

## REFERENCES

- Abhiyan, S.S. 2012. Revised country programme document, India (2015-2017).
- Akin-Otiko, B.O. & Bengu, B.R. 2011. Client education experience and expectations of women at the first level of maternal and child care in Kaduna state, Nigeria. Doi: 10.1016. *Midwifery*.
- Anderson, J., Perry, J., Blue, C., Brown, A., Hender, A., Basu, K. K. S., Reimer, K. S., Lynam, J., Semenink, P. & Smye, V. 2003. *Advances in Nursing Science*. Volume 26 issue 3 p 196 – 214. Wolter Kluwer: Lippincott. Williams & Wilkins.
- Anderson, K. N., Anderson, L. E. & Glanze, W. D. 1994. *Mosby, s Medical, Nursing and Allied Health Dictionary*. 4<sup>th</sup> Edition. Mosby. St. Louise Baltimore Boston Chicago London Madrid Philadelphia Sydney Toronto.
- Awiti-Ujiji, O., Ekstrom, A .M. Ilako, F., Indalo, D. Lukhwaro, A.; Wamalwa, D. & Rubenson, B. 2011. “Keeping healthy in the backseat”: How motherhood interrupted HIV treatment in recently delivered women in Kenya. *African Journal of AIDS Research*, 10 (2): 157-163. South Africa.
- Aziem, A., Abbaker, A.O. Adam, I. & Osman, M. M. 2012. Use of antenatal services care services, in Kassala, Eastern Sudan. Volume 10, Issue 1.
- Babbie, E. J. & Mouton, J. 2001. *The practice of social research*. South African Edition. Oxford. University Press.
- Beckwith, S., Dickson, A. & Kendal, S. 2008. The “con” of concept analysis. A discussion paper which explores and critique the ontological focus, reliability and antecedents of concept analysis frameworks. *International Journal of Nursing studies*. Vol 45. No 12 pp 1831-1841. Elsevier.
- Bernis, L. D., Sherratt, D. R., AbouZahr, C. & Lerberghe, W. V. 2003. Skilled attendants for pregnancy, childbirth and postnatal care. *British Medical Bulletin*

---

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

67:39-57 Available at <<http://bmb.oxfordjournals.org/cgi/content/full/67/39>>  
[Accessed: 14 November 2008].

Berry, A. B. 1999. Mexican American Women's Expressions of the Meaning of Culturally Congruent Postnatal Care. San Bernardino Valley College *.Journal of Transcultural Nursing*. ol. 10 No 3.July 1999 203-121.Sage Publications.

Hurst, S., Blanco, D., Boyle, D.; Douglas, L. A. & Wilson, A. 2004. Bariatric Implications of Critical nursing care. Nursing. *Dimensions of Critical care Nursing*. Volume 23, Issue no 2, pp 6-83. Clinical Dimension.

Blouin, C., Molenaar, B. & Percy, M. 2012. Annotated literature review: Conceptual Frameworks and Strategies for research on global health diplomacy. *Centre for Trade Policy and Law (CTPL)*

Bogdan, R. C. & Biklen, S. K. 2003. *Qualitative Research for Education. An Introduction to Theories and Methods*. 4<sup>th</sup> Edition. South America. Pearson: Education Group.

Born, D. & Barron, M. L. 2005. Herbs used in pregnancy. What nurses should know. *American Journal of Maternal and Child Nursing*, 30(3): 201-207.

Bouwer, M. Dreyer, M. Herseiman, S. Lock, M. & Zeelie S. 2006.*Contemporary Trends in Community Nursing*. 3<sup>rd</sup> Edition. South Africa. Cape Town: Oxford University Press.

Bowler, I. 1993. Stereotypes of women of Asian descent in Midwifery: Some evidence, *Midwifery*. Volume 9, pp 7-16.

Brink, H. 2006. *Fundamentals of Research Methodology for Healthcare professionals*. 2<sup>nd</sup> edition. University of South Africa: Juta.

Brown, R. 2006. "Size of the Moon" "Scientific American" 51 (78) Available at <[http://en.Wikipedia.org/wiki/Exploratory\\_research](http://en.Wikipedia.org/wiki/Exploratory_research)> [Accessed: 19 August 2010].

---

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

Bryant, R. B. 2011. Editorial. How can nursing and midwifery help close the gap in indigenous health indicators? *Content Management Pty Ltd. Contemporary Nurse*,(2011) 37 (1):8-9.

Buckinghamshire, A. 1991. The oxford. Thesaurus. An A-Z *Dictionary of synonyms. The New Thesaurus for the 1990,s.* United States of America .Oxford University Press.

Burns, N. Grove, S. K. 2009. *The practice of nursing research, appraisal, synthesis and generation of evidence.*6<sup>th</sup> ed. St Louis. Elsevier. Saunders.

Campbell, O. M., Graham, W.J. 2006. *Strategies for reducing maternal mortality: getting on with what works.* Vol 368, Issue 9543, p1284-1299

Carvalho, I., Chacham, A. S. & Viana, P. 1996. Traditional Birth Attendants, and their practices in the State of Pernambuco rural area, Brazil. *International Journal of Gynaecology & Obstetrics.* 63 Suppl. 1 (1998) s53-s60.

Camey, X. C. Barrios, C. G. Guerrero, X.R. Nunez-Urquiza, R.M. Hernandez, D.G. & Glass, A. L. 1996. Traditional Birth Attendants, in Mexico: Advantages and inadequacies of care for normal deliveries. *Soc. Sci. Med.* Vol. 43. No. 2, pp. 199-207.

Cheng, C.Y., Fowles, E.R. & Walker, L.O. 2006. Postpartum Maternal Health Care in the United States: Critical Review. *Journal of Perinatal Education* 15(3), 34-42

Chilundo, B.,Mbofana, F., de Sousa, C. P. & Marlene, R. 2007. *GHIs in Africa.*

Chinn, P.L. & Kramer, M .K. 2008. *Integrated knowledge development in nursing* (7<sup>th</sup> Ed.). St. Louis, MO: Elsevier-Mosby.

Cioffi, D. D. 2002. *Employers attitudes towards persons with disabilities in the workforce: Myths or realities .* Volumn 17. No 1.

---

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

Creswell, J .W. 1998. *Qualitative Inquiry and Research Design Choosing Among Five Traditions*. Thousand Oaks London New Delhi: Sage Publications.

Crossan, F. 2003. *Nurse Researcher. Research philosophy: towards an understanding. Issues in Research* Volume 11(1), pp. 46-55. Available at <<http://gateway2.ovid.com/ovidweb.cgi>> [Accessed 26 April 2008].

Curtin, D. & Meijer, A. J. 2006. Does transparency strengthen legitimacy? *Information Polity: The international Journal of Government & Democracy in the information Age*.11 (2), 109-122.

Daniel, N. 2011. *Factors influencing the gestational age at booking in primigravid clients of Mother to Child Transmission of HIV (PMTCT) program at Site B Midwife Obstetrics Unit, Khayelitsha Cape Town*.

De Dreu, C. K. & Wiengart, L.R. 2003. Task versus relationship conflict, team performance, and team member satisfaction: A meta-analysis. *Journal of Applied Psychology, Vol 88(4), Aug 2003, 741-749*.

De Jong, L., Dondor, P. & Frints, S. G. M. 2011. *Nature Reviews. Advances in prenatal screening: the ethical dimensions*. Vol.16. pp 88-93.

Dennil, K., King, L. & Swanepoel, T. 2002 .*Aspects of Primary Healthcare*. 2<sup>nd</sup> Edition. Cape Town: Oxford University Press.

De Vaate, A., Coleman, R., Manneh, H. & Walraven, G. 2002. *Knowledge, attitude and practices of trained traditional birth attendants in the Gambia in the prevention, recognition and management of postpartum haemorrhage. Midwifery*. Volume 18, Issue no 1,pp 3-11.

De Villiers, M. 2009. *The relationship between employee's wellness and career anchors*. <http://hdl.handle.net/10500/2622>.

---

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

De Vos, A. S., Strydom, H., Fouche, & Delport, C. L. S. 2011. *Research at grassroots. For the Social sciences and human service professionals* .3<sup>rd</sup> Edition. Van Schaick.

Department of Health. Republic of South Africa. Sandton: Sandton Convention Centre 2011. *Nursing compact: National nursing summit on reconstructing and revitalising the Nursing Profession for a long and healthy I* [PubMed].

Department of Health. Republic of South Africa *Strategic Plan for Maternal, Newborn, Child and Women's Health (MNCWH) and Nutrition in South Africa, 2012-2016*.

Dhafer, E., Mikollajczyk, R. T., Maxwell, A. E. & Kramer, K. 2008. *Factors associated with lack of postnatal care among Palestinian women: Across-sectional study of three clinics in the West Bank. BMC Pregnancy and Childbirth*. <http://www.boimedcentral.com/1471-2393/9/10>

Dickoff, J., James, P. & Wiedenbach, E. 1968. *Theory in a practice discipline. Part I. Practice oriented theory*. September-October, 1968. Vol. 17, No. 5.

Dippenaar, J. M. 2012. *Sustainability of midwifery practice within the South African healthcare system*. <http://hdl.handle.net/10210/6887>.

Dolea, C. & Stein C. 2000. *Global burden of maternal sepsis in the year 2000: evidence and information for policy (EIP)*. Geneva: World Health Organization. Available at: <http://www.who.int/healthinfo/statistics/bond-maternal-sepsis.pdf>>[Accessed 26 September 2008].

Drew, C. H. & Nyerges, T. L. 2004. Transparency of environmental decision making: a case study of soil clean-up inside the Hanford 100 area. *Journal of Risk Research*, 7 (1), 33-71.

Eckermann, A., Dowd, T., Chong, E., Nixon, L., Gray, R., Johnson, S. & Binnan, G. 2006. *Bridging cultures in Aboriginal health*. 2<sup>nd</sup> ed. Sydney. Elsevier.

---

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

Farlex clipart collection 2003-2008 Princeton University.

Flavier, J. M. et al. (1995) “*The regional program for the promotion of indigenous knowledge in Asia*”. Pp. 479 – 487.

Flore, M. C. & Baker, T. B. 2009. Stealing a March in the 21<sup>st</sup> Century: Accelerating Progress in the 100-Year War against Tobacco Addiction in the United States. *American Journal of Public Health*, July 2009. Volume 99, Issue 7.1170-1175.

Forde, R. & Aasland, O.G. 2012 Moral distress among Norwegian doctors. *J Med Ethics* 2008, 34, 521-525

Fraser, D. M. & Copper, M. A. and Nolte, A.G.W. 2010. *Myles Textbook for midwives*. 2<sup>nd</sup> Edition. Churchill Livingstone: Elsevier.

Funnell, M. M. & Anderson, R. M. 2004. *Empowerment and Self-Management of Diabetes*. *Clinical Diabetes*. Volume 22, number 3, 2004.

Gabrysch, S., Lema, C., Berdriana, E., Bautista, M. A., Malca, R., Campbell, O. M. R. & Miranda, J. J. 2009. Cultural adaptation of birthing services in rural Ayacucho, Peru. *Lesson from the field*.

Gallagher, M. R., Gill, S. & Reifsnider, E. 2007. *Child health promotion and protection among Mexican mothers*.

Gaudes, A. Hamilton-Bogart, B. Marsh, S. & Robinson H. 2007. A Framework for Constructing Effective Virtual Teams. *The Journal of E-working*. Vol 1, December 2007, 83-97.

Geckil. E. Sahin, T. & Ege, E. 2006. Traditional postpartum practices of women and infants and the practices influencing such practices in Southern Turkey. *Midwifery* (2009) 25 62-71.

---

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

George, J. B. 2008. *Nursing Theories. The base for professional Nursing Practice*. 6<sup>th</sup> Edition. Pearson.

Gerring, J. & Thacker, S. C. 2004. Political institutions and corruption: the role of unitarism and parliamentarism. *British Journal of Political Science*, 34(2), 295-330.

Giger, J. N. & Davidhizar, R. E. 1999. *Transcultural Nursing. Assessment & Intervention*. Third Edition. Mosby.

Giger, J. N. & Davidhizar, R.E. 1995. *Transcultural Nursing. Assessment & Intervention*, Second Edition. Mosby.

Gommersall, C. D. Shi, L. Joynt, G. M. & Taylor, B. L. 2007. Pandemic preparedness. *Current Opinion in Critical Care*. December 2007- volume-Issue 6-p 742-747.

Gonzalez-Torre, P. L., Adenso-Diaz, B. & Artiba, H. 2004. Environmental and reverse logistics policies in European bottling and packaging firms. *International Journal of Production Economics*. Volume 88, Issue 1. Pp 95-104.

Goske, M. J., Kimberly, E., Applegate, J. B., Boylan, Butler ,P.F., Callahan, B.D., Coley, C., Farley, S., Frush, D. P., Hermanz-Schulman, Jaramillo, D. Johnson, N. D., Kaste, S. C.; Morrison, G., Keith, J. Strauss S. & Tuggle, N. 2008. The Image Gently Campaign: Working Together to Change Practice. *American Journal of Roentgen ology*. February 2008 Vol. 190 No. 2, 273-274.

Gross, K., Shellenberg, J. A., Kessy, F., Pfeiffer, C. & Obrist, B. 2011. *Antenatal care in practice: an exploratory study in antenatal care clinics in the Kilombero Valley, south eastern Tanzania*

Gunnyi, M. B. & Hewson, M. G. 2008. Effects of an Argumentation- Based Course on Teachers, Disposition towards a Science- Indigenous Knowledge Curriculum. *International Journal of Environmental & Science Education* Vol. 3 No. 4 October 2008, 159-177.

---

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



Guzzo, R. A. & Dickson M. W. 1996. TEAMS IN ORGANIZATIONS: Recent Research on Performance and Effectiveness. *Annu.Rev.Psychol.*1996. 47: 307-338.

Haarsager, M. 2008. Training Traditional Birth Attendants, in Southern Sudan. *Creative Nursing*, Volume 14, Number 4.

Harper Collins Oxford Dictionary 2009

Hattingh. Dreyer & Roos. 2006. *Aspects of Community Health*. 3<sup>rd</sup> Edition. South Africa .Cape Town: Oxford University Press.

Haynes, A. B., Weiser, T.G. & Berry, W.R. 2009. *A surgical safety checklist to reduce morbidity and mortality in a global population*.

Heikkila, K., Sarvimaki, A. & Ekman, S. 2007. Empirical Studies. Culturally congruent care for older people: Finnish care in Sweden. *Scand J Caring Sci*; 2007; 21; 354-361.

Henning, E. Van Rensberg W. & Smit, B. 2004. *Finding your way in Qualitative Research*.1<sup>st</sup> Edition. South Africa Pretoria: Van Schaick.

Hewson, M. G., Javu, M. T., & Holtman, L. B. 2009. The Indigenous Knowledge of African Traditional Health Practitioners and the South African Science Curriculum. *African Journal of Research in MST Education*, Volume 13 (1) 2009, pp., 5-18.

Hodnet, E. 2012 .Traditional birth Attendants are an effective resource. Strategies to ensure their training and support in all settings are key. *British Medical Journal* 2012; 344: e365 doi: 10.1136.

Hunt, P. De Mesquita, J. B. 2012. Reducing maternal mortality. The contribution of the right to the highest attainable standard of health. *Human Rights centre, UNIPFA*

---

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



Jeffrey, D. Klaussner, M. D.; Wolf, W. Fischer-Ponce, L. Zloty, I. & Mitchel, H. K. 2000. Tracing a Syphilis Outbreak through Cyberspace. *JAMA: The Journal of the American Medical Association*.2000; 284(4) 447-449.

Johansson, A. & Dan, E. 2010: *First-time parents experiences of home-based postnatal care in Sweden*.

Johnsen, S. O., Hansen, C.W., Line, M. B., Nordby, Y., Rich, E. & Qian, Y. 2007. Check-IT -A program to measure and improve information security and safety culture. *International Journal of perform ability engineering*. Volume 1, paper 15, pp 171-186 [Accessed 2012/11/10]

Johnstone, M. J. 2002. *Poor working conditions and the capacity of nurses to provide moral care*. *Contemporary nurse*. Volume 12 Issue 1.

Jokhio, A. H., Winter, H. R., & Cheng, K. K. 2005. An intervention Involving TBA, s and Perinatal and Maternal Mortality in Pakistan. *The New England Journal of Medicine*. Volume 352 (20) pp 2091-2099

Kasturirangan, A. & Krishnan, S. 2004. *The impact of culture and minority status on women's experiences of domestic violence*. *Trauma, Violence and Abuse*. Vol. 14 (1). 324

Kaye, D. K., Nakalembe, M. & Ndayambagye, E.M. 2010. Factors associated with persistent hypertension after puerperium among women with pre-eclampsia/eclamsia in Mulago hospital, Uganda. *BMC pregnancy and childbirth*. *Journal article*. Volume 10. Issue 1. pp 12.

Kendrick, A. & Manseau, M. 2008. *Representing traditional knowledge: Resource management and Inuit knowledge of barren-ground caribou*. *Society and Natural Resources*. Volume 21, Number 5, pp 404-418

---

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

Kerber, K. J., de Graft-Johnson, J. E., Butha, A., Okong, P., Starrs, A. & Lawn, J. E. 2007. Continuum of care for maternal, new-born, and child health: from slogan to service delivery. *Review. Lacent pp 70-1358*.

Kim, S. 2003. Research Paradigms in Organizational Learning and Performance: Competing Modes of Inquiry. *Information Technology, Learning and Performance Journal*, Vol. 21 No. 1, spring.

Knippenberg. R., Lawn, J. E., Darmstad, G. & Bergkoyian, G. 2005. *Systematic scaling up of neonatal care in countries*. Vol 365, Issue 9464, p 1087

Kruske, L & Barclay, L. 2004. Samoan Midwives stories: Joining social and professional midwives in new models of birth. pp 119-149

Kruske, S., Kildea, S., & Barclay. L. 2006. Cultural safety and maternity care for Aboriginal and Torres Straight Islander Australians. *Woman and Birth*. Volume 19 73-77. Elsevier.

Kyamuhendo, G. B. 2003. Low use of rural maternity services in Uganda: impact of women's status, traditional beliefs and limited resources. *Reproductive Health Matters*, 11(21):16-26.

Lawn, J. E., Rohde, J., Rifkin, K., Were, M., Paul, V. K. & Chopra, M. 2008. Alma-Ata 30 years on: revolutionary, relevant, and time to revitalise. *Alma-Ata: Rebirth and Revision* 1. [www.thelacent.com](http://www.thelacent.com). Vol 372 (Accessed 19/11/2012).

Lancellotti, K. 2008. Culture Care Theory: A Framework for Expanding Awareness of Diversity and Racism in Nursing Education. *Journal of Professional Nursing*, Vol 24, No 3, pp. 179-183.

Leininger, M. 1995. *Professional and lay care in the Tanzanian village of Ilembula. Chapter 2. Care as a cultural phenomenon*. Available at \*<http://herkules.oulu.fi/isbn9514264312/html/x215.html>> [Accessed: 09 March 2009].

---

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

Leininger, M. 2002. Culture Care Theory: A Major Contribution to Advance Trans Nursing Knowledge and Practices. *Journal of Transcultural Nursing*, Vol. 1. Pp 189-192.

Leininger, M. M. & McFarland, M. R. 2006. *Culture Care Diversity and Universality. A worldwide Nursing Theory*. 2<sup>nd</sup> Edition. Sudbury, Massachusetts. Boston Toronto London Singapore: Jones and Barlett Publishers.

Limpopo College of Nursing Curriculum 1997, for Education and Training of Nurses (General, Psychiatry and Community) and Midwifery leading to registration (R425, 22, 2006, as amended).

Lincoln, Y. S. & Guba, E. G. 1994. *Constructivist, Interpretive Approaches to Human Inquiry*.

Lincoln, Y. S. & Guba, E. G. 1985. *Naturalistic inquiry*. Newbury Park London New Delhi: Sage Publications.

Livingstone, C. ed. 2008. Oxford Mini Dictionary and Thesaurus. Supplement. Oxford University Press.

Ludman, E. J., Young, B. & Peterson, D. 2010. Collaboration care for patients with depression and chronic illnesses. *English Journal of Medicine*, 363: 2611-2620

Maganda, C. 2012. Border water culture in theory and practice: political behaviour on the Mexico-US border. *Journal of Political Ecology*. Volume 19. [Accessed 2012/11/10].

Makhubele, J & Qalinga, L. 2009. *Integrating Socio-cultural Knowledge in life skills education for the prevention of Health and Social pathologies: A social Work Perspective*.

Marley, J. E. & Hepworth, J. 2010. Healthcare Teams: A practical Framework for Integration. *Australian Family Physician. Journal Article. Volume 39, Issue 12. Pp 969.*

Marshall, C. & Rossman, G. B. 1999. *Designing Qualitative Research*. 3<sup>rd</sup> Edition. Thousand Oaks London New Delhi: Sage.

Mbaruku, G. Msambichaka, B. Galea, S. Rockers, P. C. & Kruk, M. E. 2009. Dissatisfaction with Traditional Birth Attendants, in rural Tanzania. *International Journal of Gynecology and Obstetrics*. 107 (2009) 8-11.

MacArthur, C. 2007. *Traditional birth attendant training for improving health behaviours and pregnancy outcomes. The WHO Reproductive Health Library.*

Mathibe-Neke, J. M. 2009. Facilitation of Midwifery students regarding utilization of a partograph. *Africa Journal of Nursing and Midwifery* 11(1) 34-47.

McGill, M. & Felton, A. M. 2007. *New global recommendations: a multidisciplinary approach to improving outcomes in diabetes*. Vol 1(1) pp 49-55

McGrath, S. K. & Kennel, J. H. 2008. *A randomised controlled trial of continuous labor support for middle-class couples: effect on caesarean delivery rates. Research*. Vol 35(2) 92-97

Meleis, A. 1996. *Culturally competent scholarship: substance and rigor. Advanced Nursing Science*. 19 (2) 1-16

Mofokeng, M .F. 2009. *Decision support systems for the Letsemang Local Municipality.*

Morland, B., Rottingen. J. A. & Ringard, A. 2010. Supporting tough decisions in Norway: a healthcare system approach. *International journal of technology in healthcare*. Volume, 26, Issue, 4, pp 398.

---

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

Motshekga, M. 2012. *Ubuntu in life. Paper read at the dialect congress 2012 hosted by the South African School of motion picture medium and live performance.* AFDA Cape Town.

Mrisho, M., Obrist, B., Armstrong B., Schellenberg, J. A., Hawa, R. A., Mushi, A. K., Mshinda, H., Tanner, M., & Schellenberg, D. 2008. The use of antenatal and postnatal care: perspectives and experiences of women and healthcare providers in rural Tanzania. *MBC Pregnancy and Childbirth*.  
<http://www.boimedcentral.com/147-2393-9-10>.

Mulaudzi, F. M. 2001. Synergy between indigenous knowledge systems, modern healthcare and scientific research-a vision for the 21<sup>st</sup> century. *Health SA Gesondheid* Vol. 6 No 4 – 2001.

Nagi. J. B., Ofili –Yebovi, D.& Marsh, M. 2005. First trimester caesarean scar pregnancy evolving into placenta previa/accrete at term. *Journal of ultrasound in Medicine*. 24: 1569-1573.

Nankwanga, A. 2004. *Factors Influencing utilization of postnatal services in Mulago and Mengo Hospitals Kampala.* Uganda. Cape Town: University of the Western Cape.

National Department of Health. Republic of South Africa. United Nations Population Fund. 2012. *A Monograph of the Management of Postpartum Haemorrhage*.

Neumann, W. L. 2003. *Social Research Methods. Qualitative and Quantitative Approaches*. 5<sup>th</sup> Edition. Boston New York San Francisco.

Neale, J .2009. *Research Methods for health and social care*. Basingstoke: Palgrave- now Palgrave Macmillan.

---

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

Ngomane, S. & Mulaudzi, F.M. 2010. Indigenous beliefs and practices that influence the delayed attendance of antenatal clinics by women in the Bohlabelo district in Limpopo, South Africa. *Midwifery* 28 (2012) 30-38.

Ngula, A. K. 2005. *Women, s perceptions on underutilization of intrapartum care services on Okakara district, Namibia*. Cape Town, University of Cape Town.

Ngunyulu, R. N. & Mulaudzi, F. M. 2009. Indigenous practices regarding postnatal care at Sikhunyani village in the Limpopo Province of South Africa. *Africa Journal of Nursing and Midwifery* 11 (1) 2009. University of South Africa: Press.

Noble, A., Engelhardt, K., Wicks, M. N. & Woloski-Wruble, A. C. 2009. Cultural Competence and Ethnic Attitudes of Midwives Concerning Jewish Couples. *The Association of Women's Health, Obstetric, and Neonatal Nurses. JOGNN*, 38,544-555. <http://jognn.awhonn.org>.

Nolte A.G.W .Ed. 2011. *A Text book for Midwives*. Van Schaik Publishers. Pretoria

Nour, N. M. 2008. An introduction to maternal mortality. *Rev. Obstetric and Gynaecology. Issue 1, Vol (2)* pp 78-81.

Obikeze, D. S. 2005. Indigenous postpartum maternal and child care practices among the Igbo of Nigeria. *K Monitor*, 5(2). Available at: <http://www.nuffic.nl/ciran/ikdm/5-2/articles/obikeze.htm> (Accessed 15 April 2005).

Ojwang, B. O.,Ogutu, E. A., Matu, P. M. 2010. Nurse's impoliteness as an impediment to patients, rights in selected Kenyan hospitals. *An International Journal of Health and Human Rights*, Vol 12.No 2(2010).<http://hhrjournal.org/index/hhr/article/view>. [Accessed 31/01/2012]

Olaleye, M. A. 2008. *Changing roles of Traditional Birth Attendants*. Available at <http://www.Islam on line. Net. Servelet article>. [Accessed: 27 March 2008].

Olds, S. B., London, M. L., Ladewig, P. W. & Davidson, M. R. 2004. *Maternal-new-born nursing and women's healthcare*. 7<sup>th</sup> Edition. Pearson: Prentice Hall.

---

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

Osubor, K. M., Fatusi, A. O. & Chiwuzie, J. C. 2006 .Maternal Health- Seeking Behaviour and Associated Factors in a Rural Nigerian Community. *Maternal and Child Health Journal, Vol. 10, No. 2.*

Ottani, A. 2006. Embracing Global Similarities: A Framework for Cross- Cultural Obstetric Care. *JOGNN Thoughts and opinions. Volume 31. 33-38.*

Pacquiao. D. 2007. The Relationship between Cultural competence education and increasing diversity in nursing schools and practice settings. *Journal of Transcultural Nursing- tcn-sagepub.com.*

Pallitza, K. 2010. SOUTH AFRICA: Lack of Quality Health care causes rise in orphans. *Journal & Communication for Global change. Cape Town.*

Pandi, L.J. 2005. Guidelines to Strengthen Midwife-TBA Partnership to Improve Maternity and Newborn Care Services. *Strengthening midwife hilot partnership to improve maternity care services in ARMM. Health for All. Deliverable no 25a.*

Papps, E. Ramsden, I. 1996. Cultural safety in nursing: the New Zealand experience. *International Journal of Quality Health Care. 8 (5): 491-7*

Parker, C.H. 2010. *Global International in Early Modern Age.* Cambridge University Press

Parucha, G. V. 2005. *Barriers preventing registered nurses from accommodating the culture-specific health beliefs and practices of hospital patients.*

Pera, S. A. & Van Tonder S. 2005. *Ethics in Healthcare.* 2<sup>ND</sup> edition. Lansdowne: Juta.

Peu, M. D., Troskie, R. & Hatting, S. P. 2001. The attitude of community health nurses towards integration of traditional healers in primary healthcare in North West province. Pretoria. University of South Africa: Unpublished Master, s

---

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



dissertation. *BMC pregnancy and childbirth. Journal Article. Volume 11, Issue 1 pp 36*

Peu, M. D. ed., Tshabalala, A. M. Hlahane, M. S., Human, S.P., Jooste, K., Madumo, M. M., Motsomane, F., Nemathaga, L. H., Nzimakwe, D., Oosthuizen, A., Ritcher, S., Selaedi, B. & Xaba, A. 2008. *Home/community-based care*. First Edition. Van Schaick Publishers.

Piane, G. M. 2008. Evidence-based practices to reduce maternal mortality: a systematic review. *Oxford Journals, Medicine, Journal of Public Health*, Volume 31, Issue 1. Pp 26-31.

Polit, D. F. & Beck, C.T. 2008. *Generating and Assessing Evidence for Nursing Practice*. 8<sup>th</sup> Edition. Lippincot Williams & Wilkins, a Wolters Kluwer business

Raju, S. S. 2006. *Ageing population in India in the 21<sup>st</sup> Century: A Research Agenda. Priority areas and methodological issues*. [Accessed 2012/11/10]

Reid, M. & MacArthur, C. 2000. Postnatal care: no time for complacency. *Hospital Medicine*. 61(11):25-30.

Republic of South Africa. Department of Health and Social Development. 2008. *Traditional Health Practitioners Act, No. 22 of 2007*. Government Gazette, No. 30660. Vol. 511. *The Presidency*. No 42. 10 January 2008 .Cape Town.

Rhode, H. W. J. 2012. *The use of automated integrated management of childhood illness guidelines in primary health care in the Western Cape in South Africa*.

Richard, M. A., Emener, W. G. & Hutchinson, W. S. 2009. *Employee Assistance Wellness Programme: Enhancement programming*. P 49.

Rinehart, W. 2010. *WHO Technical Consultation on Postpartum and Postnatal care. World Health Organization. Department of Making Pregnancy Safer*.

---

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

Robin, S. 2012. *The obstetric & postpartum benefits of continuous support during childbirth.* <http://www.livestrong.com/article/557628>. [ Accessed 19/10/2012]

Rodgers, B. L. & Knafelz, K. A. 2000. *Concept Development in Nursing: 2<sup>nd</sup> ed.* Saunders, Philadelphia.

Rosato, M. Laverack, G. Grabman, L.H., Tripathy, P. Nair, N.; Mwasambo, C., Azad, K., Morrison, J., Bhutta, Z.; Perry, H., Rifkin, S & Costello, A. 2008. *Community participation lessons for maternal new-born and child health. The Lancet.* Volume, 372. Issue 9642, p 962-971.

Rossouw, D. 2003. *Intellectual Tools. Skills for the human sciences.* 2<sup>nd</sup> Edition. Van Schaik

Roussinos, D. Jimoyiannis, A. 2011. Blended collaborative learning, Through a Wiki-Based Project: A Case Study on Student's Perceptions. *Journal of Digital Literacy.* [ Accessed 05/02/2013]

Sahlstedt, N. 2012. *A Case Study: An Analysis of a Finnish Construction Site Meeting Through the Lens of Chaos and Control Theories.* Theseus 17kk lib Helsinki.fi.

Schunemann, H. J. & Fretheim, A. 2006. *Improving the use of research evidence in guideline development. Guidelines for guidelines.*

Sebor, J. 2007. Previewing. A Green Light for Marketing. *Customer Relationship Management. Journal Article.* ISSN: 1529-8728. Volume 1. Issue 6, pp 13

Shah, Z. H., Salim, M. & Khan, M. 2010. Training Institutions for Community Midwives in Pakistan: *An Initial Assessment.* <http://www.popcouncil.org>.

Shields, P. & Hassan, T. 2006. Intermediate Theory. The missing Link in successful student scholarship. *Journal of Public Affairs. Education.* Vol. 12 No 3 pp. 313 – 334.

---

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

Siantz, M. L. & Meleis, A. I. 2007. Integrating Cultural Competence into Nursing Education and Practice: 21<sup>st</sup> Century Action Steps. *Journal of Transcultural Nursing*. Volume 18 Issue no1. Sage Publications. [Date Accessed May 2012]

Sibley, L. M. & Sipe, T. A. 2007. Does traditional birth attendants training increase use of antenatal care. A Review of evidence. *Journal of Midwifery and Women's Health*. Volume 49 (4) pp 208-305

Singh, A., Padmadas, S. S., Mishra, U. S., Pallidavath, S., Johnson & F. A., Matthews, Z. 2012. *Socio-Economic Inequalities in the Use of Postnatal Care in India*. Volume 7. Issue 5

Soderback, M. & Chritensson, K. 2007. Care of hospitalized children in Mozambique: nurse's beliefs and practices regarding family involvement. *Journal of Child Health Care*. Sage Publications, London. Volume 11(1) 53-69

South Africa. Department of Health. 2007. *Guidelines for maternity care in South Africa. A manual for clinics, community health centres and district hospitals*.

South Africa. Department of Health. 2008. *Nursing Strategy for South Africa. Choose\* a healthy lifestyle, health*.

South African Nursing Council regulation relating to the conditions under which registered midwives may carry on their profession. R2488, 26, 1990.

South African Concise Oxford Dictionary. 2009 Edited by the Dictionary Unit for South African English. Oxford University Press. Southern Africa.

Sri, S. & Khanna, B. R. 2012. *Reproductive Health Matters. An investigation of maternal deaths following public protests in a tribal district of Madhya, Pradesh, central India*, Vol. 20, Issue, 39, pp 11-20. Elsevier.

---

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

Stommel, M. & Celia, E. 2004. *Clinical Research. Concepts and Principles for Advanced Practice Nurses*. Philadelphia. Baltimore. New York. London. Buenos Aires. Hong Kong. Sydney. Tokyo: Lippincott Williams & Wilkins.

Stone, R. W. & Bailey, J. J. 2007. Team Conflict Self-Efficacy and Outcome Expectancy of Business Students. *Journal of Education for Business*. May/June 2007.

Streubert, H. J. & Carpenter, D. R. 1999. *Qualitative Research in Nursing. Advancing the Humanistic Imperative*. 2<sup>nd</sup> Edition. Lippincott William & Wilkins.

Tebid, R., du Plessis, D., Beukes, S., van Niekerk, V. & Jooste, K. 2011. Implications for Nurse Managers arising from women's experiences of midwifery care in a hospital. *Journal of Nursing Management*. Vol 19. Issue 7 pp 967-975

*The American Heritage of the English Language Dictionary*. 2007. 4<sup>th</sup> Edition. Houghton Mifflin.

The Oxford English Dictionary 1992. Oxford University Press.

The Oxford South African School Dictionary 2010, Oxford University press. Southern Africa (Pty) Ltd

The Oxford Dictionary of Synonyms and Antonyms. 2007. *Oxford Paperback Reference*. Second Edition. Oxford University Press.

Turan, J. M., Miller, S., Bukusi, E. A. Sande, J., & Cohen, C.R., Sande, J., 2008. Effects of HIV/AIDS on maternity care providers in Kenya. *Journal of Obstetric and Gynae. Neonatal Nursing*. Vol 37. Pp 588-595. Available at: <<http://jognn.awhonn.org>>.

Ujah, I. A.O., Aisien, O. A., Mutahir, J.T. Vanderjagt, D.J., Glew, R.H. & Uguru, V.E. 2005. Factors contributing to maternal mortality in North –Central Nigeria: a

---

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

Seventeen-year Review. *Africa Journal of Reproductive Health* 2005. Vol 9(3) pp 27-40.

United Children's Fund.(UNICEF) 2008. *Monitoring the situation of Children and Women. Statistics by Area/Maternal Health. Maternal Mortality Reports*. Available at: <[http://www.childinfo.org/maternal\\_mortality.html?q=printme](http://www.childinfo.org/maternal_mortality.html?q=printme)> [Accessed: 26 September 2008].

United Nations Population Fund (UNIPFA). 1996. *Evaluation findings. Office of Oversight and Evaluation. Support to TBA*, s. Issue 7-December 1996.

Van Wyk, N.C. 2005. Similarities in the meta-paradigm of nursing and traditional healing: an attempt to contribute to the integration of traditional medicine and western medicine in Africa. *Health SA Gesondheid*. September 2005

Vivanco, R. K .2004. *Folk Medicine Use among Mexican Childbearing Women Living in the Midwest United States*. Capital University.

Walker, L. O. & Avant, K. S. 2005: *Strategies for Theory Construction in Nursing*. 4th Edition. CT: Appleton & Lange Norwalk.

Wallace, L.M., Law, S.M. & Joshi, P. 2011. *An organization wide approach to training community practitioners in breastfeeding. Volume 84. No 6 pp 31-34 (4)*.

Warren, C., Daly ,P., Toure, L., & Mongi, P. 2008. *Strengthening postnatal care services, including postpartum family*. Chapter 4 (III). Accessed 2012/11/10.

Warren, N., Komman, L., Cameron, P & Chinn, G.S.M. 2011. Patients, perceptions of safety and quality of maternity clinical handover. *BMC pregnancy and childbirth. Journal Article. Volume 11. Issue 1, pp 58*.

Weiss, M. A. 2006. Empowerment: A Patient's Perspective. *Diabetes Spectrum*. Volume 19. Issue Number 2..

---

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

Wilson, A., Gallos, I.D., Piana, N., Lissana, D., hana, K.S., Zamora, J., MacArthur, C. & Coomarasamy, A. 2011. Effectiveness of Strategies incorporating training and support of traditional birth attendants on perinatal and maternal mortality: meta-analysis. *British Medical Journal*. Volume 343 d7102.

Wong, F., Huhman, M. Hitler, C., Asbury, L., Bretthauer-Mueller, R., McCarthy, S. & L onde, P. 2004. A Social Marketing Campaign to Increase Physical Activity Among Youth. *Preventing Chronic Diseases*. July 2004 Vol. 1 no 3

World Health Organization (WHO). *Maternal and new-born health. Postnatal care of the mother and new-born: a practical guide*. Available at: <http://www.who.int/reproductive-health/publications/msm-98-3\12.12html> [Accessed: 19 November 2008].

World Health Organization (WHO). 2008. *Maternal death*, from Wikipedia, the free encyclopaedia. Available at: <http://wikipedia.org/wiki/Maternal-death> [Accessed: 26 September 2008].

Beake, S.; Rose, V. & Bick. 2010. A qualitative study of the experiences and expectations of women receiving in-patient postnatal care in one English maternity unit. *BMC pregnancy and childbirth, Journal Article*. ISSN 1471-2393. Volume 10, Issue 1, pp 70.

Yang, N., Ginsburg, G. S. & Simmons, L. A. 2012. *Personalized medicine in women's, obesity prevention and treatment: implications for research policy and practice*. 14. Pp 145-161 [Accessed 2012/11/10]

Yousuf, J., Mulatu, T., Nigatu, T. & Seyum, D. 2010. Revisiting the exclusion of traditional birth attendants from formal health systems in Ethiopia. *Discussion Paper No.003/2010*. AMREF Better Health for All.

Zhou, S Wang Y, Wang J, Lofstedt, P. 2008. Women's Postpartum Practices and Chronic Pain in Rural China. *Maternal Child Health* (2009) 13:206-212.

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## ANNEXURES A-N

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





## **ANNEXURE A**

### **APPROVAL OF TITLE THESIS**

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



**ANNEXURE B**

**PERMISSION LETTER FROM THE UNIVERSITY OF PRETORIA ETHICS  
COMMITTEE**

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## **ANNEXURE C**

### **PERMISSION LETTER FROM THE DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT LIMPOPO PROVINCE**

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## ANNEXURE D

### CONSENT FORM FOR POSTNATAL PATIENTS

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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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## **ANNEXURE G**

### **INTERVIEW GUIDE**

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## **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?**

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**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 advices 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 advices 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 advices to follow during the postnatal period, so I become confused, I do not know which advices to follow.

**P:** Yes, she is right, I also have the same problem, and I do not know which advices 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 advices from the nurses and the grannies at home, tell me more about this.**

**P:** The registered midwives are giving health advices 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 advices 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 advices 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

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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 Mhhhh! 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.

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**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

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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 these 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: Eeeh! 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 is not safe at home, unless if the nurses can sometimes come to visit us.

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**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.

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**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.**

## **ANNEXURE I**

### **TRANSCRIPTS FOR FOCUS GROUP INTERVIEW WITH FAMILY MEMBERS**

**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.**

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**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.

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**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,

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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

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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.

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

**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 advises 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.**

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A model for incorporating 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

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

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 new-born baby are safe during the postnatal period?**

T: Previously I use to keep the woman and the new-born 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 new-born 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

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

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

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

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

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

in the husband's hut and water for washing hands so that when he comes back, he 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 newborn 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 puerperium are a very important source of information which is needed for incorporation of indigenous postnatal care practices into midwifery healthcare system.**

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A model for incorporating 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.

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



**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 to 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.

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

**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?**

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

**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.

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

**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

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

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.

**ANNEXURE L**

**TRANSCRIPT FOR AN IN-DEPTH INDIVIDUAL INTERVIEW WITH A HOSPITAL MIDWIFE**

**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?**

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

**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?”

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

**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.

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



**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, puerperal 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**

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

**the results for this study will be communicated to you once they are ready,  
thank you once more.**

**RM: Thank you**

## **ANNEXURE M**

### **TRANSCRIPTS FOR IN-DEPTH INDIVIDUAL INTERVIEWS WITH MIDWIFERY LECTURERS**

**Key: R = Researcher**

**ML = Midwifery Lecturers**

**R = Researcher**

**ML:** Good morning

**R:** How are you?

**ML:** 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 training of midwives 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?

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

**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

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

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?**

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

**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**

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

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 , midwives 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

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



**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.

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

**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