

Urban Zulu mothers' views on the health and health care of their infants

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Summary

During a research project aimed at the establishment of developmental norms for Black infants, the lack of information on Black mothers' views on infancy and child-rearing became apparent. A pilot project was therefore undertaken in order to delineate areas for further study. During this pilot project data were obtained on urban Zulu mothers' views on the health and health care of their infants.

It appeared that urban Zulu mothers have accepted Western medicine to a certain degree, without having completely relinquished beliefs in traditional health care.

We report these views on the health and health care of infants because they seem important not only for those active in community obstetrics and paediatrics, but also for those concerned with the health care facilities provided for urban Blacks.

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Twenty-four mothers with infants ranging in age from 1 to 24 months answered a 40-item questionnaire. The mothers were selected in two ways: (i) from those attending clinics or known to the clinic staff and community sisters; and (ii) from homes where there were signs of the presence of infants, e.g. nappies on the washing line. The former group were interviewed by the clinic staff or by community sisters and the latter by a paid interviewer.

This was intended as a pilot project aimed at delineating areas for further in-depth study. No attempt was made to obtain a representative sample of urban Zulu mothers.

Method

Six community sisters each interviewed a mother, 8 mothers were interviewed by staff members of a postnatal clinic, and a paid assistant interviewed 10 mothers.

The interview schedule contained 40 open-ended questions, designed to uncover attitudes and knowledge about certain seemingly important issues related to child-rearing. The replies to 17 questions form the basis of this report. The others have been analysed and discussed elsewhere.¹ (The 40-item questionnaire can be obtained from the authors.)

The schedules were written in English and the interviews conducted in Zulu, the replies being recorded in English. When the interviewers met to discuss the task requirements, care was taken to ensure that all the English questions were correctly

understood by the interviewers, who were instructed to use Zulu expressions that conveyed the meaning of the questions to the mother being interviewed.

Results

Demographic data

The ages of the mothers ranged from 17 to 40 years, and their infants' ages ranged from 1 to 24 months. Most of the mothers (67%) had previous mothering experience, with the total number of children per mother ranging from 1 to 7. One mother had completed high school, but 42% of the mothers had only a primary school education. Seventy-five per cent of the mothers were not working at the time and 67% were not legally married, but 50% were supported by their men friends in a stable union.

There were 11 male and 13 female infants, 66% of whom had been born at the King Edward VIII Hospital in Durban. Eighty-eight per cent of mothers reported having had no difficulties during pregnancy or birth and 75% stated that the father of the infant supported the infant financially. Sixty-three per cent described their accommodation as their own house or flat in the township and 67% indicated that their children lived with them and that they (the mothers) were the primary caretakers.

It can be seen from the above description that this sample displayed no extraordinary demographic characteristics and might be regarded as relatively representative of the population of mothers who visit the medical clinics for infant care.²

The interviewers were instructed to note their observations of the mother and her infant; these observations were positive in 83% of the cases, that is, the mother and infant looked happy, well clothed and well fed. In the rest, the interviewers noted financial problems and overcrowding as negative factors.

When the interviewer asked the mothers about their experiences as mothers, most mothers (71%) stated that they were happy and satisfied. In the remaining cases, comments on the amount of extra work and money involved in rearing an infant were indicated as negative factors.

The rest of the questions fall broadly into two areas of concern, firstly the *health* of the infant and secondly the *health care* of the infant. The 'health' questions were intended to refer to the mothers' youngest infant, or the infant she brought to the clinic, for example, 'How would you tell if *this* baby is healthy?'. More general questions attempting to elicit the mothers' attitudes and beliefs about issues related to infant care, such as 'What do you think can go wrong during pregnancy which will affect the baby later on?' and 'For how long should a mother breast-feed?', did not refer to the mothers' experiences with a specific infant.

Health of infants

Sixty-three per cent of mothers described a healthy baby as one who eats and plays, and a sick baby as one that does not eat or play. Mothers considered that the following problems during pregnancy would affect the baby later: not eating properly (28%); not resting (28%); not attending antenatal sessions (18%); falls (10%); venereal disease (7%); worries (3%); laziness (3%); and not exercising (3%).

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The problems during birth which the mothers stated might affect the baby later were: dropping the baby as a result of poor handling at birth (38%); birth at home and not at hospital (38%); forceps delivery (6%); and not 'pushing well' during labour (6%).

When the mothers were asked 'Which diseases can babies and children get from birth to about 6 years?' they correctly stated the whole range of childhood diseases.

Breast-feeding was seen as important by mothers for the following reasons: it protects the infant against diseases (45%); it ensures bonding between mother and infant (15%); it ensures a balanced food intake (12%); it is easy (9%); it is cheap (9%); it is clean (6%); and it functions as a method of birth control (3%). The age of weaning was given as between 9 months and 4 years with the mean age 17.5 months.

To the question 'What do you do to make sure your baby knows you very well and loves you?' the mothers responded that this could best be achieved by spending time with the infant (46%), breast-feeding (22%), giving love (20%), and buying nice things like toys and clothes for the infant (13%).

Health care of infants

According to these mothers the thoughts uppermost in the mothers' minds when they took their new-born babies home were proper care for the babies (26%), material needs (24%), babies' comfort (17%), and the children's education (9%).

In reply to the questions on health care, 59% stated that a qualified doctor was expected to provide medicine or an injection when they took the infant to him, and 36% wanted the doctor to examine the infant. Thirty-seven per cent would use the services of the Zionist faith-healer to provide an explanation of what was wrong with the infant, but 41% stated that they would not take an infant to a Zionist faith-healer. A traditional healer was consulted to 'treat the child in a traditional way' (73%). Grandmothers seemed to provide information about general child care (45%), breast-feeding (29%), traditional customs regarding infant care (16%) and family planning (10%). The clinic was mentioned by all mothers as an additional health care facility.

In reply to the questions on the apparent practice of sending infants away from their parents to relatives in the rural areas, 25% stated that an infant should not be sent away at all, but the remaining mothers who did reply gave 'school age' or between 5 and 6 years as the average age. Most mothers (73%) stated that the reason for not sending a child away was that it would not get enough food, love and care away from the parents. Twenty-seven per cent indicated that they did not think growing up without its

father would affect the child; 36% stated that the child would not get enough love and care, 9% that the child would be jealous of other children, 5% that the child would feel unwanted, and 5% that older children only would be affected.

Discussion

The rather limited data from this pilot study suggest that some Black mothers still find it necessary to consult additional sources of health care for their infants besides those provided by Western medicine. The services provided by these additional sources of health care might give an indication of the community needs not fulfilled by Western medicine as it is practised in this community. These needs seem to be primarily: explanation of the cause of the infant's illness; traditional beliefs about safeguarding an infant's health; and advice on general infant care. A fuller understanding of these needs and beliefs might prevent conflict between the demands of efficient Western medical practice and the beliefs of its recipients.

Conclusion

It appeared, from the data presented here, that urban Zulu mothers accepted Western medicine (attended antenatal clinics, gave birth at a hospital, accepted health education by medical personnel on matters such as childhood diseases and the importance of breast-feeding) but at the same time, had not relinquished beliefs in traditional health care.

It would seem advisable to take note of the services provided by the Zionist faith-healer, traditional healer and grandmother in addition to those provided by Western medicine through the medical practitioner, the hospital and hospital clinics, in planning health care facilities for urban Blacks. If the health care facilities are to be patronized and the community's health care needs are to be met, recognition of the apparent coexistence of acceptance of Western medicine and beliefs in traditional health care seem important.

REFERENCES

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