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ANNEXURE A

APPROVAL OF TITLE THESIS

A model for incorporating indigenous postnatal care practices into midwifery healthcare system.

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ANNEXURE B

PERMISSION LETTER FROM THE UNIVERSITY OF PRETORIA ETHICS COMMITTEE
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PERMISSION LETTER FROM THE DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT LIMOPO PROVINCE

A model for incorporating indigenous postnatal care practices into midwifery healthcare system.

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ANNEXURE E

CONSENT FORM FOR FAMILY MEMBERS AND TRADITIONAL BIRTH ATTENDANTS

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ANNEXURE F

CONSENT FORM FOR REGISTERED MIDWIVES
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INTERVIEW GUIDE
ANNEXURE H

TRANSCRIPTS FOR FOCUS GROUP INTERVIEWS WITH POSTNATAL PATIENTS

R = Researcher

P = Postnatal patient

R: Good morning all of you

P: Good morning

R: How is the morning?

P: It is fine, and how are you sister?

R: I am fine.

R: Before we start with today's discussion, let me remind you about the purpose of the study. The study is aimed at developing a model for incorporating indigenous postnatal care practices into midwifery healthcare system. Incorporating indigenous postnatal care practices simply means fitting in of the practices that are used by the family members and traditional birth attendants when taking care of women and their new-born infants during the postnatal period, into western healthcare practices in midwifery context. You as people who are recipients of postnatal care are a very important source of information which is needed for incorporation of indigenous postnatal care practices into midwifery healthcare system.

R: What are your experiences regarding the care that you receive during the postnatal period?
P: During this period we experience a lot of confusion, because on discharge from the hospital the nurses give us health advices on how to take care of myself and my baby. On arrival at home the relatives are giving us other instructions that we need to follow during the postnatal period, the instructions from the relatives differ from the health advises from the nurses, so a person becomes confused, you do not know which instructions to follow.

R: What confuses you now?

P: The nurses advised me to follow their advises and not agree to any advice from the grannies because they are not safe for me and my child, on arrival my mother-in-law assign a granny who is responsible for taking care of me and my child. This granny also gives me advises to follow during the postnatal period, so I become confused, I do not know which advises to follow.

P: Yes, she is right, I also have the same problem, and I do not know which advises to follow, whether the ones that I received from the nurses or the ones from my mother-in-law.

R: You said you receive different advises from the nurses and the grannies at home, tell me more about this.

P: The registered midwives are giving health advises to us as patients only, they do not involve our relatives who are taking care of us during the postnatal period, as a result we find it difficult to follow the postnatal care advises from the nurses, because they differ from what we are told at home.

R: Tell me, is there any problem if the relatives are not involved by the registered midwives when giving health advises on discharge?

P: Yes, the problem is that as postnatal patients we do not have a say on what should be done or followed during the postnatal period, because the grannies are very strict, they want us to follow what they tell us to do during the
postnatal period. Most of the time this practice clashes with what the nurses is saying on discharge from the clinics/hospitals.

**R:** I do not understand when you say the health advises clashes with what the nurses are saying, can you clarify more on that?

**P:** It is difficult for us to come back for postnatal check-up after three days because the grannies do not allow us to move out of the house, even if you try to tell them about the advises given on discharge, they do not understand because they were not involved by the nurses when giving health advise on discharge”.

**R** Mhhh! And you please tell us more about this.

**P:** Yes sister, at the clinic they told me to do some exercises in order to ensure good muscle tone and to facilitate involution of the uterus, on arrival at home my grandmother advised me not to do any household activities such as cooking because I’m still very weak and the food will smell breast milk.

**R:** Anything else?

**P:** The nurses told me to come back to the clinic for check-up after 3 days, but when I arrive at home, my mother-in-law told me to stay in the hut for 6 weeks without coming into contact with the people who are sexually active in order to protect the new born baby from the evil spirits, so I do not know which advise to follow.

**R:** What else, could you explain a bit more on the advises?

**P:** I was told by the sister to feed the baby with breast milk only for six months without giving other things like soft porridge, purity, danone,etc, but at home my mother-in-law is preparing ‘xidlamutana’ for me and very light soft porridge for the new-born every morning.
R: Is that all?

P: No sister, there are many examples that we can give regarding this things.

R: Can you give me more examples?

P: For my first born the nurse told me that the foremilk is good for my baby because it contains all the nutrients that are needed for growth of the new-born, at home, my granny encouraged me to first squeeze the foremilk and throw it away every time before I breastfeed the baby because the foremilk if dirty and is not healthy for the new-born baby.

R: Ok, you gave many examples of clashing health advises, so tell me, what are your perceptions and experiences regarding the incorporation of indigenous postnatal care practices into midwifery healthcare system?

P: To me it is a good idea that can assist the nurses to know what the grannies and the traditional birth attendants are doing at home during the postnatal period.

R: Anything else?

P: Yes, maybe it can help to encourage nurses to communicate with the family members, because currently the two groups are not working together, each one is working alone in isolation, so we are in between, and we do not know what to do.

R: What do you mean when you say each group is working alone in isolation?

P: I think there should be truth and reconciliation between the registered midwives and the traditional birth attendants/family members because currently the two groups are not in good terms with each other, the registered midwives
are advising us to be careful about what the traditional birth attendants will tell us to do during the postnatal period because they are dangerous to us and our new born babies.

R: What else?

P: It can be better if the indigenous practices can be incorporated into western healthcare, because currently when I arrive home I do not know where to start, my mother-in-law is so aggressive, I remember when I arrive home with my firstborn, when I try to explain what was said by the nurses on discharge, my mother-in-law does not even want to hear such stories, she just say “that will not happen to my grandchild, over my dead body. So it can be better if the nurses can invite her to be present when they give health advices, may be this problem can be solved.

R: Tell me more on why should we incorporate indigenous postnatal care practices into midwifery healthcare system?

P: Sister, I think it is better to incorporate the indigenous postnatal care practices into midwifery healthcare system, so that nurses become aware about these practices.

R: Why do you think it is necessary for nurses to know about these practices?

P: It is necessary because currently the nurses do not know about the advises that the family members are giving us at home, which differs from what they are telling us at the hospital, it can be better if they can know about them so that they come to a consensus with the family members and traditional birth attendants on which advises are safe for us to follow.
R: What else?

P: Currently I do not feel safe to be cared for by a family member who is not even trained on how to care for a woman during the postnatal period, because anything can happen to me and my new-born baby, and it will take time for this family member to realize that there is a problem that needs urgent attention. So I think it can be better if this practices can be incorporated into midwifery healthcare system, so that the family members can work together with the nurses.

R: What do you mean when you say you do not feel safe to be cared for by a family member who is not even trained, tell us more about that?

P: I had a bad experience after delivering my first born child, so I do not want it to happen to me again.

R: How bad was the experience, can you tell us more about that?

P: Yoooh! I once bled with clots during the postnatal period, when I report to the granny who was allocated to take care of me, she said that it is normal to bleed during the postnatal period, the uterus is cleaning where the baby was situated, bleeding continued until I collapsed, is then that they called an ambulance to take me to the hospital.

R: Eeeeh! That was really bad, is there anyone who had a similar experience?

P: Yes Sister, my first child nearly died due to bleeding from the umbilical cord, which was not tied properly by a traditional birth attendant at birth, she took time to allow me to take the baby to the clinic, on arrival at the clinic, and the sister referred the baby to the hospital urgently because the baby was paper white. So really it not safe at home, unless if the nurses can sometimes come to visit us.
R: Anything else?

P: Another thing is that there is no openness and transparency between the family members, the nurses give you advises on the date of discharge, on arrival at home, the grannies gives you other instructions, that are totally different from what the nurses told you at the hospital, so I find myself in a dilemma, because I do not know which instructions to follow.

R: What do you mean when you say there is no openness and transparency between the family members and the nurses; can you give example of that?

P: Yes, on discharge for my third baby, the sister gave me an injection for family planning on discharge to prevent accidental conception during the postnatal period, my mother-in-law advised me not to resume sexual intercourse until after the menstruations starts again after delivery.

R: You seem to be having something say, also, do you have something to add?

P: Yes sister, during health education on discharge for my second born, the nurse said: “do not allow the grannies to cut and put black stuff on the fontanel of the new-born baby, because your baby will die”, on arrival at home my granny invited the family’s traditional health practitioner to come and put the “muti” on the baby’s fontanel, when I tried to tell her what the nurses said, she said not on my grandchild.

R: Anything else?

P: I was once told to go to the nearest clinic for postnatal checking’s after 3 days, when I arrive at home my granny said, for you and your baby's safety, you must not come closer to the people who are sexually active, which means that you are not allowed to go out of this hut until the end of the sixth week, so I did not manage to go to the clinic for postnatal checkup.
R: I heard someone from this group saying that you do not feel safe unless if the nurses can come and visit you; can you tell us more about that?

P: Yes it is me, the nurses must go back to what they use to do before, where the nurse was moving around the villages on a bicycle, visiting the women and their babies at home after being discharged from the hospitals/clinics, now they are no longer coming, and it is a serious problem to us because now we just struggle alone and we are not sure whether we are doing the right thing or not.

R: Is there anyone with a similar idea?

P: Yes, if they can visit us at home, at least we can have someone to ask if we have some questions during the postnatal period.

R: Anything else?

P: I think they can also assist the family members, because they also struggle alone at home, they do not have any one to support them.

R: Anything else?

P: No

R: Ok, THANK YOU SO MUCH FOR YOUR TIME, YOUR ACTIVE PARTICIPATION DURING THE DISCUSSION, IF YOU NEED MORE INFORMATION REGARDING THIS, YOU ARE FREE TO CONTACT ME, AND I WILL ALSO CONTACT YOU IF I NEED SOME CLARITY ON THIS ISSUE. Thank you once more.

P: THANK YOU.
R = Researcher

F = Family member

R: Good morning all of you

F: Good morning

R: How is the morning?

F: It is fine, and how are you?

R: I am fine.

R: Before we start with today's discussion, let me remind you about the purpose of the study. The study is aimed at developing a model for incorporating indigenous postnatal care practices into midwifery healthcare system. Incorporating indigenous postnatal care practices simply means fitting in of the practices that are you use at home when taking care of women and their new-born infants during the postnatal period, into western healthcare practices in midwifery context. You as people, who are responsible for taking care of postnatal patients immediately after discharge from the hospital/clinics, are a very important source of information which is needed for incorporation of indigenous postnatal care practices into midwifery healthcare system.
R: What are your perceptions and experiences regarding the incorporation of indigenous postnatal care practices into midwifery healthcare system?

F: Do you think nurses will agree to include the indigenous postnatal care practices into midwifery healthcare? I do not think so, because currently they prefer working alone, and we are also working alone, it is not easy for us because they do not support us, it can be easy for us as family members who are responsible for taking care of the women during the postnatal period, to get support from the registered midwives, because now we are struggling with the care of postnatal women and their new-born babies alone, they cannot give themselves a chance to come and see the woman and her new-born at home, just to have them moral support.

R: Any other idea regarding the incorporation of indigenous postnatal care practices into midwifery healthcare system?

F: I suggest that the indigenous postnatal care practices, be incorporated into midwifery healthcare system, may be things can go back to normal, because previously we use to see a nurse riding on a bicycle, driving around the villages, visiting all the women and their new-born babies who were discharged from the hospitals/clinics. It was very good support for us as people who are taking care of the postnatal women because we were able to ask questions and discuss some challenges that we experience when taking care of postnatal patients.

R: What else?

F: We use to delay resumption of sexual relations, by staying in the hut of our mother-in-laws with our new-born; we were not allowed to come closer to our husbands, until we start to menstruate again after delivery, is then that you are allowed to go back to your hut. Nowadays young men and women are dying every day because they do not follow the taboos during the postnatal period such as delayed resumption of sexual relations.
R: Tell me more about this, traditionally how do you take care of a postnatal woman and her new-born baby immediately after discharge from the hospital or clinic?

F: In my family, when I come back with the woman after discharge from the hospital, I keep her in my hut with the baby, not everybody is allowed to enter the hut except elderly women who has reached menopause and the girls who has not reached puberty. Women who are sexually active are not allowed to enter the hut where the baby and the mother are placed because they are too hot for the newborn baby.” The woman is kept there until the end of the postnatal period, characterized by the first menstruation after delivery, when that happen, she must start by washing all her clothes in the hut including the blankets. After washing she must clean the hut thoroughly using cow dung, when I saw her doing that, I know that obviously, she started with the menstruation, then I will call other elderly women, and explain the them officially, that the woman has followed all the procedures of the postnatal period, so now she is ready to go back to her own hut, so the elderly women will call her and tell her that now she can go back to her hut.

R: I don’t understand when you say the end of postnatal period is characterized by the first menstruation after delivery; can you clarify more on that?

F: The first menstruation after delivery means is the resumption of normal menstrual period after delivery, it usually occur between the sixth and the eight week during the postnatal period. Traditionally, once a woman starts with the normal menstruations after delivery, it shows that now the uterus has returned to its normal functioning, meaning that it is now safe for the woman to resume with sexual intercourse, so I allow her to go back to her husband. So currently the postnatal women do not want to follow our instructions, they just do as they wish.

R: What do you mean when you say they do as they wish?

F: Our daughters-in-law do not listen to us anymore, they no longer show the respect as before because we are not educated, they only listen to the nurses,
when I request her to come to my hut with the new-born for isolation against evil spirits, she said that: sisters at the clinic told me not to take any other advises except the advises given at the clinic or hospital, may be it can be better if the indigenous postnatal care practices can be incorporated into western healthcare practices, so that we gain that mutual respect and trusting relationship from our daughter-in-laws by talking the same language with the nurses.

R:  What else?

F:  I think it can also help us to know what nurses are doing, because sometimes we realize that the nurses at the hospitals and clinics, even though they say they are educated, they do not do their work properly, because these week I came back from the hospital with a woman who delivered twins, on arrival at home she stayed for a day, the second day she started to be weak suddenly and she fainted, I tried to call the ambulance which came immediately to take her back to the hospital, unfortunately she passed away before she arrived at the hospital, so now she left her twins behind, which I am taking care of, I do not have an option.

R:  Mhhhh! that is a very sad experience; I do not even know what to say as a registered midwife, I feel so touched about this. Anything else?

F:  When I heard about this loss, I started to doubts the knowledge and skills of nurses, more especially when it comes to ensuring that all the products of conception are removed from the uterus immediately after delivery.

R:  What do you do to ensure that all the products of conception are removed from the uterus immediately after delivery of a baby?

F:  when the woman delivers at home and the placenta is retained, I use to give her “dinda” or “xireti” to drink and the placenta will be expelled immediately. Again if the placenta is retained, I use to take a “drie foot”, let the woman sit on the “drie foot”, this automatically allows the placenta to be expelled. After expelling the placenta, I express the abdomen so that the remaining products can also be expelled out from the uterus, because if they are not completely expelled, women can die because of that.” So after
delivery of the baby, I keep the woman and her bay in my hut, I do not allow the woman to cook, clean or do other things at home, because she is still weak, and she is not allow to come nearer to her husband because the child is still young, she has to delay resumption of sexual relations until the end of postnatal period, when she menstruate for the first time after delivery.

**R: Anything to add on these?**

**F:** I advise her to coughing and blowing a bottle until all the products of conception are expelled, then I tie a cloth around the waist of a woman, let her lie down on her tummy, until the womb returns to its normal state and bleeding stops.

**R: Granny, do you have something to add?**

**F:** Me naturally I do not eat food that has been cooked by a woman who has just delivered, because she still having that heavy smell of breast milk and per vaginal bleeding, as a result I keep her away from the kitchen, assign someone older to take care of her and her newborn baby throughout the postnatal period. This older person will be doing everything for the woman that includes, cooking for her, making sure that she gets warm soft porridge in the morning to promote production of breast milk for feeding the baby. The woman should be kept in the hut until she is strong enough to do all the household duties on her own. It is then that she can go back to her hut to sleep with her husband.

**R:** At the beginning of the discussion I heard you saying that incorporation of indigenous postnatal care practices can assist you to gain mutual and trusting relationship with nurses, can you elaborate more on that?

**F:** We need support from the nurses, because currently they do not care about what is happening about the postnatal women and their babies during the postnatal period, they leave us to struggle alone, even when we come across problems when taking care of postnatal patients, we do not have anyone to ask, but if they can communicate with us on a regular basis, we can be able to ask if we have problems.
R: Anything else?

F: The problem is that the nurses do not trust us and what we do during the postnatal period, because they always advise the postnatal patients not to take our advise when they are at home, so these creates conflicts between us and the postnatal patients, they no longer show that mutual respect, they undermine everything we say or do for them and their babies. This makes us to lose our interest and confidence in caring for the postnatal woman.

R: Do you have something to add?

F: No.

R: THANK YOU SO MUCH FOR YOUR TIME, YOUR IDEAS AND OPINIONS, I LEARNED A LOT FROM YOU, IF I NEED SOMETHING FROM YOU REGARDING THE STUDY, I WILL CONTACT YOU, AND IF YOU NEED SOMETHING FROM ME REGARDING THE STUDY YOU ARE FREE TO CONTACT ME.

F: Thank you sister.
ANNEXURE J

TRANSCRIPTS FOR FOCUS GROUP INTERVIEW WITH TRADITIONAL BIRTH ATTENDANTS

R = Researcher

T = Traditional birth attendant

R: Good morning all of you

T: Good morning

R: How is the morning?

T: It is fine, and how are you?

R: I am fine.

R: Before we start with today's discussion, let me remind you about the purpose of the study. The study is aimed at developing a model for incorporating indigenous postnatal care practices into midwifery healthcare system. Incorporating indigenous postnatal care practices simply means fitting in of the practices that are you use at home when taking care of women and their new-born infants during the postnatal period, into western healthcare practices in midwifery context. You as people, who are responsible for taking care of postnatal patients and supervision of family members who are taking care of postnatal patient immediately after discharge from the hospital/clinics, are a very important source of information which is needed for incorporation of indigenous postnatal care practices into midwifery healthcare system.
R: What are your perceptions and experiences regarding the incorporation of indigenous postnatal care practices into midwifery healthcare system?

T: I do not think it will be possible for the indigenous postnatal care practices to be incorporated into midwifery healthcare system, because in the first place nurses also regard us as witches, unreligious and uneducated, that is why even on discharge of a woman after delivery, when we go to the hospital to collect the woman and her baby, they do not even talk to us, in order to tell us how to care for this woman and the baby at home instead” instead they just talk to the woman alone, saying that when the grannies tells you to do this you must refuse because if you agree, your baby is going to die’ as a result we just keep quiet and look without giving any comment, because even our own children, their husbands they no longer listen to us, they only listen to their wives, if the wife can tell him that the baby is sick just because I bewitched the child, he will come back from Jouburg to kill me, so to avoid being killed by the youngsters, it is better to keep quiet and save our lives..

R: Tell us more about your perceptions and experiences regarding the incorporation of indigenous postnatal care practices into midwifery healthcare system?

T: Unless the midwives change their attitude that they display now, it will not be easy to incorporate indigenous postnatal care practices into midwifery healthcare system, we are ready to work with them in the care of postnatal patients, but they do not seem to be ready to accept us as their fellow workers, as a result anything I do for the postnatal woman I remain with guilt feeling because I’m aware that as traditional birth attendants we are no longer allowed to do home deliveries because the nurses regard us as non-religious, witches and people who are illiterate.

R: What else feel free to tell us more about this?

T: Yes she is right, the nurses are not ready to support us, they leave us alone to work on our own, as a result nowadays I no longer have that confidence that I use
to have previously because we are being undermined by nurses, that is why we always hide everything we do for the postnatal patients, but if we can receive support from the nurses, we can feel confident in everything we do for the patients, because we will know what is right and wrong.

**R:** What do you do traditionally to ensure that the woman and the newborn baby are safe during the postnatal period?

**T:** Previously I use to keep the woman and the newborn baby in my hut until the end of the second month, but now things have changed, when the woman and the baby are discharged from the hospital/clinic, the father is the one who is carrying the baby home, so I just keep quiet because even if I talk, they do not listen to me”

**R:** What else, tell us more about this?

**T:** The way of doing things differ from one family to another, with me in my family , on coming back from the hospital or clinic with the discharged woman after delivery, I do not do anything, because I am aware that they regard me as a witch, so I’m afraid that if I keep this woman in my hut and something happen to the baby or the mother, they will conclude that I bewitched them, so I just keep quiet because I do not want to be killed by their husbands.

**R:** Granny do you have anything to add regarding this?

**T:** Yes, I have a daughter- in- law who has just delivered, she does not even allow me to come closer or to hold the newborn baby, and she keeps the baby away from me, my grandson, he will grow without knowing me as his grandmother, this seriously affects our relationship.

**R:** Anything else?

**T:** What surprise me is that, they do not allow us to conduct home deliveries because they say we are illiterate, but I have just witnessed death of my neighbour who was recently discharged from the hospital, leaving twins behind, I think they left some
products of conception inside the uterus, they were expected to compress the abdomen until all the products are expelled, because the products of conception are dangerous to the life of a woman as they cause infection, but they pretend as if they are the only people who know everything.

R: Anything else?

T: The day she was discharged I saw her when she arrives home on discharge, she not well, and because she was very weak, I think she was not yet fit for discharge, you cannot understand why nurses discharge people in such conditions.

R: Any other thing to add?

T: Yes sister may be if the indigenous postnatal care practices can be incorporated into western healthcare system, we can be able to work together with nurses, so that we learn from each other on how to ensure safety of patients during the postnatal period.

R: What do you do immediately when you arrive home with a postnatal woman after discharge from the hospital or clinic?

T: I take her to stay into my hut, I delegate someone, a close family relative who is old enough and has reached menopausal stage, to take care of the woman and her baby, as from the first day of discharge from the hospital/clinic until the end of the six to eight weeks.

R: Granny tell us, what do you do immediately when you arrive home with a postnatal woman after discharge from the hospital or clinic?

T: Immediately when we arrive at home the postnatal woman and the newborn baby are placed in my hut, the reason for placing her in my hut is that, according to our culture, the woman who has just delivered and the newborn baby are not allowed to come into contact with people who are sexually active, because they can be too hot for the baby, so in order to protect the baby from hot people, they should be kept in
my hut until the woman starts to menstruate again after delivery, once she menstruate, is a sign to indicate that the uterus has returned to its normal state, which means that it is the correct time for the woman to resume with the sexual relations.

**R:** What else, tell us more about this?

**T:** With me also the woman and the baby are kept in my hut, the woman is not allowed to do the household duties until the end of the postnatal period."

**R:** What do you mean by the end of the postnatal period?

**T:** By the end of the postnatal period means that the woman stays in my hut for a period of two months, where she is kept away from the rest of the family members who are sexually active, including the husband, if the husband wants to see the baby, he must ask from the granny who is taking care of this woman, the granny will hold the baby for him to see, because he is not even allowed the touch or to hold the baby, as they believe that he might be having some extra marital relationships, and be sexually active.

**R:** Tell us more about what do you do when coming back with a postnatal woman and the new-born baby after discharge from the hospital/clinic?

**T:** Previously I use to keep the woman and the newborn baby in my hut until the end of the second month, but now things have changed, when the woman and the baby are discharged from the hospital/clinic, the father of the baby is the one who is carrying the baby home, so I just keep quiet because even if I talk, they do not listen to me, they say that, there is no danger even if the woman and the newborn baby can be kept in their room because the nurses at the hospital/clinic has cleaned everything from the womb.

**R:** What do you do traditionally to prevent the woman from falling pregnant soon (method of family planning).

**T:** “She is advised not to come into contact or closer to the husband, she must just stay in the granny’s hut, prepare food before the husband comes back home, put food
in the husband’s hut and water for washing hands so that when he comes back, he
the find the food, he eat and sleep.

R: What else?

T: Even at my house, when I arrive home with the woman and the baby after
discharge from the hospital, I do not allow her to go to her hut, she must stay in my
hut for the period of six to eight weeks, without having sexual relationships with the
husband, until she restart menstruations again after delivery, it is then that she will
report the matter to the granny who is taking care of her that now she started with the
menstruations again, at the end of that first menstruation, is then that she will be
allowed to go back to her hut, and now she can resume the sexual relations with the
husband.

R: I heard you explaining different indigenous practices that you use when
taking care of postnatal patients, to ensure safety of the woman and her new-
born baby, so tell me, what are your perceptions and experiences regarding the
incorporation of indigenous postnatal care practices into midwifery healthcare
system?

T: The combination of indigenous postnatal care practices and western healthcare
practices is necessary to start a working relationship between us and the nurses,
because currently we do not have working relationship with the nurses, they are
working alone on their side and we are working alone, we do not communicate with
each other regarding the care of postnatal patients.

R: Anything else?

T: If nurses can agree to incorporate our practices into western healthcare practices,
may be they will also start accepting us gradually.
R: What type of challenges do you sometimes experience when taking care of postnatal patients?

T: Sister it is not nice to be an elderly person like me because now I am struggling to raise a new-born baby whose mother passed away two weeks back after delivery ....his father is also in a critical condition at the hospital, I do not know whether he will come back home or not.

R: What do you think are the contributory factors of these deaths?

T: According to me, the main cause of death is “makhuma” because, after delivery, the postnatal woman and her husband do not wait until after the commencement of the first menstruation post-delivery, which is an indication that the reproductive system returned back to its normal functioning state.

R: What do you mean by “makhuma”?

T: “Makhuma” is the type of illness which occur as a result of having sex with a woman who has just delivered or aborted, before the uterus return back to its normal state, which is a sign that it is ready for sex again.

R: Anything else?

T: No.

R: Thank you so much for your time and your contribution during this study, I will communicated with you regarding the findings of this study, if I need something from you regarding the study I will contact you, and if you need something from me regarding the study ,you can contact me anytime. Thank you once more.
ANNEXURE K

INTERVIEW TRANSCRIPTS FOR IN-DEPTH INDIVIDUAL INTERVIEW WITH A CLINIC REGISTERED MIDWIFE

R = Researcher
RM = Registered midwives

R: Good afternoon
RM: Good afternoon
R: How are you?
RM: I am fine and how are you?
R: I am fine

R: Before we start with today’s discussion, let me remind you about the purpose of the study. The study is aimed at developing a model for incorporating indigenous postnatal care practices into midwifery healthcare system. Incorporating indigenous postnatal care practices simply means fitting in of the indigenous postnatal care practices into western healthcare practices in midwifery context. You as people, who are responsible for taking care of postnatal patients as from pregnancy, labor, delivery and peripuerium are a very important source of information which is needed for incorporation of indigenous postnatal care practices into midwifery healthcare system.
R: What are your perceptions and experiences regarding the incorporation of indigenous postnatal care practices into midwifery healthcare system?

RM: Currently the community members are aware that things like deliveries are not theirs that is why they try by all means to arrange transport that will take the woman who is in labor to the clinic or to the hospital for delivery.

During the postnatal period they also try to follow the advises from the registered midwives on discharge, but the problem is that the postnatal patient do not have a say on what should be done or followed, people are being guided by their cultures, in that automatically the close relatives will come with the advises that should be followed culturally regarding the care of the woman during the postnatal period and the infant. Most of the times this practices clashes with the advises given by the registered midwives on discharge from the hospital or the clinic.

R: Is it necessary to incorporate indigenous postnatal care practices into midwifery healthcare system?

RM: Yes, it is necessary.

R: Why is it necessary to incorporate indigenous postnatal care practices into midwifery healthcare system?

RM: It is necessary because we need to know about these practices as we are taking care of patients from diverse cultures, in order to meet their need, we should have cultural competent knowledge and skills. Currently do not know what the family members and traditional birth attendants are doing when taking care of postnatal patients during the postnatal period, as a result it is not easy for us to accept the traditional birth attendants, when I see a traditional birth attendant, I just think of herbal intoxication and nothing else. But is I know exactly what they are doing and how they are doing it, it will be easy for me to accept them as co-workers in the provision of healthcare.
**R:** How can we incorporate indigenous postnatal care practices into midwifery health care systems?

**RM:** There should be awareness campaigns that will make us aware of the indigenous practices that are employed by the traditional birth attendants and the family members during the postnatal period.

The awareness campaigns should also be made to the traditional birth attendants and the family members so that they are aware of the western health care practices that are used by the registered midwives during the care of patients during the postnatal period.

After the campaigns for both groups each group should be given the chance to voice out all the problems and the perceptions that they have regarding the new practices that they were made aware of during the awareness campaigns.

Then we and the traditional birth attendants should agree on the way forward, in order to enhance the working relationship during the care of postnatal patients.

**R:** Apart from the awareness campaigns what other strategies can be used to incorporate indigenous postnatal care practices into midwifery health care system?

**RM:** Training for the registered midwives is a must, because currently we are not aware of the type of practices that are employed by the traditional birth attendants and the family members during the care of postnatal period.

But once we have knowledge of these practices, we will be able to identify the dangerous practices that are employed by the traditional birth attendants during the care of postnatal period.

After identifying the practices, we will be able to give health education to the traditional birth attendants and the family members on how to modify them and improve the dangerous practices.
R: As it is necessary to train the registered midwives on cultural congruent care, do you think is necessary to train the traditional birth attendants and the family members regarding the western/proper care of patients during the postnatal period?

RM: Of course yes, they need to be trained on the western/proper care of postnatal patients in order to empower them on the new trends in the care of postnatal patients.

Once they are up to date, they should be encouraged to form support groups in order to empower each other.

Currently as there are home-based care providers in all the communities, who are responsible for the care of the chronically ill patients such as HIV/AIDS, they should also be trained on how to care for the patients during the postnatal period so that they work hand in hand with the traditional birth attendants and the family members in taking care of postnatal patients.

Currently there is no person who is supporting them or controlling/supervising them during the care of postnatal patients, they work independently and in isolation, even if there are good things that they know, they are afraid to say it out because we still view them as witches/anomalies and non-religious.

As a result they need regular health educations; if possible they can even be motivated by the being given the educational tours like taking them to Kruger National park for an outing.

R: Currently the government has recognized the Traditional Health Practitioners by promulgating the Traditional Healers Practitioner's Act no 22 of 2007, but the implementation strategies are not highlighted, so tell me what are the strategies to implement the Traditional Health Practitioner's Act?
RM: In order to implement this Act, the traditional birth attendants should be called once a month to meet with the registered midwives and be given health education for an example: avoid using one razor blade for more than one client.

There should be regular meetings with the registered midwives and the traditional birth attendants in order to enhance and maintain the good working relationships more especially during the care of postnatal patients.

R: If we can manage to incorporate indigenous postnatal care practices into midwifery health care system, what are the benefits to the patients, family members and the traditional birth attendants, the registered midwives and the government?

RM: For the post natal patients it will be an eye opener, it will enable them to make good decisions when they come across health related problems. If they are just told to do things like this, they will say that they told me to do this, but if they can be trained, they will be empowered with knowledge and skills that will be able them to make informed decisions.

There will be fewer problems, the maternal mortality rate will be reduced, there will improvement in service delivery, and there will be good communication between the western health care providers and the indigenous health care providers.

R: How will the family members benefit from incorporation?

RM: The family members /traditional birth attendants or the elderly will gain knowledge to choose between the good and the bad, because they will be empowered with new knowledge and skills on how to take care of postnatal patients.

Good relationship between the family members and postnatal patients on the how practices, notion wise, growth in knowledge, community building.
R: How will you (midwives) benefit from incorporation?

RM: We will not be threatened by the public and the media due to negligence, because they will be able to identify gaps during the care of the postnatal patients by the traditional birth attendants and the family members and attend to the problems before complications arises. The health educations and the advices will be successful, there will be less problems and the work related stress, because we will be able to work as a team with skilled traditional birth attendants, we will not appear in the front pages of newsletters due to negligence, in the department, we will not appear on the disciplinary actions due to legal liabilities, South African nurses will be retained because we will not leave the country, crossover for greener pastures, thus brain drain will be avoided.

R: What type of challenges do you experience when taking care of postnatal patients?

RM: The most frustration challenge is the increasing maternal and child mortality rate, we are working so hard trying to provide quality patient care, but rate of maternal and child mortality remains too high.

R: What are the contributory factor towards the increasing rate of maternal and child mortality?

RM: Late booking, because many patients do not come to the antenatal clinic at their advanced state of labour, by then a midwife does not have a lot of things to do for the patient because the delivery is near, most of the times you find that people who come late for booking are also HIV positive, with all the complications like anemia, and that patients life is already in danger.

The negligence of nurses also is another challenge, because nurses are trained to manage different types of problems for a pregnant woman including those that are HIV positive, but you find that the midwife is just lazy to do things the right way, as a result the patient is deprived the care that she was supposed to receive related
to her condition, until the patients reaches the advanced stages of labor and she complicates and loose her life.

The majority of nurses are having negative attitude towards the patients, instead of giving the health advices to the patients they just shout them, and once the patient is shouted by the midwife, when she became pregnant will end up not coming for ante natal visits, she will only come to the clinic at an advanced stage of labor for delivery, and when asked she will indicate that she was afraid of being shouted by the nurses as they did during the previous pregnancy.

**R: Anything else?**

**RM:** No

**R:** Thank you so much for your time, and your contributions during the discussion, if I need something from you regarding the study I will contact you, and if you need something from me regarding the study you are free to contact me anytime. The results of this study will be communicated to you as soon as they are ready. Thank you once more.

**RM:** Thank you.
R = Researcher

RM = Registered midwife

R: Good evening

RM: Good evening

R: How are you?

RM: I am fine and how are you?

R: I am fine

R: Before we start with today’s discussion, let me remind you about the purpose of the study. The study is aimed at developing a model for incorporating indigenous postnatal care practices into midwifery healthcare system. Incorporating indigenous postnatal care practices simply means fitting in of the indigenous postnatal care practices into western healthcare practices in midwifery context. You as people, who are responsible for taking care of postnatal patients as from pregnancy, labor, delivery and puerperium are a very important source of information which is needed for incorporation of indigenous postnatal care practices into midwifery healthcare system.

R: What are your experiences regarding the incorporation of indigenous postnatal care practices into midwifery health care systems?
RM: what I have realized is that there is a line of demarcation between the registered midwives and the traditional birth attendants/family members, each and every one is working alone in her corner, and there is no communication between the two groups. I think it is because the indigenous practices are not included into midwifery health care system, we do not even know these practices, and so we just work separately with the traditional birth attendants and family members.

R: Tell me what the current situation is regarding postnatal care?

RM: Six hours after delivery we discharge the woman and the new-born baby to the care by people that we do not even trust. We do our part at the hospital until the patient is discharged, and the traditional birth attendants and family members are working alone at home when providing postnatal care.

R: I heard you saying you do your part until the patient is discharged, do you give report to the relatives, family member, neighbors and traditional birth attendants who come to fetch the postnatal woman and the baby on discharge?

RM: I do not remember giving report to the relatives, family members and traditional birth attendants, about the condition of the woman and the baby, and how they should continue with the provision of care at home, we just give health advice to a woman on how to take care of herself and the newborn at home, without the involvement of her relatives.

What surprises me is that, we (registered midwives and traditional birth attendant/family members) are responsible for providing care to postnatal patients, but we do not communicate to each other about these patient, the only time that forces us to communicate is when the family members/traditional birth attendants bring the postnatal patients back to the hospital/clinic because she complicated at home, is the time for us as midwives to ask “what happened to the patient?
R: How can we incorporate indigenous practices into midwifery health care systems?

RM: We have to teach them how to do things the right way, we have meetings with them and we talk about this things, they should tell us what they are doing and how are they doing it, so that we become aware of the indigenous practices that they employ during the postnatal period.

R: Do you think is necessary to train the registered, midwives regarding cultural sensitivity?

RM: It is very much necessary because currently concentrate only on the western health care practices, we do not have the knowledge of cultural beliefs for different cultures, that is why when we give health education they concentrate on the western view only, and impose our own beliefs to other people, as a result patients do not follow the instructions, when they arrive home they just continue using their indigenous practices and forget about the nurses health talk, But the problem is that when they come across a problem, they come to the clinic sometimes with serious complications. We (midwives) should be given in service training so that we gain knowledge regarding cultural congruent care in order to take care of their patients holistically.

R: Do you think is necessary to train the family members and the traditional birth attendants at home regarding the care of postnatal patients?

RM: It is very much necessary because currently these people are expected to take care of postnatal patients without proper knowledge that is why they are having the chance of using their indigenous practices because it is the only thing they know. If they can be trained it will be easy to manage the postnatal patients and to maintain the quality of care, patients will not have the chance to deviate from the health educations because the nurses and the family members plus traditional birth attendants will be talking the same language.
R: What are the contributory measures towards maternal mortality rate in South Africa?

RM: We have the big five causes of maternal and child mortality such as post-partum bleeding, pregnancy related hypertension, pre-eclampsia, eclampsia, peuperal sepsis due to infection, HIV and AIDS

R: If we can manage to incorporate indigenous postnatal care practices into midwifery health care system, how can we benefit looking at the patients, midwives, family members/traditional birth attendants and the Department?:

RM: Patients will benefit because they will not be confused about the different advises from the nurses and from family members, both will be talking the same language. Family members and the traditional birth attendants will be able to take care of postnatal patients with confidence because they will know that they are doing the right things to the postnatal patients.

We (midwives) will be relieved from the workload because they will know that the family members are doing the right things when providing for the postnatal care. They will be able to provide quality patient care or cultural congruent care with knowledge of different cultures; they will also attend to the patients with confidence, as they will be empowered with new knowledge which now is lacking. The Department of Health and Social development will benefit because the legal suites against the nurses will be reduced, currently the government is paying a lot of money for the legal suites against nurses including midwives. The government will also benefit because they will not spend a lot of money for patients who are staying for a long time at the hospitals due to complications”

R: Anything else?

RM: No

R: Thank you so much for your time and participation during this study, If I need some clarity regarding what we talked about today I will call you, and
the results for this study will be communicated to you once they are ready, thank you once more.

RM: Thank you
A model for incorporating indigenous postnatal care practices into midwifery healthcare system.

RN Ngunyulu
ML: My opinion in this regard is that the indigenous postnatal care practices should be incorporated into midwifery healthcare system because currently there is no information regarding cultural congruent care. The information that is there is so limited. Student midwives are not even assessed on it; hence they only follow the Western way when taking care of postnatal patients.

R: How can we incorporate indigenous postnatal care practices into midwifery healthcare system?

ML: The incorporation of indigenous postnatal care practices into midwifery healthcare system can be done through training of student midwives on indigenous postnatal care practices, which according to me is a must because currently they are not taught about the type of indigenous practices, as a result. They do not have adequate knowledge and skills regarding indigenous practices. But once they have knowledge about these practices they will be able to identify the dangerous practices that are employed by the family members/TBAs during the care of postnatal patients.

R: Tell me, are the indigenous postnatal care practices included in midwifery curriculum?

ML: Currently there is insufficient information within the Midwifery curriculum, midwifery books, Guidelines for Maternity Care in South Africa, scope of practice in midwifery and the South African Rules and Regulations on how to train student midwives on the provision of cultural congruent care, so they receive training within the western healthcare point of view only.

R: How can we incorporate indigenous practices into midwifery health care systems?

ML: We should involve the top managers in Nursing Education, Nursing Education Association (NEA) top managers, the South African Nursing Council (SANC) and all the relevant stakeholders who are involved in curriculum development, make them aware about these problem lack of incorporation of indigenous postnatal
A model for incorporating indigenous postnatal care practices into midwifery healthcare system and the consequences and plan with them on how can we merge the two healthcare system to become one in order to ensure the production of culturally competent midwives.

R: Do you think is necessary to train the traditional birth attendants and the grannies regarding the care of postnatal patients at home?

ML: "Yes, training of traditional birth attendants necessary because besides taking care of postnatal patients, some patients are having precipitated labor, you find that labour just starts when the lady is busy cooking in the kitchen, when she leave the kitchen and enter the room the baby is already out. So if the grannies and the Traditional Birth Attendants are well trained, they will be able to assist the woman with a precipitated labour to deliver normally without any complications.

R: Do you think is necessary for the registered midwives to be trained regarding the provision of culturally congruent care?

ML: Oh! Yes because currently the registered midwives are no having any form of training regarding cultural congruent care, that is why they do not show any respect when taking care of patients, whether the patient is young or old, they treat them the same way.

R: Based on the experience that you are having as an Advanced Midwife and a Midwifery Lecturer, How do you think can be the best way to incorporate the indigenous postnatal care practices into midwifery health care systems?

ML: "Encourage the government to recognize the Traditional Birth Attendants, this is the time to involve the politicians if we can start incorporating without the politicians, if they discover that someone has done this, you are in for it”

R: If we can manage to incorporate indigenous postnatal care practices into midwifery health care systems, what might be the benefits towards the patients, family members, midwives the Department of Health and Social Development?
ML: “Reduce maternal mortality, team work between the Traditional Birth Attendants and registered midwives, this can relieve of workload from the registered midwives, because when they are properly trained on how to take care of patients during the postnatal period, they will do so and give reports to the registered midwives on a monthly basis, as they will be called home midwives, automatically will be getting reports from the home midwives., allocate them in different sections of the location, move around caring for postnatal patients, look at the midwives, month end they write the reports and come together to discuss the different reports, because trained midwives can be allocated to different areas, like in other developed countries. But in South Africa, 80% of the well trained midwives are given higher positions in the offices, instead of working at the clinics and hospitals assisting with the care of postnatal patients. It can also enhancing teamwork, and mutual relationship between the registered midwives and the Traditional Birth Attendants.”

R: Anything else?

ML: No

R: Thank you so much for your time and your contribution during this interview, the results of the study will be communicated to you when they are ready. If I need something from you in relation to the study I will contact you. Thank you once more.

ML: Thank you
ANNEXURE N

INTERVIEW TRANSCRIPT FOR MATERNAL AND CHILD HEALTH CARE COORDINATOR

R = Researcher  
MC = Maternal and Child healthcare coordinators.

R  Good Day  
MC  Good Day

R  How are you?  
MC  I am fine and how are you?  
R  I am fine

R: Before we start with today’s discussion, let me remind you about the purpose of the study. The study is aimed at developing a model for incorporating indigenous postnatal care practices into midwifery healthcare system. Incorporating indigenous postnatal care practices simply means fitting in of the indigenous postnatal care practices into western healthcare practices in midwifery context. You as people, who are responsible for management, planning, monitoring and evaluation of postnatal care, are a very important source of information which is needed for incorporation of indigenous postnatal care practices into midwifery healthcare system.

R  What is your perception and experience regarding the incorporation of indigenous postnatal care practices into midwifery healthcare system?

MC  I think it is better to incorporate indigenous postnatal care practices into midwifery healthcare system, to improve the standard of postnatal care because, currently women on discharge are advised to go to the nearest clinic for postnatal check-up. But...
the registered midwives at the clinic are not aware that there is a patient who should come on this date for postnatal check-up.

R: How can we integrate indigenous postnatal care practices into midwifery health care system? There is no communication between the hospital, clinic and the traditional health care providers.

MC First thing I appreciate this topics it is very much relevant because really we are facing a lot of challenges more especially during the care of postnatal patients. Secondly we need to go back to the issue of ubuntu, because culture is within a person, order to be able to meet the needs of diverse patients, midwifes must know that they have to treat that person as a human being rather than treating a person as an object.

R: Can you tell me more about that?

MC Integrate every clinic within the community, currently clinics are functioning in an island within the community, because the community not aware of the services that are rendered at the clinics, including the head men and ward councillors.

R What can be done to ensure that that the community services are known to the community members?

MC We need to market the services, make sure that all community members know all the services that are available for them, so that they are able to utilize the services.

R What else?

MC Shortage of nurses at clinics, include home-based carers to take care of them, utilize the same people who are now taking care of tuberculosis and HIV and AIDS patients, prenatal, postnatal, introduce them through “tinduna”, every time there is a postnatal patient, they must report to the registered midwives. This will improve their follow up and continuity of care
R: How best can be done to improve the quality of care during the postnatal period?

MC: The registered midwives should be trained regarding the importance of understanding the background of the patients. There is no way to assist the person without understanding her background, then come with your western issues when giving health advices, many patients cannot follow the instructions, so it comes back to the issue of advocacy for this patient at clinic, to reduce to ensure the provision of quality care to prevent complications which leads to maternal and child mortality.

R: Tell me, what are the contributory factors of high maternal mortality rates?

MC: some causes are patient related, other are administrative related such as, delayed due to lack of transport, not planned in time., apart from waiting for EMS, referral criteria has loopholes for an example a woman at level 1 hospital, who needs urgent referral to level 2 hospital, the doctor need to negotiate with another level and this process causes delay resulting in avoidable complications and even deaths.

R: What can be done to incorporate indigenous postnatal care practices into midwifery healthcare system?

MC: The Government should be urged to employ a number of registered nurse according to the needs of the community in order to relieve workload from the registered midwives, because currently they deliver a lot of patients day and night, that are referred from the clinics, some come from home and they do not have enough manpower. According to, Maternity care guidelines they were supposed to discharge postnatal women six hours after delivery, but they are bound to discharge them before six hours elapses because we do not have enough beds to keep these patients for six hours.
R What else can be done to incorporate indigenous postnatal care practices into midwifery healthcare system?

MC We need to come with the effective strategy that will encourage them to gradually come together, recognise each other as co-workers, work together, plan together, share common goals until they reach a point where they get used to each other as healthcare providers.

R What might be the benefits of incorporating indigenous postnatal care practices into midwifery healthcare system?

MC By incorporating indigenous postnatal care practices, we can reduce maternal mortality, we can gain the cooperation of outsiders, family members/TBAs can relieve of workload from the registered midwives, because they will be properly trained on how to take care of postnatal patients, they will do so and give reports to the registered midwives on a monthly basis.

Postnatal patients will be safe, there will be fewer complications, maternal deaths will be reduced. Midwives can be relieved from shortage of man power, because family members/TBAs will serve as an extra hand.

R Anything else?

MC No

R Thank you so much for your time, your active involvement and participation, experiences and opinions you contributed during the interview, the results of the study will be communicated to you when they are ready. If you need some clarity in relation to the study you can call me, and I will contact you if I need some information related to the study, Thank you once more.

MC Thank you