

**A MODEL FOR INCORPORATING “INDIGENOUS” POSTNATAL CARE
PRACTICES INTO THE MIDWIFERY HEALTHCARE SYSTEM IN MOPANI
DISTRICT, LIMPOPO PROVINCE, SOUTH AFRICA**

By

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DECLARATION

I Roinah Nkhensani Ngunyulu declare that **“A MODEL FOR INCORPORATING “INDIGENOUS: POSTNATAL CARE PRACTICES INTO MIDWIFERY HEALTH CARE PRACTICES IN MOPANI DISTRICT OF LIMPOPO PROVINCE, SOUTH AFRICA”** is my own work, that all sources that I have used or quoted have been indicated and acknowledged by means of complete references, and that this work has not been submitted for any other degree at this or any other institution.

.....

R.N. NGUNYULU

.....

DATE

DEDICATION

This thesis is dedicated to:

- My father-in-law Masenyani Jackson Ngunyulu, who was eager to see me graduating but rested in peace before the study is completed.
- My daughter, Queen Victoria Ngunyulu who passed away during data collection.
- My Sister-in-law Ndaheni Irene Ngunyulu who passed away during the early stages of report writing.
- My Sister (co-worker) Priscilla Mabobo who motivated and encouraged me during the proposal development stage but passed away before completion of the study.

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ABSTRACT

Model development for incorporating “indigenous” postnatal care into a midwifery healthcare system is of utmost importance in ensuring the provision of culturally congruent care. There has been only limited evidence of the availability of a model which addresses “indigenous” postnatal care practices in midwifery health care systems. As a result, the nurses operate from a modern healthcare point of view only, rather than combining the two worldviews. The main aim of the study was to develop a model for incorporating “indigenous” postnatal care practices into the midwifery health care system in Mopani District, Limpopo Province of South Africa. The study was conducted in three phases. During the first phase the meaning of the concept ‘incorporation’ was analysed. The results guided the researcher during data collection in the second phase, consisting of in-depth individual and focus group interviews to explore the experiences and perceptions of postnatal patients, family members, traditional birth attendants, registered midwives, Midwifery lecturers and the maternal and child healthcare coordinators. The findings confirmed that currently the “indigenous” postnatal care practices are not incorporated in the Midwifery curriculum, books or guidelines for maternity care. As a result there is lack of knowledge amongst midwives regarding the “indigenous” postnatal care practices and it is difficult for them to provide culturally congruent care. Due to inadequate knowledge midwives are displaying negative attitudes towards the family members, traditional birth attendants and patients from diverse cultures. The participants confirmed that there is no teamwork between the registered midwives and the traditional birth attendants (family members). The study findings also confirmed that currently there are no follow-up visits by the midwives for patients during the postnatal period. The midwives are imposing their health beliefs and practices onto the patients on discharge after delivery, without the involvement of the family members or the traditional birth attendants, resulting in sub-standard postnatal care, leading to postnatal complications and an increasing maternal mortality rate. Based on the findings of phases one and two, a model for incorporating “indigenous” postnatal care practices into a midwifery healthcare system was developed and described. The implications for further studies suggested the evaluation and implementation of the model in the healthcare institutions, nursing colleges, clinics and hospitals as an

initial step to assist the Department of Health in Limpopo Province in incorporating “indigenous” practices into healthcare systems.

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and child healthcare coordinators**

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LIST OF ABBREVIATIONS AND ACRONYMS

TBA,S	:	Traditional Birth Attendants
HIV	:	Human Immunodeficiency Virus
AIDS	:	Acquired Immuno Deficiency Syndrome
WHO	:	World Health Organization
UNICEF	:	United Nations Children’s Fund
SANC	:	South African Nursing Council
MDG, S	:	Millennium Development Goals
NEA	:	Nursing Education Association
DoH	:	Department of Health

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