

Assessment of Indigenous Knowledge and Practices during Pregnancy, Labour and Delivery in Selected Villages of the Limpopo Province, South Africa

T. M. Mothiba¹, M. Davhana-Maselesele² and R. T. Lebesse^{3*}

¹*University of Limpopo (Turfloop Campus), South Africa
E-mail: <Tebogo.Mothiba@ul.ac.za>*

²*North West University (Mafikeng Campus), South Africa
E-mail: <Mashudu.Maselesele@nwu.ac.za>*

³*University of Venda, South Africa
E-mail: <rachel.lebesse@univen.ac.za>*

KEYWORDS Cultural Practices. Indigenous Knowledge Systems. Pregnancy. Labour. Delivery

ABSTRACT Indigenous knowledge is shared and communicated orally through different cultures. Indigenous practices have been undermined especially in treatment of illnesses. Western practices were regarded as the only acceptable ways of treating illnesses amongst African cultures whilst before arrival of Western medicine children were born in families using their own Indigenous Knowledge Systems. Despite all these it was found out that the traditional health practitioners (THPs) are the first to be consulted before the patient can go to the hospital and on coming back from the hospital they go to the THPs to give them feedback of what transpired at the hospital. This study aimed at determining indigenous practices that were used during pregnancy, labour and delivery among different cultural groups in the Limpopo Province. A qualitative, exploratory, descriptive and contextual research method was used. Data were collected through in-depth individual unstructured interviews in three villages of the Capricorn District with THP and through focus group interviews with professional nurses undergoing PHC diploma training in one nursing school of the Limpopo Province. Five themes and their categories emerged from the data analysis. Recommendations suggest IKS Health Promotion Network which has to concentrate on several aspects regarding pregnancy, labour and delivery.

INTRODUCTION

Indigenous knowledge (IK) originates in the particular community within a broader cultural tradition. It is a set of experiences generated by people living in that specific community. IK is stored in peoples' memories, activities and is expressed in stories, songs, folklore, proverbs, dances, myths, cultural values, beliefs, rituals, community laws, local language, agricultural practices and curing of diseases by herbs. IK is shared and communicated orally through different cultures. Indigenous forms of communication and organisation are seen as important to local-level decision-making processes (Hunt 2013). Therefore when transferred to other communities there is a potential risk that it will not be understood or it will be undermined.

The news bulletin of the World Health Organisation (2008) outlined that the current existing initiative is to combine the efforts of doctors and traditional midwives in hospitals and clinics which will result in minimal utilisation of modern delivery techniques such as caesarean section,

while acknowledging indigenous practice in midwifery. It was further indicated that in the same document that Mexico's health ministry has started encouraging doctors to work closely together with traditional midwives. The study conducted by Bopape et al. (2013) described the importance of cultural rules with regards to cultural practices of mothers of children admitted in hospitals which include food that should be taken during pregnancy, after delivery and during breastfeeding which maintain required temperature for adequate milk production. The World Health Organization has also recognized the contributions of traditional medicine to psychiatry patients' care in curing other psychiatric related ailments (Sorsdahl et al. 2010). Duke et al. (2010) revealed that when cultural practices are matched with western standards, some practices were either beneficial or had no negative effect on the health of the mother and baby.

Indigenous Knowledge System in South Africa acknowledges that African Traditional Medicine (ATM) is holistic and attempts to go beyond the boundaries of the physical body into

the spiritual part of an individual. This is different from bio-medicine which views the body in terms of its individual parts (Operational plan for Comprehensive HIV and AIDS Care, Management and Treatment (CCMT) 2003). Peltzer et al. (2009) and Okafor et al. (2014) confirmed that traditional health practitioners are involved in pregnancy care at 62 percent in Nigeria, in South Africa prenatal check-ups at 75.9 percent and conducting postpartum visit at 76.9 percent. It was further indicated that the post natal woman are of the opinion that telling their obstetric provider about having used traditional medicine during pregnancy and or in their perinatal period would affect the care (negatively) given by the obstetric care provider. The Operational plan for CCMT (2003) states that the Department of Health in South Africa acknowledges traditional medicine as an important modality of treatment of itspeople. It is against this background that in South Africa there is a need to urgently learn, preserve and exchange indigenous knowledge of our South African society regarding health-care, because it will direct the focus of strategic plan for health care.

Problem Statement

With medical treatment because they still believe in the traditional way of treating diseases whilst the healthcare providers undermines the IK of patients and clients. The healthcare institutions seem not to have specific guidelines that can be used by nurses and doctors during consultation and counselling of patients and clients on IKS with special reference to each and every illness in the specific cultural group which includes pregnancy, labour and delivery. According to Mignone et al. (2007) and Hangartner-Everts (2013) the lack of clarity in relation to the legal framework for the practice of traditional medicine and its interaction with western medicine creates constraints while in Chile the legal codes places the experiences of the healthcare providers at risk, because if the government's position can change their policies for IKS of patients 'care the healthcare providers will not have support. Peltzer et al. (2009) study revealed that even though the health care providers are still suspicious about the traditional remedies, they also are of the opinion that traditional leaders can play an important role in health care provision.

The South African Government came up with an initiative that promotes the working together of healthcare professionals with traditional/spiritual healers. However, the scientific information seem not to exist regarding the IK and practices of patients during pregnancy, labour and delivery relevant to specific ethnic groups in the Limpopo Province.

Main Study Aim

To determine indigenous knowledge system during pregnancy, labour and delivery in the Limpopo Province with special reference to selected ethnic groups of Vha-Venda, Va-Tsonga and Bapedi.

Specific Objectives

- ♦ To explore and describe Indigenous Knowledge acknowledgement during pregnancy, labour and delivery by the healthcare professionals working in the Venda, Tsonga and Bapedi ethnic groups.
- ♦ To explore and describe the indigenous practices provided by selected traditional health practitioners to women during pregnancy, labour and delivery in the Limpopo Province.
- ♦ To develop guidelines for healthcare professionals on acknowledgement of IKS during pregnancy, labour and delivery.

METHODOLOGY

A qualitative, explorative, descriptive and contextual research design assisted the researchers to obtain complete and accurate information on IK used while providing care to women during pregnancy, labour and delivery in selected villages of the Capricorn Districts and Vhembe District in the Limpopo Province through the descriptions given by traditional health practitioners during unstructured one-to-one interviews until data saturation was reached (De Vos et al. 2011). Data were collected in June and July 2013. Capricorn District consists of Vha Vhenda, Va Tsonga and Bapedi speaking people who are dominant in the area and Vhembe District consist of mainly Va Tsonga and Vha vhenda, with the latter group being dominant. The contextual interest by the researchers was aimed at understanding events of the phenomenon stud-

ied within the concrete, natural context of the participants in which the practices occur, that is in selected villages where the traditional healers provide care to women during pregnancy, labour and delivery. Furthermore in the context where the professional nurses in the PHC institutions who are the first to be consulted by women who are perceived to be using IK during pregnancy, labour and delivery in the Limpopo Province (Brink, 2012; Babbie and Mouton 2009).

Population and Sampling

A non-probability purposive sampling method was used which entailed judgmental sampling that involved conscious selection of the participants by the researcher (De Vos et al. 2011). THPs who consult patients in their practices and professional nurses who are first contacts with patients in the primary health care setting formed part of the interview sessions. A total number of eight traditional healers during unstructured one-to-one interviews and 38 professional nurses participated in the three different focus group interviews.

Criteria for sampling of participants were as follows: The participants were THPs whom women come for tradition health care whilst pregnant, in labour or during delivery. THPs should have more than two years affiliated with their association because they would have been regulated to practice under the association and believed that he/she would have assisted women during pregnancy, labour and delivery. Professional nurses who are assisting patients in the PHC facilities whilst pregnant, in labour and during delivery. Professional nurses should have two years and more practicing in the PHC facility because he/she would have been in contact with such patients more than once.

Ethical Considerations

The purpose of the study was explained to every participant before commencing with the unstructured one-to-one interviews and focus group interviews. Participants were informed about estimation of duration of each interview session and the nature of participation expected during the interviews. Informed consent was obtained from each participant before they could participate in the study. The participants were made aware that they were not forced to answer

any questions if they felt they were violating their rights of confidentiality. The participants were informed that field notes would be written and that a voice recorder would be used to capture the proceedings of the interview sessions. The participants were made aware that they would not be forced to answer any question if they feel it would violate their rights and confidentiality at any given time of the interview sessions.

Trustworthiness

Trustworthiness was maintained by using Guba's model (De Vos et al. 2011; Babbie and Mouton 2009). Credibility was ensured by prolonged and varied field experiences were the researchers collected data for a period of three months until data saturation was reached. Triangulation was ensured by utilisation of the Voice recorder, flip charts and field notes were written to interview sessions proceedings. Transferability was ensured by using purposive sampling was used to include the participants in this study. Furthermore the dense description of the research method was presented. Confirmability was ensured by utilisation of a voice recorder to capture the proceedings of the interview sessions, flip charts and field notes were written.

RESULTS AND DISCUSSION

The results are presented in a narrative format, supplemented by literature to embed and re-contextualise the results in existing literature. The objective of discussion of results is to provide a line of reasoning to provide evidence for the necessity for IKS Health Promotion Network for healthcare professionals on the strategies that can be used to acknowledge, reconcile IK during pregnancy, labour and delivery. Themes and categories that emerged during data analysis are presented in Table 1. These themes are inter-related and presentation of the descriptions will reflect the interrelationship between concepts.

Theme 1: Practices Related to the Diagnosis of Pregnancy

The study findings revealed that the traditional health practitioners refer women to the hospital for confirmation of positive pregnancy before they can commence with herbal treatment. Traditional healers outlined that they do not have

Table 1: Themes and categories

Theme	Categories
1: Practices related to the diagnosis of pregnancy	1.1: Early detection of pregnancy
2: Care and support provided during ante-natal visits	2.1: Initiation of Ante-natal care (ANC) 2.2: ANC during the first trimester 2.3: ANC during the second trimester 2.4: Care during the third trimester
3: Advice related to the prevention of complications during pregnancy	3.1: Effects of food during pregnancy, labour and after delivery 3.2: Effects of sexual intercourse during pregnancy
4: Practices related to management of labour	4.1: Initiation of precipitated labour 4.2: Causes of prolonged labour 4.3: Pain relieve during labour 4.4: Management of complications during labour
5: Causes of umbilical cord complications and abnormalities	

an effective method to confirm positive pregnancy except signs and symptoms. One traditional health practitioner confirmed by saying *"Hmmm! You know to tell you the truth what we all do is that we advise our clients to go to the hospital so that they can be tested to prove that they are really pregnant so that we can start protecting their pregnancy by requesting (badimokaditaola) the gods by the bones so that they guide us which herbs we can use"*.

A professional nurse confirmed the practice of traditional health practitioners by indicating that *"They [traditional health practitioners] will accompany their clients so that you can examine the client in order to confirm pregnancy, but I always insist on giving report to the patients and it will the pregnant woman who will decide to tell their husbands"*.

Malek-Mellouli (2013) reinforce that early diagnosis of pregnancy is based on early detection of the pregnancy hormone β -HCG which can be found in urine or serum when a specimen is sent to the laboratory. In this study it was evident that the IKS and western standards of diagnosing pregnancy are the same which is through considering the signs and symptoms that may suggest that the woman is pregnant. Whilst western diagnosis of positive pregnancy depends on the signs and symptoms and they send urine or serum specimen to the laboratory to be tested to further confirm positive pregnancy.

Category 1.1: Early Detection of Pregnancy

The traditional healers indicated that most women present with signs and symptoms of pregnancy such as dizziness in the morning, menstrual periods which has stopped for more than a month, vomiting always in the morning and

tingling sensations, enlargement and tenderness of the breasts. The THPs outlined the early detection of pregnancy by saying *"You know that is easy because you have to hear from the woman herself, but my senses also make me to be able to see that the woman is in early pregnancy. You know they will always have dizziness that does not end in their early months, and vomiting in the morning and also when they smell something things that they don't like especially food. Hmmm! They will always complain about needle prick sensation, enlarging breast which feels like heavy and full with milk"*. Pascoe et al. (2012) outlined the following symptoms of early pregnancy: Amenorrhoea, nausea and vomiting, breast fullness and tenderness, food cravings, aversion and pica, urinary frequency and constipation. The study revealed that some of the signs and symptoms of diagnosing early pregnancy in IK and in western practice are similar. The difference is that with IK they do not have an effective method to confirm positive pregnancy but they refer their clients to hospital.

Theme 2: Care and Support Provided During Ante-natal Visits

The study findings revealed that there is care and support that is provided to pregnant woman by THPs during pregnancy until they start to experience labour pains, this emerged during data analysis and the categories below confirms the practices.

Category 2.1: Initiation of Ante-natal Care

Ante-natal care in IKS is started during the 3rd month of pregnancy after the pregnant woman has consulted the THP who will then refer

the woman to the hospital to confirm whether she is pregnant or not. This was outlined by the participant who said *"I will always start to assist the women who is pregnant during the 3rd month because if I send her to the hospital they indicate if she is really pregnant then I will know that now is the time to give her traditional herbs that can assist her throughout her pregnancy."* In support to the study findings Audet (2015) described that pregnant women always start consulting traditional birth attendants and they refer women and new-borns to the health centres and requested advices on how to deal with the issues of pregnancy, delivery and new-born care. The difference is that with IK the ANC starts on the 3rd month but with western practice starts immediately when pregnancy has been confirmed positive pregnancy meaning during the 2nd month.

Category 2.2: ANC during the First Trimester

The study findings confirmed that after pregnancy is confirmed, the traditional health practitioners give pregnant woman herbs which will help stop abdominal pains, prevent vaginal discharges and offensive urine. The bones (*ditaola*) are thrown down to ask ancestors if the pregnancy will progress until birth. The ANC during the first trimester was confirmed by the following quotes *"Immediately I confirm that the woman is pregnant through ditaola and by sending the woman to confirm pregnancy in hospital mmmmm! Then what I will do is to give her herbs that will make her not to feel abdominal pains and I give again the herbs that will prevent her to discharge offensive vaginal discharge."*

During the first visit of ANC complete detailed history is taken, full clinical examination, special investigations, establishment of the duration of pregnancy, and risk grading are done in order to advise the pregnant woman so that she can adjust with the coming child (Pascoe et al. 2013). The marked difference is that with IKS there are no investigations done after confirmation of pregnancy but herbs are given to care for the pregnancy not related to any specific symptom. On contrary to IKS in modern medicine investigations are done and medications might be given if the investigations done suggest that the pregnant woman might be given treatment.

Category 2.3: ANC during the Second Trimester

During the 6th to 8th months of pregnancy in IK, herbs are given to stop pains when the fetus is moving, to stop spotting and to stop abortion to occur. A crocodile abdominal skin is then tied on the string and given to the pregnant woman to tie it around the abdomen. It is believed that there won't be any problems experienced during the entire pregnancy and abortion won't occur because the crocodile abdominal skin is hard nothing will pierce through it, and then it will protect the pregnancy until delivery.

An explanation given by one participant confirms the above as she indicated that *"Heeee! This is a hard work when the pregnant woman is 6 to 8 months I give them herbs that will help stop pains when the child is playing in the uterus, I also give the crocodile skin to tie around the abdomen, isn't that the crocodile skin is hard? Then it will protect her pregnancy not to be penetrated because you know people do not appreciate others when pregnant, when having the crocodile skin it protect the women to finish her whole pregnancy journey up to nine months"*. In IK monitoring of maternal and fetal wellbeing are left to the crocodile skin and ancestors to protect them. According to Soewu and Ayodele (2009) in Ogun State of Nigeria they use pregnant female animal to prevent miscarriages, ante-natal care and ejection of prolonged pregnancy in human beings which reflect similar practices which were revealed in this study findings with special reference to the crocodile skin tied around the abdomen while pregnant.

Category 2.4: Care during the Third Trimester

During the 9th month the pregnant woman is given herbs which will assist in initiating precipitated labour. The traditional healer outlined that they also advise their client to go to the hospital immediately labour starts, as they were advised by the traditional health practitioners association not to conduct deliveries in their practices because certain complications during delivery they will not be able to manage them for example twin breech delivery.

One other participant who practices the same way said *"All pregnant women are being told to deliver in hospital because we do not have facilities to can manage the complications but*

I will always give them Makgorometša and tell them that immediately when labour start they must drink that so that they take few hours while labouring to avoid suffering and experience labour pains for a long day or night." According to Peltzer (2009) in support to the findings of the study about the current practice of traditional health practitioners (THP's), in South Africa THP's should be trained in optimising their services in pregnancy and postnatal care, and preparation for health facility delivery. Soewu and Ayodele (2009) described that in Nigeria Ogun State traditional medicine is prepared using the scales of the animal called pangolin which aid safe delivery during labour.

Theme 3: Advice Related to the Prevention of Complications during Pregnancy

The study uncovered that the following are advices given to pregnant women by TPHs of the things they should avoid doing while pregnant and the reasons thereof: Not to bath during the night because this will cause labour to start during the night. Not to carry crawling babies because she will delay their milestones. Avoid staying in the same household when you are both pregnant as this will cause one of the two to have abortion. Pregnant women are not allowed to view a corpse because the fetus may die. Pregnant women should avoid hard labour because it can harm the unborn baby. Pregnant woman should wake up first in the morning before everybody to avoid bad luck to happen to her. When a woman is pregnant she is not to laugh at the disabled person and when she meets them she must spit out saliva on the side and say "please God I must not deliver a child like that one". During pregnancy it is not allowed that one sit on road intersection to avoid having an abortion and or to deliver a stillborn. Pregnant women should avoid being over excited as this will terrify the unborn baby and might cause complications before delivery.

The following confirms that the traditional health practitioners give advices on how to prevent complications during pregnancy: It was indicated that *"they are advised that if they can laugh at any crippled person they will also deliver the infant like that, in order to avoid that they have to spit out saliva on the side when they meet them and say "please God I must not deliver a child like that one, and more-*

over they are not supposed to bath during the night."

Based on the study findings pregnant women are obliged to obey as they are scared that if they do not honour them, when something negative occurs to them during pregnancy, labour and delivery they will not live with the guilt and they will further be blamed by the family members. On contrary to these findings Rødøst et al. (2009) there was no evidence that cultural practices played a role in preventing negative occurrences during pregnancy. In bio-medical science the above precautions are not applicable because they are referred to as the myths and they cannot be proven to be true or right. Bopape et al. (2013) pointed out that effects of traditional practices on health and how health staff should view these practices as beneficial, irrelevant or harmful, to help guide the pregnant women and mothers of children to modify their behaviour during pregnancy and after birth is necessary.

Category 3.1: Effects of Food during Pregnancy, Labour and After Delivery

The study discovered that the following food were restricted to pregnant women to avoid during pregnancy and the reasons thereof: Sugar canes should be avoided because it can cause the infant to be born with separating marks on hands like that of a sugar cane parts. Avoid eating previous night food left over's because they will cause prolonged labour. Porridge left over's believed to cause passing of stools before delivery. Eggs and also overeating will results in big baby and should be avoided. Eggs should be avoided because they will block the passage during delivery. Pregnant women should not to eat deformed fruits or vegetables because they will cause the fetus to be deformed. Pregnant women should avoid eating cold food and or cold drinks because they will results in the pregnant woman to shiver during delivery, hot drinks or food will burn the child's skin while chilli food-infant will make the infant to cry a lot and have red itchy eyes. Eating peanuts should be avoided because the infant will be born covered with a lot of vernix

During the interview sessions it was said that *"During health education with pregnant women they will tell you that at home indicated that we are not supposed to eat the peanuts as they will make our infants to be delivered with a lot*

of white staff on the body and that is not good" Furthermore this was indicated *"hot drinks burn the child skin while in the womb and the chilli food are not good because if you eat them whilst pregnant then it means your child will cry a lot because the eyes will be itching from the chillies you were eating."*

All these advice made sense as elderly people knew that with overeating the baby might be too big and this would lead to complications that might lead to death of the mother during delivery, especially during the times where home deliveries were conducted. Left overs were avoided for health reasons because if the food is spoiled then the woman might have food poisoning. In modern medicine pregnant women are advised to eat food with enough nutrients, vitamin A and D because they have positive effect on the growing fetus. Bopape et al. (2013) indicated that there are several dietary precautions, which amongst others include that families encourage postpartum women to eat meat and eggs which are regarded as full protein diet which will enrich blood and further help mother's recovery, encourage expulsion of lochia and stimulation of breast milk.

Category 3.2: Effects of Sexual Intercourse during Pregnancy

The findings revealed that in IK engaging in sexual intercourse during the 1st month of pregnancy is encouraged because it is believed that it facilitates head bones to grow strong. Abstinence from sexual intercourse is encouraged from the 6th month because it is believed that it causes the infant to be born with a lot of vernix. Participant confirms by saying *"we advise them to have sex during early months of pregnancy especially the first month because this make the head bones to be strong."* Another participant outlined that *"Hei when pregnant one must not have sex because the child will be born with the white stuff which shows that it is the semen during the 6th month onwards."* Pregnant woman are discouraged to have sexual intercourse during the 3rd trimester as the fontanel will be widely apart after delivery. Contrary to the study findings Hilgert and Gil (2007) in the study they conducted in Argentina, it was found that sexual intercourse is not prohibited during pregnancy.

Theme 4: Practices Related to Management of Labour

The study revealed that in IKS the traditional health practitioners have their ways of assisting the pregnant women in order to manage labour and delivery and those practices are presented in the categories discussed below.

Category 4.1: Initiation of Precipitated Labour

The study revealed that pregnant woman is given herbal medicine called *makgorometša* to drink, when labour start because it will initiate precipitated labour. The study uncovered that when pregnant woman falls into labour all her clothes must be removed from her wardrobe so that she can have precipitated labour. Furthermore a pregnant woman must borrow and wear a maternity dress of someone with the history of precipitated labour so that she can experience that too. Someone with the history of precipitated labour should be requested to jump over the pregnant woman when lying down so that she can experience precipitated labour. It was further indicated by the participants that traditional midwives when delivering a pregnant woman, they are supposed to sit down with their bare buttocks on the floor to clear a way for the woman to deliver as soon as she can. The practices were confirmed by professional nurse who outlined what pregnant women tell them while in labour by saying *"I will deliver not long because I did remove my clothes while coming and my aunt always deliver fast then I did jump over her abdomen and she gave me her maternity dresses to wear, then I am also sure I will deliver not long."* In support to the study findings in that there are indigenous ways of assisting the women to have precipitated labour are it was stated that in Ogun State Nigeria a pregnant female animal is used to treat some incidences including ejection of prolonged labour (Soewu and Ayodele 2009).

Category 4.2: Causes of Prolonged Labour

The participants during the interview sessions indicated that the following activities should be avoided in order to prevent prolonged labour to occur: Crossing over the marks that suggest a snake has passed, then it is advisable that a pregnant should spit out and draw a line

across that mark before you pass to avoid giving birth to an infant that has stripe marks all over the body. Husband of the pregnant woman must not tie belts around their waist or shoe laces because the wife will have prolonged labour during the delivery period. Pregnant women are advised not to sleep during the day, nor accompany visitors out of the house and furthermore the visitors should not bid her goodbye because all these will prolong their labour process. In order to prolong duration of labour pregnant woman are advised to place a stone in the mouth/dry cow dung in the vagina to avoid delivery to occur on the way to the healthcare facility. The participant said *"I always advice the pregnant women when they come to me and indicated that they are having delivery pains that because the hospital is a little bit far they should put a stone under the tongue because this will make them not to deliver on the way to hospital but it will delay they labour to progress but when they are about to reach the hospital they must through the stone away"*. Another participant said *"any husband or boyfriend of a pregnant woman should not tie their belts because this will delay labour and the woman will suffer because she will experience long period of labour."*

According to the findings of the study conducted by Hilgert and Gil (2007) in Argentina aromatic herbs are fumigated during the delivery of the baby to chase away the bad spirits that could enter the body through the vaginal channel, the hips are heated to achieve a higher relaxation and resistance to pain. Waisa et al. (2008) established that pregnant women in rural areas of Uganda believed that herbs make their pelvic bones flexible at the time of delivery and help avoid potential risks that can occur during delivery, that's the reason they choose to use traditional herbs during their antenatal period than seeking medical attention.

Category 4.3: Pain Relieve during Labour

The study revealed that pregnant woman are expected to place the snuff on the floor to inform ancestors that she is in labour then the pains will be mild during the whole labour process until delivery. This was confirmed by the following quote *"this is our culture and we should respect that immediately when a woman is in labour she has to put the snuff down*

and inform her ancestors that she is in labour so that they can assist her not to suffer during labour as she will not have much pains." Hangartner-Everts (2013) outlined the following as non-pharmacological pain relieve that is: childbirth education, hypnosis, emotional support, hydrotherapy, acupuncture and bio-feedback. Putting the snuff down and inform the ancestors about the pain is the psychological aspect that will work on the mind of the women as long as she believes in that, then she will have trust that her ancestors will assist her throughout this period.

Category 4.4: Management of Complications during Labour

Pregnant women are advised that while in hospital during delivery the woman should put a rope under the delivery bed to avoid complications to occur. This was confirmed by professional nurses who indicated that *"I have seen several women coming with robes putting them under the beds during labour when asked they indicate that as long as that robe is under the bed they will not have complications then we will just leave them because it is their believe and in any way it does not harm anyone."*

Theme 5: Causes of Umbilical Cord Complications and Abnormalities

The participants indicated that pregnant women should avoid the following to avoid cord complications and abnormalities: Pregnant women are advised not to cut meat because this will delay the baby's umbilical cord to fall and also it tightens uterine muscles during delivery. Pregnant woman should avoid wearing tied clothes because they will cause the knots on the cord in uterus. Pregnant women should avoid carrying goods on the head and hands at the same time because the fetus will hold the cord.

Traditional health practitioner said: *"the women of today likes tight clothes even when they are pregnant then we advise them not to wear tied clothes because this will result in the umbilical cord tying knots inside the womb."*

CONCLUSION

Indigenous practices identified in this study were related to practices done during pregnan-

cy, labour and delivery among different cultural groups in the Limpopo Province. It is therefore important for health workers to acknowledge and understand that indigenous practices play a major role among pregnant women and thus contribute to their reporting pregnancy at hospital. These beliefs could contribute to late treatment at hospital.

RECOMMENDATIONS

The establishment of Indigenous Health Promotion Network should concentrate on the following with regard to pregnancy, labour and delivery based on the study findings:

- ♦ Assists in identifying education, communication and training needs of indigenous health practitioners.
- ♦ Assistance in dissemination of relevant health information to indigenous people
- ♦ Focus on success stories in using IK to help increase respect, reduce maternal and foetal mortality, acknowledgement of IK in healthcare and finally establish IKS data base.
- ♦ Develop strategies to incorporate traditional medicine into maternal healthcare Programs.
- ♦ Strengthen collaboration between traditional health practitioners and midwives in order to reduce maternal mortality rates.
- ♦ Develop ways to preserve IKS which will solve the main challenges involved in validating traditional medicine.
- ♦ Describe approaches that can bring these two worlds together and draw lessons from successful partnerships between scientists and traditional/spiritual health practitioners.
- ♦ Develop a national IK strategy that can provide a framework and platform to support and scale up grass roots IK practices into mainstream development in the healthcare system with regard to midwifery practice
- ♦ Start networking with other individuals and institutions working on IK related activities in the province and or country and foster partnerships for sharing experiences and resources especially in midwifery practice.
- ♦ Identify a high profile provincial and or national champion in midwifery practice that can be a local and national spokesperson for IK.
- ♦ Mobilize resources to initiate IK related activities in midwifery practice programs at the provincial and national levels.
- ♦ Develop partnerships for cross countries exchanges between IK practitioners in midwifery from different regions to share experiences, learn from each other and undertake joint activities.

ACKNOWLEDGEMENTS

The authors acknowledge the participation of traditional healers and professional nurses in Capricorn District of Limpopo Province as interviewees.

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