is one I saw up to so far

Participant three (3) supported this sub-theme by adding that:

Ok, most of them they, the Eastern Cape women (Xhosa) if they are pregnant, lot of them are using some wool, they use wool which they put it around their waist with something like a bag, a small bag, inside they put some 'muti' they will say they prevent 'umoya omubi' (evil spirits). These women sometimes they will come to hospital during labour still having the wool around their waist saying they are preventing the evil spirit from attacking the unborn child.

Participant seven (7) further responded by adding that:

Ya, like they wear different things. You will find them wearing a red, the red tie saying this is the thing that I was given by the pastor, the asked me to wear it in order to protect my baby from harm from evil spirits. The belt, it is this thing with the bag they tie things with colours they say in order for you to protect the pregnancy.

Participant eight (8) further supported as stated below:

They use a string, a sort eh a string then when they come to deliver, they will tell you: sister they say when in pain, I must cut this string so that I do not have problems because if I remain with the string having a knot I am not going to deliver. The string was meant to protect the pregnancy from evil spirits until I reach term. So as midwives we know when a pregnant woman is having a string and she is having a string around the waist, we have to ask if it needs to be cut or not.

Participant ten (10) further supported by adding that:

There are patients hereby, um, when they are pregnant, they believe in putting the, they tie the strips around the waist so that it protects and hold the pregnancy. We need

to uh, understand and respect it because this is what the patient believes in. And then the other one is like the rope as I have said it

Participant eleven (11) further supported by adding that:

Ok they use the, this wool, the wool. They tie the wool around the waist, and those wools they got them from their traditional healers or their spiritual leaders to sustain or protect the pregnancy. And that wool when they come to the hospital, we ask them what this belt is for? And they will tell us it is to protect the pregnancy from evil spirits

Participant one (1) added that:

And the other thing they believe mos in, um is it a cultural practice or what, there is a rope that they put in the waist throughout pregnancy. When they come to the hospital, before you deliver them, they will ask you to untie the rope. They will tell you it is to protect the pregnancy from evil spirits and to prevent miscarriages, so that rope is helping them. They only remove or untie it once in labour and when they reach the hospital.

3.3.2.3. Drinking holy water

Drinking holy water emerged as the third sub-theme to protect pregnancy from evil spirits as the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng, also emerged in this study. Midwives/participants reported that pregnancy can be protected from evil spirits if pregnant women drink holy water which is common in the Tsonga and Zulu cultures.

The sub-theme was supported by Participant seven (7):

Those that take medications from pastors which other cultural belief whereby the drink water which has been prayed for by the pastors. Some pregnant women drink water that they are given at church for the protection of their pregnancy, which is dangerous to them because it is not measured or tested as to what has been added.

Participant two (2) further said that pregnant women believe in drinking holy water that has been prayed for by the pastor.

They say it is ordinary water from the tap, they give them bottles to bring water from home to the church and then, when they get to church, the pastor will pray for the

water. Some pregnant woman said that she was given the water that she found in church, but she does not know what the put inside the water, but there were a few stones on the inside, at the bottom they could see a few stones and she was told to drink. I am not sure how safe that is because if it is mineral stones or where the stones are coming from, in ordinary place or place where there are minerals. This is practiced by the Zulu culture. Participant two also used her own experience by saying that there is a Xhosa lady who is a retired nurse who is dealing with pregnant women. She took her cousin there to see the lady, on arrival the lady started by praying for the water then gave the water to her cousin to drink during her pregnancy. Her cousin used the holy water throughout the pregnancy until term and delivered healthy twins.

Participant six (6) added that:

One Zulu woman said immediately she found out she was pregnant; she went to a prophet whereby they gave her holy water which was prayed for in church to drink in order to prevent the evil spirit from harming the unborn child. Some of the women will be drinking whatever medication or water they are given at church for the protection of their pregnancy from evil spirits. They start drinking when they are more than 28 weeks, others start immediately when they realize they are pregnant. Ya, and some of them they drink the 'isiwasho' which is water that has been prayed for with some medication that has been added which is salt, vinegar and a bit of ash to drink a cup every day

Participant four (4) further supported by adding that:

I have also come across ladies that will tell you they have been drinking holy water that have been prayed for by their pastors, so throughout their pregnancy they are told maybe drink one cup per day, this will keep your pregnancy intact and prevent all those evil spirit from attacking. They drink this holy water from as soon as they find out that they are pregnant.

Participant three (3) added that:

Others are drinking 'amanzi we mthandazo' holy water from the priest, they drink a cup in the morning and in the afternoon. They will tell you I started when I was six months pregnant.

3.3.2.4. Drinking isihlambezo and umchamo we nfene

Drinking *isihlambezo* is the fourth sub-theme resulting from practices to protect pregnancy from evil spirits as the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng, emerged as another sub-theme. Midwives/participants reported that pregnancy can be protected from evil spirits if pregnant women drink *isihlambezo* and *umchamo we mfene* which is common in the Zulu culture.

Participant two (2) supported this sub-theme by saying that:

Some women will be drinking whatever medication they are given by the traditional practitioner. They start drinking the medication when they are more than twenty-eight weeks, others they start immediately when they recognise that they are pregnant and then others when they attend traditional healers will they start taking medication. Others but it at their local areas where they sell traditional medications on the street.

Participant eight (8) added by saying that:

There is something called 'isihlambezo.' So, when they are pregnant, they go to the traditional healers where they make that concoction for them to drink. Most of the time it gives us problems because I think the dosage, strength and all that, they take too much and then at the end of the day when they are in labour the baby becomes distressed.

Participant nine (9) also added by saying that:

Some they use 'isihlambezo' as a means of protecting the unborn child. Like, how do I raise this, based on your surname, you have somebody who is taking care. Being pregnant there is someone a sangoma that you go to and then will be given something to drink for protection of the baby from the evil spirits. But you take it up to certain months so that if now you are preparing for delivery, the baby is not harmed, and the mother is not harmed. They say at seven months you should stop.

Participant five (5) said that:

Others when they are sure that they are pregnant they will drink it maybe once a day or twice a day.

3.3.2.5. Go to the sangoma/ razor cuts and put muti on the abdomen

Go to the s*angoma*/ razor cuts and put *muti* on the abdomen emerged as the fifth sub-theme to protect pregnancy from evil spirits as the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng, also emerged.

Midwives/participants reported that pregnancy can be protected from evil spirits by going to the *sangoma* who performs a ritual by making cuts on the abdomen using a razor blade and smearing *muti* on the cuts, which gets absorbed in the blood, mostly common in Tsonga and Zulu cultures.

Participant nine (9) added by saying that:

And other women believe that if you discover that you are pregnant you need to consult the family so that you start getting treatment to prevent 'isinyama' meaning black cloud around you in Zulu. So, you need to start getting treatment from before you come to the health facility and you find that some of these ladies say you are not sure of what is inside, therefore they prefer like, they trust more their cultural or their herbalist than us the midwives.

Participant ten (10) also added:

I do not know in English what is it, but you find other cultures like they will cut the skin with a razor then they will put something specially on the abdomen as well as on the private parts, that is what they do.

Participant five (5) also supported this sub-theme by adding that:

Yeah, there are those who say I went to a sangoma or an 'Inyanga' who gave me 'isihlambezo' to remove the spell that is cast on me or things like that. There are those who say they consulted the sangoma because there are evil spirits that is why I am sick most of the time with this pregnancy. The sangoma will then perform the rituals to cast the spells away and protect the pregnancy.

3.3.2.6. Cleansing/ bathing in holy water

Cleansing/ bathing in holy water to protect pregnancy from evil spirits is the sixth sub-theme as the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng, emerged in this study.

Midwives/participants reported that pregnancy can be protected from evil spirits by cleansing/ bathing in holy water given by their pastors, which is common in the Zulu culture.

Participant six (6) supported this sub-theme by saying that:

Once the woman finds out she is pregnant, she will go to a prophet whereby they use water. The pregnant woman must go to the prophet all the time, or every month do wash, and you know they put her in a bath and they, it is like they are cleansing her. I am not sure what they put inside the water, but they pray for the water. She will go every month to bath and they clean also the stomach saying they are cleaning everything that might be in the body.

3.3.2.7. Prayer

Prayer emerged as the seventh sub-theme resulting from practices to protect pregnancy from evil spirits as the perceived knowledge of midwives at a Regional hospital in Gauteng, was the other theme that emerged in this study. Midwives/participants reported that pregnancy can be protected from evil spirits if pregnant women pray and seek divine intervention from above which is common in the Nguni (Zimbabwe) culture and people from Malawi.

Participant one (1) also added by saying that:

Mm, um most of the patients I used to speak to are from Zimbabwe and Malawi neh. Outside ones, so those ones most of them they do pray, they believe in prayer, they do not have cultural things or traditional that they are using, they told me they pray.

3.3.2.8. Stay at home

Stay at home as a means to protect pregnancy from evil spirits, came as the eighth sub-theme as the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng, emerged. Midwives/participants reported that pregnancy can be protected from evil spirits if pregnant women stay at home and avoid crowded places; this belief is mostly common with the Pedi, Nguni (Zimbabwe) and people from Malawi

Participant six (6) also added by saying that:

I was speaking to a lady who is a Pedi um she was telling me that she had four pregnancies and all of them were not successful, ended in miscarriages. The mother

in law complained that you women of this time, you go to so many places, you roam around when you are pregnant, you are not supposed to do that, you are supposed to stay, stay at home most of the time because women around the village they believe that if you roam around you are inviting evil spirit which will harm the unborn child. You know when they walk around because they say that there is so many evil spirits that is around, that so many things happening, like wrong things especially witchcraft. The pregnant woman has to stay at home most and take care of herself.

3.3.3. PRACTICES TO PREVENT PRETERM LABOUR

Practices to prevent preterm labour is the third main theme of the study. The main theme was justified by seven (7) sub-themes which are: abstinence from sexual intercourse, wool, rope, string, bury dirty underwear, husband must wear shoes with shoelaces and the shoelaces must be tight, stone on the back of an elderly woman, cloth around the waist, practising polygamous marriage.

3.3.3.1. Abstinence from sexual relations

Abstinence from sexual relations emerged as the first sub-theme resulting from practices to prevent preterm labour as the perceived knowledge of midwives at a Regional hospital in Gauteng. Midwives/reported that preterm labour can be prevented by abstinence from sexual relations, which is mostly common in the Zulu culture.
Participant four (4) supported this sub-theme as follows:

They will tell you that no, as soon as you find out that you are pregnant, you, you, they stop having intercourse, they will stop intercourse up until, I cannot remember how many months they say, was it six months or three months post-delivery. So as soon as they find out they are pregnant up until three months post-delivery. Tjo, apparently it is the husband, pregnancy is sacred. She is not to be touched, um, you know I have never understood the answer they gave me. But those who are amongst the older generation and most commonly in Zulu culture, the answer that I got that it is sacred, and the husband is supposed to stay and allow the pregnancy to grow properly and full term and so he is not to touch her.

Participant eight (8) also supported this sub-theme as stated below:

Um, others when they are pregnant, eh especially the ones that are getting miscarriages they do not have sexual intercourse with their husbands, eh to preserve

their pregnancy until it becomes really time. Mmm, early maybe at the first trimester they stop having sexual intercourse and they say it helps.

Participant three (3) further alluded that:

Ok I had one culture I have met long ago, the woman was Tsonga that they do not go into, and they do not sleep with men during pregnancy until they deliver. They will only sleep with the man after delivery, but when they know that they are pregnant they separate from their husband, like they do not do the sex thing.

Participant six (6) said:

The minute they hear that they are pregnant, maybe at twenty weeks they stop, most of them at the beginning they stop. Because they are afraid the baby might be harmed. They think that maybe when they are having sexual intercourse maybe the baby is affected somehow you know. They are afraid they may bleed; they might have preterm labour, you know. Some of them they do not want to continue they are afraid, no sister I do not want anything to go wrong.

Participant two (2) said:

Ok some are told that from seven to eight months they should stop being intimate. They say they are going to deliver early if they continue to have sex when they are pregnant, so to prevent premature labour they have to stop. Others will say they do not want to hurt the baby and deliver prematurely because they believe that if they continue to have sex after eight months they will deliver early.

Participant five (5) said:

Others stop once they find out that they are pregnant because they feel like maybe they are hurting the baby. Others they said I know if I am intimate with my partner towards the I will deliver prematurely so they just say I am pregnant I do not want anything to disturb this baby, so I do not want eh doing it or to be intimate.

3.3.3.2. Wool, rope and string

Wool, rope and string emerged as the second sub-theme resulting from practices to prevent preterm labour at a Regional hospital in Gauteng. Midwives/participants

reported that preterm labour can be prevented by using wool, rope, and a string which is common in the Tsonga, Sotho, Xhosa and Zulu cultures.
Participant six (6) supported this sub-theme by saying*:*

They believe that the string that they put around the waist prevent them from going into premature labour. Most of them they put it for the duration of pregnancy and when it is time to deliver, they remove the string around them. Most of them they will tell you that when they are nine months then they remove it.

Participant five (5) also supported this sub-theme by stating that most pregnant women use a rope, they tie on their waist.

Others who use a rope, most of them they use a rope, they tie on their waist. According to them it works, because others will say, I was having premature delivery but after going to the 'Inyanga' who gave me the rope this pregnancy has gone through until term. Most of them they believe it works.

Participant nine (9) also supported this sub-theme by saying that pregnant women use a rope to prevent preterm labour.

In that rope that they, the wool sort of, they put something on that rope. I do not know what is inside, but you can see that there are little things in that rope. When you ask them, they will tell you it is for preventing the baby to come before time, premature delivery or even miscarriages.

Participant two (2) said by wearing that rope the pregnancy will reach term.

Ok they prevent preterm labour by wearing those, those wool they are placing, put around their waists. They say it hold the pregnancy and prevent not to get into premature labour, then when you are in labour then they start taking it off. Some say that immediately when they confirm that they are pregnant, they go and consult a sangoma or a prophet and are given those ropes or wool. It is practice that they found people doing and they also believe that they have something, they need something to protect themselves when they are pregnant, so they start wearing those things.

3.3.3.3. Cloth/Kaplan around the waist

Cloth/Kaplan around the waist emerged as the third sub-theme resulting from practices to prevent preterm labour at a Regional hospital in Gauteng.

Midwife/participant reported that preterm labour can be prevented by putting a cloth/ Kaplan around the waist which is common with the Tsonga people from Maputo.

Participant ten (10) supported this sub-theme by saying:

Some of them eh, Maputo people when they come here, what they do is they tie a cloth throughout their pregnancy. There is a certain cloth called Kaplan that they put it is the same cloth that they put around the waist. The day when they come into the hospital, once they come in and take it off, they begin labour. Remember this is the cloth that they use to like to protect the pregnancy. Immediately as they find out that they are pregnant, this is the cloth that they will use throughout the pregnancy. They do not go to the pastor, they do not go to the sangoma and they do not go anywhere for medical treatment, what they do is that just a cloth that they use every day. They believe that the cloth will hold the pregnancy, this cloth is the one that is going to sustain this pregnancy, and they are not going to have a preterm labour, I am not going to have any, any bad outcome until i take it off that will be the day I deliver.

3.3.3.4. Bury dirty underwear

Bury dirty underwear emerged as the fourth sub-theme resulting from practices to prevent preterm labour, as perceived by midwives at a Regional hospital in Gauteng. Midwife/participant reported that preterm labour can be prevented by burying dirty underwear which is common in Sotho culture.

Participant ten (10) supported this sub-theme by saying the Tswana culture bury the underwear in a tin until the pregnancy reaches term them take it out when it is time for delivery.

I have heard that uh, um some of them will bury their underwear, like a used underwear, they sleep with it right, and then after they put it in a tin, and they bury it. That underwear symbolises the foetus ad then the tin symbolises the pregnancy as a whole. So that it sustains the pregnancy until term then delivery. Once they start to, to like fall into labour, they must go and dig out that tin and take out the panty, wash it and that is when the woman will go and deliver. It is mostly practised by the Sotho culture.

3.3.3.5. Husband must wear shoes with shoelaces every day and shoelaces must be tight

The husband must wear shoes with shoelaces every day and shoelaces must be tight, emerged as the fifth sub-theme resulting from practices to prevent preterm labour at a Regional hospital in Gauteng. Midwife/participant reported that preterm labour can be prevented by the husband wearing shoes with shoelaces every day and the shoelaces must be tight, which is common in Tsonga and Zulu cultures.

Participant ten (10) supported this sub-theme by saying:

There are so many things, some of them they believe in that once she is pregnant, and the husband needs to tie, wear the tied shoes like every day. Like shoes with shoelaces or a belt, so that the day that they go to deliver the husband must take it off or untie the shoelaces then she will feel free to deliver no complications. This is more common with the Tsonga and Zulu culture.

3.3.3.6. Stone on the back of an elderly woman

Stone on the back of an elderly woman emerged as the sixth sub-theme resulting from practices to prevent preterm labour, in this study. The midwife reported that preterm labour can be prevented by putting a stone on the back of an elderly woman which is common in the Tsonga, Xhosa, Zulu cultures and women from Zimbabwe (Shona culture).

Participant ten (10) supported this theme by saying:

It is like the other one it is like the grandmother or a family member, whether a close relative but another person who would put a stone or just a brick, they will just carry it at the back until, like every day it is their mission they must put it on their back just to sustain the pregnancy until term. They take it off the day you go to deliver, when you start having pains, they wait for you to go to the hospital, once you are at the hospital they say: are you there? When they say yes, then they take it off.

3.3.3.7. Practising polygamous marriage

Practising polygamous marriage emerged as the seventh sub-theme resulting from practices to prevent preterm labour, as the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital

in Gauteng. The midwife mentioned that preterm labour can be prevented by practising polygamous marriage, which is common in the Sotho culture.

Participant eight (8) supported this sub-theme by saying:

Mmm, ya in our, in the Sotho culture that is what they had eh, they practice polygamy, because they said if the, maybe the first wife is pregnant, the second wife will be eh , will assist in eh with the chores in the house and also to attend the husband while the first wife is taking care of herself. That is why they practice polygamy so that eh when, not to disturb one who is pregnant or after birth. Er, not to do strenuous eh duties in the house, she must not pressurise herself for the pregnancy.

3.3.4. PRACTICES TO NURTURE PREGNANCY

Practices to nurture pregnancy is the fourth main theme of the study. The main theme was justified by four (4) sub-themes which are: holy water, traditional medicine, *isihlambezo* and *isiwasho* which is discussed below.

3.3.4.1. Traditional medicine

Traditional medicine emerged as the first sub-theme resulting from practices to nurture pregnancy as perceived by midwives at a Regional hospital in Gauteng. Midwives/participants reported that traditional medicine is used to nurture pregnancy which is common in the Tsonga and Zulu cultures.

Participant two (2) supported this sub-theme by stating that:

Some women say that the traditional medication that they have been given by the traditional healer helps with the growth of the unborn child and it also helps to keep the foetus healthy. They believe that the medication works for them because others will tell you even from my first child, I have been using this and it helped me to deliver in time and my baby was healthy.

Participant six (6) supported this sub-theme was by adding that the Pedi people use “intambo” (string) to nurture pregnancy.

One woman who is Pedi told me that to nurture her pregnancy they gave her ‘intambo’ which is a string with a small pocket which contained traditional medicine to put around the waist. So, she told me it preserves the pregnancy until it reaches nine months. The

woman further said they gave her 'uchamo we nfene' which is a traditional medicine from the traditional healer to drink a cup daily until the pregnancy reaches term.

Participant six (6) further stated that:

Ya I forgot to mention that they also give her 'isiwasho' which is a mixture of salt, ash, vinegar with water to sustain and nurture pregnancy.

3.3.4.2. Isihlambezo (herbal decoction)

Isihlambezo resulting as the second sub-theme from practices to nurture pregnancy as the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng, emerged. Midwives had perceived knowledge that pregnancy can be nurtured by drinking *isihlambezo* which is common in the Xhosa and Zulu cultures.

Participant nine (9) supported this sub-theme by saying:

They use isihlambezo to nurture the pregnancy. You take it up to certain months so that if now you are preparing for delivery, the baby is not harmed, and the mother is not harmed. Women will tell you that they started drinking it immediately they discovered they are pregnant and advised to stop at seven months.

Participant ten (10) added by saying:

Uh, mostly they will use isihlambezo to sustain the pregnancy.

Participant eight (8) contributed thus:

Ya, they, there is something called isihlambezo. So, when they are still pregnant, they go to the traditional healers, they make that concoction for them to drink while they are pregnant. So, most of the time it gives us problems because I think about the dosage, the strength and all that because they take too. They continue till term and when they are in labour the baby becomes distressed.

3.3.4.3. Holy water

Holy water emerged as the third sub-theme resulting from practices to nurture pregnancy as the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng. Midwives/participants

reported that pregnant women use holy water to nurture pregnancy which is common in the Tsonga and Zulu cultures.

Participant four (4) supported this theme by saying:

I have come across ladies that will tell you, they have been drinking holy water that have been prayed upon by their pastors. Throughout pregnancy they are told to drink one cup per day, this will keep your pregnancy intact, and the baby will grow well. They start drinking the holy water as soon as they find out they are pregnant. They will also tell you that they know the baby is growing because they feel heavier and unable to walk or have difficulty in moving

3.3.4.4. Isiwasho

Isiwasho is the fourth sub-theme resulting from practices to nurture pregnancy as the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng emerged as another sub-theme. Midwife/participant had perceived knowledge that pregnancy can be nurtured by using *isiwasho* which is common in the Xhosa and Zulu cultures.

Participant six (6) supported this sub-theme by saying that

Some of them drink isiwasho, which is the mixture of ash and salt. So those pregnant women who goes for cleansing they are also given isiwasho a cup a day to drink in order to sustain pregnancy, and for the baby to be ok.

3.3.4.5. Belt

Belt is the fifth sub-theme resulting from practices to nurture pregnancy as the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng, emerged as the last sub-theme of theme four. Midwives had perceived knowledge that pregnancy can be nurtured by using a belt which is common in the Xhosa and Zulu cultures.

Participant seven (7) supported this sub-theme by saying they use a wool or string with different colours

With other churches they wear different things to, in order to sustain the pregnancy. The belt, it is the thing with colours they tie a thing with colours around the waist, they say in order for you to sustain the pregnancy.

3.3.5. DIET PRACTICES

Diet practices were the fifth main theme of the study. The theme was justified by one (1) sub-theme which is: to avoid eating eggs, peanuts and cheese, foods that are too yellow and orange. Midwives/participants reported that pregnant women from diverse cultures have diet practices that they adhere to which is common in Muslim, Sotho, Tswana, and Zulu cultures and some people from across the South African border.

Participant seven (7) supported this theme by saying that:

Mm, like the one that the Zulu do it is mostly about the 'Nguni's, they prefer when you are pregnant, mostly they encourage them not to eat fatty foods, which was done even in the past. Which they said that if you are eating a lot of fat, you, the baby becomes big, and you will not be able to deliver normally.

Participant four (4) further added that:

You like ask them about their eating habits, they tell you but sister me why my mother said I must not eat eggs, I must not eat peanuts I must not eat cheese you know. And they ask you why, because um, you know as time change uh people get knowledgeable of, ok these things are high in protein and protein is good for you. Uhh I was once told but this was before pregnancy that as girls you are not supposed to eat these, when I ask my grandmother those years ago, they said no because they make you too fertile and they will make your hormones rise, so we avoid girls eating those things because we do not want them to fall pregnant. So, when it comes to pregnancy part on why they still restrict it also, it also a bit of mystery to me as well.

Coming back to the food now I remember, because I was also imposed with this during my first pregnancy, that they will tell you that do not eat things that are orange, do not eat things that are yellow, and then when you ask why, and I see this with a whole lot of my patients as well and they saying 'umama' or 'ugogo' (my mother or my granny) says if I eat things that are too yellow, too orange then 'umtwana uzo phuma ane jaundice' (the baby will come out having jaundice). So, they are taking that yellow discolouration of the mucus as in, it is coming from the food that we are eating. So, they see the need for and importance of health education. But do not impose as your own because it is cultural beliefs at the end of the day. So those are mostly the, the

things I have seen, the cultural practices and beliefs that I have seen amongst pregnant women.

Participant two (2) added that:

Yes, they are, because in some cultures it is said that when you are pregnant there are certain things you do not eat. Like eggs, they are told they are not supposed to eat eggs and some they are told not to eat certain types of meat. And they adhere to it because it comes from their elders, and they believe that it true because it comes from the elders.

Participant nine (9) further supported by adding that:

There are foods that as a female let me say for example eggs, we still believe eggs, we are not supposed to eat them and where do we get the source of protein? And when you are pregnant, you need all the minerals and the vitamins for your, for the child's growth and even you. Now if you do not eat eggs, you do not eat meat, you do not eat mangoes and oranges because they will cause the baby to have eh jaundice, you end up with 'IUGR' (intrauterine growth restriction), and even you yourself you are not healthy, end up being sick. Eggs is from when you are a female when you are eating eggs you, they lead you to be horny.

Participant eleven (11) added that:

Some of the people they believe that if you are pregnant, you must not take proteins, because proteins will make babies too big, bigger and they will be difficult delivering and I understand that too, in the olden days they used to do that because they, they, would be delivering at home where there were no instruments to assist the deliveries. So eh, that is why they, they discouraged those pregnant women to take those proteins so that the delivery will be, it will be easy for them. There are people that still believe that if you take eh, eh you, you take those proteins like eggs the baby will come out without hair. Even the fruits, but there are some fruits that they are not supposed to be eating when you are pregnant, such as oranges, those yellow fruits. They are not supposed to eat because they are scared of jaundice. Even some drinks like Fanta Orange are being discouraged because of jaundice. If that person was used to, to eat certain food and the baby, when the baby is delivered and having jaundice, they, say, the reason is because of the food they were eating during pregnancy. Even coke it is

one of the things that is, they discourage you to, to drink when you are pregnant, they say when you drink coke the baby will have a birth mark, a dark mark, so when the baby comes out having a birth mark, they say it is coke.

Participant eight (8) further added that:

When we come across the Muslim community, they also have their, about diet they also have some, certain, they prepare their food in a distinct way eh, eh, they have their own menus so most of the time in our hospital we do not add those food they are eating, so we allow the, the relatives to bring along their food for the patients, for the mothers.

PRACTICES TO MANAGE PREGNANCY COMPLICATIONS

Practices to manage pregnancy complications is the sixth main theme.

3.3.6.1. Rubbing of the abdomen

Rubbing of the abdomen came out as only sub-theme resulting from practices to manage pregnancy complications at a Regional hospital in Gauteng. The midwife indicated that one of the practices to manage pregnancy complications was to rub or massage the abdomen by elderly ladies.

To support this sub-theme, participant four (4) indicated that:

One pregnant woman came antenatal check-up. On examination I discovered that it was a breech presentation, I then explained to her that 'umntwana akalalanga kahle, uza ngezibunu instead of ikhanda', meaning the baby is coming as a breech, instead of the head being the presenting part it is the buttocks. The woman said she knows, and it is correctable. When I ask how, she said her mother will ask the elderly woman who is not married or who is a widow will make the baby turn. I said to her that is a complication and only the doctors can make the baby turn. To my surprise when i was pregnant and also had breech presentation, my mother who is a Tswana told me that 'o tlo batla Ngono a tlong sidilla', meaning she will look for an old woman to massage me so that the baby can turn. As a midwife myself I refused, knowing the risks associated with that. But I don't understand as a midwife, I'm like mm-mm I know complications of such things, the doctors are supposed to do this, so the meaning that an old woman, that, who's unmarried, or who's a widow that supposed to actually rub you on a daily basis in other words she's actually the one who making this baby turn,

so it's an old woman that's supposed to do this, and you ask, it's not but it is done by doctors, but we're not seeing it happening they're offering caesarean section because of their other complications so you can see that somewhere cultural practices do come in tie with our Western when we look at these ladies antenatal.

SUMMARY

Chapter three explained the perceived knowledge of the midwives regarding diverse cultural practices of pregnant women. The researcher explored and described what the midwives perceive and shared during the research study.

CHAPTER FOUR

DISCUSSION OF RESULTS, INTERPRETATION AND LITERATURE CONTROL

4.1. INTRODUCTION

The previous chapter presented the results of this study. This chapter focuses on the discussion of the study's results. The results of this study provided a unique opportunity to explore and describe the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng to make recommendations to improve the care rendered to all multicultural populations. Six themes emerged which are: practices to confirm pregnancy, practices to protect pregnancy from evil spirits, practices to nurture pregnancy, practices to prevent preterm labour and diet practices.

DISCUSSION ACCORDING TO EACH THEME

4.2. PRACTICES TO CONFIRM PREGNANCY

Practices to confirm pregnancy is the first theme of the study. Most of the midwives had the perceived knowledge of how to diagnose and confirm pregnancy traditionally, though some of them did not know which culture or ethnicity this belief emanated from. The main theme was justified by 10 sub-themes which are discussed individually as follows:

4.2.1. Early recognition of physical changes, e.g., breasts, bright eyes

Early recognition of physical changes emerged as the first sub-theme in which the midwives had the perceived knowledge to confirm pregnancy. Out of the eleven (11), only seven (7) midwives had the knowledge of early recognition and only midwives eight and ten could point out the ethnic group that uses physical changes to confirm pregnancy. Traditionally and culturally the researcher who is also a midwife has experienced those pregnant women do change physically where their breasts are firm, enlarged and some starts to have a lighter or darker skin colour. The researcher as a midwife observed that women who came to seek antenatal care will explain that they were told that they look prettier and that the eyes are said to be bright. The researcher also observes that the teenagers and first-time mothers or primigravida reported that their mothers saw them by these physical changes.

The results show that pregnant women from most diverse cultures confirm pregnancy by early recognition of physical changes. Under normal circumstances, from the western point of view, when midwives monitor pregnant women, this is what they assess together with physical examination to confirm pregnancy. Cronje, Grobler & Visser, (2016: 50), report that the physiological changes in the breasts and nipples are the most common sign of diagnosing early pregnancy. It is because immediately after conception, pregnant women in the early weeks realize the breast is becoming fuller, tender and also feel a tingling sensation in the breasts. Later the breasts become large, the areola and the nipple change and become darker. Sellers, (2018: 210) mentions that by the eighth week, there is an increase in the size of the breasts and the area around the areola starts to be dark in colour. Frazer & Cooper, (2009: 221) states that breast changes become visible by the third to fourth week of gestation. Limited study was conducted to support the theme, therefore there is a need to further research this phenomenon. Davidson, London & Ladewig, (2020:213) mention that pregnant women note changes in the breasts early in pregnancy. The breasts become engorged due to the secretory ductal system hormone that results in the tingling and tenderness of the breasts, especially around the areola.

4.2.2. Recognise morning sickness, nausea and vomiting

The findings of the study revealed that midwives had perceived knowledge is that pregnancy is characterized by significant physiological changes resulting in various symptoms such as nausea, vomiting, heartburn and constipation, and this can help them against subsequent pregnancies for early identification and presentation for care and reduce the incidence of people registering for antenatal care without being pregnant. According to the midwives, nausea and vomiting during pregnancy are quite common and quite often debilitating phenomenon in women in early pregnancy. Early pregnancy symptoms of nausea and vomiting or early increased appetite makes people suspect and even conclude that the woman is pregnant. Most women discover the pregnancy due to suffering from these minor ailments (El Hajj & Holst, 2020:2). Midwives need to inform pregnant women about these symptoms which may be severe at times and may even warrant hospital care Fraser & Cooper, (2009:210).

Fraser & Cooper (2016:210), state that more than half of all pregnant women experience nausea and vomiting, although there is an increase in appetite which may be because of the progesterone. The authors further mention that this morning

sickness may occur any time whether during the day or at night. The symptoms tend to start at the beginning of the pregnancy around four and seven weeks and resolve around sixteen to twenty weeks. Furthermore, the midwives stated that even in Western medicine, the woman's' whole body is affected by the pregnancy whereby there is altered endocrine, and balance and the metabolism is also affected during pregnancy. Therefore, the above changes constitute the clinical presentations or signs of pregnancy and form the foundation for the diagnosis of pregnancy Sellers, (2018: 210). Davidson, London & Ladewig (2020:213) report that half of the pregnant women experience nausea and vomiting during the first trimester, which is due to the elevated human chorionic gonadotropin and a change in the metabolism of carbohydrates. Midwives reported that the pregnant women mentioned the fact that they felt a distaste for food that leads to nausea and vomiting. Midwives further said that the morning sickness commonly happens in the morning and will disappear later after a few hours, or sometimes pregnant women experience morning sickness later in the afternoon and that it usually disappears by itself around the second or third month of pregnancy.

The prevalence rates of nausea and vomiting are around 50–80% for nausea and 50% for vomiting for women in early pregnancy Schloss & Steel, (2017: 80). Commonly known as 'morning sickness, the symptoms experienced by these pregnant women can occur at any time of the day and may persist up to or over 20 weeks for most pregnant women. Midwives also mentioned that women know that they are pregnant based on the signs and symptoms of morning sickness. It, therefore, helps against subsequent pregnancies for early identification. Medically, pregnancy can be confirmed by a urine pregnancy test, using a dipstick, apart from missing the menstrual period. Midwives further stated that most women reported for antenatal care where a pregnancy test is done to further confirm the pregnancy based on the symptoms of morning sickness (Omotayo, Akintan, Akadiri, Bade-Adefioye & Omotayo, 2020: 84).

Cronje, Grobler & Visser, (2016: 50) mention that nausea and vomiting are also common signs of early pregnancy, which usually start after the last normal menstrual period and will continue until around the twelfth week of gestation. The signs and symptoms of pregnancy are mostly known and, although not all experience it, women consider missing a menstrual period to be a confirmation of pregnancy. Women frequently report that they disclose their pregnancy to their partners first before informing relatives and co-wives. According to midwives, this was more common in

polygamous marriages especially where relationships between the wives are particularly close. As a researcher these common signs can help to prevent complications if the midwives can advise the women to seek medical care early as soon as they experience these symptoms for further pregnancy confirmation. Studies to confirm the above are limited, therefore there is a need for further research Schloss & Steel, (2017: 80).

4.2.3. Use of elderly cultural knowledge and experience

The midwife had perceived knowledge of using the elderly's cultural knowledge and experience in confirming pregnancy. Even if one hides the pregnancy, they will be able to notice it even before the person who is pregnant is aware of the pregnancy. Midwives indicated that certain cultures rely on elderly people to confirm pregnancy Roberts et al, (2016:4). The midwife further state that pregnant women reported that they first learned that they were pregnant from the elders such as mothers, mothers-in-law and their grandmothers. The midwife is of the opinion that pregnant women reported that the first people to notice the pregnancy are the elderly hence they consult them at the beginning of a pregnancy to learn more about pregnancy.

4.2.4. Rubbing of the abdomen

Only one midwife had perceived knowledge of rubbing of the abdomen. This emerged as one of the sub-themes resulting from practices to confirm pregnancy as the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng. Using the elderly, based on their cultural knowledge and experience, plays a vital role in certain cultures to confirm pregnancy. This cultural practice to confirm pregnancy has not been researched, although in Western medicine abdominal palpation is conducted to check and locate if there is an abdominal mass which is further confirmed by means of an ultrasound. Societies have their own cultural practices for confirmation of pregnancy. Some of these practices are now being discarded due to scientific advancement and western practices John, Esienumoh, Nsemo, & Yagba, (2017:5).

4.2.5. Querying frequency of micturition

Querying of prolonged and frequency in micturition emerged as one of the sub-themes resulting from practices to confirm pregnancy as the perceived knowledge of midwives. Only one midwife out of eleven had perceived knowledge regarding this cultural practice. The midwife believed that urinating is the same and has no

significance in confirming or diagnosing pregnancy. The midwife mentioned that there were no differences regarding querying of prolonged and frequency in micturition or urinating for a very long time to confirm pregnancy, therefore this concludes the theme of querying of prolonged micturition or urinating for a very long time. According to Cronje, Grobler and Visser, (2016: 51) frequency of micturition is considered to be one of the earliest signs and symptoms and also used to diagnose pregnancy. It is said to be because of an increase in the glomerular filtration rate, which is common from five to seven weeks due to the pressure caused by the enlarged uterus to the bladder. There was no further information regarding this.

4.2.6. Seeing linea nigra

Only one midwife had perceived knowledge of seeing linea nigra as one of the practices to confirm pregnancy as the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng. The midwife's perceived knowledge is that seeing linea nigra is the sign of pregnancy and has been used in confirming or diagnosing pregnancy. It further supported that it is common with the midwives as it becomes apparent, meaning when it starts to be dark and showing, this symbolizes pregnancy. Midwife further stated that linea nigra helps to diagnose pregnancy. Most pregnant women who present at the health care facility has the hyperpigmentation on the abdomen which is the linea nigra. Sharma, Jharaik, Sharma, Chauhan, & Wadhwa, (2019:72)

According to the midwife, pregnant women undergo physiological of changes modulated by hormonal, immunologic, vascular and metabolic factors thus making them susceptible to various physiological and pathological changes Cronje, Grobler & Visser, (2016: 51) No further information or study was found regarding this sub-theme.

4.2.7. Sleepiness of people around a pregnant woman

The sleepiness of people around pregnant women emerged as one of the sub-themes resulting from practices to confirm pregnancy as the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng. Only one midwife had the knowledge that if people sleep it is an indication that someone in their midst is pregnant and it is some cultures' belief hence, they use it to confirm pregnancy. The midwife believed the normal sleeping period is eight hours, so if a woman sleeps during the day and for twelve hours, this is an indication that someone is pregnant. Sleeping is a critical restorative behaviour that occupies

one third of pregnant women. Sleep pattern during pregnancy vary depending on the trimester. During the first trimester pregnant women sleeps a lot, and by the third trimester sleep pattern changes whereby the pregnant women struggle to sleep due to low back pain caused by the growing fetus, excessive weight gain and fetal movements. Rodriguez-Blanque, Sanchez-Garcia, Sanchez-Lopez, Mur-Villar, & Aguilar-Cordero, (2017: 3).

The midwife used her own experience that people will talk about being tired which was somehow indicating there is someone who is pregnant in their midst or one of the family members. There is reduced physical activity during pregnancy due the hormonal changes whereby pregnant women becomes a bit lazy and always wants to sleep. There is limited information to support this statement. This existing evidence suggests that this is a critical area for future research.

4.2.8. Lines with a razor on the abdomen

Out of eleven midwives, only one midwife had knowledge on how women from across the border confirm pregnancy as indicated above. The midwife mentioned that one Kenyan woman told her that in their culture, women draw lines on the abdomen which are not visible before pregnancy. Immediately they fall pregnant, those lines start to show and that is how they confirm that they are pregnant. They use a razor to draw those lines on the abdomen, which is done by the elders, where sterility is maintained. The drawing of the abdomen with a razor on the abdomen poses some risk of infection because sterility may not maintained properly and also pain because the women are not given any analgesics. There is no literature to support the sub-theme. A research study needs to be conducted to confirm the above practice.

4.2.9. Checking of pads by the mother every month

Midwife had knowledge regarding the checking of the pads by the mother every month. Every month the mother will check if the sanitary pads have been used. If they were not used, the mother will then ask her daughter if she is pregnant based on the unused pads. Therefore, the mother will conclude that the daughter is pregnant, and will take her to the clinic for healthcare workers to assess her. Checking of pads by the mother every month to confirm pregnancy was the knowledge of midwife regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng. The checking of pads is not conclusive evidence to confirm pregnancy because of the

generation that is being raised now. The midwife stated that teenagers who still depends on their mothers to buy sanitary pads are discovered early by the unused sanitary pads. No information or study was conducted on the above statement; therefore, no literature was found.

4.3. PRACTICES TO PROTECT PREGNANCY FROM EVIL SPIRITS

Practices to protect pregnancy from evil spirits is this study's second main theme. The main theme was justified by eight (8) sub-themes. The second theme explored and described practices to protect pregnancy from evil spirits. Most of the midwives described these practices based on their own culture and experiences. The results revealed that some midwives had the knowledge of the practices while others did not know where the cultural practices belong in terms of ethnicity.

4.3.1. Delay in informing people about your pregnancy

The findings of the study revealed that pregnant women hide their pregnancy especially during the early stage or first trimester in order to prevent witchcraft to attack the unborn child. It is difficult for the midwives to monitor and prevent complications early because pregnant women wait until the pregnancy is visible before they can access medical care for fear of losing the pregnancy due to evil spirits or witchcraft. Midwives are at a dilemma because they need to respect these cultural practices and on the other hand, they have a duty to advice women to access antenatal care immediately they miss their menstrual period. Delay in informing people about the pregnancy is said to protect he pregnancy, hence the western medicine states that early booking must be encourage so that complications can be prevented. Additionally, even friends or neighbours are not informed early because they may take the baby and perform witchcraft and the baby could disappear supernaturally Mgata & Maluka, (2019:4).

There is this perceived knowledge of not informing people about the pregnancy before a specific time, and if one informs people, or if people eventually see that one is pregnant, the gestational age is not revealed, people will just see that the pregnancy is now visible Roberts, Marshak, Sealy, Manda-Taylor, Mataya & Gleason, (2016:3). Furthermore, it should always remain a mystery to neighbours because they believe there are people with bad spirits and can destroy the pregnancy. These cultural practice and beliefs are common especially if the woman is post-dated, they believe

that people have ‘closed them” that is why they delay in delivering on time. A study conducted in Tanzania also stated that some pregnant women fear being bewitched especially at the beginning of pregnancy because they believe it is a crucial time for the baby to grow hence their mothers-in-law will warn them not to disclose the pregnancy early due to the risks that they may face if people know about the pregnancy Maluka, Joseph, Fitzgerald, Salim & Kamuzora, (2020:3).

The findings of the study revealed that some pregnant women have to undergo traditional practices, and this is done by elderly women immediately they miss their periods and before sharing or informing people about the pregnancy. These practices are expected to protect the pregnant woman and the foetus from ‘evil eyes. A study conducted in Northern Ghana states that some traditional practices are performed before women show that they are pregnant Kotoh & Boah, (2019: 9). The midwives stated that this practice can delay the pregnant women from accessing antenatal care because these pregnant women are supposed to go through the cultural practice before accessing antenatal care. They expect one to delay informing people about the pregnancy until one goes through the practice to protect both the woman and the unborn child from harm Kotoh & Boah, (2019: 9). Midwives’ perceived knowledge is that pregnant women believe that pregnancy needs to be protected from evil forces. They claim that a pregnant woman must go through these traditional practices before showing that she is pregnant and going to the health facility for antenatal care. This is done to prevent any ‘evil power’ from causing harm. Older women will frighten them that if they disobey the customs and traditions of protecting the pregnancy against harm, the foetus will not grow well.

To add on that, midwives’ perception is that these women become frightened and obey the elders; they wait until they are taken through the practice before commencing with Antenatal care. In fact, midwives’ perceived knowledge is that pregnant woman has to wait to be sure she is pregnant before announcing it and then go for the practice before seeking antenatal care Kotoh & Boah, (2019: 9). Some people fear witchcraft particularly during the early months of pregnancy. As a result, emphasis is more on how pregnant women should be careful of witches and evil spirits. According to the midwives, these pregnant women do not tell people about their pregnancies because they believe that they are doing it to protect the unborn baby from the evil spirits. That is why the number of pregnant women who book under sixteen (16) weeks mostly is

not as much because they hide the pregnancy to allow the baby to grow, because they believe that miscarriages are caused by divulging the pregnancy too early. They say, for protection of the unborn baby to grow or to prevent witchcraft to happen or to attack the pregnancy, one needs to deny the pregnancy to give a chance for the baby/pregnancy to grow Mgata & Maluka, (2019:9). Furthermore, midwives stated that most pregnant women are scared to be attacked by the evil spirits, hence they keep their pregnancies a secret for fear of witchcraft by jealous people. Many cultures believe in hiding the pregnancy during the first trimester and waiting until the pregnancy is visible.

A study done by Mulondo, (2020:792), reported that the first few months of pregnancy is regarded as crucial and vulnerable, it is believed that evil people can harm the baby either by miscarriage or deformities. Most African communities believe in the witchcraft system and is attested by the belief that there is magic or evil eye that may be directed towards helpless individuals Agbanusi, (2016:117). In African cultures, pregnancy is considered as a sensitive issue and pregnant women and the unborn baby are regarded vulnerable during that period Roberts et al, (2016:6). They also believe that measures to protect the mother and the unborn child should be implemented. In this study, midwives illuminated those pregnant women had to deal with their pregnancies with secrecy by not revealing it to other people outside the family for fear of being bewitched.

Therefore, the delay in disclosing the news of the pregnancy assists in avoiding jealous witches, who may sabotage the pregnancy. Midwives have this perceived knowledge that pregnant women are instructed not to tell or show their pregnancy bumps; hence they are advised to cover the waist with cloth and not put on maternity wear. This has a negative impact since the pregnant women report late for antenatal care for fear that people will realizes the pregnancy Roberts et al, (2016:6). The evil spirits cannot harm this baby/pregnancy because they believe that if you are still early in pregnancy, it is easy for evil spirits to harm the baby Riang'a, Nangulu & Boerse, (2018:12). It is believed that once they start telling people about the pregnancy, that bad luck may befall them, they can lose their baby. They are not supposed to tell anyone else until they start showing. This is their culture that they need to sustain their pregnancy because they regard the first trimester as a crucial stage. Midwives mentioned that pregnant women are not willing to disclose their pregnancy due to

many socio-cultural factors such as fear of bad people, especially during the first trimester. The first trimester is regarded as crucial and dangerous due to the risk that bad people may harm the pregnancy causing it to ‘drop down’ meaning to have a miscarriage Dimene, Fadzai, Chifamba, Nyakatawa, Mahachi, Marume, Bbebhe & Taderera, (2020:64). To prevent evil spirits from harming the pregnancy, the pregnant women wear metallic hooks, chillies and lemons and more around the waist Shahima, Singh & Sebastian, (2017:883).

The study results revealed that pregnant women believe in the evil eye and carry a traditional protective inscribed ring as it is believed to have magic powers; they wear a ‘talisman’ and an ‘amulet’ which is a small piece of jewellery believed to give protection against evil or danger. This piece of jewellery holds a prayer inside. Some carry lentils or barley seeds, which are believed to provide protection Mustafina, Borbassova, Maden, Beknazarov & Simukanova, (2019:109). The researcher noted that the midwives are facing challenges when it comes to health education on early attendance of antenatal care due to cultural practices. According to Basic Antenatal Care Plus, a woman is supposed to go to the healthcare facility immediately she misses her period. A lot of complications could be prevented if pregnant women seek antenatal care early.

4.3.2. Wool, rope and string around the waist

Midwives have this perceived knowledge that pregnant women use wool, rope or a string around the waist to prevent evil spirits from harming them and their unborn child. According to the midwives these ropes are given to them by either the pastors from the church or from the traditional healers who are also called *sangomas*. A study done by Mudonhi, (2020: 8) reported that immediately the woman realizes she is pregnant, during the first month, the pregnant woman mixes her urine with soil, lets it dry, puts it in a cloth then ties it around the waist until full term where she unties it. Midwives further stated that pregnant women have this belief that problems in pregnancy are caused by the influence of evil demons living in forests and rivers or due to previous wrong deeds. To prevent evil spirits from harming the pregnancy, the pregnant women wear metallic hooks, chillies and lemons and more around the waist Shahima, Singh & Sebastian, (2017:883). The study results revealed that pregnant women believe in the evil eye and carry a traditional protective inscribed ring as it is believed to have magic powers. They wear a ‘talisman’ and an ‘amulet’, a small piece of jewellery which

is believed to give protection against evil or danger with a prayer inside. Some carry lentils or barley seeds, which are believed to provide protection Mustafina, Borbassova, Maden, Beknazarov & Simukanova, (2019:109).

Midwives mentioned that pregnant women are given a string to wear around their waist which will protect the mother and the foetus as soon as she realized she is pregnant Arzoaquoi, Essuman, Gbagbo, Tenkorang, Soyiri & Laar, (2015:59). A study done by Karahan, Aydın & Güven, Benli & Kalkan, (2017: 192), mentioned that mother-in-law give the daughter-in-law a white handkerchief which is believed to communicate with the ancestors and spirits so that they protect the pregnant woman from evil. Some women wore a traditional protective blue bead to protect the pregnancy from the evil eye.

4.3.3. Drinking holy water

Drinking holy water emerged as the third sub-theme on the protection of pregnancy from evil spirits. Midwives have this perceived knowledge that pregnant women protect the pregnancy from evil spirits by drinking holy water which is found and provided by their pastors or prophets. Though some women do not know what is in the water, they trust and believe in their pastors for protection. A study conducted in Bulilima, Zimbabwe reported that pregnant women take different concoctions from church and there are some churches where the elders who are responsible for pregnancy, especially massaging, give the pregnant women holy water and holy tea to drink Mudonhi, (2020:7).

According to midwives pregnant women believe in holy water whereby the traditional birth attendants pray if directed to pray for the water and will give the pregnant women that holy water to drink to protect the pregnancy. They believe that holy water protects the unborn child from the evil eye. The findings of the study reported that pregnant women used holy water because their pastors advised them since it is their religious principle and belief Dimene, Fadzai, Chifamba, Nyakatawa, Mahachi, Marume, Bbebhe & Taderera, (2020: 69).The findings of the study revealed that pregnant women use holy water which is referred to as ‘magic water’ which has been prayed for by the pastor or healer, and that pregnant women preferred to use holy water to protect the pregnancy and promote health Withers, Kharazmi & Lim, (2018: 165).

A study conducted in Asian countries reported that pregnant women also believe that drinking water that is blessed and prayed for by the pastor protects the unborn child from the evil spirits Okka, Durduran & Kodaz, (2016: 502). Most pregnant women use holy water with the belief that it will ward off evil forces and prevent misfortunes such as miscarriages Mudonhi, Nunu, Sibanda, & Khumalo, (2021:4). This was supported by a study done by Mogawane, Mothiba & Malema, (2015: 64), which stated that pregnant women are given special water that contains certain substances which has been prayed for to drink any time after pregnancy is confirmed. The use of holy water 00by pregnant women in protecting the unborn child from evil spirit is becoming common. As a researcher, there is no harm in using holy water because it does not contain any added chemicals, only prayed for by the pastors and it is just tap water.

4.3.4. Go to the sangoma/ razor cuts and put muti on the abdomen

The findings of the study revealed that most pregnant women go to the *sangoma* to protect the pregnancy from evil spirits. According to the midwives, when you are pregnant, they will take you to that particular *sangoma* who will perform a ritual by cutting the skin on the abdomen and private parts and putting *muti* as a means of protecting the pregnancy from evil spirits. Midwives further mentioned that these pregnant women consult *sangomas* before seeking medical care or before coming for antenatal care. And other women believe that if you discover that you are pregnant you need to consult the family so that you start getting treatment to prevent '*isinyama*' meaning black cloud. Midwives has this perceived knowledge that pregnant women prefer, and they trust their cultural practices more or their herbalists than the midwives Putu, (2017:134).

A study done by Arzoaquoi, Essuman, Gbagbo, Tenkorang, Soyir & Laar, (2015:59) reported that pregnant women adhere to traditions and cultural practices, to show respect to the ancestors, parents and community elders. A study conducted by Kiguli, Namusoko & Waisa, (2015: 5) found that pregnant women who had stillbirths and preterm labour in rural eastern Uganda, decided to seek protective interventions, such as witch doctors/*sangomas,* traditional medicine from traditional healers and herbs during pregnancy to prevent the effects evil spirits and witchcraft and further stillbirths. Another study reported comparable results in Rwanda, where a pregnant woman is supposed to visit traditional healers during pregnancy and before giving birth as a precautionary measure against witchcraft Aziato & Omenyo, (2018:6).

According to the midwives, pregnant women are given herbs and roots to ingest, to steam with, and to use throughout pregnancy to drink in the mornings. Midwives alluded that upon discovering the pregnancy, the woman is given medicines to apply to the vagina to ensure the protection from evil spirits and to ensure the growth and development of the foetus. At times, the traditional healer would make small incisions with a razor on the abdomen and pubic area of the woman to apply medicines that will be absorbed into the blood stream to protect the woman and foetus Arzoaquoi et al, (2015:31). Drigo, (2018:65), also supported by stating that once pregnancy is diagnosed, the woman goes to the traditional practitioners to inform them about the pregnancy. A ritual will be performed, whereby they make incisions or cuts on the abdomen and put *muti* to prevent evil people from bewitching the woman, therefore she will have a normal delivery with a normal child.

Midwives also noted that pregnant women consult traditional healers prior to going to the health facility to confirm pregnancy using Western practices at health care facilities. Pregnant women trust traditional healers more as reported by Roberts et al (2016:6), that pregnant women believe that spiritual and traditional healers are more equipped to care for them throughout their pregnancy than western practices. Therefore, they delay attending the Antenatal Clinic (ANC) and frequently seek help from the healers. This trust in spiritual and traditional healers is reckoned by Gumede, 1987: (369), who draws special attention that the work of healers surpasses the cure and relief from pain but expand more to bringing comfort. When scrutinizing our ANC guidelines, the function is more instrumental and falls short of the comforting aspect. According to midwives, pregnant women trust their Indigenous beliefs and practices and therefore, the healthcare providers have to actualize this from the discourse of these women Zuma et al, (2016:9). Midwives mentioned that both the traditional healers and pregnant women believe that traditional practices protect their unborn babies and ensure positive pregnancy outcomes. Midwives mentioned that pregnant women trust in the capabilities of the traditional healers. As previously stated, traditional healers are the main influencers behind the transfer of Indigenous knowledge and practices to pregnant women. In this study, midwives have this perceived knowledge that most pregnant women's decision to consult the traditional healers was from the family members, especially the mothers, grandmothers and in-laws. However, they testified that consulting traditional healers had a positive impact, and they did not regret it. According to a study by Esienumoh, Akpabio & Etowa,

(2016:3), some pregnant women rely on significant family members to decide concerning pregnancy and their well-being Ragolane, (2017:25).

To further support this sub-theme, a study conducted in Timor-Leste in 2017 reported that pregnant women request protection from their ancestors by performing rituals, to ensure a smooth pregnancy and birth without complications. They visit this *hadat* [traditional healer's house], to ask their grandparents and great-grandparents' help, in terms of a good path, good health, so that the woman may give birth to the child in normal conditions. Sometimes the woman goes there alone or may go with the elderly people to set an example. All families have a *hadat* house with someone to perform the ritual but do not live in the house, they only go there when it is time to fulfil the *hadat*. They perform the rituals according to the request, if it is for the grandmother, they use a bracelet and put it in a *tais* [traditional cloth] Manuel & Ramos, (2017:33).

4.3.5. Prayer

Prayer will assist pregnant women to protect pregnancy from evil spirit as the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng. The findings of the study revealed that pregnancy can be protected from evil spirits by praying and seeking divine intervention from above which is common in the Nguni culture (Zimbabwe) and people from Malawi. Midwives mentioned that pregnant women believe that there are many different places and providers where they can seek care during pregnancy, and they seek care and advice from their religious leaders who pray for them. The midwives further stated that these pregnant women consult the religious leaders or pastors to cast away evil spirits and problems which are believed to be caused by spiritual powers by using prayer. Most churches have organized groups that are responsible for taking care of pregnant women. A study done in Malawi states that most pregnant women strongly believe in the supernatural, hence they often consult religious leaders to ward off the evil spirits Roberts et al, (2016:3). The author further mentioned that a pregnant woman is supposed to always pray and seek protection and safety and also to be guarded and have peace. Prayer is done to keep the evil eye away. Based on the beliefs of Muslim people in Southern Thailand, pregnancy is the will of Allah, who grants the pregnancy and birth Putu, (2017: 134). Pregnancy is, therefore, considered as the prosperity to gain a Muslim infant who needs great care, whereas abortion is not allowed. For a pregnant woman to stay healthy and to ensure the development of

the foetus, she prays and follows the advice of the religious leader Principles and religious teaching are followed strictly which include praying, reading and fasting for the foetus to perceive the religious principles and roles of a good Muslim since his conception in the mother's womb Suwanpratest, (2019: 49).

A study conducted in Ghana reported that some religious leaders have prayer camps where pregnant women go to pray for spiritual and physical guidance regarding their pregnancies Aziato & Omenyo, (2018:6). Midwives' perceived knowledge is that some pregnant women believe in praying to the ancestors to ask for help on ancestor related diseases and to seek protection for both the woman and her unborn child, and for good health during pregnancy. The spiritual support varies from a simple act of individual prayer by attending regular prayer meetings to participation in specially scheduled prayer camps Drigo, Luvhenga, Lebese & Makhado, (2020: 65). These spiritual meetings extend throughout pregnancy, starting from conception until delivery. The midwives further mentioned that pregnant women go before the Almighty since doctors can only perform scientific care, which sometimes fail. Meanwhile, all things are ruled and worked by God. They also reported that it really helps to involve God through prayers Dako-Gyeke, Aikins, Aryeetey, Mccough & Adongo, (2013:10).

4.3.6. Stay at home

Stay at home emerged as one of the practices to protect pregnancy from evil spirit as the perceived knowledge of midwives regarding differences in cultural practices of pregnant women in a Regional hospital in Gauteng. The midwife had perceived knowledge that pregnancy can be protected from evil spirits if pregnant women stay at home which is common in Tsonga, Pedi and Zulu cultures. The findings of the study revealed that staying at home protect the pregnancy from evil spirits. The findings further stated that pregnant women are restricted to move, they are prohibited from moving a lot as they may step on the evil traps and end up losing the pregnancy. Moving around outside the house is linked to difficulties during delivery or childbirth, and the mother will experience danger and evil eyes because it will be disturbed by the evil eyes. Elders encourage them to stay at home to avoid cultural and religious complications that may be caused by witchcraft. The midwife mentioned that pregnant women are encouraged to stay at home to avoid meeting evil spirits and bad omen in crowded places. It is believed that other people use witchcraft and throw whatever on the streets and it is easy for the pregnant women to attract the bad spirits. By moving

around and going to crowded places, they may encounter people with an evil eye that can cause harm or miscarriage. They need to be stable and avoid moving around and avoid scary experiences and negative things that can stress the unborn child Withers, Kharazmi & Lim, (2018:165).

As stated by the midwife, pregnant women claim to know some of the people who practise witchcraft, therefore staying at home reduces the chance s of meeting them. The midwife who is a Pedi used her own experience whereby when she was pregnant, her mother told her to limit moving around. This is more common in the Pedi culture. The midwife mentioned that there is a belief that people who practice witchcraft draw lines on the road to harm others, therefore, pregnant women need to stay at home unless there is an important reason for them not to do so or when they seek medical care. A study conducted in Malawi also reported that pregnant women are advised to avoid crowded places such as malls and busy marketplaces. Riang'a, Nangulu & Boerse, (2018: 7). Another study conducted in Asia, believes that pregnant women are not allowed to go in and out of the house, they are supposed to stay at home Buana, Adjie & Herinyato, 2017: 42).

4.3.7. Cleansing/ bathing in holy water

The findings of the study revealed that cleansing or bathing in holy water protect pregnancy from evil spirits. Pregnant women consult the pastors who prepare water for them to bathe every day for the protection of the unborn child. This practice is in the Zulu culture. In Bali, pregnant women are expected to do 'melukat' which is bathing in holy water and flowers during the full moon Putu, (2017: 134). Furthermore, midwives alluded those pregnant women go to church for spiritual cleansing, this is a process where pregnant women are put through, they bathe using water or animal blood as a religious or cultural practice. According to midwives, traditional healers sometimes bathe pregnant women as one of their activities, and the bathwater is mixed with traditional medicine and the herbs are said to be for the protection of the mother and the unborn baby. After bathing, which is believed to chase bad spirits, the woman is massaged on the body using holy oils Ozioma & Chinwe (2019: 199). The results of a study conducted in Ghana revealed that ritual baths can vary from bathing with urine or blessed water for religious pregnant women Aziato, Odai & Omenyo, (2016:6). The baths are believed to drive away evil spirits and protect the mother and unborn baby against such evil spirits. In this study, the midwives expressed those

pregnant women mentioned that the traditional healers would bathe them with water mixed with herbs Kortman, (2020: 61). According to the midwives, pregnant women are supposed to adhere to and obey these practices for their own benefit, or else misfortune may befall them. By obeying these cultural practices and ceremonies, it is believed that the pregnant woman will have peace, a healthy pregnancy and the child will be a responsible somebody in future Putu, 2017: (135). They also mentioned that pregnant women comply by using what is required of them by the church which is the tea for them to reach full term Mogawane, Mothiba & Malema, (2015: 67).

4.3.8. Drinking isihlambezo and umchamo wemfene

According to midwives' perception, pregnancy needs to be strengthened with herbs to prevent malformation of the foetus and a miscarriage, which could be inflicted by jealous people, thereby causing preterm labour or stillbirth. Drinking isihlambezo is practiced women from the Zulu culture who consult the traditional healers while others buy it from the streets. A study conducted in Limpopo, South Africa, reported that pregnant women believe that traditional medicines protect them and their unborn children against evil and dangerous spirits Maputle, Mothiba & Maliwichi, (2015: 68). The women reported that they get this medicine every month and are told to drink a cup a day. The perception of the midwives is that even though pregnant women have access to standard medical intervention, some still use traditional medicine, for reasons that may include indications that Western medicine does not cover all their health care needs during pregnancy.

The reasons include protection from evil spirits during pregnancy, preparation for labour and delivery. Herbal medications are used during various stages of pregnancy, from conception to delivery, to achieve good pregnancy outcomes without complications. *Isihlambezo* is a mixture of different herbs used by pregnant Zulu women to help them to prepare the uterus for pregnancy, maintain uterine inactivity during pregnancy, and promote cervical ripening at term Siveregi & Ngene, (2019:6). The findings reported that most pregnant women still prefer to use traditional medicine despite health education during antenatal care that discourages women from using traditional medicine as some are harmful to both the mother and the foetus.

The midwives indicated that most of the women, uses this medicine secretly and do not disclose to the healthcare workers. Some pregnant women prefer to use traditional medicine because it is the nearest available resource as the health facility is somehow

far from them. According to the World Health Organization (WHO), the average distance to the health facility is supposed to be five kilometres in radius. Therefore, if the nearest health facility is between 8 and 15 km, they opt to consult the traditional healers who are within reach in their communities Mudonhi, (2020: 8). The incidence of traditional medicine uses in pregnancy at a Regional hospital in Gauteng is said to be extremely high. Recent studies on the incidence usage of these traditional medicines (particularly *moruto wemfene,* Tswana and *Umchamo wemfene,* Zulu term meaning 'baboon urine' *or*) in pregnancy are needed since the chemical constituents of these medications are not known, and some of the pregnant women do not know what is in the mixture and sometimes tend to overdose it.

Perceived knowledge of the midwives is that traditional medicines are sold even on the streets under the name *moruto wemfene.* There is limited data on their constituency/composition. The findings of the study further reported that pregnant women use these concoctions because they have seen or knew other women attending the antenatal clinic who are using the same traditional medicine, which indicates that many pregnant women may be at risk if these medicines were harmful. Additionally, the midwives are of the opinion that it is important to recognize and clarify these traditional products, their efficacy to avoid complications to the mother and the unborn baby and also incorporate them into conventional medicine Siveregi & Ngene, (2019:6). According to midwives the Basotho believe that pregnancy is prone to witchcraft, therefore they see a need to use traditional medicine to protect both the mother and the unborn baby. Furthermore, midwives' perceived knowledge is that pregnant women believe that they will not be affected by evil spirits when using herbal medicine. Additionally, since the ancestral spirits and demons are responsible for illnesses, the medicine has the power to eliminate whatever evil power. These beliefs are common in African culture. A South African study by Mogawane et al, (2015:3) conducted at the Dilokong Hospital in Limpopo Province supported this sub-theme by reporting that once a woman realizes she is pregnant, she starts taking traditional medicines to protect her from evil spirits and witchcraft. The belief in using herbal medicine as protection against evil spirits is not only common during pregnancy but for other illnesses as well. In a study conducted among the Yoruba people in Nigeria, it is mentioned that people consult traditional healers to get the herbal medicine because they believe witches and sorcerers are responsible for all illnesses because

they have supernatural powers Borokini & Lawal, (2014:22). According to the midwives' perceived knowledge is that in the Basotho culture once a woman discovers that she is pregnant, traditional medicine is used to protect the woman and her unborn baby. The elders, who are the grandmother or the in-laws, prepares the remedies and give the pregnant woman to drink throughout pregnancy. This practice is known and has been passed from generation to generation. The midwives further mentioned that the pregnant woman does not have a say or cannot question as it may seem she is disrespecting her elders and the culture of the Basotho. John & Shantakumari, (2015:234) state that traditional medicine is used mostly during the first trimester, which is believed to have a higher incidence of pregnancy-related problems. The results of the above study are similar to those of Mekuria et al, (2017:2) which was conducted in Northwest Ethiopia where is it was found that the use of herbal medicine and remedies and traditional practices amongst pregnant women were followed as a practice by their culture. The author further said that in Ethiopia, traditional medicine is used for other pregnancy-related minor ailments such as morning sickness.

Peprah, Agyemang-Duah, Arthur-Holmes, Budu, Abalo, Okwei & Nyonyo, (2019:2) did a study in Ghana and stated that once a woman discovers that she is pregnant a '*Tsitsisa'* is given to her, which helps the pregnancy to 'settle', meaning that it prevents preterm labour and miscarriages. To prevent preterm labour, 'crystal plates' (small particles from an enamel plate after it is broken*)* are given to 'close' the cervix (to prevent it from opening) because an 'open' cervix can lead to preterm labour or miscarriage. According to the perceived knowledge of midwives, pregnant women revealed that they use diverse types of traditional medicine which they get from the traditional practitioners who are the elders from the community without formal education. They only have knowledge of different plants, how to cut and mix and the indications on the pregnant woman and the unborn baby. Midwives further mentioned that pregnant women adhere to ceremonious instructions or orders that they follow to protect the pregnancy from curses and witchcraft. Others reported being given ceremonious things such as tea, Vaseline, coffee and tea from the church by particular people Mogawane, Mothiba & Malema, (2015: 4). This is mostly practiced by Xhosa women. A study conducted in Madagascar reported that pregnant women are afraid of being poisoned and bewitched by jealous people. To prevent poison or witchcraft, pregnant women are given herbal liquids to drink. These curses are believed to be

passed to the other person through bad thoughts, touch or objects and are considered harmful Morris, Short, Robson & Andriatsihosena, (2014:108).

4.4. PRACTICES TO PREVENT PRETERM LABOUR

Practices to prevent preterm labour is the fourth main theme that emerged in this study. This theme is justified by five sub-themes namely: Abstinence from sexual relations, wool, string and cloth around the waist, bury dirty underwear, the husband must wear shoes with tight shoelaces every day, stone on the back of an elderly woman and practising polygamous marriage. Midwives stated that pregnant women reported cultural practices that they must follow to sustain the pregnancy and prevent preterm labour. These practices are discussed below.

4.4.1. Abstinence from sexual relations

Midwives has this perceived knowledge that it is not safe to have sexual relations during pregnancy as it poses a risk to the unborn child. It is believed that engaging in sexual relations harms the unborn child. Midwives pointed out that pregnant women are driven by the desire to prevent harm to the unborn child, hence some reported that they are more hyper-vigilant, while others feel unattractive, and experience reduced sexual desires due to pregnancy. The mother-in-law sleeps with her daughter-in-law in the same room to make sure that she abstains from sexual relations, thus protecting the unborn baby from harm. The partner only comes back once the baby is born.

Religious beliefs and cultural influences also play a role. Sexuality and sexual behaviour are equally influenced by social, biological and psychological factors and critical components of the well-being and health in a pregnant woman's life as the pregnancy progresses. There are diverse views on the sexual relationship during pregnancy. Some cautioned it and some even prohibited sexual intercourse with diverse opinions. However, in this era, the world has witnessed scientific and research interest in sexuality and sexual behaviour, especially during the pregnancy period Vakilian, Kheiri & Majidi, (2018:369).

Due to the physiological changes during the pregnancy period, e.g., psychological and emotional changes, sexual activity changes with apparent regression in the frequency of sexual relations, sexual satisfaction, sexual desire, and achieving orgasms. There are various misconceptions about sexual relations during pregnancy such as perceived harm to the unborn baby, preterm labour, and miscarriages. All these are

critical factors related to fear and anxiety, leading to subsequent avoidance of sexual relations during pregnancy. As pregnancy progresses to the last stage, sexual activities such as frequency, satisfaction and desire, are reduced significantly compared to the pre-pregnant state. Midwives need to give health education and advise the pregnant women regarding sexual relations during pregnancy, especially on the high risk pregnancy such as poor obstetric history, antepartum bleeding etc. Riang'a, Nangulu & Boerse, (2017:7) stated that pregnant women are advised to abstain from having sexual relations

Ngomane and Mulaudzi (2012:34) mention that a pregnant woman is discouraged from having sexual relations with her partner, as it is believed that the sperm may contaminate and harm the foetus. Most pregnant women and their partners are concerned about the complications to the pregnancy due to sexual relations during pregnancy, which may result in harming the unborn baby Kong, Li & Li, (2019: 59). Midwives stated that pregnant women mentioned that they decline their partners' initiation of sexual activity for fear of harming the pregnancy, because sexual relations during pregnancy leads to abortion, and they also have the misconception about sexual relations during pregnancy such as the fear of harming the unborn baby and the mother leading to preterm labour Kheiri, Katayon & Vakilian, (2019:115). A study conducted in China reported that sexual relations during pregnancy is prohibited to prevent preterm labour Withers, Kharazmi & Lim, (2018:165). Sexual relations are avoided at least from three to eight months during pregnancy until three months post-delivery. It is prohibited for the husband or partner of a pregnant woman to engage in sexual relations with casual partners during the pregnancy as it is believed to cause harm to the unborn child, but acceptable after the delivery when she is still too fragile Morris, Short, Robson & Andriatsihosena, (2014:108). According to the midwives, pregnant women raised concerns when it comes to sexual relations during pregnancy, such as preterm labour, bleeding, infection which may result in preterm labour and causing harm or injury to the unborn child. To avoid preterm labour, they mentioned that they abstain from sexual relations from as early as they discover that they are pregnant Beveridge, Vannier & Rosen, (2018:140). Fear of injuring the unborn baby, painful coitus, lack of interest, and perceived unattractiveness are factors for such a decline in sexual activity, including physical discomfort and false beliefs about sexual relations during pregnancy which include injury to the unborn baby, premature

delivery, or lack of attractiveness for the spouse Oche, Abdullah, Tanau, Timane, Yahaya & Raji, (2020:135). Midwives mentioned that pregnant women described how sexual relations during pregnancy, especially during the third trimester, could lead to early contractions, miscarriage, injury to the unborn baby or congenital malformations, preterm labour, prolonged labour, and obstructed delivery. In one study done by Sychareun, Sompet, Chaleunvong, Hansana, Phengsavanh, Xayavong & Popenoe, (2016:245), states that one pregnant woman said the husband did not have sexual relations with her during pregnancy starting from the third trimester because it could have damaged the health status of the woman and unborn baby. Sperm can harm the unborn baby and can cause a lot of lochia [Lao: Nam Khao Pa] and bleeding or discharge after delivery. These are the perceptions and understandings of pregnancy, antenatal care and postpartum care among rural Lao women and their families).

4.4.2. Wool, rope and string

Midwives had perceived knowledge that preterm labour can be prevented by using wool, rope, and string which is common in Tsonga, Sotho, Xhosa and Zulu cultures. Midwives' perceived knowledge is that upon confirmation of pregnancy, when it is still not visible, the pregnant woman takes the soil from her footprints, puts it in a cloth and ties it around the waist for the duration of her pregnancy. She is to remove it when she reaches term, mix with water and drink it. The wool or rope is said to hold the pregnancy and prevent miscarriages or preterm labour. This practice works for the pregnant women because they believe in it and has been passed from generation to generation. Midwives is of the opinion that this practice is not harmful since it is just an ordinary wool or rope. The Tsonga culture uses a filament of grass called *Ritlangi*, to tie around the waist which is said to protect the pregnancy Ngomane & Mulaudzi, (2012:34). A study conducted on Zulu women reported that pregnant women are given strings to tie on their waist to maintain pregnancy thus preventing preterm labour Drigo, Luvhenga, Lebese & Makhado, (2020: 65). Pregnant women use the yarn of the seven colours to tie around the waist from six, seven, eight and nine months to protect the women and the foetus from danger and to be safe until delivery Buana, Adjie & Harinyato, (2017: 42). The use of wool or rope is commonly used amongst pregnant women as they believe it prevent preterm labour and miscarriages, this practice is not harmful and work for those who believe in it.

4.4.3. Cloth/Kaplan around the waist

Only one midwife had knowledge that preterm labour can be prevented by putting a cloth/ Kaplan around the waist which is common with the Tsonga people from Maputo. The findings revealed that a pregnant the woman chooses a cloth that she will be using throughout pregnancy until it reaches term. This cloth is removed when the woman is in labour. According to the perceived knowledge of the midwife, pregnant women believe that the cloth holds the pregnancy and prevents preterm labour. No other evidence pertaining to this was found. More studies need to be conducted to support this. The findings further reveal that pregnant women from Mozambique wrap their stomachs with towels, either under or on top of their clothes for the entire pregnancy. A study by El-Mekawy, Eldeeb, El- Lythy & El-Begawy, (2013:75) identified that the abdominal belt or wraps improve the strength of the abdomen, contributes to good posture and mechanical spine stability through co-activation of trunk flexors and extensors musculature.

4.4.4. Bury dirty underwear

The midwife had knowledge of burying dirty underwear to prevent preterm labour. The study revealed that the Sotho culture use this to prevent preterm labour. The underwear represents the foetus and the jar represents the uterus. When the pregnancy reaches term, the jar will be taken out and the underwear will be washed and worn again. The study further revealed that some pregnant women consult the prophet of the church, and they are given some cords to use. They use them for a brief time and bury them in the underwear that has been used. The cord has a knot that is supposed to be undone or unfastened when they are about to give birth Drigo, Luvhenga, Lebese & Makhado, (2020: 65). A study conducted in Southern Mozambique, revealed that people bury the leaves of traditional medicine to prevent preterm labour. Traditional medicine is used to close the pregnancy to prevent preterm labour and miscarriages known as ‘closing the pregnancy.’ This medicine is given to pregnant women by the elders. Traditional medicine is boiled and given to the pregnant woman to drink, the leaves are put in a jar or ‘*ximbitana*’ (small clay pot) which is buried to prevent preterm labour. It is not known how safe the leaves are to both the mother and the unborn child. These traditional herbs are not scientifically tested and how to measure. The day of the labour, they go to the place and dig the pot and as soon as that is done, the baby will come out Munguambe, Boene, Vidler,

Bique, Sawchuck, Firoz, Makanga, Quereshi, Macete, Menendez, Von Dadelszen & Sevene, (2016: 89). Another study done in Limpopo revealed that to prevent preterm labour or if a woman is threatening to have a miscarriage, some roots are boiled, and the woman is given to drink. The roots are then put in a tin which is then buried facing down to prevent abortion or preterm labour. When the woman is in full term, the tin is removed so that normal labour can take place Ngomane & Mulaudzi, (2012:36). There is a need for further research to establish if the cultural practice still exists and to find out if there are other cultures using the practice.

4.4.5. Husband must wear shoes with shoelace every day and must be tight

The midwife had perceived knowledge whereby the husband wears shoes with tight shoelaces every day to prevent preterm labour. The findings of the study revealed that the shoes is used as it resemble the pregnancy, therefore tying the shoes will prevent the woman from delivering prematurely. The husband will only untie the shoelaces when the pregnancy reaches term to avoid postdates. There is no literature regarding this practice. More research needs to be done to validate this belief.

4.4.6. Stone on the back of an elderly woman

Only one midwife had perceived knowledge of the stone on the back of an elderly woman to prevent preterm labour. The study revealed that if there is a pregnant woman in the family, an elderly woman who is related to the pregnant woman is supposed to carry a stone on her back daily to prevent preterm labour. The elderly woman will only remove the stone once the pregnant woman reaches term, for the woman to deliver the baby. The only practice known is when a pregnant woman is in labour and she does not want to deliver before reaching the hospital, she will then carry a stone on her back until she reaches the hospital then remove it for her to give birth Ngomane & Mulaudzi, (2012:36). There is no information nor literature to support this sub-theme. More research needs to be done since this is what the participant reported as one of the practices to prevent preterm labour.

4.4.7. Practising polygamous marriage

Only one midwife has perceived knowledge of practicing polygamy to prevent preterm labour. The findings revealed that a pregnant woman is expected to rest and to eat well in anticipation and preparation for the new addition to the family. It is believed that a pregnant woman is weak and vulnerable, so the pregnant woman will receive

assistance with anything strenuous or otherwise. Africans believe that helping a pregnant woman will bring blessings. According to the midwife in a polygamous marriage, the pregnant woman receives special attention from her husband and pregnant women are encouraged to rest as often as possible. So, the co-wives will make sure the pregnant woman rests enough, eat well and the husband will not have any sexual relations with her until delivery. The husband ensures that the pregnant woman's needs are met before the other wives Johnson, (2014: 3).

One of the restricted activities that were reported by the midwives is that a pregnant woman should be exempted from performing heavy duties. Heavy duties that were commonly forbidden according to the pregnancy are activities that involve bending for long hours, carrying heavy loads, fetching water from an open stream, carrying soil and smearing mud houses. Other activities reported include hand washing many clothes, fetching firewood, collecting water from the river using a heavy container (e.g., 20 kg), or carrying a heavy load of firewood. Heavy duties are believed to cause lower back pain that may cause a miscarriage or pre-term birth Riang'a, Nangulu & Boerse, (2018:7). The co-wives are expected to do those chores so that the pregnant woman can rest. In western medicine, a pregnant woman is allowed to do minor exercise provided it is not contraindicated as in cases of antepartum haemorrhage or poor obstetric history. No heavy duties are undertaken as it may result in preterm labour or miscarriages. Pregnant women are therefore advised to be careful when doing house chores.

4.5. PRACTICES TO NURTURE PREGNANCY

4.5.1. Holy water

Midwives have perceived knowledge that when the pregnant woman drink holy water blessed by prayer it will help in the nourishment of both the mother and the unborn child. Once the woman becomes aware of the pregnancy, the pastors prepare some solemn obligatory prescription (*ditaelo*) such as weak Joko tea, to nurture and protect the pregnancy from minor ailments Scina, (2017:87). The findings of the study revealed that the water given to pregnant women by their pastors is to chase evil spirits, and they are also given to drink in order to promote the growth of the unborn child. This practice is not harmful since it is normal tea and ordinary water which has been prayed for. The midwives need to emphasize the need for eating a healthy well-

balanced diet for the growth of the unborn baby and not rely only on water for nourishment. The midwives further alluded those pregnant women are told by their pastors to put three drops of Eucalyptus Oil in the water, and pray 'in the name of the father, son and holy spirit' and drink the water especially during the first few months of pregnancy to nurture the pregnancy Scina, (2017:87).

4.5.2. Traditional medicine

Midwives has perceived knowledge that pregnant women usually take herbal medicine for the benefit of the unborn baby and that majority of pregnant women still prefer herbal medicine to ensure normal foetal development and enable uncomplicated childbirth. The study findings revealed that pregnant women follow these cultural practices as a sign of obedience to the elders, because if they refuse to take the traditional medicine and the baby comes out small or having problems, the woman will be blamed for everything. Majority of pregnant women believe that traditional medicines surpass their pregnancy, promote labour and augment milk production. Such thought is presumably based on cultural practices and beliefs. Unsurprisingly, the last two reasons may partly explain the rise in herbal medicine use especially during the second trimester and breastfeeding period.

Traditional medicine is widely used by pregnant women to sustain pregnancy and to treat minor ailments. According to the World Health Organization (WHO), an estimated 85% of the population in most developing countries, especially in the African continent, rely on traditional medicine to meet their daily health care needs. Traditional medicine is described by WHO as herbal preparations, materials that contain ingredients from plants or plant materials or both. It can be in the form of powder, liquids or ointments. It is not used only to cure illness but to maintain and boost the woman and the unborn baby's health. A study done by (Mothupi, 2014: 3) reported that pregnant women in some African countries depend on traditional medicine during pregnancy and childbirth to maintain and preserve the pregnancy. It is believed that some of these traditional medicines stabilize the foetus and maintain its growth Mawoza, Nhachi & Magwali, (2019: 2). The author further stated that women drink herbal liquids for the protection of health and promoting the growth of the foetus Morris, Short, Robson & Andriatsihosena, (2014: 108). A study conducted in Zimbabwe stated that barks from a baobab tree are soaked overnight in water and given to the pregnant woman to drink. This is believed to make the unborn child grow healthy and strong like the tree itself.

It is also used to bathe the baby, in case the baby is born small or underweight Mkhize (2012: 13). In the study it is revealed that *Mpundulo* is used daily to strengthen the pregnancy in preparation for labour, while *Mbheswana* is boiled and used to enhance labour Mkhize, (2012: 13). It is not stated which ethnic group between the Tsonga, Pedi, and Venda in Limpopo use *Mpundulo* and *Mbheswana* in pregnancy Simelane, (2018: 18-20). A research study conducted in the United States of America among women who gave birth to non-malformed infants, revealed that pregnant women were anxious about harming the unborn baby, as a result, they avoided medical treatment and used traditional medicine. According to Vanotoo *et al, (*2015:34) traditional medicine is considered to be more ordinary or standard. The other reasons for the use of herbal medicines during pregnancy were to improve the foetal outcome and to have easy uncomplicated labour and delivery. Lawan *et al,* (2017:74) reports that pregnant women's opinion about herbal medicine is to maintain good health throughout pregnancy, improve easy labour and deliver safely while some believe that herbal spiritual remedies are very effective on pregnancy-related problems such as heartburn and backache and labour complications Kambonja, (2018: 17).

Aljofan & Alkhamaiseh, (2020: 74) reported that women bathe next to the granaries to stabilize the foetus and to promote growth. Most of the women believe that herbal medicines improve and promote a healthy pregnancy, facilitate labour and increase milk production. This reasoning is somehow based on their cultural beliefs and practices Mudonhi & Nunu, (2021:8). South Africa has diverse cultures with four main racial groups namely: Blacks, Whites, Coloureds and Indians Mkhize, (2012: 11). As mentioned in Chapter One, during the 19th century, which was the colonial and apartheid period in South Africa, the Black population was then divided into four major ethnic groups namely; Nguni people which consisted of Zulu, Xhosa, Ndebele and Swazi; the Sotho people consisted of Northern Sotho (Bapedi), Southern Sotho (Basotho) and Tswana; as well as Shangaan-Tsonga and Venda South African History Online, (2015), these different ethnic groups usually influenced the type of traditional medicine used during pregnancy. Below are the commonly used traditional medicines during pregnancy by women of different ethnic and cultural groups.

According to midwives' perceived knowledge here are different practices for diverse cultures:

Sotho women use *Pitsa* and *Sehlapetso* (similar to *Isihlambezo* used by Zulu people). *Pitsa* is commonly used to cleanse and prepare the uterus to accept the foetus Mahlako, (2008: 112). There is little literature or studies on the use of traditional medicine in pregnancy amongst Sotho women.

Isihlambezo is a traditional medicine commonly used by Zulu speaking women to nurture pregnancy Naidu, (2014: 149).

Xhosa speaking women used *Umchamo wemfene* literally means "baboon's urine," a traditional mixture to nurture pregnancy Mkhize, (2012: 13).

Afrikaans women use *Perdepis* to prevent miscarriage, to alleviate morning sickness, swelling of the legs and ankles during pregnancy which is a tonic made from the clausenaanisata plant Abrahams, Jewkes & Mvo, (2012: 82).

Bapedi women use traditional medicine called *Makgorometsa* which is a mixture of herbs taken to enhance labour Maputle, Mothiba & Maliwichi, (2015: 68). Amongst other traditional medicines used in Limpopo province are *Mpundulo* and *Mbheswana.*

4.5.3. Isihlambezo

The findings of the study revealed that isihlambezo is used to nurture pregnancy, as it is said to contain minerals, natural vitamins and all the nutrients that are required to help in the development of the foetus and also as a preventative health substance during pregnancy. *Isihlambezo* is the herbal liquid/ traditional medicine derived from plants, mostly used by the Zulu culture for varied reasons. The midwives' perceived knowledge is that *Isihlambezo* is important during pregnancy because it has all the vital natural vitamins, minerals and sugars which are needed for the development of the foetus. *Isihlambezo* is defined as "a herbal concoction which most Zulu women in South Africa use as a preventative health medicine during pregnancy." Isihlambezo mostly results in complications such as fetal distress and precipitate labour since there is no measurement and some of the pregnant women buy it from the street and they do not know how to take it. Those pregnant women who consult traditional healers are given instructions as to how to take it because they start immediately after the pregnancy has been confirmed until term. Midwives need to know how this traditional medicine works and the policy makers need to collaborate with the traditional healers to advice about the preparation and the dosage.

This oil is very important in protecting the foetus and mother throughout pregnancy. The mixture is a combination of different plants such as *umsilawengwe* (Gnidia

kraussiana), *ugobho* (Gunnera perpensa), *ntsukumbili* (Senecio serratuloides DC), *ibhuma* (Typha capensis) and *iboza* (Tetradenia riparia). It contains all minerals and nutrients which nurture the foetus and prevent illnesses that may affect the foetus. The midwives mentioned that the pregnant women have this belief that if they do not use *isihlambezo* during pregnancy their babies will be exposed to illnesses after delivery Scina, (2017:87). Other reasons for the use of traditional medicine as mentioned by the midwives are for the general well-being of the woman during pregnancy, to promote foetal growth, spiritual cleansing and protecting the pregnancy against evil forces Peprah, Agyemang-Duah, Arthur-Holmes, Budu, Abalo, Okwei & Nyonyo, (2019:2). According to the midwives pregnant women regard *isihlambezo* as a powerful medicine from God and the ancestors to nurture and protect the mother and her unborn baby.

To support the sub-theme, two studies done in South Africa reported the meaning, knowledge, and beliefs of pregnant women and mothers regarding specific types of traditional health practices. Kooi and Theobland (in Shewamene, Dune & Smith, (2017: 382), investigated the women's belief about *kgaba* tonic, a traditional medicine based on a mixture of plants and minerals that differs among traditional healers which has not been officially documented. The authors also noted that *Kgaba* may be a mixture of around 18 different medicinal plants, which can be prepared by combining these herbal medicines with ostrich ashes of burnt herbs, baboon urine, eggshells and mud. This mixture is also used for the prevention and treatment of pregnancy-related ailments such as dizziness, vomiting, and nausea, back pain as well as to prevent miscarriages. For instance, they mentioned that ginger and aniseeds are effective for the prevention and treatment of many forms of nausea and vomiting Peprah, Agyemang-Duah, Arthur-Holmes, Budu, Abalo, Okwei & Nyonyo, (2019: 2).

4.5.4. Isiwasho

Another perceived knowledge to nurture pregnancy as mentioned by the midwives is *Isiwasho* which is ordinary water that has been prayed for by the elderly women in the church. The water is prayed for and given to the pregnant women to drink whenever they are thirsty. There is no measurement, it is used like ordinary water. The water is to sustain and nurture the pregnancy, and to help with the development of the unborn baby. It is used throughout pregnancy and can also be used during labour Drigo, (2018: 65). According to midwives the water is used differently namely to bath, induce

vomiting, for '*uchatho*' meaning it is used it like an enema which is inserted in the rectum. The midwife mentioned that the church elders pray for people and give them *isiwasho* to drink and sometimes bathe with it. Some church elders encourage the women to also bring different coloured candles which are prayed for; each problem experienced has its own coloured candle. The women then light the candles during the prayer session for either conceiving or for the protection of the foetus Scina, (2017:85).

4.5.5. Belt, *Intambo* around the waist

The last sub-theme of practices to nurture pregnancy as perceived by the midwives is the use of belt, intambo around the waist. According to the midwives, pregnancy brings joy to the family, therefore once you get married, the in-laws and the parents to the bride expect the woman to bear children for the family to grow. The wool, intambo around the waist is being monitored if it is getting tight which will indicate the growth of the fetus. If the wool, intambo stays the same or becomes loose, the elderly people will identify that the pregnancy is not growing, and measures will be taken to find the problem. They believe strongly in traditional medicine which is used to strengthen the pregnancy which is usually taken daily until the pregnancy reaches term Scina, (2017: 86).

The findings of the study revealed that some cultures like Tsonga culture, use 'Ritlangi' [a type of runner grass] which is cooked and tied around the waist, to strengthen the pregnancy. It helps the pregnant woman to identify if there is a problem or not. If it stays loose, it means the baby is not growing and if it becomes tight it means the baby is growing. For the growth of the foetus in utero, they are given woven threads of grass to tie around the waist. If the woven grass stays loose around the abdomen, they are advised to consult a traditional healer who would use bones to talk to the ancestors to find the cause leading to the foetus not developing well. Therefore, the *Ritlangi* is used to measure and estimate foetal growth like the tape measure in health centres does Ngomane & Mulaudzi, (2012: 33).

Most evil happens in the dark and *ukurhesha* (being exposed to and being attacked by evil spirits) also happens at night. Their perceived knowledge is that if a pregnant woman must walk at night in case of an emergency, she is supposed to take the soil from where she is walking on and rub it on her belly. This is done especially if the

woman does not have *intambo* (string from traditional healer with powers of protection) or any other form of protection against evil spirits. It is believed that witches and evil spirits can steal the pregnancy or interfering with it Echezona, (2016: 3).

4.6. DIET PRACTICES

Diet practices emerged as the fifth main theme on the cultural practices amongst pregnant women. The findings of the study revealed that pregnant women are prohibited from eating certain foods from conception until delivery. Culturally, prohibited foods are often related to pregnancy or labour complications, irrespective of their nutritional benefits. The midwives noted that foods that have high nutritional value such as eggs, are prohibited for the pregnant women due to fear of pregnancy or labour complications. This is more common amongst the Zulu culture. The food restrictions amongst the Zulu pregnant women are according to family surnames or clans. For instance, the Dlamini and Mathenjwa clan are not supposed to eat goat meat. They believe that the baby will be mentally affected or mentally retarded. Leafy vegetables are recommended as they improve the growth of the baby, increases blood flow, and build a healthy mind Ramulondi, De Wet & Ntuli, (2021: 9). According to midwives, Zulu women are not allowed to eat eggs as it is believed that eggs make the woman fertile and too horny and that the baby will be big and cause complications during delivery. In this regard midwives can advise on certain food that is high in protein to promote maternal and fetal well-being. Selala, (2017:62). Furthermore the findings of the study revealed that citrus or yellow fruits such as oranges and mangoes are also prohibited for the pregnant woman since it is believed they cause yellow-discolouration or jaundice to the unborn child, the above mentioned fruits are high in vitamin C which helps in boosting the immune system, midwives need to educate the pregnant women the real cause of the yellow-discolouration of the unborn child Kortman, (2020: 56). According to Diana, Rachmayanti, Anwar, Khomsan, Christianti and Kusuma, (2018:246), there is a belief that cultural food prohibitions and taboos exist to protect the health of the mother and the unborn baby. Every pregnant woman wants a safe pregnancy and delivery, and the researcher noted that the midwives perceived those pregnant women refrained from consuming certain foods to avoid negative pregnancy outcomes associated with those foods. Perceived knowledge of the midwives is that food restrictions and taboos are due to pregnant women's health reasons especially elevated blood pressure. The midwives added that some women

are of the opinion that fatty and salty foods cause high blood pressure. Medically it is advised not to consume too much salt and too much oily and spicy food since it causes complications such as high blood pressure and also heartburn and indigestion. The midwives believe that certain food is not to be taken during pregnancy because it is harmful to the unborn child or can cause complications or deformities to the child and during delivery. For instance, eating rabbit meat is believed to cause the woman to deliver a hare-lipped baby, and if a pregnant woman eats strawberries, the baby will be born with strawberry-like marks on the skin. Regardless of the benefits of certain foods, midwives mentioned that pregnant women are told mainly by the elders and their in-laws not to eat such foods because traditionally, such food are considered harmful during pregnancy. On the other hand, there is food that is believed to be good for a pregnant woman, which is said to nourish the pregnant woman Okka, Durduran & Kodaz, (2016: 502).

The findings of the study revealed that the Zulu culture believe that eggs are too strong and too heavy, others say they are rich in proteins and will cause the baby to be too big. Eggs are believed to make the foetus grow excessively and will cause complications during delivery. The baby will be too big, and delivery will be difficult and may result in assisted or caesarean section delivery, therefore pregnant women are not supposed to eat eggs during pregnancy. Avocado is similar to eating eggs, also associated with having a fat baby and contributing to a complicated delivery. Eating sugary foods such as bananas, chocolates or drinking sugary beverages such as soda and processed juice during pregnancy will result in the baby salivating excessively Riang'a, Nangulu & Boerse, (2018:16). Suwanpratest, (2019:50) conducted a study about Thai culture where they believe that the food that pregnant women eat is immediately absorbed by the unborn child's head. If the pregnant woman eats spicy food, the baby will be tolerant and will get 'heat', meaning will be bold and strong, whilst if the mother eats cold food, the baby will be empowered. The study findings further revealed that beside food taboos, there are certain food that is recommended for the pregnant women by the elders and also by the health workers such as traditional vegetables as it is nutritional food specially to boost the haemoglobin. The diet practices were passed from generation to generation especially from the grandmothers, mothers or mothers-in-law. The perceived knowledge of midwives is

that a pregnant woman is not supposed to eat certain meat such as organ meat like a tongue because the baby will talk too much Okka, Durduran & Kodaz, (2016: 502).

Putu (2017:134) states that pineapples and *durans* contain high levels of alcohol and it is believed to disturb the well-being of the unborn baby, therefore it is prohibited during pregnancy because alcohol is Midwives should therefore advice on such food since it will affect the unborn baby in utero, pregnant women need to be educated on the harmful effects to avoid complications. In Asian countries, a study shows that oranges are avoided during pregnancy as it is believed that they cause harm to the foetus Withers, Kharazmi & Li, (2018: 165). According to Diana, Rachmayanti, Anwar, Khomsan, Christianti & Kusuma, (2018:246), cultural food restrictions and taboos are there to protect the well-being of the pregnant woman and the unborn baby. Midwives need to ensure that every pregnant woman have a safe pregnancy and delivery, therefore they must refrain from eating foods that are prohibited to avoid negative pregnancy outcomes related to those foods. Nutritional restrictions deprive women of essential nutrients that are vital in pregnancy Esienumoh et al, (2016:5). The restrictions may predispose the women to maternal nutritional complications such as anaemia and malnutrition which may, in turn, cause intrauterine growth impairment Sahin & Sahin, (2018:100).

Zerfu, Umeta and Baye (2016: 5) conducted a study in Mexico and reported that pregnant women are restricted from eating cold foods such as fruit and vegetables, while meat from grass cutters and snails is restricted among pregnant women in South-Eastern Nigeria due to their cultural beliefs and customs. In Indonesia, it is reported that pregnant women are prohibited from eating eggs, fish, meat, jam and cold food with the belief that they result in big babies, prolonged labour and breech presentation Washington, (2015:15). A study conducted in Arsi, Central Ethiopia, reported that some leafy vegetables are prohibited during pregnancy Zerfu et al, (2016: 4). The study further revealed that if a pregnant woman eats such vegetables especially during the third trimester around the eighth month, the leaves will cross the placental barrier and attach themselves to the foetal head, form a particle causing the death of the unborn baby Zerfu et al, (2016: 4). Furthermore, the study reported that consuming milk, milk products such as yoghurt and cheese during pregnancy is considered to be harmful to the foetus, as the baby will be born with milk products on the head. Eating sugar cane during pregnancy is associated with large babies which

results in difficult deliveries hence it is restricted Waters, Bendulo, & Stoecker, (2019:53) Midwives are faced with challenges when it comes to giving health education to pregnant women concerning diet due to these diet practices. Midwives are facing a challenge when dealing with pregnant women who are anaemic or malnourished since they are prohibited from eating certain food due to their cultural beliefs. Hence the midwives need to know what the substitutes for can be those food that are prohibited.

4.7. PRACTICES TO MANAGE PREGNANCY COMPLICATIONS

4.7.1. Rubbing of the abdomen

Rubbing of the abdomen came out as the sixth theme resulting from practices to manage pregnancy complications as the knowledge of midwives at a selected hospital in Gauteng. There was only one midwife who indicated that one of the practices to manage pregnancy complications is to rub the abdomen by elderly women. This practice is done amongst the Tswana culture. The midwife stated that massaging a pregnant woman's abdomen changes the position of the foetus in case of breech presentation because elderly women are said to have the knowledge and skill to perform such a procedure. The procedure is done when the pregnancy is between three and nine-month's gestation, and this massage occurs daily until the foetus turns to the desired position to enable uncomplicated vertex delivery. Besides having come across a pregnant woman who was told that the malposition is corrected by the elderly women through abdominal massage, the midwife also used her own experience since her mother is a Tswana. This massage technique is aimed at knowing and adjusting the position of the fetus, and the woman will feel strong. The abnormal massage is medically dangerous for the mother and the fetus if carried out by a non-professional like traditional healers.

According to Gogoi, (2021: 9954), during pregnancy the women use a root of a tree "ai abut" to massage the abdomen with the intention to turn the unborn baby's position. The midwives further mentioned that the traditional birth attendants apply abdomen massage to handle the breech position, these massages are done to turn the baby to a convenient position for delivery. It is reported by the midwives that pregnant women chew the root of the same traditional medicine, massage the body using the same *ai abut*' when the baby is in a breech position, to turn it. Some pregnant women from all

the ethno linguistic groups, consult traditional birth attendants (*daia*) during pregnancy because they trust and have confidence in them since they are from same community, and are familiar with expertise and have seen the work they do for other women. Furthermore, the midwives alluded those traditional healers and elderly women first use coconut oil to do the abdominal massage to confirm the position of the foetus Mesele, (2018:4). In case where the position happens to be breech, they then perform an external version. According to the midwives to correct the abnormal lie or mal-position of the fetus, the common practice is called working on the baby which include external rotation of the fetus in addition to the use of traditional medicine to prevent the baby from turning the wrong way again. After the rotation, the woman is encouraged to lie on her side for some time to be monitored for any complications like bleeding which can be a sign of placenta abruptio. Some traditional birth attendants combine these massages with special prayers. They reported that the traditional birth attendants sometimes give the pregnant woman traditional medicines before the massage which they do not reveal the constituents of Banul & Halu, (2020:5)

Midwives also stated that the elderly women in the community are the ones who perform these massages in church and traditional places. The perception of the midwives is that the church leaders and traditional healers use massages to monitor the growth of the fetus in-utero Mesele, (2018:4). Also, traditional healers use therapeutic herbal oils such as Vaseline which are considered to be 'holy', to massage pregnant women. Abdominal massages in rural areas are done to offer relief from minor pregnancy-related complications since women are unlikely to go for antenatal check-ups Mesele, (2018:4), and these provide pregnant women with relief from pregnancy complications. Adokiye, Isioma & Levi (2016:2) state that abdominal massages can endanger the woman in cases where there is placenta praevia or ectopic pregnancy, although it does help in relieving minor pregnancy ailments, especially in the first trimester. In western medicine, external cephalic version is done after an ultrasound has been done to see the length and the position of the placenta and the cord to avoid placental abruption.

4.8. SUMMARY

The results of this study show that midwives still need in-service education, to read and research more on differences in cultural practices amongst pregnant women. The

issue of traditional medicine and cultural practices needs to be understood so that pregnant women can be advised on the harmful practices that can have negative effects on both the mother and the unborn baby. Traditional medicine like isihlambezo pose risk to both the mother and the fetus, whereby the woman may have hypertonic contractions which can results in uterine rupture and fetal distress. Abdominal massage is also not safe and can result in abortions, preterm labour, placental abruption and antepartum haemorrhage to name but a few.

CHAPTER FIVE:

CONCLUSION, RECOMMENDATIONS, LIMITATIONS AND SUMMARY

5.2. CONCLUSION OF FINDINGS

The discussion of the research findings that was carried out is outlined in the previous chapter. The findings are supported by literature. The individual unstructured interviews revealed that the differences in cultural practices of pregnant women are: practices to confirm pregnancy, practices to protect the pregnancy from evil spirits, practices to prevent preterm labour, practices to nurture pregnancy, diet practices and practices to manage pregnancy complications. Therefore, in this chapter, the researcher focuses on informing the study on the conclusion, making recommendations, limitations, and the summary.

5.2.1. Practices to confirm pregnancy

From the findings of the study, nine subthemes emerged where it was discovered that most midwives had cultural knowledge of recognising pregnancy early through breast changes. However, cultural knowledge regarding querying of prolonged and frequency in micturition was low as indicated by one midwife

5.2.2. Practices to protect pregnancy from evil spirit

From the findings of the study, eight subthemes emerged where it was discovered that most midwives had cultural knowledge of protecting pregnancy from evil spirits, however cleansing/bathing in holy water, stay at home and prayer was only indicated by one midwife.

5.2.3. Practices to prevent preterm labour

From the findings of the study, seven subthemes emerged where it was discovered that most midwives had cultural knowledge of preventing preterm labour, however, cloth/Kaplan around the waist, bury dirty underwear, husband must wear shoes with shoelaces every day, shoelaces must be tight, practising polygamous marriage and stone on the back of an elderly woman was only supported by one midwife each.

5.2.4. Practices to nurture pregnancy

From the findings of the study, five subthemes emerged where it was discovered that most midwives had cultural knowledge of nurturing pregnancy, however holy water, isiwasho and belt was only indicated by one midwife.

5.2.5. Diet practices

From the findings of the study, one subtheme emerged where it was discovered that most midwives had cultural knowledge of diet practices

5.2.6. Practices to manage pregnancy complications

From the findings of the study, one subtheme emerged where it was discovered that only one midwife had cultural knowledge of managing pregnancy complications

5.3. Recommendations

Based on the information gathered from the midwives during individual unstructured interviews, the results of this study reveal that midwives need to be in-serviced about the diverse cultural practices of pregnant women at a Regional hospital in Gauteng to understand how to render quality midwifery care to pregnant women from diverse cultures without discrimination and to advice if the practice is harmful to both the mother and the unborn baby.

5.3.1. GENERAL RECOMMENDATIONS

5.3.1.1. Practices to confirm pregnancy

Midwives at the primary care level to include topics on midwifery related issues during heath education. They need to educate the pregnant women during ANC visit and the community, also advise them to disseminate the message because in doing so the message will reach larger community.

5.3.1.2. Practices to protect pregnancy from evil spirit

Importance of early booking should be emphasized, therefore midwives need to educate the community. The elderly should be involved since the younger generation rely on the older generation when it comes to pregnancy issues. Outreach programs should be done whereby the midwives can give assurance that if a woman comes to the clinic for antenatal care it is confidential and will not be shared with anyone. The outreach programs should include the traditional healers for the advice on the traditional medicine in order to avoid pregnancy complications

5.3.1.3. Practices to prevent preterm labour

Midwives should give health education on the harmful practices like drinking traditional medicine that are bought from the streets. As for the sexual relations, pregnant women should be reassured that unless it is for obstetric reasons, it does not cause preterm labour.

5.3.1.4. Practices to nurture pregnancy

Midwives should give health education on the use of traditional medicine and isihlambezo. The traditional healers and pastors should be involved so that they can give information on the constituents and the dosage that is safe for both the pregnant woman and the unborn child.

5.3.1.5. Diet practices

Certain diet practices result in malnutrition, therefore midwives need to educate pregnant women on the diet suitable for the growth of the unborn child. Myths around certain food should be addressed in order for the pregnant women to eat a healthy and well balanced diet. During outreach programs the community should be educated on healthy diet and explain reasons and advise them to seek information from the health professional instead of hearing from other people.

5.3.1.6. Practices to manage pregnancy complications

On the issue of managing pregnancy complications, midwives should teach the community and the pregnant women that they need to seek medical help. The issue of trying to do external cephalic version at home should be discouraged since it will result in complications like placentae abruption and haemorrhage.

5.4. Recommendations for future research

The study recommends that further research be conducted in other institutions in Gauteng and include pregnant women from more other countries since the study only gleaned results from Mozambique, Kenya and Zimbabwe, as well as South Africa. South Africa caters for women from many countries in the African continent and some parts of the world. More research needs to be done on the cultural practices to prevent preterm labour especially the following sub-themes: stone at the back of an elderly woman, husband must wear shoes with shoelace every day and must be tight and cloth/Kaplan around the waist which is practiced by the women from Mozambique. Other sub-themes under cultural practice to confirm pregnancy which need further research are: checking of pads by the mother every month which is common among

the Zulu culture, lines with a razor on the abdomen which is practised by Kenyan women, and sleepiness of people around a pregnant woman which is a Tswana culture. Besides that, further research is needed at a national level to address the differences in cultural practices, this will help the policymakers to include other cultures in policy-making. Furthermore, further research is needed to look at the impact on the baby after being discharged from the hospital. This information will be needed so that midwives can be able to render quality midwifery care without excluding differences in cultural practices of women from other provinces and countries. Possibly, transferability of these results can be done to other provinces, other countries and globally where possible.

5.5. Recommendations for nursing education

The study recommends that nursing institutions include transcultural issues and differences in all midwifery programmes, starting from the basic midwifery which is the R1497 programme. Student midwives will have the knowledge and understanding of diverse cultures and how to deal with the diverse cultures in the healthcare setting.

5.6. Recommendations for health care practice

Midwives need to understand various cultures, give health education were necessary to prevent harmful practices and to avoid discriminating against people based on their cultures. It is necessary for midwives to learn various pregnancy cultural ways. Once they have the knowledge, they will understand why pregnant women follow those practices, and to advise them to buy the traditional medicine from trained traditional healers, instead of buying from the streets, especially the ingestible medicine. Health care ought to advise pregnant women against copying other people's cultures and follow their own, this will enable them to use what they know and use it appropriately.

5.7. Recommendations for policymakers

The study recommends that policymakers collaborate with traditional healers to find solutions on how the cultural practices can be acknowledged so that the midwives can be able to understand and respect them without prejudice and humiliation. Furthermore, policymakers should avoid looking at Western medicine only, the African people trust in their cultural practices and traditional healers, and they know where and when to seek help. This has been passed on from generation to generation by their forefathers.

5.8. LIMITATIONS

After the achievement of the overall objective of the study, which was to explore and describe the perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng, the limitations of this study are shown below:

- The study was conducted at a Regional hospital in Gauteng, therefore the results cannot be generalized to other hospitals in South Africa.
- Individual unstructured Interviews that were conducted in antenatal clinic during the day and high-risk antenatal ward was mostly conducted at night since during the day, the midwives were busy. Therefore, this had a negative impact on the researcher's time frame because the researcher had to wait and sometimes leave the hospital late and without interviewing the midwives.
- Some midwives were booked off sick due to Covid 19, resulting in a shortage of staff. Therefore, the researcher had to reschedule the interviews.

5.9. SUMMARY

Despite varied limitations distinguished in this study, there is remarkable benefaction regarding perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng. Cultural practices were separated into six themes which are: practices to confirm pregnancy, practices to protect pregnancy from evil spirits, practices to prevent preterm labour, practices to nurture pregnancy, diet practices and practices to manage pregnancy complications. The above-mentioned themes had sub-themes that were used to support the differences in cultural practices of pregnant women at a Regional hospital in Gauteng. It is evident that midwives still lack some knowledge and understanding of diverse cultural practices based on how they answered the research questions.

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7. ANNEXURES

ANNEXURE A: LETTER TO THE HOSPITAL DEPUTY DIRECTOR NURSING

From: Ms. Nwanadede Patience Maluleke

Master's Student

University of Pretoria School of Nursing

Lynnwood Road

Hatfield

0002

Pretoria, South Africa

E-mail: patie.maluk@gmail.com

The Deputy Director Nursing

Thelle Mogoerane Hospital

10269 Nguza Street

Vosloorus

1486

From: Ms. Nwanadede Patience Maluleke

Master's Student

University of Pretoria School of Nursing

Lynnwood Road

Hatfield

0002

Pretoria, South Africa

E-mail: patie.maluk@gmail.com

Dear Madam,

Subject: Application for permission to conduct a research project in November-December 2020

I am a student at the University of Pretoria School of Nursing studying for the Master's Degree in Nursing.

It is a requirement for the degree, I must conduct a research project, titled **"Perceived knowledge of midwives regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng".**

I therefore request your permission to interview the midwives as part of the data collection process.

Permission for voluntary participation will be requested from midwives, supervisors, and their rights to informed consent, confidentiality and anonymity will be ensured. My study will be conducted immediately after the School of Nursing has approved my proposal. I hope my application will be taken into consideration since the information will be useful in helping the midwives on rendering quality nursing care while considering cultural differences of the pregnant women in selected hospitals in Gauteng Province.

Regards

Nwanadede Patience Maluleke (Cell 0723788997)

Supervisor: Prof RN Ngunyulu

Co-supervisor: Dr P. M Jiyane

ANNEXURE B:

INFORMATION LEAFLET AND CONSENT TO PARTICIPATE IN A RESEARCH STUDY (PICD)

Principal Investigator: NP Maluleke

Institution: University of Pretoria

DAYTIME AND AFTER-HOURS TELEPHONE NUMBER(S):

Daytime numbers: (011) 247 3314 or 0723788997

After hours: 063 226 5589

DATE AND TIME OF FIRST INFORMED CONSENT DISCUSSION:

23	**February**	**2021**		**09 :00**
Date	**Month**	**Year**		**Time**

TITLE OF STUDY: **PERCEIVED KNOWLEDGE OF MIDWIVES REGARDING DIFFERENCES IN CULTURAL PRACTICES OF PREGNANT WOMEN AT A REGIONAL HOSPITAL IN GAUTENG.**

Dear Participant

1. INTRODUCTION

You are invited to volunteer for a research study. This information leaflet will help you to decide if you want to participate. Before you agree to take part, you should fully understand what is involved in this study. If you have any questions that this leaflet does not fully explain, please do not hesitate to ask the researcher Maluleke NP, on the following office telephone: 011 247 3313 or cell-phone number 0723788997/0632265589

2. THE NATURE AND PURPOSE OF THIS STUDY

You are invited to take part in a research study. The aim of this study is to explore and describe the midwives' perceived knowledge regarding cultural differences amongst pregnant women at a Regional hospital in Gauteng. You will be motivated to

participate freely in an environment that maintains equal status and poses no threats to you including the researcher.

3. EXPLANATION OF PROCEDURES TO BE FOLLOWED

The study involves unstructured interviews which will last for at least 45 minutes to 1 hour. The researcher will ask you about the perceived knowledge regarding differences in cultural practices of pregnant women at a Regional hospital in Gauteng. Will you give me permission to use an audio recorder during the interview? This will help me in obtaining and capturing the information that I may miss during the interview.

You may be required to attend a meeting for the briefing regarding the study. The meeting will be held in a venue of your choice within the chosen facility. The operational manager will compile the meeting program with dates and times that suit the midwives in order not to compromise service delivery.

4. RISK AND DISCOMFORT INVOLVED

There are no risks associated with the study. The risk of anxiety and discomfort might be there as you will be interviewed by the researcher whom you have not met before. The only possible risk and discomfort involved may be some of the questions asked which may contribute to you feeling uncomfortable, but you need not answer them if you do not want to do so. A psychologist will be hired for referral for those who might be affected emotionally.

5. POSSIBLE BENEFITS OF THIS STUDY

Although you will not benefit directly from the study, the community may benefit, and it might enable the stakeholders to identify gaps and progress of the knowledge of midwives regarding differences of cultural practices amongst pregnant women. Recommendations can be made to improve where gaps have been identified.

6. WHAT ARE YOUR RIGHTS AS A PARTICIPANT?

Your participation in this study is entirely voluntary. You can refuse to participate or stop at any time during the cooperative inquiry research without giving any reason. Your withdrawal will not affect you in any way.

7. HAS THE STUDY RECEIVED ETHICAL APPROVAL?

The researcher wrote a letter to the Chief Executive Officer of the Regional hospital and the Gauteng Department of Health to ask permission to conduct a study. Copies of the approval letters will be made available if you wish to have them. This Protocol will be submitted to the Faculty of Health Sciences Research Ethics Committee, University of Pretoria, and telephone numbers 012 356 3084 / 012 356 3085.

8. INFORMATION AND CONTACT PERSON

The contact person for this study is Ms NP Maluleke. If you have any questions about the study, please contact her at the following office telephone 011 247 3313 or the following cell phone number: 0723788997/0632265589.

Alternatively, you may contact the supervisor in this study on cell phone number: 0722401696 or my co-supervisor Dr P. M Jiyane at this office number 012 354 2127 or cell phone 0734357949.

9. COMPENSATION

Your participation is voluntary. No compensation will be given for your participation in this study.

10. CONFIDENTIALITY

All information that you give will be kept strictly confidential. Once we have analysed the information, no one will be able to identify you. Research reports and articles in scientific journals will not include any information that may identify you or your hospital.

ANNEXURE C

CONSENT TO PARTICIPATE IN THIS STUDY

I confirm that the person asking my consent to take part in this study has told me about the nature, process, risks, discomforts and benefits of the study. I have also received, read and understood the above written information (Information Leaflet and Informed Consent) regarding the study. I am aware that the results of the study, including personal details, will be anonymously processed into research reports.

My participation is voluntary and willingly. I had time to ask questions and have no objection to participate in the study.
No penalty against me should I wish to discontinue with the study and my withdrawal will not affect me or my profession in any way.

I have received a signed copy of this informed consent agreement.

Participant's name: …….....(Please print)

Participant's signature: .....…… Date: .....

Researcher's name: .....…….. (Please print)

Researcher's signature: .....…… Date.….....

Witness's Name: .....…….....(Please print)

Witness's signature: .....…….. Date: .....

ANNEXURE D

VERBAL INFORMED CONSENT

I, the undersigned, have read and have fully explained to the participant,

Name …… the participant information leaflet, which explains the nature, process, risks, discomforts and benefits of the study to the participant whom I have asked to participate in the study.

The participant indicated that she/he understands that the results of the study, including personal details regarding the cooperative inquiry will be anonymously processed into a research report. The participant indicated that she /he has had time to ask questions and has no objection to participate in the cooperative inquiry. She/he understands that there is no penalty should she/he wish to discontinue with the study and his/her withdrawal will not affect him/her in any way.

I hereby certify that the client has agreed to participate in this study.

Participant's Name .....……..... (Please print)

Person seeking consent .....……..... (Please print)

Signature .....…….....Date: .....

Witness's name: .....……..…..... (Please print)

Signature: .....……Date….....

ANNEXURE E

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences

Institution: The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.
- FWA 00002567, Approved dd 22 May 2002 and Expires 03/20/2022.
- IORG #: IORG0001762 OMB No. 0990-0279 Approved for use through February 28, 2022 and Expires: 03/04/2023.

5 October 2020

Approval Certificate
New Application

Ethics Reference No.: 516/2020

Title: PERCEIVED KNOWLEDGE OF MIDWIVES REGARDING DIFFERENCES IN CULTURAL PRACTICES OF PREGNAN WOMEN IN A SELECTED HOSPITAL IN GAUTENG

Dear Ms NP Maluleke

The **New Application** as supported by documents received between 2020-07-29 and 2020-09-30 for your research, was approved by the Faculty of Health Sciences Research Ethics Committee on 2020-09-30 as resolved by its quorate meeting.

Please note the following about your ethics approval:

- Ethics Approval is valid for 1 year and needs to be renewed annually by 2021-10-05.
- Please remember to use your protocol number (516/2020) on any documents or correspondence with the Research Ethics Committee regarding your research.
- Please note that the Research Ethics Committee may ask further questions, seek additional information, require further modification, monitor the conduct of your research, or suspend or withdraw ethics approval.

Ethics approval is subject to the following:
- The ethics approval is conditional on the research being conducted as stipulated by the details of all documents submitted to the Committee.
- If a further need arises to change who the investigators are, the methods or any other aspect, such changes must be submitted as an Amendment for approval by the Committee.

We wish you the best with your research.

Yours sincerely

_____

Dr R Sommers
MBChB MMed (Int) MPharmMed PhD

Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria
The Faculty of Health Sciences Research Ethics Committee complies with the SA National Act 61 of 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 and 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes, Second Edition 2015 (Department of Health)

Research Ethics Committee
Room 4-60, Level 4, Tswelopele Building
University of Pretoria, Private Bag x323
Gezina 0031, South Africa
Tel +27 (0)12 356 3084
Email: deepeka.behari@up.ac.za
www.up.ac.za

Fakulteit Gesondheidswetenskappe
Lefapha la Disaense tša Maphelo

ANNEXURE F

RESEARCH PROPOSAL DETAILS: GP 202010 026

Research Committee

GAUTENG HEALTH RESEARCH COMMITTEE

APPLICATION DETAILS

Title of Research Project

PERCEIVED KNOWLEDGE OF MIDWIVES REGARDING DIFFERENCES IN CULTURAL PRACTICES OF PREGNANT WOMEN IN A SELECTED HOSPITAL IN GAUTENG

COVID-19 Study?

No

Status of Application

Pending (New Application)

Status of Project

On-Going

Proposal Submission Date

2020/10/11

Comments

You will find a list of all comments made on the selected research application. The list below displays comments visible to both the Applicant and Research Committee

Comment	Comment Date	Comment By

PRIMARY INVESTIGATOR OF THE PROJECT/PROPOSAL

Title	Name	Surname	Role	Institution	E-Mail	Telephone No.	Mobile No.	CV/Resume
MRS	Patience	Maluleke	Researcher		patie.maluk@gmail.com	0112473313	0723788997	No File

ANNEXURE G

GAUTENG PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

Enquiries: P/N Mabizela/P/N L. Mogoai
Directorate: Staff Development
Telephone number: (011) 8917109
Email: Thandiwe.Mabizela @gauteng.gov.za

Date: 09 February 2021

Ms. N.P.Maluleke.

Thelle Mogoerane Regional Hospital Management Team is pleased to grant you provisional permission to conduct your study to conduct research **On Perceived Knowledge of Midwives Regarding Differences in Cultural Practices Pregnant Women in a Selected Hospital in Gauteng at Thelle Mogoerane Regional Hospital. at Thelle Mogoerane Regional Hospital.** Your data will be conducted through obtaining information through **"Prospective data collection"** in your protocol for which you will obtain the ethics clearance certificate from the **University of Pretoria for** full permission to be granted.

The following condition must be adhered to otherwise permission will be withdrawn:

- Only the research and/or research methods outlined in the protocol presented to the Research Committee should be conducted and/or followed otherwise the research will be cancelled.

Please note that you can only get full clearance once you provide the hospital with the Ethics Clearance Certificate

Dr
Chief Executive Officer
Thelle Mogoerane Regional Hospital
Date: 2021/02/10

Thelle Mogoerane Regional Hospital
Office of the CEO
10 -02- 2021
12390 Nguza Str, Vosloorus, 1475
Private Bag X01, Alrode, 1451
South Africa

"To be the best provider of quality health care services to the people of Gauteng"

ANNEXURE H

11 November 2021

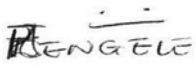
DECLARATION OF PROFESSIONAL EDIT

I declare that I have edited and proofread the Magister Curationis Dissertation entitled: **PERCEIVED KNOWLEDGE OF MIDWIVES REGARDING DIFFERENCES IN CULTURAL PRACTICES OF PREGNANT WOMEN IN A SELECTED HOSPITAL IN GAUTENG by Ms NWANADEDE PATIENCE MALULEKE.**

My involvement was restricted to language editing: contextual spelling, grammar, punctuation, unclear antecedent, wordiness, vocabulary enhancement, sentence structure and style, proofreading, sentence completeness, sentence rewriting, consistency, referencing style, editing of headings and captions. I did not do structural re-writing of the content. Kindly note that the manuscript was not formatted as per agreement with the client.

No responsibility is taken for any occurrences of plagiarism, which may not be obvious to the editor. The client is responsible for ensuring that all sources are listed in the reference list/bibliography. The editor is not accountable for any changes made to this document by the author or any other party subsequent to my edit. The client is responsible for the quality and accuracy of the final submission/publication.

Sincerely,



Professional EDITORS Guild

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Associate Member

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ANNEXURE I

Transcript 4 – Patience Maluleke (210803-0007)

Researcher	Ok, hi, how are you?
Participant	I am fine, and yourself?
Researcher	I'm fine, so thank you very much for agreeing to participate in my research study, so as I explained to you before, I'm a student at the university of Pretoria so I'm here to do my research study, so note that um, your participation is voluntarily and then you can withdraw at any time and then no penalties will be Imposed upon you if you withdraw, and then this thing is confidential, no name or anything is going to be used, I'm going to use the coding, so feel free to ask anything when I'm busy asking the question and then you are also free to use your mother tongue if you want to express yourself…
Participant	All right,
Researcher	Uh, we can start my topic, or my title is perceived knowledge of midwives regarding cultural differences amongst pregnant women in Gauteng. So, as we are here what do you think is your perceived knowledge regarding this thing, what knowledge do you have or what you perceive as cultural differences amongst these pregnant women?
Participant	All right, um there's different practices that I've seen ya pre, antenatally, um pre-partum, intra-partum and post-partum…
Researcher	Ok, um sorry to interrupt you for now let us stick to the ante-natal part, you know the inter-partum and the post-partum because we are dealing with the pregnant women…yes
Participant	Um, throughout the years that I've been here, we talked to the mothers just to get a good rapport so um that they feel comfortable talking to us, you get young ones, you get old ones so especially with the younger ones we try to make them feel as comfortable as possible so that they can give you an opinion, so I've asked this question a few times amongst the young ones, uh, how did your mother take the pregnancy and so forth, how did your mother find out, cause you're probably scared, uh to tell your mother that you're pregnant, so most of them will tell you that um my mother saw me physically, you know she would see that ok now my breasts are growing, they're becoming full when she's taking a bath so they'll say that now I can see that your breasts are full, I'm pregnant, some will say no mama because they're afraid to tell them the truth, and then they'd also tell you that um, while I was urinating she was listening to me…
Researcher	Ya...

Participant	Apparently when you urinate for a very long time, especially in the morning it is one of those signs, something that I never took note of, for me urinating is urinating in the morning, you know? So, they said their mothers would listen to that, that they urinate for a very long time, they look at their breasts that they are now full. And then um the another thing that I've also seen but it also common with us is the Linea uh, Nigra, they say that that also gives it away, and the one that is like known across, we all call it morning sickness, that feeling nauseous and vomiting in the morning you know, so that's how they say that, they will diagnose that they are pregnant by their mothers, and then um, they also have the, the, the perception that pregnant women sleep a lot and that they make the people around them sleep, so at home once they start sleeping, everyone tired, start sleeping all of a sudden…
Researcher	Mm, tell me more.
Participant	I am a hard worker, I am a hard worked, but why am I tired, nope somebody must be pregnant in this house,
Researcher	Mm
Participant	You know? So those are one of the things that I've come across quite often, and this one even actually even date to before I was a midwife
Researcher	Mm
Participant	That pregnant women make other people sleep as well, um, there's, there's quite a few, it is just that when something when you think about there's, 'they tend to, to disappear…
Researcher	Mm, maybe it will come back
Participant	But there, there, there's quite a few, there's one I was thinking about now, but I do not know I will get back to it as soon as…
Researcher	You will remember…
Participant	…yes, I will remember…
Researcher	Oh ok,
Participant	So, after the establishing that then you try to keep the rapport going…
Researcher	Mm…
Participant	You like ask them about their eating habits, then they will tell you that but sister now you tell me why?
Researcher	Mm, what about the eating habits?
Participant	My mom said I must not eat eggs, I must not eat peanuts, I must not eat cheese, you know. And you, you, they ask you why, because um you know as times change, uh people get knowledgeable of, ok these things are high in protein, protein is good for you and

	yet they are being told not to eat eggs and it is also like that 'inaudible' speaking, I also do not know. You know, uhh I was once told but this was before pregnancy that as girls, you are not supposed to eat these, when I asked my grandmother those years ago, they said no because they make you too fertile and they will make your hormones rise, so we avoid girls eating those things because we do not want them to fall pregnant. So, when it comes to the pregnancy part on what they are still restrict it also, it also still a bit of mystery to me as well, you know. So you talk to them, you will examine them, um and then in case you find a breech pregnancy you talk to the mother ok 'umtwana uza ngezibunu' you know meaning that instead of vertex presentation, it is buttock presentation, she'd say that yes my mom said um, its, it's just that way but she can correct it, and then we will ask them how um, mostly amongst the Tswana that is what I have noticed amongst the Tswana culture and my mom as well, as much as I'm a midwife she once told me this as well you know?
Researcher	Mm, that is interesting,
Participant	But I do not understand as a midwife, one pregnant woman came antenatal check-up. On examination I discovered that it was a breech presentation, I then explained to her that 'umntwana akalalanga kahle, uza ngezibunu instead of ikhanda,' meaning the baby is coming as a breech, instead of the head being the presenting part it is the buttocks. The woman said she knows, and it is correctable. When I ask how, she said her mother will ask the elderly woman who is not married or who is a widow will make the baby turn. I said to her that is a complication and only the doctors can make the baby turn. To my surprise when i was pregnant and also had breech presentation, my mother who is a Tswana told me that 'o tlo batla Ngono a tlong sidilla,' meaning she will look for an old woman to massage me so that the baby can turn. As a midwife myself I refused, knowing the risks associated with that. But I don't understand as a midwife, I'm like mm-mm I know complications of such things, the doctors are supposed to do this, so the meaning that an old woman, that, who's unmarried, or who's a widow that supposed to actually rub you on a daily basis in other words she's actually the one who making this baby turn, so it's an old woman that's supposed to do this, and you ask, it's not but it is done by doctors, but we're not seeing it happening they're offering caesarean section because of their other complications so you can see that somewhere cultural practices do come in tie with our western, when we look at these ladies antenatal.
Researcher	Mm
Participant	Ah, coming back to the food now I remember, cause I was also imposed with this during my first pregnancy they will tell you that, do not eat things that are orange, do not eat things that are yellow, and then when you ask why, and I see this with a whole

	lot of my patients as well and they saying 'mama or ugogo' says if I eat things that are too yellow, too orange then the baby will be born with jaundice, so they taking that yellow discoloration of the mucus as in, it's coming from the food that's we're eating, so there as well we see for health education. But do not Impose as your own
Researcher	Mm
Participant	Because it is cultural beliefs at the end of the day. So those are mostly the, the, the things that I've seen, the cultural practices and beliefs that I've seen amongst pregnant women
Researcher	Ok, um…we have spoken about how do different women, different pregnant women confirm their pregnancy culturally of, of which you said that they see the breast and all those things, uh, is this, are those the only uh knowledge or only things you have come across or that you know as far as confirmation of pregnancy is concerned?
Participant	Culturally?
Researcher	Mm,
Participant	Uh, culturally, besides being taken to the old ladies, because all old ladies play a very Important role in cultures
Researcher	Mm
Participant	That she also goes to the old lady who confirms by actually looking at your breasts and by, by rubbing the abdomen so those basically that is what I know of
Researcher	Mm, so why do these women, these pregnant women delay in seeking, uh, um antenatal care or coming to clinic to attend antenatal care?
Participant	Um, ok like with the younger ones it is the fear, the fear that when I get to these institutions, I am going to be scorned at that I am so young why did I fall pregnant, others the fear started at home because they were afraid to tell their own parents that their own mothers that they pregnant…
Researcher	Mm
Participant	So when they're afraid to tell their own mothers they think that if I go to CHC (COMM HEALTH CENTRES) the sister knows me that works there, she might not intentionally tell my mom but invert, but in the end of the day my mother might end up finding out, so the delay amongst the young, the young ones are there, and then you find those who are in child bearing ages who's having a second, third baby, they'll tell you that, I know my pregnancy now, so it's a waste of time, cause we just get there and we do exercises, the weigh me, they tell me about my, my, my health, what I'm supposed to be eating, my diet plan, there isn't much then they tell me about my pregnancy, these are all things that I know, so the delay is, is also there. And then um, amongst those uh, who have come from the very rural and then they come this side they will tell you

	that uh, 'umkhulu' who is the one who has always been looking after me, she helped me and my sister through her pregnancy, helped my mother through her pregnancy, so I trust 'umkhulu' with all these pregnancy related issues, so she is, she has been taking care of me, I've, I do not see the reason to come to the clinic.
Researcher	So, are we talking about South Africans here or also talking about people from outside South Africa?
Participant	Both South Africans and people from across the border.
Researcher	Ok So they also believe in the old women to take of the pregnancy?
Participant	Ya
Researcher	OK, uh in your opinion, what, where or what do they believe is going prevent the unborn child from harm or from evil spirits?
Participant	OK, um there's different beliefs, the first or common belief is not informing people that you're pregnant, and then if you do inform, if people eventually see that you're pregnant, do not tell them your gestational age, that should always remain a mystery to them, because they believe that once a person knows when you are due then they going prevent you from delivering that baby, you see that amongst uh they use that coming in as 'post-dates' " ku ndhlule iskhathi" because they knew when they were supposed to deliver so people were actually planning uh at that point in time they will use the evil spirits or what to 'inaudible' to stop a pregnancy. And then you get people that go to prophets, I've seen a whole lot of mothers coming into our institution with um, a rope around their waists, some are just different coloured ropes, some have a little bag with them, they say that's muti that's in that bag, it prevents evil spirits from, from attacking the pregnancy, and then I've also come across ladies that will tell you they're been drinking holy water that have been prayed upon by their pastors, so throughout their pregnancy they are told maybe drink one cup per day, this will keep your pregnancy intact and prevent all those evil spirits from, from attacking.
Researcher	So, from which gestation do they start drinking this or having this thing tied around their waists?
Participant	From as soon as they find out, that they are pregnant.
Researcher	OK, and when do they remove these wools or this whatever, or stop taking this uh holy water?
Participant	When they deliver, when they in hospital and it is confirmed that they are delivering.
Researcher	Oh ok, um what is it that they use, you know to monitor the growth of the foetus?
Participant	Sjo! Uh, I've never found a straight answer from them, but uh they look at the, the, the as they are growing,
Researcher	Mm

Participant	I do not know how they can tell that the baby is growing properly, but they will tell you that 'speaking another language' the way now I am feeling much heavier and unable to walk,
Researcher	Mm
Participant	That is how they relate the growth of the baby to the pregnancy. And then they will tell you again about what we refer to as "lightning" all right I know that this baby is going to, uh, um months and I am almost due and so forth. But I've never actually received a straight answer to how they actually get, get that accurate measure of the growth
Researcher	Ok, um…when it comes to pre-term labour, how do they prevent a pre-term labour? Like, for them not to deliver prematurely, to sustain the pregnancy up to term.
Participant	They say it is that the, the ropes that stay the way, I've, I've never really come across something that is, or something that they really say that this is what I am using, because at the end of the day belief and if you do not tell the person how far you are…
Researcher	Mm...
Participant	Then the pregnancy will be sustained and will last,
Researcher	Mm, ok so at what gestation do they stop to be intimate with their partners or with their husbands?
Participant	He! You see now that one 'laughs' Immediately they 'laughs' that they are pregnant…
Researcher	Mm?
Participant	Ya, even if you, you, you might give them the pros and cons of it,
Researcher	Mm…
Participant	They will tell you that, not as soon as you find out that you are pregnant, you, you, you…
Researcher	Mm
Participant	They stop having intercourse, and they will stop that intercourse up until, I cannot remember how many months they say, was it six months or three months post-delivery, so as soon as they find out they are pregnant up until its three months
Researcher	Mm
Participant	Post-delivery...
Researcher	And what is their reason for doing that?
Participant	Sjo apparently, it's the, it is the husband, pregnancy's sacred, she is not to be touched, um, ya I've, you know I've never really understood the answer they gave me
Researcher	Mm...
Participant	but those who are amongst the, the, the answers that I got that its sacred and he is supposed to stay and allow the pregnancy to grow properly and full so is not to touch 'inaudible'

Researcher	What about those who is, are you have not come across those who say what now I am pregnant, it needs to be nurtured by this man?
Participant	You see those I've come across but its amongst the, the, the modern ones
Researcher	Mm
Participant	Not the older women, more of a, 'Sibuya-khaya' generation…
Researcher	Mm
Participant	But the younger generation and they even put a joking with that yes, it is supposed to be nurtured by this man, cause whoever 'speaking another language' you know? They, they, this husband is actually building characters of that foetus...
Researcher	Mm...
Participant	I've come across those but, it is more amongst the, the, the newer generation and the more urban generation than the, the ones from the rural.
Researcher	Mm…ok, anything else that you would like to share when it comes to cultural differences?
Participant	Ya, oh one thing I've learnt is to respect cultural differences, you know because here is something is not making sense to us,
Researcher	Mm,
Participant	But it is some you, you see the logic behind it, even though that they cannot explain it themselves, you know there are certain things that will remain untold because we believe in 'inaudible' and we like um, having our own knowledge…
Researcher	Mm...
Participant	But these cultural differences help us in the long run, they define who you are and in our own ways they help sustain that pregnancy, so ya…they to be respected and we should learn from them, there's a few things we can actually learn from them…
Researcher	Thank you very much, we have come to the end of our interview,
Participant	It is my pleasure.
	End Audio