Health practices related to *Dikgaba* in pregnancy in the Bojanala district of the North West province, South Africa.

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DECLARATION

I *Swinky Cornelia Kgoadigoadi* declare that Health practices related to *Dikgaba* in pregnancy in the Bojanala district of the North West province, South Africa, is my own work, that it has never been submitted for examination at any university and that all sources used or quoted have been acknowledged by complete references.

Signed on the……..day of……, 2010 at the Potchefstroom Campus of the North West University

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Yet another moment of shedding a TEAR for a:

Tremendous effort, an

Enduring Disposition, an

Agile character and

Resilience on this, the tumultuous journey called **life,** and to this end I will forever say "to God be the glory, for His grace is sufficient".

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SUMMARY

Health practices related to Dikgaba in pregnancy in the Bojanala district of the North West province, South Africa.

The use of traditional medicine during pregnancy and childbirth is common among the Black traditional cultures of Southern Africa. Any pregnancy-related problem is believed to be somehow associated with *dikgaba*, a phenomenon that only indigenous healers are capable of managing. It is therefore crucial that the midwives and other health care professionals acknowledge the relevance of traditional medicine when dealing with clients who belong to black traditional societies of South Africa.

The objective of the study was to explore and describe health practices related to *dikgaba* in pregnancy as well as to formulate recommendations for culturally congruent and safe midwifery care.

In-depth individual interviews were conducted to collect data from ten participants known to be experts in *kgaba* remedies used during pregnancy and birth. These were traditional healers, traditional birth attendants and those with keen interest in traditional and cultural issues. Interviews were conducted in the participants' homes for privacy, confidentiality and convenience.

A naturalistic and phenomenological approach using contextual exploratory and descriptive research design was used to reach the aim of the study from the perspectives of *Batswana* in the North West province.

The study revealed that an understanding of *dikgaba* and the related healing practices in pregnancy and childbirth is common. This clearly motivates for better understanding of traditional medicine by the midwives as it is relevant and justifiable.

Recommendations are made to inform the transformation of the health-care delivery system, with specific reference to midwifery education, research and practice, in order to make health care acceptable and accessible to all.

Key words: *Dikgaba*, pregnancy, health practices, culture.

OPSOMMING

Gesondheidspraktyke rakende Dikgaba gebruike in die Bojanala distrik in die Noordwes Provinsie, Suid-Africa.

Die gebruik van tradisionele medisyne gedurende swangerskap en geboorte is ‘n algemene tendens onder die swart bevolkingsgroepe in Suid-Afrika. In die swart kultuur word enige swangerskaps probleem geassosieer met *dikgaba*. Hierdie phenomeen word slegs deur tradisionele genesers gebruik. Dit is dus belangrik dat vroedvroue meer weet van die gebruik van tradisionele medisyne.

Die doelwit van hierdie studie was om gesondheidspraktyke rakende die gebruik van *dikgaba* in swangerskap te ondersoek en te bespreek. Vervolgens was die volgende doelwit om aanbevelings te formuleer om kultuur sensitiewe verloskunde praktykvoering daar te stel.

Indiepte onderhoude is uitvoer om data te versamel van tien deelnemers wat bekend is in die gebruik van *dikgaba* tydens swangerskap en geboorte. Hierdie groep deelnemers het tradisionele genesers, tradisionele geboorte assisente en belangstellendes in tradisionele gebruike ingesluit.

Onderhoude is in die deelnemers se onderskeie huise gevoer om privaatheid, konfidentialiteit en gemak in te sluit.

‘n Naturalistiese, phenomologies aanslag is gebruik om deur middel van konteksuele, eksporatiewe en beskrywende navorsingsontwerpe die doelwit vanuit ‘n Batswana perspektief in die Noordwes provinsie te bereik.

Die studie het bevind dat die verstaan van *dikgaba* en die verwante gesondheidspraktyke in swangerskap en geboorte algemeen is. Dit motiveer die belang van kennis rakende tradisionele medisyne deur vroedvroue as relevant en regverdig.

Aanbevelings om transformasie in die gesondheidsdiens sisteem met spesifieke verwysing na onderrig, navorsing en verloskunde praktyk is gemaak om verloskunde praktyk aanvaarbaar en toeganklik vir almal te maak.

Sleutelterme: *Dikgaba,* swangerskap, gesondheidspraktyke, kultuur.

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND PROBLEM STATEMENT

In South Africa about 70-85% of the population use the services of traditional healers to manage and to prevent ill-health (Summerton, 2006:16). Indigenous healers provide a comprehensive service in the form of diagnostic, curative and preventive health care. Traditional health practices include use of medicines in the form of herbs and rituals aimed at restoring harmony and good health upon an individual or the family group (Chalmers, 1990:4, 9). The use of traditional medicine in pregnancy has long been used by black South African cultural groups, for example the use of *isihlambezo* by the Zulus (Mabina *et al.,* 1997:1) and *kgaba* (medicine for *dikgaba*) by the Batswana (Van der Kooi & Theobald, 2006:11). This practice has persisted despite the 'modern' medicine usually prescribed by biomedical practitioners at the antenatal clinics to treat health problems identified during routine antenatal physical examinations.

In many cultural traditions pregnancy remains a secret, because it is believed that revelation of conception even to family members could lead to jealousy. The Batswana in the North West province of South Africa believe that when a person is jealous of another woman's pregnancy, he or she could evoke evil spirits to harm the pregnant woman or the foetus (Chalmers, 1990:32; Van der Kooi & Theobold, 2006:12). This is known as '*dikgaba'* or '*kgaba'*, believed to be the 'harm or heartache others can cause' (Ademuwagun *et al.,* 1979). It is believed that *dikgaba* cause a complicated pregnancy, for example abortion, stillbirth, maternal death, or prolonged or difficult labour. Indigenous healers manage *dikgaba* with potions or rituals (*kgaba* medicine/cures) aimed at 'lifting off' *dikgaba* (Kennel, 1976:10).

When an individual consults an indigenous healer, the healer diagnoses and prescribes the traditional cure (*kgaba*) for *dikgaba*. Consulting the traditional healers or herbalists usually occurs due to the belief that one is actually a victim of covert actions of a malicious family member, neighbour, friend or colleague (Edwards, 1985:38). Sources of knowledge regarding pregnancy-related traditional cultural practices such as *kgaba*, are herbalists and older women who have acquired the knowledge through experience, having used such

health practices themselves, either as traditional birth attendants or as consumers during their reproductive years (Mabina *et al.,* 1997:1).

Midwives and other health professionals need to know more about *dikgaba* and related treatments or health practices used during pregnancy in order to provide comprehensive and culture-sensitive midwifery care. This knowledge will also guide further research into the effect of *dikgaba* on pregnancy as well as the interaction of *kgaba* and modern medication. The use of traditional medicine during pregnancy is generally stigmatized and may be associated with non-adherence to health practices recommended by the midwives including treatments such as antiretroviral regimens (Banda *et al.,* 2007:124). Problems and complications occurring during pregnancy are often believed to be caused by evil spirits called *dikgaba* and are treated by indigenous healers. Lack of research has led to poor understanding of the practices related to *dikgaba* in pregnancy by midwives and other health professionals. The following questions therefore arise:

- *What are dikgaba-related practices in pregnancy?*
- *How are these practices managed?*

1.2 PURPOSE

The purpose of the study is to explore and describe practices related to *dikgaba* in pregnancy and childbirth.

1.3 RESEARCH OBJECTIVES

The study has two objectives:

1.3.1 To explore and describe practices related to *dikgaba* in pregnancy and childbirth

1.3.2 To formulate recommendations for culture-sensitive management of midwifery.

1.4 PARADIGMATIC PERSPECTIVE

The paradigmatic perspective of this research is based on meta-theoretical, theoretical and methodological statements.

1.4.1 RESEARCHER'S ASSUMPTIONS

The meta-theoretical statements are based on the framework of *Leininger's Theory on Cultural Care Diversity and Universality*. The philosophy is based on being culturally aware and sensitive about the nature of care given to women during pregnancy and childbirth. The discussion that follows is based on the researcher's assumptions regarding human, society, nursing/midwifery and health.

1.4.2 META-THEORETICAL STATEMENTS

1.4.2.1 View of Human being

According to this study this view concerns a human being as a person within a specific society that shares the same culture in the form of values, beliefs, language and tradition. These are not genetically inherited or instinctively acquired but transferred from generation to generation through continuous interactions with fellow human beings within the same socio-cultural environment.

The pregnant woman is seen here as a human being in a situation that is bound to some socio-cultural definitions, beliefs and past experiences that are unique to the situation. The cultural experiences such as *dikgaba* associated with pregnancy are conditions that need guidance, support and care and are managed through reliance on those with knowledge and experience gathered in the form of legacy from the experts, namely traditional healers, herbalists and the elderly. The beliefs, values and past experiences influence the pregnant woman in her selection amongst existing health-care alternatives, based on the socio-cultural interpretation of ill-health in pregnancy.

1.4.2.2 View of society

A society is a group of people sharing the same beliefs, norms, values language and tradition. The society that this study is based on is the Batswana living in the Bojanala District of the North West province. These are rural communities in scattered rural villages where tradition and culture are still upheld. In this geographical area reference to *dikgaba* and *kgaba* remedies is common and the related practices are an integral part of traditional midwifery care that persisted over the ages.

1.4.2.3 Nursing/midwifery

This is the art of taking care by the professionals, of those like the very young, the aged, the sick and the injured, who cannot care for themselves. For the purpose of this study, nursing and/or midwifery are directed to the pregnant woman, who is also a socio-cultural being in need of care.

1.4.2.4 View of health

Health is defined by the World Health Organization as 'a state of complete mental, physical and social well-being and not merely the absence of disease or infirmity' (Dennill *et al.,* 2000:120). In this study a pregnant woman who experiences some form of physical or emotional discomfort or believes that an unhealthy relationship existing between her and a neighbour, friend or a relative has the potential to cause harm to the pregnancy, is likely to seek health care aimed at preventing or treating the perceived harm. This would be by consulting herbalists or other indigenous health-care practitioners specializing in diseases of socio-cultural origin such as *dikgaba.* Health therefore constitutes a general sense of wellbeing characterised by a balanced relationship between people and the supernatural, explained within the context of norms and values of traditional societies. This definition corresponds to the definition of health according to the World Health Organization.

1.4.3 THEORETICAL ASSUMPTIONS

The theoretical assumptions include the central theoretical statement and conceptual definitions applicable to this research as well as the theoretical framework followed.

1.4.3.1 CENTRAL THEORETICAL STATEMENT

Better understanding of health practices related to *dikgaba* in pregnancy would inform midwives and other health professionals to provide culturally congruent and safe midwifery care.

1.4.3.2 DEFINITION OF CONCEPTS

Dikgaba: A socio-cultural condition brought about by an evil spell cast by a relative or ancestral spirit who is in disharmony with the pregnant woman. This is believed by the Batswana people to be capable of harming the pregnancy or the woman due to the seriousness of the perceived associated complications. Dikgaba is therefore seen as a deviation from health. What people do about what is regarded as ill-health differs from

society to society. It therefore calls for understanding of the conceptions of health according to individual cultural societies in order to understand the practices and behaviours taken to achieve the status of health (Tjale & de Villiers, 2004:138).

Kgaba: The traditional remedies for *dikgaba*, which might be herbs, other substances or rituals are referred to as *kgaba* (remedies used to get rid of *dikgaba*) (Van der Kooi & Theobald, 2006:11-12).

Pregnancy: The process comprising the growth and development within a woman of a new individual from conception through embryonic and foetal periods to birth (Mosby's Dictionary of Medicine, 2006:1582). This process is not only influenced by physiological factors but by some psycho-social and cultural factors as well.

Health Practices: In this study health practices are the actions or activities that some individuals or groups take to prevent, promote or maintain health. The study aims at understanding deeply the specific practices undertaken to deal with *dikgaba* in pregnancy by Batswana people who are part of the diverse cultures constituting South Africa's rainbow nation.

1.4.3.3 THEORETICAL FRAMEWORK

The framework of the paradigmatic perspective of this research is based on the assumptions of Leininger's Theory on culture care diversity and universality. *Leininger's Theory on Culture Care Diversity and Universality*, which is the basis of discovery of the health-care practices of diverse cultures, will be used to guide this study which focuses on *dikgaba* and *kgaba* practices and how these are applied in culturally-defined pregnancy-related ailments amongst the Tswana-speaking peoples of the Bojanala District, North West province. The theory will be applied in order to respond meaningfully, appropriately and therapeutically to health-care problems with cultural explanations such as *dikgaba* in pregnancy in order to render culturally sensitive and acceptable nursing and maternity services. This will enhance the acceptability of health-care services, resulting in increased utilization of such services by the consumer communities as they will be based on care meanings and actions which are congruent with their culture as the affected people. According to Leininger and McFarland (2006:3), 'human care is what makes people human, gives dignity to humans and inspires people to get well and help others'. The theory identifies the following three action-decision care modes essential for holistic care used by cultures over time in different contexts (Leininger & MacFarland, 2006:8):

- **Culture care preservation and/or maintenance**: This refers to supportive and enabling professional acts or decisions that help the cultures to keep, preserve and maintain beliefs about norms and values applicable in health and ill-health.
- **Culture care accommodation and/or negotiation:** This implies assistive accommodating and enabling creative care actions or plans that help different cultures adapt to or negotiate with others for culturally congruent, safe and effective care for management of health, well-being and illness.
- **Culture care re-patterning or restructuring**, which refers to enabling professional actions and mutual decisions that help people to change, modify or restructure their ways of life for better health-care practices and outcomes.

1.4.4 METHODOLOGICAL STATEMENTS

The methodological statements in this research are based on *Leininger's Theory on Culture Care Diversity and Universality* which guides this study. The study focuses on *dikgaba* and *kgaba* practices and how they are referred to by Batswana cultural societies during pregnancy. Because South Africa is culturally diverse, the practice of midwifery in the North West province needs to be culturally sensitive to accommodate pregnant women whose cultural practices might be different from those of the midwives rendering care. Care takes place at different stages of pregnancy and therefore needs be interpreted and adjusted according to the cultural understanding of the challenges inherent to the specific stages of pregnancy.

1.5 RESEARCH DESIGN AND METHOD

In the following paragraphs a brief discussion of the research design and method is conducted. A more articulate version of the research methodology is presented in Chapter 2.

1.5.1 DESIGN OF THE STUDY

A naturalistic approach was used in order to achieve the aim of the study. A **contextual**, **exploratory** and **descriptive** research design was used. *Dikgaba* is a phenomenon to Batswana people both in South Africa and in Botswana. It is approached from the understanding of older women and herbalists (indigenous healers) living in the Bojanala District of the North West province of the Republic of South Africa. The aim of the study was thus not to generalize the findings to other cultural groups but to understand the specific

health practices among the Batswana in the Bojanala District in the North West province (Burns & Grove, 2005:674; Welman *et al.*,, 2010:170).

The **exploratory n**ature of the study was the reason for using qualitative methods in order to obtain insight into the phenomenon under study, namely *kgaba* as it relates to pregnancy (Polit & Hungler, 1997:206, Welman *et al.,,* 2010:166). This design is best able to provide data that relate to a phenomenon about which little is known.

1.5.2 RESEARCH METHOD

The research method included identifying the research sample, data collection and data analysis.

1.5.2.1 RESEARCH SAMPLE

- **Population**

The population would be Batswana women and herbalists who were known to be experts in pregnancy and childbirth practices amongst the Tswana-speaking communities of the Bojanala District. The participants would be identified from recognized birth attendants and older women greatly experienced in pregnancy and childbirth-related practices, having gathered knowledge through personal observation and years of assisting pregnant and parturient women (Kennel, 1976:28).

- **Sample**

The snowball technique was used to reach potential participants (Rossouw, 2005:113) as it was not easy to identify all participants in advance. The participants were identified through referral by midwives in community health-care centres. These midwives learn about the experts' services during their interaction with pregnant and parturient women. Some pregnant women use traditional and western medicine side by side (Banda *et al.,* 2007:128) as they believe that there are certain culturally explained conditions such as *dikgaba* that no western medical practitioner can cure. Although traditional healers and herbalists are consulted in privacy, community members get to know about them and the expertise they have through testimonies of those that believe they have been successfully treated by them.

The potential participants would be visited in their own homes to minimize the threat to reliability. Every participant would be requested to identify another potential participant

according to his/her knowledge and recognition of the relevant traditional health-practitioner's expertise and the service he or she offers (Kennel, 1976:28).

- **Sample size**

It was difficult to determine the size of the sample because of the discreet nature of the practice and the fact that experts in the field of study being investigated are few and sparsely located. This sample size was restricted because the researcher aimed at including only the participants with expert knowledge about the phenomenon being studied, namely, *dikgaba* in pregnancy. The sample size would therefore be determined by the point at which saturation of the data was reached.

1.5.3 DATA COLLECTION

Data would be collected by individual in-depth interviews as this is an excellent method to be used where rich information that pertains to the topic is necessary (Brink *et al.,* 2006:120). The participants would be expected to give a full description of the practices, while at the same time the researcher observes the non-verbal cues that come across during narration of the practices cited by participants when giving an account of their experiences. The researcher would use communication techniques such as minimal verbal response, clarification, reflection, encouragement, comments and listening to the interviews, as described by Greeff *in* De Vos *et al.,* (2004:294). Field notes would be written immediately following each interview (**See Appendix E**)**.** The field notes consist of reflective impressions made on the interaction with the participant by the researcher in addition to the verbal content of the interviews (Morse, 1994:165).

1.5.3.1 THE ROLE OF THE RESEARCHER

- Prior to the commencement of the study, the proposal was submitted to the ethics committee of the University of North West for perusal to check whether the proposal met the applicable ethical standards **(Annexure A).**
- After institutional approval had been granted, a letter requesting permission to undertake the research project in the Bojanala region was submitted to the North West Department of Health together with the research proposal. The North West province, after satisfying itself about the adequacy of the ethical standards through the Provincial Ethics Committee, gave approval of the undertaking of the study in the Bojanala District **(Annexure B).**

- The management of the health district, namely Bojanala, after getting permission from the Provincial Office, guided the researcher as to the key people to be approached as points of entry into communities targeted, in order that the researcher could gain cooperation from the potential participants **(Annexure C).**

1.5.3.2 PHYSICAL SETTING

The setting for data collection was a private place within the participant's home, where there would be minimal disturbance once the interviewing process was in progress, in order to prevent disruption or restlessness on the part of the participant. The researcher tried to be as positive and relaxed as possible, and also approached the interaction with respect, warmth, honesty and sincerity in order to make the interview successful (Rossouw, 2005:144). The researcher had learned the art of interviewing through a pilot study undertaken in order to gain competency in questioning, in-depth probing and handling of the participant's responses to elicit elucidation of facts, perceptions or concepts unearthed during data collection.

1.6 DATA ANALYSIS

1.6.1 MANAGEMENT OF DATA

After data collection the same data were transcribed, organized and systematized to make analysis easier by making use of the coding process developed by Tesch (in Cresswell, 2009:142). The participants' responses in narrative form were classified into smaller and manageable units so that they could be manipulated and indexed for easy access. Related concepts were grouped together and thereafter coded accordingly. Data were then scrutinized and emerging concepts given names for the purpose of categorization. All processes were done manually.

1.6.2 ANALYSIS OF DATA

The process of data analysis was commenced as soon as data were available. This was because it would be easier to get deeper and clear understanding of the information whilst the participants were still within the researcher's reach. The following four processes as described by Polit and Hungler (1997:379) would be used.

** Comprehending*

The researcher carefully and intentionally scrutinizes data in order to make sense of it and to understand what is going on. Upon achieving thorough understanding the researcher

develops and prepares ‘rich description’ of the phenomenon being studied. Understanding is reached when new data no longer yield much of the descriptions already developed, which point is referred to as saturation of data. According to Morse (1994: 106), saturation refers to the ‘full taking in of occurrences or the full immersion into the phenomena in order to know it as fully, comprehensively, and thoroughly as possible”.

** Synthesizing*

During this stage the researcher sorted data to gain some sense of the similarities identified in the data regarding the phenomenon. Variations in data were also analyzed. The synthesizing process ended with the researcher having developed some general statements about the phenomenon and the participants.

** Theorizing*

At this level the researcher embarks on the process which entails the following steps as outlined by Polit and Hungler (1996: 379):

- systematically putting together data that is typically the same
- alternative explanations pertaining to the phenomenon sought
- analyzing the explanations for appropriateness to the phenomenon.

This theorizing process is continued until clear, appropriate explanations have been obtained.

** Re-contextualizing*

This process entails further development of the theory out of the themes and sub-themes into which data have been categorized.

1.7 TRUSTWORTHINESS

The following measures to ensure trustworthiness of qualitative research findings described by Leiniger and McFarland (2006:76, 77) were used to provide evidence that the research findings obtained were truthful and believable.

1.7.1 CREDIBILITY.

Findings that have been mutually established by the researcher and the participants are said to be credible it they are truthful of believable. Direct involvement of the researcher with the participants during interviews was used to meet the criteria for credibility of the research findings (Leiniger & McFarland, 2006:76).

1.7.2 CONFIRMABILITY

Most of the participants referred to the same *dikgaba* practices already provided by participants interviewed before them. The repeated account of the same practices served to re-affirm the information the researcher had already gathered. This evidence served as a confirmation of the research findings.

1.7.3 MEANING IN CONTEXT

The research findings were congruent to the beliefs of the study population in that their experiences and understanding of *Dikgaba* phenomena were closely aligned to the conclusions arrived at during data analysis.

1.7.4 RECURRENT PATTERNING

Experiences, events and traditional practices used in the management of *Dikgaba* were found to be common and recurrent, thus reflecting the identifiable patterns of behaviour over a period of time.

1.7.5 SATURATION

Exhaustive exploration of the study phenomenon was done to a point where no further data or insights from the participants arose. This redundance of information in which the researcher gets the same information and the participants verbalise that there is no more information to provide as they have shared everything that they know regarding the *Dikgaba* practices, indicated that data saturation was reached.

1.7.6 TRANSFERABILITY

As is the case with qualitative research studies the findings of this study were context specific and thus not intended to be transferred to other similar situations. They were therefore useful to provide in-depth knowledge about *dikgaba*.

The abovementioned six criteria are therefore useful in establishing the soundness of qualitative studies. In the following section the ethical considerations applicable for this research are discussed.

1.8 ETHICAL CONSIDERATIONS

The ethical standards as explained in Burns & Grove (2005:176-208), Polit & Hungler (1996:127-146) and Brink *et al.,* (2006:30-43) were applied. The researcher, upon identification of each potential participant, visited the said individual at his/her home to explain what the purpose of the study was (Rossouw, 2005:145) and the process that the envisaged study would follow.

1.8.1 RIGHTS OF PARTICIPANTS

Participation in this study would be entirely voluntary. The participant could refuse to participate or stop at any time during the interview. The participant's withdrawal would not affect them in any way**.**

1.8.2 RIGHT TO INFORMED CONSENT

Each participant would be given a consent form to complete and to put his/her signature as proof of informed consent given for voluntary participation after full information and explanation has been given. The participants would also be informed about the approximate duration of the data-collection process with the explanation that deviation from the planned duration might be introduced as unforeseen realities crop up.

1.8.3 RIGHT TO CONFIDENTIALITY

The potential participants would be assured that confidentiality would be maintained by not disclosing the identity of any participant throughout the data-collection process. Names of participants would also not be used in data-collection documents, field notes or electronic devices used (Rossouw, 2005:145). All participants would be reassured that all information

that they gave would be kept strictly confidential. Once the information was analysed no one would be able to identify the participant. Research reports and articles in scientific journals would not include any information that may identify the participant or the specific name of the community village or health care facility from where participants were reached. Participants would be asked to give informed consent by signing a consent form.

1.8.4 RIGHT TO PRIVACY

No unauthorized persons would be allowed access to raw data except the researcher and the co-coder who would have undergone training before participating. The fact that data would be collected using devices such as audio-tapes and note books would be explained to them and their permission sought to have their voices recorded.

1.8.5 RIGHT TO VOLUNTARY PARTICIPITATION

The participants would also be informed of the voluntary nature of their participation and that they were free to withdraw at any point during the study if they for some reason no longer felt comfortable to continue, without giving reasons. They would also not be victimised for withdrawing.

1.8.6 PROTECTION FROM HARM

An explanation would also be given regarding the availability of the counselling service for the participant who might experience stress or any anxiety due to the impact of participation. The contact details in the form of name and telephone numbers or the physical address of where counsellor could be reached would be left with each participant for use if the need to do should arise.

1.9 RESEARCHER'S RESPONSIBILITIES

- The standards and plans to be followed would be clearly stated in the research study.
- The study is significant because of the widespread use of *kgaba* health practices whilst very little is understood about their constituents, benefits and weaknesses by the health care workers rendering midwifery care to the community. This emphasizes the need for this study to be of high quality. The researcher to have a high level of confidence in the results that will be reported (Burns & Grove, 2001:625).

- The research would be undertaken with honesty to ensure the integrity of results.
- Following completion of the study, the results would be published in an accredited journal and shared with the institutions that guided and supported the project, namely the funding institution, NRF (Thuthuka (Researcher in training) grant (Reference: TTK2006061200001) and the study supervisors, the North West University School of Nursing Science, Potchefstroom campus.
- The recommendations that the researcher would develop would be communicated to the North West province and the district where the study was undertaken so that it could be used to inform guidelines for developing strategies for midwifery services that are culture sensitive. The same information would also be published for sharing with the participants, the general public and the research fraternity at large.

1.10 CHAPTER OUTLINE

Chapter 1: Overview of the study

1.1 Introduction and problem statement
1.2 Research objectives
1.3 Paradigmatic perspective
1.4 Research design and method
1.5 Trustworthiness

Chapter 2: Research Design and Method

2.1 Research design

2.2 Research method

2.2.1 Sampling – population

- sampling method

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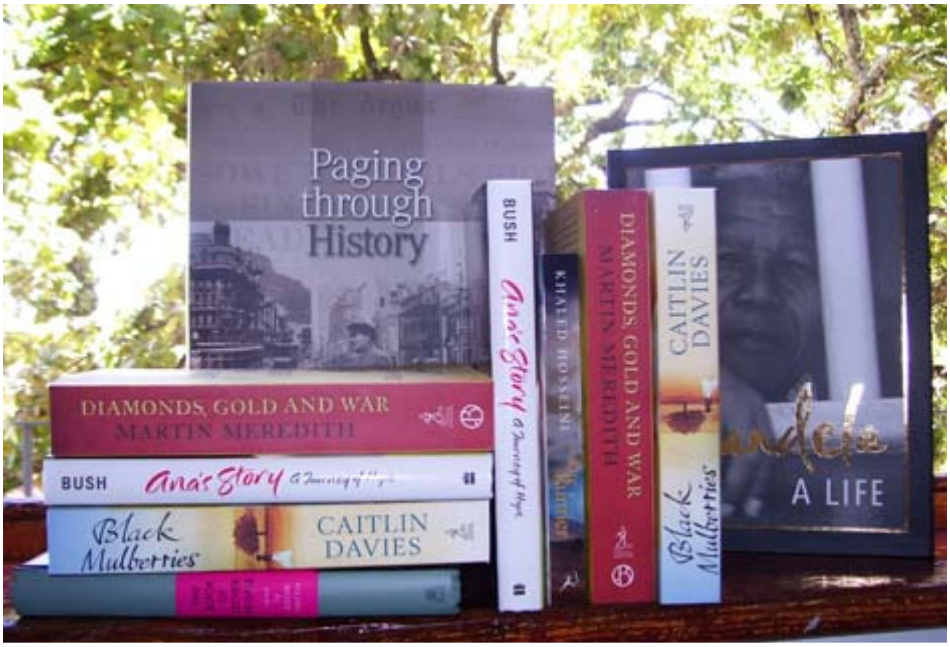
Chapter 3: Discussion of research findings and literature integration.

Chapter 4: Conclusions, limitations and recommendations for education, practice and research regarding *Dikgaba* in pregnancy.

1.11 SUMMARY

In this chapter, the scientific grounding for the development of cultural sensitive and congruent midwifery care was discussed. The background and problem statement, aims and objectives followed the research questions. The researcher's meta-theoretical, theoretical and methodological assumptions were presented. The research design and research methodology as applicable for the research study were outlined. The rigour and ethical considerations applicable for the research study as well as the outlay of the research report conclude Chapter one. In the next chapter the detailed account of the research methodology will be discussed.

CHAPTER 2


Paging through History
BUSH
Ana's Story
DIAMONDS, GOLD AND WAR
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DIAMONDS, GOLD AND WAR
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A LIFE

CHAPTER
2

RESEARCH DESIGN AND METHODS

2.1 INTRODUCTION

Chapter 1 dealt with the overview of the research, including the research problem, the objectives, the paradigmatic perspective and an orientation regarding the methodology. Trustworthiness and ethical principles were briefly discussed. This chapter focuses on the research design and method.

2.2 RESEARCH DESIGN OF THE STUDY

The interpretive or descriptive paradigm has been identified as the most relevant approach for this qualitative study. The methodology used in this approach focuses on the way in which members of the human society make sense of their social environment and subjectively attach meaning to it (Holloway & Wheeler 2002:7). This research project endeavoured to explore the practices aimed at managing *dikgaba* as experienced and understood by Batswana in the Bojanala District of the North West province of South Africa. The researcher explored the study phenomena using an interview which entails listening, probing and 'observation' of the cues given by the interviewees during the data-collection process. The focus was directed at lived experiences and meanings attached to *dikgaba* in pregnancy as a common culturally understood phenomenon amongst the Batswana cultures.

The study design is also naturalistic as it focused on the **contextual, exploratory** and **descriptive** accounts of *dikgaba, as* a phenomenon common to Batswana people in South Africa. It is approached from the understanding of older women and traditional healers (indigenous healers) living in the Bojanala District of the North West province of the Republic of South Africa. The aim of the study is thus not to generalise the findings to other cultural groups but to understand the specific health practices among the Batswana in the Bojanala District and to gather how they integrate health beliefs and practices in their lives. In-depth description of the *kgaba* practices would help to illuminate the cultural significance of a harmonious relationship between individuals and families and the rationale embedded within cultural beliefs and the health-care behaviour of Batswana people.

The exploratory nature of the study suggests the reason for using qualitative methods in order to obtain the insights into the phenomenon under study, namely *kgaba* practices as they relate to pregnancy (Polit & Hungler, 1996:206). This design would be able to provide data that relate to a phenomenon about which little is known. *Dikgaba* as a specific phenomenon was investigated to discover common beliefs and practices of the people belonging to the Batswana cultural society. The perspectives of the traditional healers, older women, and traditional birth attendants would be studied as they constitute what Roper and Shapira (2000:7) refer to as 'the treatment team' by virtue of their practical experience in managing pregnancy.

2.3 CONTEXT OF THE RESEARCH

The study was conducted in the North West province, which is one of the nine provinces that make up the Republic of South Africa. The province hosts the Bojanala District from where the study population was recruited. The traditional people residing in Bojanala District are the Batswana whose traditional health practices amongst others, are those related to *dikgaba* and Setswana is the language that is predominantly spoken. It is therefore logical that the language that the participants and the researcher used during data collection was Setswana throughout. See figure 2.1 for an orientation of the North West province.

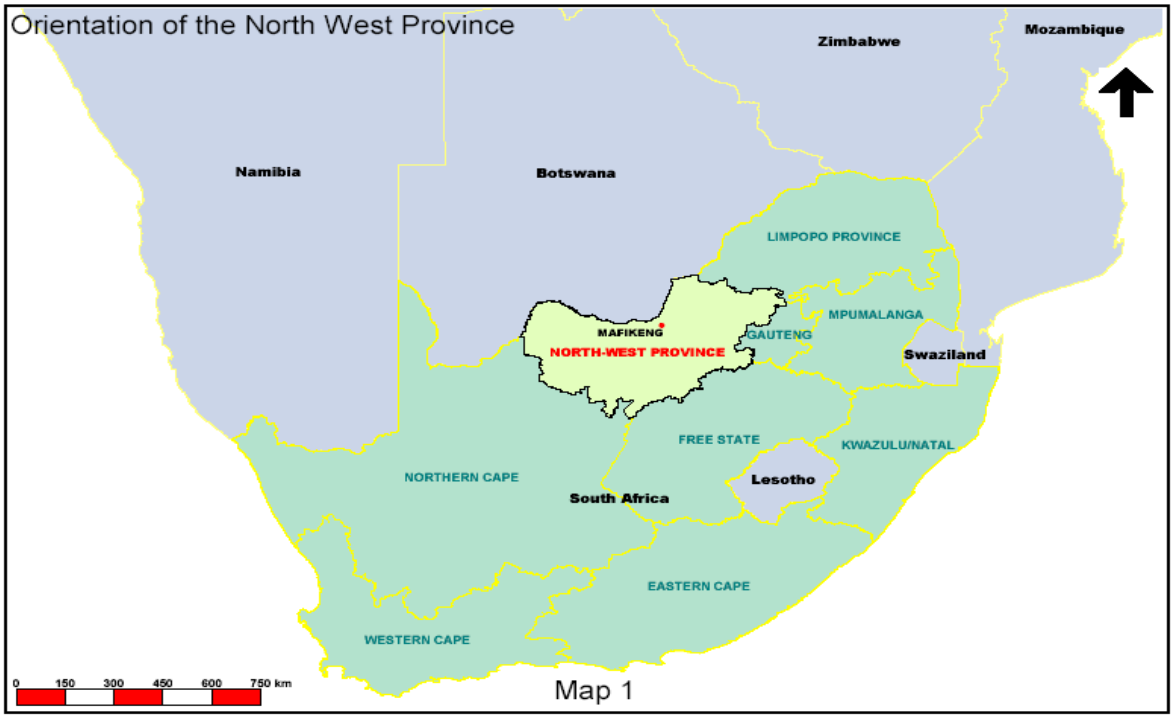

Figure 2.1 Orientation map of the North West province

Source: NWDoH Annual Performance Plan 2007/2008:1

About fifty-eight per cent of participants were recruited from Moses Kotane Local Municipality. The area comprises mostly traditional rural societies under the leadership of tribal authorities like Bakgatla-ba-Kgafela in Moruleng and Batlhako-ba-Leema in Tlhatlhaganyane. Some participants were recruited from Mogwase, the major urban community in Moses Kotane. Refer to figure 2.2 for community areas located within the Bojanala District.

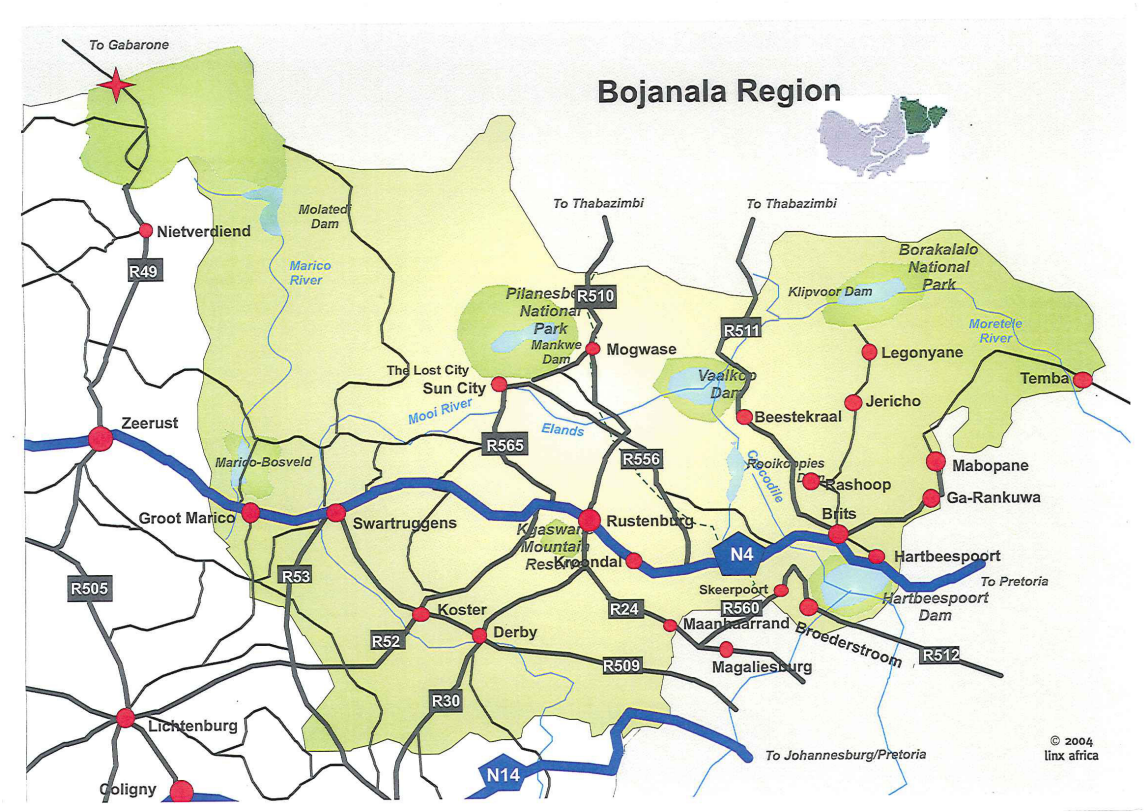

Figure 2.2 Map of Bojanala Region

Source: www.linx africa

Within the Bojanala district is to be found the predomantly rural Moses Kotane sub-district. Figure 2.3 give us an orientation of the Moses Kotane sub-district from where most participants were recruited.

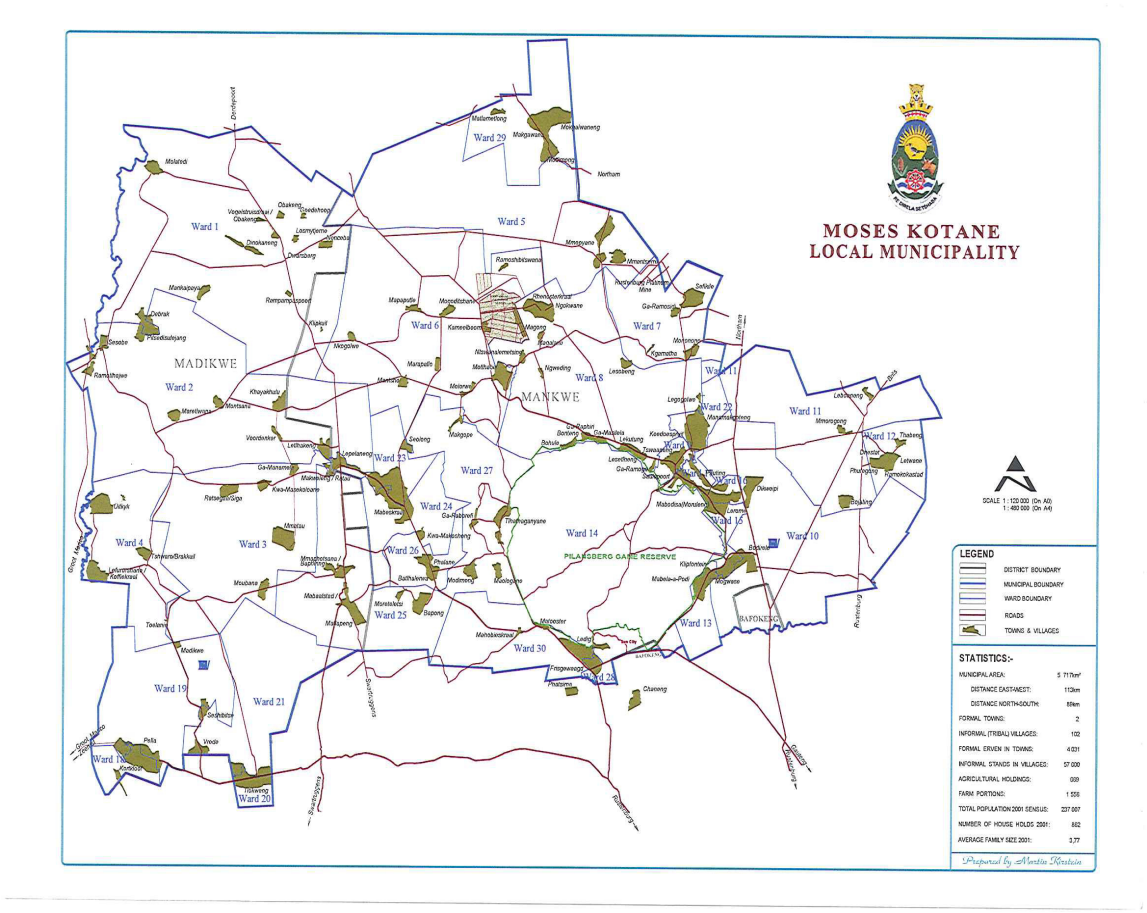

Figure 2.3 Map of Moses Kotane Local Municipality

Source: Moses Kotane Local Muncipality (2010)

The context outlined present the background against which this research can be best understood and findings interpreted. The research methods are discussed in the following section.

2.4 RESEARCH METHOD

The research method includes the following: describing the research population, the research sample, data collection and data analysis.

2.4.1 POPULATION

The population comprised elderly Batswana women and traditional healers who are known to be experts in pregnancy and childbirth practices amongst the Setswana-speaking communities of the identified villages. The participants were recruited from recognized birth attendants and other women who are greatly experienced in pregnancy and *dikgaba* related health practices, having gathered such experience through personal observation and years of caring for women during pregnancy and labour (Kennel, 1996:28; Welman *et al.*,, 2010:191). Their significance lies in the direct experience they have of the phenomenon of interest, namely *dikgaba,* as a condition and *kgaba* as a remedy to 'rid' a woman of the *dikgaba* spells cast to disturb the pregnancy (Roper & Shapira, 2000:77). The perspectives of traditional healers and older women were gathered as they constitute the treatment team by virtue of their involvement in the diagnosis and management of *dikgaba.*

2.4.2 SAMPLING

The snowball technique was used to reach potential participants (Rossouw, 2005:113) as it would have proven very difficult to identify all potential participants in advance. This technique is useful for selecting a 'hidden' sample group (Hek *et al.,* 2003:69). The key participants were traditional healers who were men and women above middle age, and older women known to have the expertise related to the diagnosis and management of *dikgaba* and regarded as knowledgeable about the Batswana culture. These were recruited on the basis of their willingness to share their life experiences, and insights about *dikgaba* care patterns and about cultural values, beliefs and practices, thus contributing to the continued existence of Setswana cultural practices as their heritage (Leininger & McFarland, 2006:282). Although traditional healers and herbalists are consulted in privacy, community members get to know about them and the expertise they have through testimonies of those that believe they have been successfully treated by them.

- **Entry into the community**

The leads provided by midwives were followed to trace individuals with the potential to contribute their expertise in the study. These potential participants were visited at their own homes where interviews were to be conducted, in order to avoid the threat of an unfamiliar environment which could have somehow compromised the quality of data volunteered. At the end of each interview the participant who had just been interviewed was asked by the researcher to help recruit another potential participant either directly or by personal invitation on behalf of the researcher, or by referring the researcher to the person identified. Criteria for referral were based on the participant's knowledge and recognition of the nominated traditional health practitioner's expertise and the service he or she offered (Kennel, 1976:28).

The researcher believed that potential participants thus selected would be "more likely to cooperate and provide competent information" (Roper & Shapira, 2000:78) because someone they know would have introduced them for participation in the study. The importance of recruiting participants was explained to individuals who were truly willing to participate voluntarily and the researcher depended on their continued assistance in chain recruitment of the potential participants until the required sample size was reached.

2.4.2.1 SAMPLE SIZE

It was difficult to determine the size of the sample from the onset of the study because of the discreet nature of the phenomenon being studied. The fact that experts in the field of study being investigated are few and sparsely located also made recruitment difficult. This contributed to the restricted sample size because the researcher aimed at including only the participants with expert knowledge about *dikgaba* as the phenomenon under scrutiny. The representative nature of the sample was therefore deemed more important than the sample size (Hek *et al.,* 2003:70). The sample size of ten was determined by the point at which saturation of data was reached **(**Morse, 1994:106). The following profiles of the ten participants interviewed were compiled.

- two traditional healers; an elderly man and a middle aged woman who were actively involved in the diagnosis and management of *dikgaba* in pregnancy and labour;
- one professional nurse who was also a midwife with keen interest in the phenomenon of *dikgaba* in pregnancy and believing in the practices also participated in the research. She shared the experiences she personally had of *dikgaba* during her pregnancies. She passionately gave details of various herbal and non herbal remedies used and their

perceived efficacy in traditional healing of illness perceived to be *dikgaba* during pregnancy and labour,

- one middle-aged man who firmly subscribed to cultural beliefs and practices in health and disease. He was known for his contribution to, and interest in, indigenous knowledge and cultural issues, and
- six elderly women who were familiar with *dikgaba* and the associated curative practices, having learned of the remedies from the days when they were practising as traditional birth attendants whose services were relied on by their families and neighbours. Most of them articulated how the *kgaba* practices were carried out with resultant positive outcomes to pregnancy-related afflictions or spells.

2.4.2.2 THE ROLE OF THE RESEARCHER

Permission to conduct the research was obtained from the Ethics Committee of the North West University, Ethics number NWU-0047-08-A1 (NWU: 2008) (see Appendix A), and from the North West Department of Health (see Appendix B) Chief Director of Health, Bojanala district (see Appendix C).

The research proposal was submitted to the relevant authorities during the application for permission to conduct research in order to provide clarity regarding the envisaged study. The midwives learn mostly about the practices of the *kgaba* 'experts' during their interaction with pregnant women at health-care facilities. They were therefore approached 'as gatekeepers or point of entry' into the research population at the time the researcher negotiated access to the potential participants (Hek et al.,, 2003:71). The initial potential participants approached for recruitment were those identified by the midwives, with the understanding that they would be the ones to set the snowballing process going.

The researcher contacted the midwives personally to explain the research project after which the following were undertaken:

The purpose of the research was explained to each of the potential participants.

- This included the data collection, recording of data, utilization of voice recorders and the duration of in-depth interviews that lasted approximately 45 minutes.
- The physical setting would be in the privacy of the participants' homes.
- After the procedures were explained to the participants, they were asked to sign an informed consent for voluntary participation in the study as proof of agreement.

(Appendix D). It was stressed that the interview sessions would be recorded and that participation was voluntary. The participants were assured that their withdrawal from the study at any stage if they felt unwilling to continue would be allowed without any negative repercussions.

2.4.2.3 PHYSICAL SETTING

The setting for data collection was a private place within the participant's home where there would be minimal disturbance once the interviewing process was in progress, in order to prevent disruption of the process or discomfort to the participant.

2.4.3 DATA-COLLECTION METHODS

The pilot study and the interviews form part of the data-collection methods used in this research study.

2.4.3.1 Pilot study

The researcher as a novice in undertaking qualitative research had to learn the art of interviewing through a pilot study. One interview trial was conducted as such in order to identify how the researcher and the participants would experience the interview and data analysis processes. The following main research questions were posed to the participant to elicit the desired details of the study phenomena;

- "**What is your understanding of *dikgaba*?**" After the participant had given an account of their understanding of *dikgaba* the following follow-up question was posed
- **"Tell me about the *dikgaba* practices used during pregnancy and labour".**

The interview was recorded to get a firsthand sample of the process for critiquing by the study supervisors. Pitfalls that occurred during the participant –researcher interaction were identified and remedial measures instituted to ensure that the researcher gained the necessary competence before commencing with the more intensive and challenging data collection and data analysis exercises**.** It was through this mini-project that the important aspects such as designing interview questions and the actual handling of an interview session were learned. The pilot study is deemed therefore to have contributed greatly towards the integrity of the rest of the subsequent interviews and the data analysis procedures that followed.

2.4.3.2 INTERVIEWS

In–depth individual unstructured interviews were conducted (Welman *et al.,* 2010:211). This proved to be an excellent method to be used where rich information pertaining to the topic is necessary (Brink *et al.,* 2006:120). The method allowed the participants the opportunity to describe and explain, in their own words, their understanding, meanings and motives which provide the rationale for their actions and interactions. Burns and Grove (2006:55) also refer to this as their 'lived experiences'. The interviewees were allowed to have more influence over the content and direction of the interviews (Treacy & Hyde, 1994:33). The researcher prepared only a general plan about the direction which the conversation was to follow, a strategy of how to kick-start the discussion in the right direction. As the new facts, perceptions and concepts emerged during the interview session the researcher used in-depth probing to elucidate understanding.

- **Procedure**

The researcher was as positive and relaxed as possible and also started by approaching the interaction with respect, warmth, honesty and sincerity in order to make the interview successful (Rossouw, 2005:144). In addition to adopting a respectful approach, the researcher carefully considered the cultural values and taboos by learning what was deemed appropriate in the setting, including an appropriate manner of dressing (Welman *et al.,* 2010:199).

The participants were also informed about the approximate duration of the data-collection process with the explanation that deviation from the planned duration might be introduced as unforeseen realities cropped up (Ritchie & Lewis, 2003:141). Permission was obtained from the participant to voice record the interview (Burns & Grove, 2001:422). The tape recorder was an important tool that the researcher used for data capturing and field notes jotted down gave meaning and the emotional impact that the narrative had on the participant.

The researcher initiated the interview process by asking a question which was well thought out and appropriately formulated to set the interviewee in the mode of talking freely, as it was through what the interviewee talked about that the researcher would identify what they knew and believed. The nature of the questions was that which allowed the interviewee to take the lead and narrate their understanding of the phenomenon being studied (Welman *et al.,* 2010:199). The researcher consistently paid full attention to what the participant was giving an account of.

The rapport developed at the beginning of the encounter with the participant, when negotiation for participation was undertaken, was maintained. Interest in what the participant was saying was demonstrated throughout by the researcher, who posed probing questions about issues specific to *kgaba*-related cures as the area of interest (Ritchie & Lewis, 2003:141). Whilst the participant gave a detailed narration of these beliefs, cultural convictions, insights and experiences, the researcher was observing what non-verbal cues accompanied the verbal account and quickly, without interrupting the process, jotted them down in the notebook dedicated to field notes, whilst at the same time trying to maintain attention to what the participant was saying and requesting explanations in order to place the facts into the appropriate cultural context (Ritchie & Lewis, 2003:141).

- **TECHNIQUES FOR INTERVIEW**

The following techniques for interviewing described by Greeff *in* De Vos *et al.,* (2005:293-294) as well as Ritchie and Lewis (2003:141) were applied to ensure that the interviews yielded the rich data sought to provide insight into *dikgaba* and the related health practices:

- **Listening** - the researcher employed high level of listening skills to ensure that the interviewees' articulation of the facts were followed in order to determine whether the information was comprehensible or whether there was a need for probing (Ritchie & Lewis, 2003:142).
- **Probing** - more information was sought regarding a specific comment made by the participant in order the interviewee could provide clarity on the topic (Burns & Grove, 2001:422).
- **Minimal verbal response** correlating with the appropriate body language to assure the participant of the researcher's full attention to what was being said, was given by the researcher (Ritchie & Lewis, 2003:143).
- **Paraphrasing** which denotes putting the information in a different verbal expression to confirm the meaning conveyed was done to enhance the researchers understanding of the information given (Burns & Grove, 2001:119).
- **Clarity** - was sought regarding the descriptions or concepts that appeared ambiguous or confusing to the researcher' (Greeff *in* De Vos *et al.,*, 2005:293-294).
- **Reflection** – is a process of collaboration between the researcher and the participant. It allowed the researcher to explore fully all the factors that underpin the participants

information for example reasons, feelings, opinions and beliefs (Ritchie & Lewis, 2003:141).

- **Encouragement** - participants who were reluctant to provide personal views on the issues discussed were encouraged to present their views confidently as their views would provide valuable insights into the study phenomena. The researcher verbalized the value placed on data provided no matter how trivial they might appear to the participants. This inspired the participants to provide as much information as possible.

- **FIELD NOTES**

During the interview the researcher tactfully jotted down information that would help provide additional insight during data analysis (Welman *et al.,* 2010:199). They were written during interaction with every client are marked accordingly to link them to the specific participant information relating to the environmental factors (Ritchie & Lewis, 2003:133). The field notes provide an opportunity of what the researcher observed and experienced outside the immediate context of the interview and this includes thoughts and ideas for consideration during data analysis (Ritchie & Lewis, 2003:133; Polit & Beck, 2004:382-383). The field notes were marked with the number of the interview, date and time (Appendix E).

2.4.4 DATA-ANALYSIS PLAN

The following discussions are based on the processes of data management and data analysis.

2.4.4.1 Management of data

After data collection the data were transcribed, organized and systematized to make analysis easier. The participants' responses in the form of statements or phrases were classified into smaller, manageable units so that they could be manipulated and indexed for easy access. Related concepts were grouped together and then coded accordingly as and when they were identified. During sorting, clarity was sought from the participants to confirm whether the understanding or the interpretation of the researcher was consistent with theirs.

Data were then scrutinized and emerging concepts given codes and labelled for the purpose of categorization. The whole process outlined here was undertaken manually.

2.4.4.2 Analysis of data

The process of data analysis was started as soon as data had been obtained from the interviews conducted. The method of data analysis was discussed in detail in Chapter 3.

2.4.4.3 LITERATURE INTEGRATION

Data bases such as Nexus (NRF), SA Periodicals, Medline, Social Science Index, and Academic Search Premier (Internet) were used to gain insight from research as well as other available literature and research reports (Burns & Grove, 2006:95).

2.5 CONCLUSION

A detailed description of the context, research design and research method were presented in this chapter. The next chapter presents a detailed account of data analysis and how the findings relate to existing literature.

CHAPTER 3

Unity Pot
a nice gift to the Trent University Indigenous Studies Department given by Dr. Sekagya from Uganda

CHAPTER 3

DISCUSSION OF RESEARCH FINDINGS AND LITERATURE INTEGRATION

3.1 INTRODUCTION

In the previous chapters the background regarding *dikgaba* in pregnancy and the research methodology were discussed. The analysis of the data and the research findings relating to *dikgaba* in pregnancy (Table 3.1) are now discussed. These findings are supported by direct quotes from the interviews. The findings relating to *dikgaba* in pregnancy are presented and a literature integration is done.

3.2 DATA ANALYSYS

Data analysis is a challenging and interesting phase of the qualitative research process, occurring concurrently with data collection (Burns & Grove, 2001:619). The process requires that the researcher becomes creative, diligent and enthusiastic to apply analytical reasoning that will provide answers to the research question. The process begins at the commencement of the research study and ends with writing up of the research findings (Ritchie & Lewis, 2003:199).

In this study the process of data analysis was started as soon as interviews with individual participants were conducted to collect data. Interviews resulted in very large volumes of texts obtained from verbatim transcription of participants' responses captured by audio tapes during interviews. The massive volumes of data in the form of words that had to be dealt with, made data analysis in this qualitative study extremely time consuming, as a lot of time was spent on scrutinizing and reflecting on the data to detect possible meanings and relationships (Brink *et al.,* 2006:184). The researcher deliberately made an effort to become familiar with the data that were being collected (Burns & Grove, 2001:619). The process involved reading and re-reading the field notes, recalling the observations and experiences, listening to the audiotapes and reading the transcripts. This led to the researcher becoming

immersed in the data (Burns and Grove, 2001: 619) and the researcher's summaries of the impressions made of each interview session, which would be reflected on at the later stage of data analysis, also added to the quantity of data to be dealt with.

The following steps were used to arrive at the answers in response to the question posed by this study, namely, what are the practices that Batswana in the Bojanala District of the North West province use to manage *dikgaba* in pregnancy?

- In an effort to gain deeper understanding of all what the collected data was about, the researcher repeatedly listened to the tape recordings, read and re-read the texts of transcribed data and field notes. Data were continuously interrogated in terms of quality to determine whether it added value to the objectives of the research project. The researcher reflected on both the responses that participants provided and on the questions posed to determine relevance and appropriateness.

  The first step was mainly to do with the researcher 'dwelling continuously' in the data in order to gain deeper understanding (Morse, 1994:106).

  - The researcher revisited the purpose of the study to determine what analysis of the data gathered sought to achieve. The researcher then formulated the following key questions that were meant to meet the study objectives:
  - What is the understanding of the phenomenon of *dikgaba* by the Batswana cultures in the North West province of South Africa?

- Which specific remedial practices are undertaken to deal with *kgaba*-related health challenges in pregnancy?

- The need to give meaning to data generated by interviews with participants led to the researcher continuing to deeply reflect on the data to identify which patterns or themes emerged from continued engagement. All data from the same question from different participants were grouped together by coding and concepts, terminology, ideas and phrases inherent in the text were cross checked for consistencies, or connectedness (Morse, 1994:29). The researcher then classified the statements from the data into categories that could be identified in data from any individual participant. Several such categories which will be revealed later in the findings of this study were identified.

- Engagement with the data was continued with, in order to identify which of the categories came through in a repetitive pattern. These were deemed to be significant to the participants.

- The researcher continued to reflect deeply on the categories to determine the final themes. To achieve this, data collected from one participant were compared with those of another participant (Brink *et al.*,, 2006:185). The categories were continuously refined or changed until the ones that were best representative of the descriptions of the practices related to *dikgaba* were retained.

3.3 RESEARCH FINDINGS

Findings from the research from the study population were presented in main themes and sub-themes are presented in Table 3.1.

Main theme 1 : What are *dikgaba*-related practices in pregnancy?

Main theme 2: Signs and symptoms of *kgaba*

Main theme 3: Causes of *kgaba*

MAIN THEME 1: What are *dikgaba*-related practices in pregnancy?

Table 3.1 Main themes and sub-themes identified as *dikgaba* in pregnancy

Sub-theme 1.1: Description of *kgaba*	Subtheme 1.2: Different treatments	Subtheme1.3: Prevention
What is *kgaba*? • '...*kgaba* is not witchcraft. *Kgaba* can be said to be a grudge or complaint against the person who is said to have it.' • 'It is not witchcraft, it is just a grudge, a favour denied, anxiety over a matter that causes *kgaba* to the child.' • 'There are different kinds of *kgaba*'.	**Medicinal herbal treatments** • '... we have Setswana potions...'. 'We have a medicine called *kgaba*.' • We have another one called 'Letlhokwa-la-tsela'. This is cut into pieces, soaked in water and this will be added to the *kgaba* sufferer's bath water.' • 'We also have "moroto-wa-tshwene".' 'This is obtained from the herbal shops. This is pounded and mixed with water and is then given to the person to drink, and then also	**Relationships** • 'The old way of prevention was once it is discovered that there are frictions between parties that may result in fights, to prevent this, you guard the person who you are not on good terms with, when they take off their dirty clothes and maybe leave to go somewhere, we quickly take those dirty clothes, then quickly wash out the dirt on the collar into a tub, when the dirt has come out, we mix this with old ash and have the

	used to bath in.' • 'when *kgaba* is evidenced in a pregnant woman, we have to find a person who will give the *kgaba* herb, pound it and mixed with bath water to wash the patient.'	pregnant woman drink this mixture'. • 'Yes, it may also be found that the woman's aunt is the cause of the kgaba, then the aunt is approached to discuss and free the woman from it. If the aunt is merciful she will voice out her grievances against the pregnant woman and she will then be requested to release the woman from the kgaba'. • '… and then the family must have respect or manners to avoid kgaba from settling within'.

MAIN THEME 2: Signs and symptoms of *kgaba*

Signs and symptoms of *kgaba*	**Non-herbal treatments**	**Prevention for baby/child**
• 'When a pregnant woman has *kgaba* the pregnancy often goes beyond its term or at times complications develop...'. • 'This may be caused by her enemies who might be slandering her name. Such talk causes a negative effect on the pregnant woman and this is called *kgaba*'. • '*Kgaba* can rotate within the home and within family members'.	The non-herbal treatment referred to a shell of an ostrich egg, blowing in a bottle, soil and other. **Shell of an ostrich egg** • 'We also use the shell of an ostrich egg. This is crushed and pounded into a powder, mixed into the patient's bath water.' 'If it is suspected that some of the family members might be responsible, we take it in a cup, pour the water on the person whilst chanting '*kgaba* get out of our child'.	• 'When a baby is born without any of these complications having set in, as a precaution we give them a herb called "ditantanyane" as a preventative method.'

	• 'Another thing to use is the shell of an ostrich egg. This is crushed and ground, it is also mixed with water and drunk by the pregnant woman'. **Blow in bottle** • 'If the problem still persists, you have to find a bottle into which the patient should blow. When thus blow into the bottle the baby must come out.' **Soil** • 'If this does not help you use the soil from a wasp's nest which is mixed in water and drunk by the pregnant woman. This will cause the baby to be delivered without complications'. • '...to use the soil from the wasp nest which is soaked in water using an old scarred enamel mug. To administer this as drinking portion to the pregnant woman, you stand in front of the woman holding the mug and she behind you. Once she has drunk the water you throw the mug on the ground and it should not be picked up until the woman delivers the child. After drinking the water the waters will break and the woman will go to the clinic.' • '...you take soil or sand, put it in a calabash, mix it with water and drink. Then you throw	

	the calabash behind you. The eldest woman will also take the crusty sand from the black wasp's nest on the wall, mix it with water in a cup. They will give it to the woman to drink and then throw it like this ... behind'. • 'Now if it is her aunt who it is suspected as the cause, you trace her footprints and scoop the soil where she stepped and mix this soil in water. Some of the water the woman will bath with and the rest she drinks'. • 'You can also use soil from the crossroads. This you mix with water, and also use to bath with. This helps in minimising the *kgaba*'. • '...the elderly woman will take soil from the crossroads, mix it in water and have the woman drink it.' • 'Yes, at the crossroads we take the soil, this is not to be drunk, it is used only to bathe with. You heat water and bathe and afterwards pour out the water on the ash heap. You do not splash the water but gently put the tub on the side and let the water out. You pour out the water this way because if you were to splash it out, when the time comes for the water to break, it will splash out the same way you poured out the bath water.'	

	Other • 'We also take "motlho" (a type of grass), this is dug out, soaked in hot water overnight. This is used to massage the pregnant woman and causes the bones to loosen up and delivery of baby becomes easy'. • 'Even the indigenous grass broom we put in water and chant as previously saying to the *kgaba* to come out of our child.' • 'She can be helped with "tshetlho" (a type of thorn grass)' this "tshetlho" (thorn grass) that sticks to the cattle has a thick juicy root that is dug out and boiled and drunk'. • 'You take strands from the tsheltho plant, not the roots, and weave them into a circle so that the child may go in here. In the morning you boil it and drink and in the evening too. This you do for three days and throw it away on the fourth day. When the child gives birth, the delivery becomes very easy and can deliver the baby at home too'. • 'You are in labour and restless, the older woman will come to you and hold you like "this" and press on your stomach and will press hard and say, my child, push. This old woman is standing behind you.'	

	• 'They also wrap up the placenta and the baby is still crying. Then they tie a doek around the waist. They tie you like this (showing by tying her waist), then massage you and tell you to lie down there whilst they clean up the baby.' • 'Another kind of *kgaba* is when you realise that old woman so and so does not like me, you guard where she urinates, scoop out that urine, drink a portion and use the rest to bath'. • 'We have another one called "mofetole". It is a tree that grows this big (showing with hands). It bears pea-like seeds. The roots are dug out, after digging it out you wash it and boil it. It is very bitter, after drinking you will feel some changes, you will feel as if the baby stands up, doing this (stretches her hands and stands up)'.	

MAIN THEME 3: Cause of Kgaba

Causes of *kgaba*		
• '*Kgaba* comes in various ways. In Setswana we have the Great Aunt (Eldest Aunt) who it is believed revealed by the Divining Bones (ditaola). When a person has or suffers from *kgaba* we confront the Great Aunt about this.' • 'Another way is through our own children, in the case where the boy/man denies the pregnancy. This often causes the girl/woman to be anxious. Such talks cause one to have *kgaba*.' • 'If there are problems between the woman and her mother-in-law, this will cause the mother-in-law to develop a grudge against the daughter-in-law and this caused *kgaba*.' • 'Your mother-in-law and your uncle are the people that bring about the *kgaba*, family members too'. • '*Kgaba* happens when a person is heart-broken and depressed'. • 'That is *Kgaba* but the greatest cause is lack of respect.'		

3.4 DISCUSSION OF RESEARCH FINDINGS

This study was conducted amongst the Setswana-speaking people of the North West province of South Africa in the Bojanala Platinum District. The objective of this study was to explore and describe health practices related to *dikgaba* in pregnancy. The findings revealed that beliefs in traditional health-care practices are currently being widely adhered to because of their relevance to people's way of life (Van der Kooi & Theobald, 2006:18). Traditional healing practices such as those that relate to *dikgaba* are practiced side by side with western medical care offered by professional doctors and nurses (Peltzer *et al.,* 2009:4) in public and private health-care facilities.

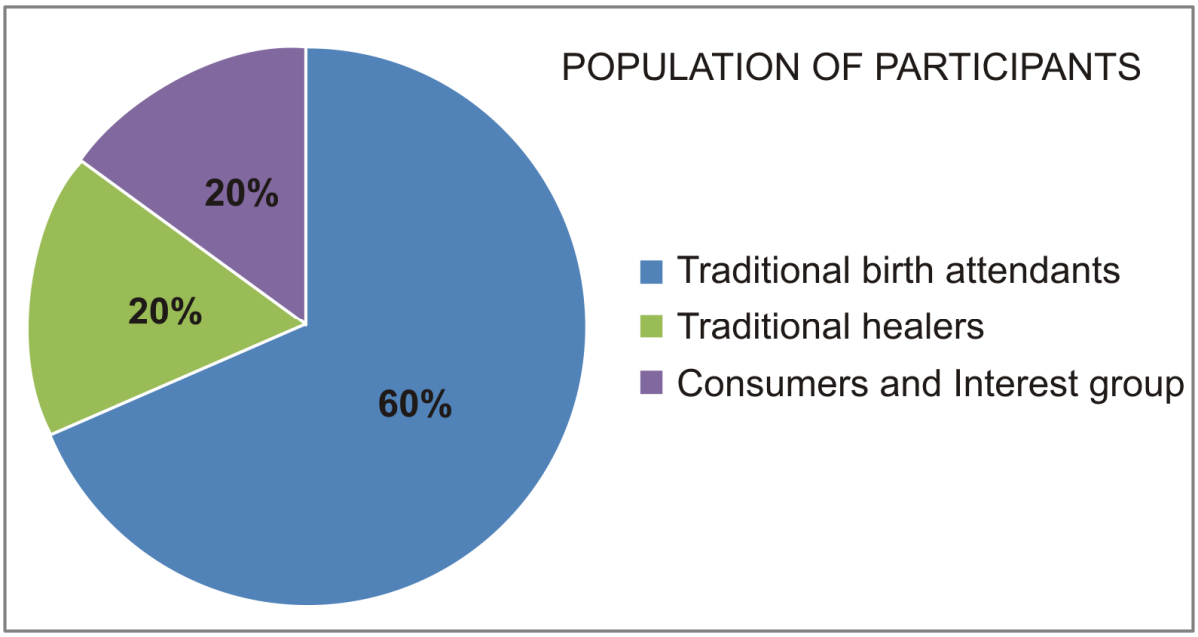

Figure 3.1 Pie chart of participants

The profile of the participants interviewed confirmed the notion that practices pertaining to *dikgaba,* which belong to indigenous knowledge systems, rest with the traditional healers who are both diagnosticians and herbalists (Kitula, 2007:1). Traditional birth attendants, younger women who learned childbirth practices from their mothers (Peltzer *et al.,* 2009:3) and grandmothers, as well as those belonging to the interest group because of their keen interest in traditional affairs, also contributed to this data. Of the ten participants interviewed, six (60%) were traditional birth attendants, two (20%) were traditional healers and two (20%) were

consumers of *kgaba* remedies who also belonged in the category of the interest group.

The study further revealed that the expertise related to *kgaba* practices lies with women as the section of the population directly affected by the phenomenon being studied. Women constituted eighty per cent of the participants in this study. Their involvement cuts across all categories into which the participants were classified, namely traditional healers, traditional birth attendants, consumers of care and the interest group. A hundred per cent of the illiterate participants were elderly women whose entire lives were spent in traditional rural community settings (Peltzer *et al.,* 2009:1). They depended wholly on recall of facts regarding what used to be done in dealing with medical challenges understood to have socio-cultural etiological explanations. They rely on their beliefs and adherence to traditional medical knowledge to this day (Kale, 1995:2). The spontaneity with which most of the participants verbalized their personal experience in traditional medicine explains why they continue to accord authority and prestige to traditional healing. Their knowledge and skills continue to find relevance during this era of biomedical advancement. It is apparent that pregnant women feel secure getting guidance, supervision and support from elderly women (Peltzer *et al.,* 2009:1). The fact that pregnant women continue to practice traditional medicine side by side with biomedical treatments (Kale, 1995:2) was implied by some participants during the interviews.

3.3.1 Definition of *dikgaba*

Participants were asked to explain their understanding of the phenomenon *dikgaba*. This was to determine whether there was commonality in the understanding amongst the participants regarding this phenomenon. Hammond-Tooke (1993) is also of the opinion that the illness can be properly comprehended and dealt with only when the meaning is imposed. The articulation of the meaning of the phenomenon by individual participants revealed that the understanding they have of *dikgaba*, how this affects pregnancy and childbirth as well as the associated healing practices, is common**:**

Table 3.2. Categories and theme associated with health practices related to *dikgaba* in pregnancy and childbirth

Sub –category 1: Understanding the *dikgaba*
Theme 1. Description • Diagnosis • Predisposition and origin • Indicators
Sub- Category 2: Management of *dikgaba* in pregnancy and childbirth
Theme 1. Pregnancy and labour problems • Herbal medicinal remedies • Non-herbal medicinal remedies • Rituals and other practices Theme 2. Social Relationships • Conflict resolution Theme 3. Driving the spirits away
Subcategory 3: Prevention of *dikgaba*

Categories and themes identified during data analysis are represented in Table 3.2.

The following quotes were captured regarding the participants' definition of *dikgaba*:

*"…*Kgaba *is not witchcraft.* Kgaba *can be said to be a grudge or complaint against the person who is said to have it. "*
"It is not witchcraft, it is just a grudge, a favour denied, anxiety over a matter that causes kgaba to the woman. "
"The aggrieved person is capable of evoking dikgaba *… the result of false utterances or insults directed to the elderly by the pregnant woman. "*
"When you hear someone in the company of a pregnant woman softly mumbling a wish that the pregnant woman's abdomen should rupture … the heart bewitches more than muti can do. "

The foregoing quotes concur with what Hammond-Tooke (1993:197) describes as the construction of the social reality of the illness. Most participants referred to *dikgab*a as an affliction suffered because of the victim's failure in good social relations with her kin or due to 'the envy of some ill-disposed individual' (Hammond-Tooke, 1993:197).

3.3.2 Description of *dikgaba*

3.3.2.1 Diagnosis: Divination (bone throwing) by traditional healers

Whenever there are reasons to believe that the pregnancy complication being experienced is of a socio-cultural origin, the kind that western medicine cannot manage, the traditional healer is consulted to investigate the matter Hammond-Tooke (1993:196). . This is achieved by the traditional healer *(ngaka)* also known as the diviner, throwing divining bones *(ditaola)* and interpreting the significance of the direction and position that each assumes when they fall. This constitutes the diagnosis, the essence of healing as referred to by Hammond-Tooke (1993:196). Participants also believe that management of the *kgaba*-related conditions lies with divination. The process involves collaboration between the patient, the family as the support group and the traditional healer as the diviner (Hammond-Tooke, 1993:197). The traditional healer, apart from revealing the originator of the *kgaba* spell by bone throwing, also prescribes treatment mainly based on herbal or non-herbal medicinal cures often in association with specific *kgaba* rituals;

Figure 3.1 Example of bone throwing (Source: www.jpsviewfinder)

"Sometimes the family comes to consult … I throw the bones first, the bones will tell me that this person is …… and that is kgaba, then I would be able to prescribe a remedy guided by the divining bones."
"when the woman goes into labour, birth becomes difficult, traditional healers are called and they will point out the existence of dikgaba."
" …. this person consults the traditional healer who will explain that the woman is afflicted with dikgaba.*"*
" When we have called the traditional healer to determine which type of dikgaba *it is, and it is identified to be the type she trod on …"*

3.3.2.2 Common suspects in *kgaba* afflictions

The great aunt is frequently referred to as the significant person most often implicated when a family member experiences *kgaba* related problems during pregnancy or childbirth. Most participants rated the aunt as the suspected perpetrator in most instances of pregnancy and childbirth complications that these Batswana believe to be evidence of a *kgaba* spell. Divination as the means of identifying some magical play perceived to be responsible for casting the *kgaba* spell does not involve mentioning names, and the suspect is only referred to in terms of relationship or status (Hammond-Tooke,1993:196). This corroborates the notion that there is cooperative effort between the concerned parties during divination; this results in all parties referring to their knowledge of the patient and her social relationships with her kinsmen or neighbours to decide on the suspect (Hammond-Tooke, 1993:190).

Figure 3.2 An example of the divination process

*"According to Setswana we have the great aunt who it is believed is revealed by the divining bones (*Kgadi e kgolo e e ntshiwang ke ditaola*). When a person is afflicted with* kgaba *we confront the great aunt about this."*
"At times the pregnant woman complains of this and that and when you go to the aunt or uncle about the child's health condition, you find their response negative."

3.3.2.3 Pregnancy conditions of significance for diagnosis

Participants believe that the existence of *kgaba* is suspected whenever a pregnant woman experiences problems that make it an uncomfortable or a life-threatening experience. Batswana further believe that any factor that interferes with the process of labour is somehow related to *dikgaba*. Most of the traditional healers and birth attendants are semi-literate and therefore ignorant of the influence of anatomy and physiology over the processes of pregnancy and labour. The quotes that follow relate to the effects of *dikgaba*, which in essence are the signs and symptoms indicating the need for traditional interventions;

"If after childbirth there are problems with the delivery of the placenta, this is suspected to be due to kgaba *… in the absence of* dikgaba *childbirth usually occurs normally."*
"If a person is afflicted by dikgaba *in pregnancy, this is recognized … if after the baby has been born, the placenta remains inside, it is said that the woman is afflicted with* kgaba *because of her father's heartache, this is* kgaba *originating from the father."*
"At times you hear it being said that it is 'breech', at times when the baby is born the cord is around the neck."
"When the baby is supposed to be born, it becomes a breech baby, that is, the baby is blocked from coming out, that too is kgaba*."*

Most participants cited prolonged difficult labour as a common indication that the pregnancy is being complicated by the *kgaba* spell. This includes obstructed labour and retained placenta.

3.4 Management of *dikgaba*

3.4.1 Pregnancy and labour problems

The traditional remedies used by Batswana to manage *kgaba*-related pregnancy and labour problems were explored. There is commonality in the herbal medicines used, the rationale behind usage and the rituals accompanying various treatment options mentioned. The procedures referred to are oral intake of herbal and non-herbal medicinal decoctions, burning of some herbal medicines to produce smoke to which the *kgaba*-afflicted is exposed, and boiling the herbs for inhalation of the resultant vapour by the woman undergoing treatment. Most of the traditional medicinal herbs used to manage problems of pregnancy and childbirth are chosen because of their inherent properties believed to be capable of producing the desired therapeutic effects (Kitula, 2007:4). According to Hammond–Tooke (1993:190), this follows the principle that governs magical thoughts as laid out by Sir James Frazer and named *The Law of Similarity*. This states that 'like produces like' and examples cited are herbs that produce a jelly-like slippery juice when crushed or boiled, administered orally to patients experiencing prolonged labour. It is believed that the slippery nature of the decoction would facilitate smooth and quick delivery, thereby overcoming the perceived *kgaba*-related obstruction blamed for the delay.

By the same token, decoctions from twining plants are used to remedy *dikgaba*-related birth complications with the explanation that they would lift off the spells which are likened to the twists and knots being experienced in the woman's life, namely the heartaches that cause *dikgaba*. A plant with the name implying 'change in position' (*mofetole*) is used to correct the abnormal foetal position, and the one with the name implying 'being good' (*mosiama)* is used to facilitate restoration of harmony in the broken social relationships.

Figure 3.3 Example of a twining plant

Mention was made of *kgaba* cures which are not well understood by the cultures that are predominantly Setswana in orientation, for example, the use of fat extract from a python for abdominal massage in order to hasten the labour process when prolonged labour is a challenge being managed.

Digging the Sacred Bear Root

[1] Cape Honeysuckle *(Tecomaria capensis)* (Van Wyk & Gericke, 2007:175)

Figure 3.4 Examples of some indigenous plants and roots used for *dikgaba*

Reference was also made to medicinal preparations of a non-herbal nature like ostrich eggshell and soil from the person's footprint or from the specific spot on the pathway. There are also specific prescriptions or rituals adhered to with regard to utensils used for administration and storage of *kgaba* remedies during the course of treatment. During interviews with individual participants it became apparent that even though there are some variations in the nature of treatments used to manage *dikgaba*, the principles and rationale for the treatment options remain basically the same throughout.

3.4.2 Herbal medicinal remedies used for *dikgaba* during pregnancy and childbirth

Most participants revealed that traditional herbal medicines play an important role in the management of *dikgaba.* These are commonly drunk, smoked, inhaled, used for bathing or smeared on the body to illicit a desired healing effect (de Boer & Lamxay, 2009:1) There was

[1] Cape Honeysuckle *(Tecomaria capensis)* (Van Wyk & Gericke, 2007:175)

however no mention of enemas and emetics amongst the practices used against *kgaba* even though the two are the forms of medication most commonly used by traditional healing practitioners (Kale, 1995:6). Although the traditional healers interviewed could easily refer to the *kgaba* medicinal herbs by names, they remained careful by not disclosing the recipes they followed to prepare the remedies (Kale, 1995:5). This study confirms the fact that recipes of herbal remedies used are often kept secret, as documented in the study conducted by Kale (1995:7).

"We also take motlho *(a type of grass), dig the roots, soak in hot water overnight and use this to massage the pregnant woman to loosen up bones so that delivery of the baby becomes easy"*
"We have another one called Letlhokwa- la- tsela *(a type of grass found growing by the wayside). This is cut into pieces soaked in water and this will be added to the woman's water for bathing."*
"We use a herbal medicine called morarollo *(meaning undoing the twist) ... isn't it that according to Batswana it will disentangle, it unravels. Isn't it that the person is entangled"*
"I take mosiama*,* morarollo *and a young aloe plant, crush them together and give to the woman. This is my secret."*

3.4.3 Non-herbal remedies used to manage *dikgaba* during pregnancy and childbirth

The frequent use of the ostrich eggshell as the *kgaba* remedy was identified by most participants. The finely crushed shell is mixed with water and drunk by the pregnant woman. Part of the mixture is added to the bathwater for cleansing.

Some participants mentioned the mixture of water and soil collected from the junction of the footpaths as another remedy drunk, and also used for a cleansing bath. A wasp's mud house or nest removed from the wall is mixed with water and this is drunk by the pregnant woman as a *kgaba* remedy. This confirms the findings by Van der Kooi and Theobald (2006:11).

Blowing forcefully into a bottle to facilitate expulsion of the baby or the placenta when labour is prolonged as a result of *dikgaba* was identified as a common practice used to hasten

labour. This is done only at the point that *kgaba* as the cause of the problem is believed to have been 'lifted off'.

Another non-herbal *Kgaba* cure is the urine of the suspect in *kgaba* illness. The participants explained that it is mixed with water and offered to the victim to drink. It is indicated when childbirth is believed to be prolonged due to *kgaba*.

The use of baboon's urine in the same manner as human urine referred to earlier was also mentioned by some participants. Familiarity with baboon's urine was variable amongst the participant as was the understanding of the remedy. One participant referred to the (baboon's urine) as the plant and all other participants explained it as genuine urine concentrate in the soil scooped from the spot where the baboon had urinated. This is used to speed up the process of childbirth.

"If it is her aunt who is suspected to be the cause, you trace her footprint, scoop the soil of the footprint, mix it with water, and this the woman will use for drinking and for addition into the water for bathing. Once you have done this, it is the end of dikgaba."
"Another thing is the black wasp's nest. This you break from the wall and put away and from five months, we break a piece and put it in cold water. You leave the water to settle, stir it just a little and leave it again to settle. Then you drink this and you will immediately feel some changes in your body. This change comes about but does not cause pains."
"… an ostrich egg. This is used during the first three to four months of pregnancy. You take a small piece and grind it very fine, put it in a mug and mix with a little cold water. The mixture is left for drinking, just a little bit at a time. This is a strong potion and can cause premature birth. So we put it away. When the pregnancy reaches the sixth or seventh month, you take this mixture, add to warm water and bathe the woman. Part of this mixture is left for drinking. When she reports the onset of labour pains, again you take the ostrich eggshell mixture and have her drink out of a calabash. When you often hear people saying 'when I got to the clinic the baby simply came out', it is all because of the ostrich egg. It is painful because the pains are severe. It stretches you, that's why it is not recommended for use by anyone because others use it carelessly."
"After the woman has been relieved of kgaba *you need to assist her by giving her a bottle to blow air into so that the baby may be delivered. If this does not help and delivery is still delayed, that very soil from the wasp's nest is …"*

3.4.4 Rituals and other practices

Traditional medicine used to manage complications in pregnancy and labour believed to be associated with *dikgaba* are commonly not used in isolation. The prescriptions by the traditional healer guided by divination usually involve specific rituals or procedures to be undertaken concurrently or subsequent to administration of the prescribed remedies.

"To administer this as drinking potion to the pregnant woman, you stand in front of the woman holding the mug and she, behind you. Once she has drunk the water you throw the mug on the ground and it should not be picked up until the woman delivers the child. After drinking the water the waters will break and the woman will go to the clinic. On arrival at the clinic the child will be delivered and when the report reaches home, only then can the mug be picked up."
"An unused calabash, you take it, you have packed up and ready to go to the clinic. You give the pregnant woman the eggshell and water mixture to drink. She drinks this facing the door. After drinking she goes out of the house and does not come back inside. After drinking she throws the calabash behind her without looking back and proceeds out. Then you go and when you get to the clinic you hand her over to the nurse."
"Yes, at the crossroads we take the soil, this is not to be drunk, it is used only to bathe with. You heat water and bathe and afterwards pour out the water on the ash disposal heap. You do not splash the water but gently put the tub on the side and let the water out (demonstrating with her hands). You pour out the water this way because if you were to splash it, when the time comes for the water to break it will splash out the same way you poured out the bathwater. It would be dangerous for you to have your waters break at the same speed if you have not prepared. That is why when a person's water breaks, this flows out gently."

3.5 Management of social relationships

Participants understand *kgaba* to be essentially an illness arising from broken social relationships between the afflicted and her family, friends or neighbours. They therefore believe that the cure for this is found in restoring the disturbed balance, thus ensuring a harmonious social life. The following practices were described:

3.5.1 Confrontation and reconciliation

This according to some participants is achieved by having the two conflicting parties take part in negotiations for restoration of harmony. The person believed to have cast the spell explains the extent of heartache suffered. The pregnant woman will also need to show remorse and apologize to have the *kgaba* spell reversed.

"When a person is believed to be afflicted with dikgaba*, we confront the great aunt to ask her what the problem is."*
"… this can only be achieved by the woman confessing and apologizing for the wrongdoing."
"If I tell her, "I have forgiven you my child" this usually suffices to lift off kgaba*."*
"The pregnant woman will go to her aunt's home with her mother to discuss her wrongs. After the aunt has voiced her grievances she will then tell her that she is ready to relieve her of dikgaba *and, together with her mother, they will take old ash, mix it with soil scooped from a spot outside the aunt's gate and then they stand at the door, the aunt inside the room and the pregnant niece outside. The aunt will sip the ash-soil-water mixture, keep it in the mouth and, standing directly facing her niece, spit into her face saying "I am spitting* kgaba *out of you." After that she throws the container behind her. "*

3.5.2 Driving the spirits away

The practice of aggressively ordering *kgaba* out of the victim was mentioned by some participants. It is believed that using strong language makes the spirits associated with *dikgaba* feel no longer comfortable abiding with the victim and would immediately flee, relieving the victim of the curse (Hammond–Tooke, 1993:190)

"We then say to her, "Go give birth to the baby" she will indeed deliver the baby thereafter, do you hear me? There is no better cure than this, Setswana, and that's my story."
"Yes, it is shouted at and insulted, saying your mother's this …! your father's ….! and it then goes away."

3.6 Prevention

As most participants believe that *dikgaba* is the result of conflict between the pregnant woman and the specific individual in her circle of social relations, they also strongly believe that deliberate efforts to interact harmoniously with others is the best prevention against *dikgaba*. Being respectful and obedient especially to the elders in the family and amongst neighbours was pointed out to be a desirable conduct significant to keep *kgaba* at bay. Hammond-Tooke (1993:192) confirms that the heart is capable of evoking harmful spell if one harbours bitterness caused by conflict in social relationships. The following quotes confirm this statement.

"*The greatest thing is respect, if you are a young woman with respect; there will not be any slanderous talks against you that will hurt you.***"**
"*It means now and then the family must have respect or manners to avoid* kgaba *from setting in.***"**
" *… that is* kgaba*, but the greatest cause is lack of respect,* kgaba *does not happen to a person with good manners.***"**

3.7 CONCLUSION

The findings of the research and the literature control with regard to the utilization of *dikgaba* in pregnancy were discussed in their different categories, subcategories and themes. The conclusions are that different definitions are used together with various way of diagnosing *dikgaba* during pregnancy and labour. Different ways of managing *dikgaba* are discussed as traditional practitioners have their own secret recipes that they use with their clients.

In the following chapter the conclusions, limitations and recommendations for midwifery education, midwifery research and midwifery practice will be discussed

CHAPTER 4

CHAPTER 4

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS FOR MIDWIFERY EDUCATION, MIDWIFERY RESEARCH AND MIDWIFERY PRACTICE

4.1 INTRODUCTION

The preceding chapter presented the findings of this study, namely health practices related to *dikgaba* in pregnancy and childbirth in the Bojanala District of the North West province. The practices were revealed by the analysis of data gathered during interviews conducted with participants regarded as experts in dealing with *dikgaba* and other types of illness perceived to be of socio-cultural origin. This chapter is dedicated to discussions of conclusions, the limitations of the study and recommendations for midwifery education, midwifery research and midwifery practice, derived from the data analysis.

4.2. CONCLUSIONS

The conclusions are based on the results obtained from interviews with experts in indigenous knowledge pertaining to *dikgaba* and the researcher's field notes, as well as the literature on the research phenomenon. These conclusions clearly reveal that *kgaba* and the related healing practices will remain relevant and justifiable as long as the understanding of illness remains located and defined in the context of culture and society. The themes presented in the discussions that follow were identified in the personal experiences and knowledge of those that have earned the respect of their communities for the role they play in providing health-care interventions that are based on the people's beliefs. The definitions of *dikgaba* and the understanding of the factors predisposing to affliction with *dikgaba*, described from the understanding and perspectives of the participants, provided a logical point of entry into the focus of the study as articulated by the objectives that follow, namely:

- to explore and describe *dikgaba* and the related practices in pregnancy and
- to recommend guidelines for provision of culturally congruent and safe midwifery care.

The following categories and themes that emerged from the analysis of the data from the participants in the study confirm that the above objectives have indeed been realized.

4.2.1 Definition of *dikgaba*

Dikgaba is understood by Batswana in the North West province to be an affliction, the result of a perceived act of malevolence by a family member, a neighbour or a friend, directed to a victim. Lack of respect, bad behaviour or disobedience are identified as factors necessary to evoke *kgaba* towards anyone exhibiting such unacceptable behaviour based on cultural norms and values (Hammond-Tooke, 1993:186). Pregnancy is a stage that culturally makes one most vulnerable to *dikgaba*.

4.2.2 Diagnosis of *dikgaba* in pregnancy

4.2.2.1 Bone throwing (divination)

The important role player in the investigation of who the responsible person is whenever *kgaba*-related problems occur is the traditional healer. The traditional healer's tools for diagnosis are the divining bones (*ditaola*). Hammond-Tooke (1993:190) reports that through the guidance of the ancestors the traditional healer throws the bones to get the cues about who the suspect is. Following this, the appropriate healing approach is prescribed.

4.2.2.2 Indicators of *dikgaba* in pregnancy and childbirth

According to the cultural beliefs of Batswana, any complication occurring during pregnancy and childbirth is said to have some form of connection with *dikgaba*. All problems affecting the pregnant woman are therefore referred to the experts in *kgaba* illness so that a problem free pregnancy can result in a smooth childbirth experience. Classified amongst the *kgaba* related problems in pregnancy are the following:

- various minor disorders of pregnancy like sleeplessness and backache;
- prolonged labour;
- abnormal position and lie of the foetus, as well as
- delay in delivery of the placenta.

The family is believed to be a significant origin of *kgaba* spells. The grandparents, parents-in-law and siblings are all said to be capable of evoking *kgaba* spells in their individual positions in relation to the victim. A pregnant woman needs to be in a harmonious relationship with the family members at all times to avoid heartaches capable of evoking *dikgaba.* The paternal

aunt is singled out as the significant family member in the life of her brother's children. Any conflict with her is most likely to result in *dikgaba.*

4.2.3 Management of *dikgaba* in pregnancy and childbirth

A number of remedies prepared from medicinal herbal and non-herbal substances are used in the management of *dikgaba* in pregnancy and childbirth.

4.2.3.1 Herbal medicinal remedies used

Hammond-Tooke (1993:192) refers to plant decoctions prepared from herbs as common remedies used by Batswana:

- *thelela*, (Corchor[2]us tridens) to speed up the labour process (Van Wyk & Gericke, 2007:69),
- a slippery juice from crushed grass roots also for the same reason and
- exposure of the foetus trapped in the birth canal to smoke emitted by burning medicinal herbs.

4.2.3.2 Non-herbal medicinal remedies used

There are common non-herbal cures used in pregnancy and childbirth to be drunk by the pregnant woman namely:

- a solution of soil or mud from a wasp's nest and water,
- a mixture of crushed ostrich eggshell mixed with water,
- a mixture of a soil sample taken from the junction of pathways, and
- the urine of a person suspected to have evoked *dikgaba*.

4.2.3.3 Rituals and other practices used in association with *kgaba* remedies

Kgaba remedies are commonly used in conjunction with rituals and other practices (Hammond-Tooke, 1993:186). The practices are meant to enhance the effects of the medicines used. The common practices of note here are (Hammond-Tooke, 1993:186):

- blowing into a bottle by a woman in labour,
- taking a cleansing bath using water to which *kgaba* remedies have been added,

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[2] Botanical name for *thelela*

- disposing of water used for a cleansing bath in such a way that it does not give a turbulent splash.

4.2.4 Management conflict in social relationships.

Broking peace between the parties in conflict is seen as an important step to eliminate *dikgaba*. The practices include confrontation and reconciliation:

4.2.4.1 Confrontation and reconciliation

This is achieved by having the person blamed for the *kgaba* spell voice the hurt caused by the victim and the victim apologizing for her wrongdoing (Hammond-Tooke, 1993:189). The *kgaba* spell is then broken on verbal command by the aggrieved party. The offending spirits are set to flee by the chanting of aggressive and rebuking words by the traditional healer or the family of the victim.

4.2.5 Prevention of *dikgaba*.

Dikgaba is the result of disharmony between the pregnant woman and the significant person in her social relations, stemming from being disrespectful, disobedient and slanderous. Prevention of *dikgaba* lies therefore in the social relationships characterized by sustained peace and harmony born out of the attitude of respect for all. Ordinary good behaviour is all that it takes to prevent *kgaba*.

4.3 LIMITATIONS OF THE RESEARCH

As is the case with many qualitative studies, this study was not without challenges. These were associated with the nature of the phenomenon being investigated as well as the participants. *Kgaba* practices belong to traditional healing which is by and large the domain of traditional knowledge systems.

Entering the study field for data collection was intended to involve two visits, namely initial contact for recruitment and the second contact for actually conducting the interview with the client, based on the contract for participation entered into between the potential participant and the researcher. There were some potential participants who backed down on the agreement they had entered into with the researcher during the recruitment visit, when the researcher returned for data collection. Fear of punishment by ancestors who continue to guide them in divination was advanced as the reason for a decision not to participate.

Some of the participants were old and illiterate. They solely depended on memory of personal experiences or observation from traditional health practitioners of their time. This made data collection a time-consuming exercise.

The interviewing process had to proceed at a very slow pace to accommodate limitations imposed by old age. The accounts of *dikgaba* practices were also inconsistent and sometimes not clearly understood by the researcher because of poor articulation due to loss of memory or bewilderment of first time exposure to modern technology by having their story recorded on an audiotape.

There is evidence of limited research conducted on *dikgaba*, how these relate to pregnancy, and the healing practices used to manage the condition. The only relevant study accessed is the one undertaken in the Bojanala District by Van der Kooi and Theobold (2006). It therefore became very difficult for the researcher to delineate an area of focus in the phenomenon based on the available research evidence.

Some participants declined to participate due issues around Intellectual Property. Their fear was based on the assumption that the knowledge they provided would be used by the researcher for gain without them being acknowledged and rewarded.

The findings of this study cannot be generalized as a result of the limitations imposed by non-probability sampling method used (Brink *et al.*, 2006:134).

4.4 RECOMMENDATIONS FOR MIDWIFERY EDUCATION, MIDWIFERY RESEARCH AND MIDWIFERY PRACTICE

4.4.1 Recommendations for midwifery education

As midwifery subjects is an important component of the curriculum for training nurses and midwives within the diverse South African culture, findings of this study, based on indigenous knowledge regarding cultural beliefs and practices, could inform nursing/midwifery educators to afford culturally safe and congruent midwifery care a place in the curriculum of the training for nurses. The following recommendations are therefore made:

- Knowledge regarding traditional medicine should be accommodated in the nursing/midwifery education curriculum to formally inculcate the culture of the midwifery practice that relates harmoniously to the way of life of the communities being served. The diverse nature of the cultures constituting South Africa's rainbow nation gives the

rationale for intentional integration of important healing systems to which the cultures subscribe.

- The education of the prospective midwives should be adjusted to emphasise the value of culture and belief systems in the total care of patients.
- Black African cultures should be preserved by collaboration with custodians of culture, for example, with traditional leaders in the orientation of the nursing learners towards community midwifery services.
- Knowledge about *kgaba* and the related practices should be shared with custodians of traditional medicine like traditional healers, herbalists and traditional birth attendants and other health professionals, whenever opportunities arise at workshops, symposia and conferences.
- Establishment of forums where all stakeholders (health care professionals, traditional healers and traditional birth attendance) involved in midwifery practice would have a safe platform for exchanging latest information is recommended. This would enhance mutual acceptance and acknowledgement by all involved.

4.4.2 Recommendations for midwifery research.

- Recommendations based on this study should be presented to the North West Department of Health at Provincial and District levels to contextualize the findings identified.
- The findings should also be disseminated to a large section of the community through the researcher's participation in television and radio programmes.
- Collaboration between midwifery and botanical researchers in the future studies on medicinal herbs should be supported. Access to samples of the identified plants should be facilitated, for analysis to justify their continued use in obstetrics.
- Many of the traditional medicines commonly used in pregnancy and labour need to be investigated to determine their efficacy, safety and relevance through research. Findings of such studies would offer a rationale for further collaboration with practitioners of traditional healing systems in the management of pregnancy and childbirth.
- Cultural healing strategies that could be made accessible to pregnant women preferring traditional midwifery care over biomedical obstetrical care should be

investigated and formalized by means of protocols or guidelines for use to safeguard consistency and safety (Van der Kooi & Theobold, 2006:19).

- Further qualitative research is recommended, using sampling methods different from the ones used in this study, to investigate strategies for incorporation of traditional medicine into the current system of health-care provision, namely Primary Health Care to ensure culturally congruent and safe midwifery practice.
- Familiarity with various cultural practices should be encouraged to enhance midwives' ability to render culturally sensitive care.
- A register for various traditional practitioners should be established as a control measure for quality and integrity of traditional medicine to safeguard the public against unscrupulous traditional healing practitioners.
- The traditional healers should take part in the development of the scope of practice for indigenous healing practitioners to ensure safe traditional practices. Cross reference between traditional healer and midwives could thus be facilitated.

4.4.3 Recommendations for midwifery practice

The formulation of recommendations for culturally sensitive midwifery practice was stipulated under the objective of this research.

- Traditional healing practices such as those related to *dikgaba* should be accepted as an integral part of **client-centred midwifery care**. This could be achieved by openness and mutual cooperation between the midwife, the client, her family and significant others involved in her care. Disclosure about the use of traditional medicine should be incorporated into the client's antenatal records, including naming of the responsible traditional health practitioner.
- Protection of the rights of traditional healers, the client and the midwife should be guaranteed. Midwives should be allowed **freedom to collaborate** with professionals of other health-care disciplines including traditional healers when dealing with midwifery challenges of socio-cultural origin affecting their clients for example, *dikgaba* (van der Kooi & Theobold, 2006:19).
- The **intellectual property rights** of traditional healers dealing with *dikgaba* and other culturally explained health problems should be protected to ensure that ownership of

traditional healing knowledge could become economically rewarding to the individuals involved in the discipline.

- Traditional healers should **interact** with the **Department of Health** to guide decisions that relate to the integration of traditional healing systems into community midwifery care which is part of primary health care. They should be given an opportunity to submit to the National Ministry of Health their vision of the preferred strategy to establish comprehensive midwifery care based on the principles of accessibility, affordability and efficiency in addressing the needs of the communities.
- The rights of the **consumers** of indigenous healing practices provided by traditional healers should be included in the Patients' Rights Charter.
- Intensified **awareness campaigns** should be undertaken to overcome conflicts and stereotyping between practitioners of modern midwifery and experts in *kgaba* remedies, thereby laying a foundation for mutual support and acceptance in the best interest of the client. Traditional healing practitioners could be encouraged to adapt potentially harmful traditional healing practices to the benefit of their patients (Summerton, 2006: 22).
- Communities could be **conscientized** about culturally safe midwifery care to facilitate deeper understanding and acknowledgement of the legitimacy of cultural differences and cultural accommodation in the provision of midwifery care through health education (Van der Kooi & Theobold, 2006: 19).
- Advocacy for **recognition of traditional medicine** as an alternative to conventional medical service should be supported by the Department of Health and the relevant scope of practice be developed to protect both the practitioners and the consumers.
- Traditional health practitioners should be exposed to knowledge and skills on elementary hygiene and microbiology in order to use safe practices in the preparation and storage of traditional medicines.
- It is recommended that the health care delivery system is **transformed** in order to accommodate culture-congruent midwifery care. This is in line with the recommendations made by the African National Congress in a National Health Plan for South Africa adopted at the beginning of the democratically elected government which upholds the rights of individuals as outlined in the Constitution of the Republic of South Africa (SA, 1994).

4.5 CONCLUDING REMARKS

This study, conducted amongst the Setswana-oriented communities in Bojanala District of the North West province, sought to explore the health practices related to *dikgaba* in pregnancy and childbirth. The other objective was to formulate recommendations for providing culturally congruent and safe midwifery care. Both study objectives have been successfully met as the concept *dikgaba* and the related practices were explored and described according to the understanding and experiences of the study population.

Suggestions are made to inform recommendations for incorporation of traditional medicine into the current system providing midwifery care. The urgent move to mobilize communities towards the acceptance of traditional medicine in the current model of primary health care provision is also stated. The findings of this study therefore provide a rationale for the transformation of the health-care delivery system in South Africa, with specific reference to the North West province where *kgaba*-related health practices are not only upheld, but believed to be relevant and appropriate for meeting the needs of midwifery-care consumers whose cultural beliefs and practices are grossly marginalized and criminalized.

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Appendices

APPENDICES A - F

Appendix A

(NWU Ethical approval)

Appendix B

(Department of Health, North West province)

Appendix C

(Bojanala District)

Appendix D

(Informed consent)

Appendix E

(Field notes)

Participant 01

DEMOGRAPHIC NOTES

Date: June 2009

Time: Between 12h30 and 13h30

Weather conditions: It was a warm winter day.

DESCRIPTIVE NOTES :

Participant: A man, 56 years old and still employed. Residing in an urban area with the family, having grown up in a typical rural setting where tradition and culture are adhered to. He has keen interest in Setswana being known for his traditional knowledge skills which include Setswana poetry and traditional dance.

Physical setting: The interview was conducted in the house. The grandchildren were still at school and it was therefore very quiet and conducive for an interview. The only person around was a wife and helper who were in the kitchen. The windows had to be kept closed because a neighbour was busy with a lawnmower cutting the grass and this gave a lot of noise

Reflective notes: The researcher opened the session by recapping the aim of the study and the terms and conditions relating to participation that were explained during recruitment .The participant seemed ready for the interview. He explained how he learned traditional practices from the elderly men during his days as a herd boy. He also believes strongly in traditional medicine, demonstrated insight into traditional medicine especially the remedies used in respect of *dikgaba.* He referred the researcher to a number of traditional healers who he knew were experts in *dikgaba*.

Participant 02

DEMOGRAPHIC NOTES

Date: July 4th, 2010

Time: between 1300 and 14h00

Weather conditions: It was a typical warm winter afternoon.

DESCRIPTIVE NOTES:

Participant: The participant was an old lady aged between seventy five and eighty.

Physical setting: The interview was conducted in a dining room. The researcher and the participant sat at the dining table and the audiotape was placed on a table. It was all quiet as the kids were sent out to play in the neighbourhood.

Reflective notes:

The old woman seemed to be familiar with the *kgaba* remedies. One could easily pick it up that her language was a mix of Setswana and Sepedi. She explained that she was Mopedi married into Batswana .The knowledge she has about *dikgaba* she explained that she gained after she settled amongst Batswana. She could remember some *kgaba* remedies from her childhood back in her parents home. This revealed that there were some commonality in the traditional remedies used different Black cultures in South African. She spoke with hesitation at times trying to refer to Setswana names of remedies. She was illiterate and mainly depended on experience and memory for knowledge.

Participant 03

DEMOGRAPHIC NOTES

DATE: July 4th, 2010

Weather conditions: The weather condition was fair with a temperature being a bit cold.

DESCRIPTIVE NOTES.

Participant: It was a woman of about forty years. She gathered the knowledge of traditional medicine from her grandmother who used *kgaba* remedies to relieve those afflicted during pregnancy.

Physical setting: The interview was conducted in the dining room. The researcher held the tape with the hand to avoid it shaken by the table that was being knocked by the participant who was using hands to emphasize some points.

REFFLECTIVE NOTES

The woman was emphatic in her account of the practices related to *dikgaba* in pregnancy. She illustrated some points by literally rising from the chair to demonstrate how some practices were carried out. She felt quite comfortable being interviewed. She indicated that she is still learning traditional healing practices from her mother who still helps a lot of women presenting with *kgaba.* She expressed her keenness to learn so that she could help those interested in traditional remedies.

Participant 04

DEMOGRAPHIC NOTES:

DATE: July 7th, 2010

Time : Between 10 h00 and 10h40

Weather condition: It was still cold in the morning but the weather was clear and also not windy.

DESCRIPTIVE NOTES

Participant: An elderly woman of about 70 years old and Motswana by birth.

Physical setting: The interview occurred in the participant's home. It was comfortable and conducive as there were no interruptions

REFLECTIVE NOTES

She was giving information from personal experience. Her experience most revolved around the practices other than specific remedies. She also referred to having learned the *kgaba* practices from her grandmother who was responsible for her care during all her pregnancies as her mother was young and not well versed with traditional medicine. She demonstrated how she would help women presenting with difficult labours because of *dikgaba.* She was open about her limited knowledge about specific medicinal remedies.

Participant 05

DEMOGRAPHIC NOTES

Date: July 7th, 2010

Time: Between 12h30 and 1310

DESCRIPTIVE NOTES

Participant: An elderly woman of about seventy years of age. She was a truly traditional, rural woman, having had no exposure to any urban setting. She was illiterate as her parents did not believe in taking a girl child to school.

Physical setting: The interview was conducted in the home of another elderly crippled lady. It was conducted in a room different from where the old lady was lying.

REFLECTIVE NOTES

Her knowledge was gathered through personal experiences during pregnancy and labour. She stated that all her babies were born at home under the care of her mother in law who was a reputable traditional birth attendant. An interview process was a challenge for both the researcher and the participant. She had difficulty in presenting her story as she found it difficult to go straight into the story she wanted to give. The researcher had to probe to get a detailed account of what she was saying, often demonstrating and using gestures instead of explaining. Time and again the researcher had to ask her to explain the actions she made without clear explanations. Although she was quite uncomfortable at the beginning of the interview she adjusted as the process continued. She appeared uncomfortable about the audiotape at first but became fascinated listening to herself after the interview.

Participant 06

Date: July 7th, 2010

Time: Between 14h00 and 15h00

Weather: It was a warm winter afternoon with the clear sky.

DESCRIPTIVE NOTES

Participant: An elderly woman of about 80 years of age. She was still very active as the researcher found her busy making fire in preparation for cooking. She had just finished washing the traditional three legged pots which she uses for cooking.

Physical setting: The interview was conducted outside the house, close to the hut being used as a kitchen. The researcher and the participant sat on two home made benches opposite one another. The audiotape was put on a chair

REFLECTIVE NOTES

Although she had understood the importance of giving the researcher attention for a time negotiated for earlier during recruitment, she kept on rising up from the chair to check if the fire was not dying out. She was quite articulate about the *kgaba* remedies. She even showed the researcher a dried sample of the herb used both as a cure for *kgaba* during childbirth and also as morogo, a traditional relish. Another plant she pointed as a *kgaba* remedy was a wild fruit with which the researcher was familiar. She was happy to share her knowledge and invited the researcher to come again during summer when most herbs can be sampled

Participant 07

DEMOGRAPHIC NOTES

Date: July 10, 2010

Time: Between 16h00 and 17h00

Weather: It was a warm and comfortable afternoon.

DESCRIPTIVE NOTES:

Participant: A young woman, about 35 years old, a mother and a professional nurse and midwife. She was Motswana by birth and very passionate about traditional healing especially as regards women's health.

Physical setting: The interview was conducted in one of the empty rooms in the clinic. The researcher and the participant sat around a small table with an audiotape on top. It was quiet as it was away from the entrance of the clinic and the waiting area. It was after working hours and she had wanted to rather be interviewed at the clinic because it was convenient for her. The atmosphere was relaxed.

REFLECTIVE NOTES

She was very articulate about how *kgaba* was used during pregnancy and labour having used such during all her three pregnancies and labour. It was very clear that she believed in traditional medicine. She also mentioned some dangers associated with the some of the remedies. She could give details in respect of each remedy she mentioned and said she always asked her grandmother out *kgaba* medicines and other medicines used for women.

Participant 08

DEMOGRAPHIC NOTES

Date: July 11, 2010

Time: Between 14h50 and 15h40

Weather: It was a typical warm winter and sunny winter day.

DESCRIPTIVE NOTES:

Participant: An elderly man over eighty years of age, very interesting and full of humour. He was a traditional healer still actively involved in traditional healing. He was a member of the royal clan. He was articulate in his account of the interview topic.

Physical setting: An interview was conducted under a tree as the participant suffered from a chest condition that made him feel comfortable outside the house, exposed to free air. He was louder when talking, probably as a result of experiencing slightly hard of hearing.

REFLECTIVE NOTES

The participant appeared to be familiar with the hospital procedures and the setting and that proved to be proof that traditional medicine is being practiced even in circumstances where the pregnant woman is under the care of midwives in the antenatal clinic or hospital. He was very informative and passionate about his culture and tradition and how these are being ignored by modern people. He coughed a lot and the process was repeatedly interrupted as a result. He got carried away with the interview and ended up repeating a point over and over.

Participant: 09

DEMOGRAPHIC NOTES

Date: July 2010

Time: Between 09h00 and 10h00

Weather condition: It was beginning to warm up. The old lady was found still in the house, having just risen as she was used to getting up around 08h00.

DESCRIPTIVE NOTES

Participant: This was a very old woman, over ninety years old, crippled from birth and creeping on the lower legs that appeared poorly developed and deformed. She was being looked after by one of her daughters staying with her. The daughter had to be around during the interview as she was the old lady's caretaker. The younger brother to the caregiver was also around although he had to excuse himself for the interview to continue. The old lady gave account of the practices that they used in the days of old. It was very clear that she was speaking from personal experience with the remedies. She stopped talking and indicated that she had forgotten some of the practices - only to start remembering some remedies when the audiotape was already switched off, this when the researcher realized it was important for the study, prompted the researcher to ask the granny to allow the audio tape to be switched on again in order to have the data captured. The old lady was pleased to realize that there were nurses seeking knowledge about traditional medicine, that was hope the knowledge will not go with the elderly to the grave. She expressed her love for Setswana culture as it is good for those who love it.

Physical setting: The interview was conducted inside the house with the old lady seated on the floor on a traditional mat made of sheepskin. The researcher sat on a lower chair to be at the level with the participant. The audiotape was placed on the coffee table.

Participant 10

DEMOGRAPHIC NOTES

Date: July….,2010

Time: Between 11h00 and 12h00

Weather condition: It was warm as it was about midday when the interview started. The day wsa also sunny

DESCRIPTIVE NOTES:

Participant: A woman old about sixty years who was also a traditional healer actively involved in *dikgaba* especially in relation to childbirth and infertility. She explained the different plants used as remedies as well as the ritual and other practices. She made it clear that the information on the medicines she uses are her secrets as she gets guidance from her ancestors who she always call whenever she has to give instructions on how the remedies she gives have to be prepared and used. She was clear on the rational behind using each one of the cures she mentioned. She was comfortable being interviewed and told the researcher to come back to investigate other areas of interest

Physical setting: The interview was conducted inside the house. It was very quiet and the atmosphere was also relaxed.

Reflective notes: She explained the different plants used as remedies as well as the ritual and other practices, She made it clear that the information on the medicines she uses are her secrets as she gets guidance from her ancestors who she always call whenever she has to give instructions on how the remedies she gives have to be prepared and used. She was clear on the rational behind using each one of the cures she mentioned. She was comfortable being interviewed and told the researcher she would still participate if the researcher could come back to investigate other areas of interest. She also asked to be made aware of any information or report about the study where possible.

Appendix F

(Transcription of an interview)

TRANSCRIPTION OF INTERVIEW

Code: Researcher = R

Participant = P

R. Thank you Madam, for the time you have granted me to talk about the subject of my research. Can you please tell me about *Kgaba* in pregnancy and in delivery of the baby. How can it be remedied once discovered in the woman or even when a person is about to give birth. What is its problem?. The issue here if for you to narrate to me all you know concerning this issue.

P. Thank you madam, I will talk about what I know about the ostrich egg. This is used during the first three or four months of pregnancy. You know that in Setswana we have this issue of saying so and so is not good to us. Or perhaps the pregnant woman has complaints about this and that. When you go and report to the aunts and uncles about the child's condition, and you find that their response is not positive. There and then we start using the ostrich eggshell. You take a small piece and grind it very soft, pour it in a mug and mix with a little cold water. This is a strong potion and can cause premature birth. So we put it away, when the pregnancy is on its sixth or seventh month, you take warm water and bathe the woman with during the day. Thereafter you do not pour out this water but wait until dusk, you go out to the crossroads outside the village if your home is close to the centre of the village. A portion of this mixture is left for drinking from a cup, and just a little bit at a time. This is dangerous by the way. When the nine months approaches and she reports the start of labour pains, you leave her for some time and keep on asking her questions. You shall have taught her all about pregnancy and labour and how it differs from case to case. Again you take the egg shell and grind it, mix with cold water and have her drink out of a calabash this time around. We do not use a cup this time.

R. A calabash?

P. An unused calabash, you take it, you have packed up and ready to go to the clinic. You give the pregnant woman the egg shell and water mixture to drink. She drinks this facing the door. After drinking she goes out of the house and does not come back inside. After drinking she throws the calabash behind her without looking back and

proceeds out. Then you go and when you get to the clinic you hand her over to the nurse. Then the nurse will say '1cm,' that is six is gone already. At the count of three the baby will come out. When you often hear people say when I got to the clinic the baby came out, it is all because of the ostrich eggshell. It is painful because the pains are severe. It stretches you that is why it is not recommended for use by everyone because others use it carelessly. That is what we know, something else?

P. Another thing is the black wasp nest. This you break from the wall and put away and from 5 months, we break a piece and put it in cold water. You leave the water to settle, stir it just a little and leave it again to settle. Then you drink this and immediately will feel some changes in your body. This change comes about but does not cause pains. Then you take the soil from this mixture and rub it on to your stomach (rubbing herself on the stomach). We then wait for the ninth month. On the ninth month, when labour pains set in, you again take the wasp's nest crust mix with water and drink once more. This you do not grind like you did with the egg shell, people do not like pains isn't it?

R. Yes

P. You will stay awhile and give birth normally.

R. But what is *Kgaba*?

P. Ai!!! The way my grandmother taught me, *kgaba* can be anything caused by disagreements in the family, isn't it?

R. Yes.

P. If I talk to you roughly, your sad spirit, your bad wishes saying 'sis I wish this.....'. You see no peace with outsiders, be that as it may, you will be attending ante natal clinic sessions and you are then told the baby has died. In the meantime you have not been feeling alright.

R. Yes.

P. At times you hear it said that it is 'breech' , at times when the baby is born the cord is around the neck. That is when they had tied it.

R. Yes.

P. Alternatively, they took her foot print.

R. Oh that is why often people go for foot prints.

P. Yes, at the cross roads we take the soil, this is not to be drunk, it is used only to bathe with. You heat water and bathe and afterwards pour out the water on the ash heap. You do not splash the water but gently put the tub on the side and let the water out (demonstrating with her hands). You pour out the water this way because if you were to splash it out, when the time comes for the water to break it will splash out the same way you poured out the bath water. It would be dangerous for you to have your waters break at the same speed if you have not prepared. That is why when a person's water breaks, this flows out gently.

R. Hhhhhh

P. Ant then it Is..... you know the one about *'moroto wa tshwene'* I know just a little about. '*Moroto wa tshwene*' is a soil, you see? You see when a horse or a donkey urinates, this becomes flood like, yes, you take the soil. It smells terrible, even this ' *moroto wa tshwene*'does not smell good.

R. Is this not urine?

P. It is said to be urine, where a baboon has actually urinated, you take the soil. This too is as powerful as the ostrich eggshell, and is no good. It is not good because it causes severe pains. That is how it works. I do not have much knowledge about it.

We have another one called '*mofetole*'. It is a tree that grows this big (showing with hands) It bears pea like seeds. The roots are dug out, (demonstrating by use of hands), after digging it out you wash it and boil it. It is very bitter, after drinking you will feel some changes, you will feel as if the baby stands up, doing this (stretches her hands and stands up) does this, you see. It is as if the baby forcefully stands up, but it does not cause pain. I asked my grandmother because she hid nothing from me.

R. So you stayed with your grandmother, you heard everything.

P. Yes , she would tell me and would not give me anything without explanation. Then she said, this one is *'mofetole*' so that if the baby is not lying in the correct position this will cause it to turn and position itself correctly.

R. Alright,

P. But it does not do that one thing only. Then we also have.....the thing is that this other thing was administered by .other cultures..... . This is python fat in a small bottle which is bought from a herbalist. It is in a small bottle, this small (indicating by a show of fingers), immediately the pains start, I accompany you to the clinic. When we get there I stay with you and you have the bottle with. When you hear me say sshsshhh.... then you rub this on my back. When the Sister returns the baby will glide out just like mucus from the nose, simply glides out just like that.

R. Just by just rubbing with?

P. Yes, just by rubbing only. This you rub around the waist. The baby will glide just like the smoothness of a snake.

R. Can ' *Kgaba* be prevented? Let us assume a person has used *Kgaba* against you, can it be prevented? Is there something that can be said is a prevention against it?

P. The old way of prevention was once it is discovered that there are frictions between parties that may result in fights, to prevent this, you guard the person who you are not in good terms with, when they take off their dirty clothes and maybe leave to go somewhere, we quickly take those dirty clothes, then quickly wash out the dirt on the collar into a tub, when the dirt has come out, we mix this with old ash and have the pregnant woman drink this mixture. When the person returns the fights will no more occur and peace prevails. Things become normalised and delivery will be smooth.

R. Thank you, you mentioned them all?

P. Yes, it may also be found that the woman's Aunt is the cause of the *Kgaba*, then the aunt is approached to discuss and free the woman from it. If Aunt is merciful she will voice out her grievances against the pregnant woman and she will then be requested to relieve the woman of the *Kgaba* spell. If she agrees the pregnant woman will go to her aunt's home with her mother to discuss her wrongs. After the aunt has voiced out her grievances she will then tell the niece that she is ready to release her from the *Kgaba* and together with her mother, they then take old ash and mix it with soil from outside that aunt's gate and then they stand at the door, the aunt inside the door and the woman outside. The Aunt will sip the ash soil water mixture into her mouth and standing directly in front of you, spit that water into your face saying, ' I am spitting the *Kgaba* out of you' (demonstrating with her mouth). After saying this, she throws the

container like this(again demonstrating with her hands), throwing it behind her and then she steps outside. You all go out now and peace will be restored and love will flourish.

R. Reconciliation has been restored?

P. Yes it has been restored.

R. Thank you.