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Health belief dualism in the postnatal practices of rural Swazi women: An ethnographic account

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Abstract
Objective: This study explores and describes the values, beliefs, and practices of rural Swazi women regarding childbearing in the postpartum period.
Method: A retrospective ethnographic research design was used. A snowballing sampling method was used to recruit fifteen participants. Face-to-face unstructured audio-taped interviews and field notes were utilised to gather data.
Findings: Results showed that rural Swazi women held a dual health belief system of modern and traditional medicinal use; practiced lengthy periods of postpartum confinement; customarily gave regular enemas and traditional medicines to their babies; undertook the specific cultural practice of taking the baby to *enyonini* [a tree struck by lightening] to perform specific rituals; used self-prescribed pharmacy medicines; used both traditional and modern contraception; as well as practiced breastfeeding.
Conclusion: Rural Swazi women observe modern health practices alongside traditional customary practices that are inherent to their health belief and value systems in the postnatal period. These customary beliefs and values underpin their birth practices postpartum. Recommendations include the need to consider including formal knowledge on cultural aspects of childbirth and postpartum care into midwifery education; a review of maternal care practices and policies to incorporate widely practised traditional elements including redressing the use of self-prescribed pharmacy medicines to ensure a higher level of safety.

Introduction

In Swaziland, childbearing women are predominately cared for by Swazi midwives, who are trained according to the biomedical model of care which does not include specific Swazi cultural beliefs and practices. This biomedical basis of formal care differs vastly from the traditional health

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belief system held by the native rural Swazi woman. Consequently, traditional cultural health beliefs may be neglected. Examining postnatal beliefs and values of rural Swazi women is critical because of the absence of empirical evidence on cultural beliefs, practices and values surrounding childbirth and postpartum practices specific to rural Swazi women, as over 70% of the Swazi population lives in the rural area.[1] Such a lack of empirical data may contribute to a gap between formal midwifery care delivered and cultural health practices, values, and beliefs. This is particularly significant considering that the maternal mortality rate is high at 589 per 100 000 live births, suggesting an urgent need to investigate all aspects of maternal health services in the country.[1]

A larger cross-sectional ethnographic enquiry was conducted in a rural village in Swaziland, to investigate the values and beliefs of rural Swazi women that underpinned their practices during previous childbirth experiences. Findings from the study revealed that rural Swazi women engaged in cultural birth practices based on their customary beliefs and values during pregnancy, labour, and the postpartum period.[2] This paper presents the postnatal subsection of the findings from the larger study. Baseline empirical cultural information on the childbearing practices of rural postnatal Swazi women that can be used for further research studies is outlined in this paper. Such information can be used to inform midwifery education to incorporate the cultural values of rural Swazi women in the curricula, as well as develop a culture-sensitive midwifery model of care that may enhance the delivery of maternal and neonatal care that is relevant to the Swaziland cultural context in the postpartum period. A paper pertinent to the labour period is currently in progress.

Literature review

The socio-cultural contexts, in which pregnancy, birth and postnatal experiences occur, vary widely in different cultures and are further shaped by socio-economic resources and level of urbanisation of a country.[3,4] In order for formal maternity care to best suit individual societies and women, it is necessary for health care professionals to incorporate aspects of cultural belief systems of the community where care is targeted. Health care should be culturally safe for it to be effective.[5] Incorporating cultural appropriateness and safety enables provision of care that is perceived as acceptable by its recipients whilst having a scientific basis on from which to improve maternal and neonatal care outcomes in resource limited settings.

Indigenous women from many non-western societies observe postnatal practices determined by their culture. For example, in China, one month confinement postpartum is commonly practised by Chinese women, as a tradition and is passed on from the older to the younger generation of women. This practice is valued and considered relevant by the Chinese birthing women even though it is not founded on western medicinal practices such as early discharge and early ambulation.[6] Similarly, culture specific postpartum traditional practice adherence was observed in Turkey where, for instance, women tended to opt for traditional contraceptive methods postpartum even after formal contraceptive counselling and education on modern contraception.[7]

Similarly, these differences in cultural health care practices have been demonstrated in studies of migrant populations. Internationally, studies on childbirth practices of migrant women have shown very different ideologies regarding practices, beliefs, and values that tend to vary from those of their host countries and the formal health care sector.[8–12] Confusion, dissatisfaction with maternity care and underutilisation of health services have been attributed to a lack of awareness of health professionals of the culture of their clientele.[13] Likewise health care workers were found to experience numerous challenges in providing postnatal care to women of different ethnic origins.[14] These challenges were attributed to cultural barriers such as difficulty in understanding the expectations and perceptions of the women being cared for.

Participants and methods

A retrospective ethnographic approach was employed to examine the postnatal beliefs, values, and practices of rural Swazi women in a rural village in the Hhohho region of Swaziland.[15] A snowballing sampling method was used to recruit fifteen participants as women were difficult to access due to the village's rough geographical terrain and poor road infrastructure.[15] Inclusion criteria were women aged 18 years and over; residing in the specific village under study; and had a child of not more than two years of age. Primigravid and nulliparous women were excluded as they were yet to experience the entire childbearing process which was the study's area of focus. Women with co-morbidities were also excluded.

Data was collected through face-to-face interviews, using an unstructured interview guide and probing used to encourage detailed descriptions by participants.[16] Interviews took place in private places designated by the participants such as in their homes, or under a tree near their homes. Field notes that recorded non-verbal cues of participants during interviews were taken by the researcher. Audio-taped data was transcribed and translated from SiSwati to English by the principal researcher after listening to the tapes several times. Thematic analysis of the data yielded emergent themes.[17] Similar unit themes were then grouped together into main themes and sub-themes to facilitate description and implicate meaning.[18] Field notes consisted of researcher observations during interviews such as non-verbal and cues of participants, emotional affect, and cultural objects. These field notes were read and reflected upon in conjunction with audio-taped interviews to capture their meaning in context.[15,19] An independent researcher was also contracted to view transcriptions of the data and compare these with the themes for validation.

Ethics approval was obtained from the RMIT School of Health Sciences Human Research Ethics Committee (HREC). Prior to the commencement of interview a, detailed verbal explanation of the nature of the study, its scope, and purpose was given to the village chief to enable her to make an informed decision when granting permission for the study to proceed. The intention and nature of the study was also explained to participants before an invitation to participate was extended and consent obtained. At all levels of consent, the right of participants to withdraw participation, at any