

## Indigenous Mothers: An Ethnographic Study of Using the Environment during Pregnancy

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**ABSTRACT** ‘Pregnancy’ and ‘giving birth’ are socio-culturally constructed and regarded as critically important events in a (married) women’s life. Within many sub-Saharan African communities, children are valued and considered as ‘agents’ who serve to continue the genealogical lineage of the parents. However, the Mpondo women believe public knowledge of their pregnancy increases their (and their unborn child’s) vulnerability from spirits and witchcraft, and in turn shun the potentially supportive help of birthing attendants. Through participant observations and in-depth interviews with the amaXhosa Mpondo women, the paper applies an ethnographic lens to how pregnancy and birthing is conceptualised, constructed and enacted within the community. The paper shows that such a construction and the ritual enactments around pregnancy and birthing point to the Mpondo’s deeply embedded metaphysical beliefs that govern understandings of good health and ill health.

### INTRODUCTION

The exigencies surrounding disease-illness distinction, although contested and fluid, is conceptually critical in ethnomedical constructions. Van Wyk (2004) points out that disease, defined clinically as a *deviation from medical norms*, is considered to be a Western biomedical notion and not a universal category as such. Biomedical terms such as the very popularly known (in the West) ‘hypertension’ or ‘diabetes’ may well not correspond to diagnostic categories of a given ethnomedical system. Van Wyk’s point is that illness is the experience of impairment or distress, and likewise culturally defined and constructed. The cause of the illness may also be located in social and spiritual realms, so that ethnomedical aetiology in many traditional communities may include witchcraft and sorcery, soul loss, and spirit intrusion. Beliefs about health, as well as what makes people ill, are influenced by the ‘culture’ and religio-cultural matrix that one is embedded in. Corporeality and understanding of the body, and how and what constitutes the body also has certain implications in respect of a group’s collective understanding and construction of sickness. The so called western view of health divides sickness into a typology of categories, somatic, psychological, and psycho-somatic, categories which do not necessarily translate cross culturally.

The concept of pregnancy as a normal event not requiring medical care has often contrib-

uted to women’s decision-making to remain in the home for delivery (see Lori 2009). Several ethnographies have been published focusing on childbearing women, childbirth practices, beliefs and traditions in the developing world. Adams et al. (2005) ethnography of 38 Tibetan women examined women’s beliefs and behaviours surrounding pregnancy and childbirth and found that the fear of attacks by spirits and demons precluded a woman travelling at night to a health center or clinic. They also found Tibetan women believed they would experience negative health effects from interactions with strangers). Additionally, because of a fear of pollution or defilement from the spirit of those persons who had previously died in a hospital, women chose not to access hospital care (Lori 2009: 29). Chapman’s (2006) in-depth ethnographic study of 83 women in Mozambique in Southern Africa (during pregnancy and after childbirth) reveals the extreme structural and cognitive gaps between the biomedical constructs of risk and the social threat perception of childbearing women.

Often women believe public knowledge of their pregnancy (see Lori 2009) increased their vulnerability from spirits or witchcraft. The Mpondo women in this study did not consider the prenatal services provided at the clinic adequate to meet their spiritual and interpersonal needs during pregnancy. Lori reminds us that even in the presence of a formal health care system, many women believe these services to be inappropriate for childbirth. A context specific

understanding of practices, beliefs and traditions related to childbirth is thus important.

### Infant Illness for the Mpondo

It is recognized that most African patients often attribute illness to a spiritual or social causative reason rather than a physiological or biological cause. Anthropologists working with illness and health are cognisant of this and emphasize the whole body, 'mind' and 'soul' (variably conceived and understood within various societies) in attempting to cohere and articulate an ethnomedical approach to illness and healing. Vaughn et al. (2009) speak about illness by referring to 'spiritual affliction', 'possession', 'bewitchment', or the 'ill-will' or 'jealousy' of another person as well as 'bad behaviour' and 'emotional stress', as being the causative factors for ill-health within some societies. Such examples point to both a belief in the spiritual as well as the social cause of illness. While the latter has some correspondence perhaps in our 'modern' inherited understanding of psychological causative factors in health and well being, the former speaks directly to the causative elements embedded in the spiritual or metaphysical worldview of particular societies. One example is the Southern Nguni of South Africa who often attribute ill-health to the acts of the witches (*amagqwirha*) using their 'familiar' (*izilwanyana zokuthakatha*), literally meaning demonic animals used by the witches, to execute their acts of witchcraft. Petrus and Bogopa (2007: 3) define 'familiar' as "supernatural spiritual agents that can only be controlled by a witch who has created them". The Southern Nguni often emphasize their beliefs in illness as being *metaphysical* especially when it comes to infants and infant health and well being, as they cannot fathom (in terms of their understandings of health and mortality) why a child would die in its prime.

Nguni is a term that refers to a cluster of related Bantu-speaking 'ethnic' groups in South Africa, Swaziland, and Zimbabwe. The early forefathers of the Nguni would have traditionally inhabited the territory extending from what is now the Eastern Cape Province, to the border of KwaZulu-Natal province and Mozambique. At the beginning of the 19th century, the Nguni could be said to be divided into a number of political entities, each with its own chief, who

was drawn from any of a number of recognized chiefly lineages that had both political and ritual powers. These groups included the Zulu, Ndlambe, Gcaleka, Thembu, Mpondomise, Bhaca, Hlubi, Mtethwa and Mpondo<sup>1</sup>.

This paper works with thick ethnographic descriptions collected through observations and in-depth interviews with the Mpondo women. The paper attempts to reveal that the embedded beliefs and fears around illness and health regarding their unborn child and infant mortality compel and prescribe particular taboos and ritual preparation and enactments around pregnancy and birthing within the community. The Mpondo, as part of the wider Nguni people, believe that a person who dies (a natural death) is or ought to be the individual who has reached the age of maturity, well advanced in his/her life, and one that has potentially qualified as being regarded as an ancestor. Within this understanding, infants are in thought to be in their prime and meant to be healthy. Infant illnesses are thus conceived as *unnatural* and in turn seen as wrought by malice. Such illnesses are thought as having their cause in the metaphysical. To prevent, or at the very least, to lessen and restrict the possibility of malicious or malevolent harm in the form of bewitchment or sorcery harming the unborn child, the Mpondo follow a sequence of ritual taboo and preparation leading up to the birth of the child that both *includes* particular elements and people, as well as *restricting* and *precluding* certain behaviours and the presence of certain individuals at the birth. Mpondo women are known for their choice in giving birth on their own, without any assistance from traditional birthing attendants. This profound hesitancy to have with them female birth attendants can be attributed to the Mpondo's deeply embedded beliefs around illness and health regarding their unborn child. Through participant observations and interviews with the Mpondo mothers and mothers-to-be, the paper applies an ethnographic lens to how pregnancy and birthing is constructed and enacted within the community. The paper attempts to reveal the Mpondo belief in the spiritual or metaphysical causation of infant mortality.

### METHODOLOGY

The research for this study was conducted in an area commonly known as Tafeni which is

occupied by the Mpondo 'ethnic' group. Tafeni is a rural locality in Eastern Cape, South Africa. It is 650km south of Pretoria and 170km north of East London. This remote rural area is composed of the Nduli, Tekwini and Nkantini geographic sections within the Tafeni locality. Permission to conduct research was sought and was in turn granted by the presiding Chief of the area. The study identified and solicited the participation of women who had had children and/or were also currently pregnant so that 'thick' observational data could be elicited.

Most importantly, one of the authors<sup>2</sup> was fortunate to have spent a valuable amount of time in the field, amongst the community of the Mpondo women and was able to build up the rapport that is vital to anthropological inquiry and ethnographic work. Using this gained familiarity, two interview schedules were used to conduct interviews with the women, one for the women who had already given birth to children and who were mothers and another schedule of research questions for those who were still pregnant. The final sample community of purposively sampled women thus included thirty two mothers and four expectant or pregnant women, across the spectrum of ages, teenager to middle age, who women who formed the core group. This core group was interviewed as the key informants, using in-depth semi-structured questions in the interviews. This paper is concerned with communicating the rich data and thick descriptions collected, rather than attempt to theorise about what was shared by the Mpondo mothers. It is felt that given the relative dearth of data around issues of pregnancies and birthing amongst rural communities, it is vital that ethnographic and anthropological studies such as these, offer powerful empirical points and data that can offer material for further research, as well as future theorizing about so called traditional birthing practices.

### Gaining Entrée, Earning Trust

A point on gaining access and entry becomes imperative given the fact that the Mpondo community is intensely distrustful of anyone around women who are pregnant and about to give birth. The question naturally arises regarding how research can be conducted given the reception one would expect for any kind of questions around birth and birth preparation. The assump-

tion would be that the (female) author's research focus would have provoked intense distrust and hostility amongst the Mpondo. However, the Mpondo women are distrustful of *other women who know them on a personal level*, who know the family history and background etc. While they would be apprehensive in a general sense of *any* stranger, in the context of their pregnancies they are specifically distrustful of the *known* woman, who in turn would know details of themselves and their pregnancy. This known acquaintance or family relationship is of grave concern to them, as witchcraft or sorcery implies some knowledge of a person that can be used to manipulate the fate of the person (to be bewitched). The author who did the fieldwork was not known in any intimate manner to the members of the community. She also did not know anyone. However, equally importantly, she was not a complete stranger as her mother was a teacher in the neighbouring location. This served as a point of entry, introducing the author to the chief and into the community<sup>3</sup>.

The fact that the author was coming from outside the area, and had no idea about the pregnant women's history allayed any mistrust or fear regarding her presence and possible harm to the pregnancy and the health of the unborn babies. To the Mpondo women, the author's presence was temporary, fairly innocuous and without suspicion as they were informed by the chief that she was only there to collect information to be used for a study and nothing more. It is the history or knowledge about the Mpondo (of which the author had none) which they believed has the potential to cause enmity.

The author who conducted the interviews dressed similarly to the respondents, ate amongst and with the Mpondo women and to a certain extent participated in the everyday chores performed. All of this served to help gain a certain level of trust from the Mpondo women and the mothers whom were interviewed. Stringent rules of taboo meant that notwithstanding the gained trust, the author was not permitted at the actual birth. Childbirth is in any event a highly personal and private event in most cultural contexts, and not just for the Mpondo. The authors do not feel that this in any way comprised the information gained. First hand information was collected from the new mothers within the first eight days of confinement. These new mothers willingly shared the birth details as they had no

apprehension that the author had any connection with the other members of their community.

The mothers of course did not want the privileged information revealed in the interviews to be shared with other members of their community, especially in the instances when they would have mentioned the names of their enemies in the area. Hence, the perpetual cautioning to not repeat details of the interview to other members of the community. Reassurance was given to all the informants in terms of confidentiality and protecting their anonymity. Again this was not unusual, for as anthropologists who work with various categories of people; we are necessarily bound by a code of ethics in terms of how we go about doing our research and the respect we afford our participants.

### **Mpondo Mothers and Taboos around Pregnancy**

Among the Mpondo people, child bearing is (traditionally) a vital requirement for a married woman. This societal understanding also appears to form the core of the women's understanding of herself to the extent that women would not want anything to jeopardize their chances and ability to have a child. Within the Mpondo worldview, procreation and children ensure the continuity of their parents' life and in the wider context, the clan lineage. Hence ritual performances around marriage, birth and death serve to connect the living and the (living) dead, as it is believed that the dead *continue to live* in the ancestral world<sup>4</sup>. Thus, the understanding is that the more children one has, the more people there are to remember one (Ngobese 2003: 12).

There is in turn great concern around the birth of a child. Anything that could potentially prevent the birth of the child creates immense fear. This gives rise to intense suspicion of anyone who is proximate at the time of birth. Correspondingly, a heightened number of taboos sit alongside pregnancy and childbirth. Since child birth in the African communities, is regarded as mainly an event to be attended to by women, much of the taboo and behavioural restrictions appear likewise, to involve women.

Taboos are not 'simple' restrictions but point to complex understandings of phenomena or

events in particular societies. Taboos are prohibitions or restrictions imposed on certain actions or words by social custom. Taboos also serve to set persons or objects apart as sacred, prohibited, or accursed. According to van Bogaert and Ogunbanjo (2008: 45-46), moreover, patriarchal societies are often constructed on and maintained by taboos. This may perhaps shed some light on the fact that in the context of pregnancy and childbirth in several African communities, *many taboos involve women*. In the context of pregnancy and childbirth amongst the Mpondo, other women (aside from the pregnant woman) are seen as potentially able to (fatally) harm the unborn child through her jealousy, enmity, or even witchcraft.

In the context of African cosmology and religio-cultural worldviews, taboos can be considered as manifestations of the sacred (that is, that which counters the profane), aimed at providing protection from any threat to the cosmic order, as well as at 'repairing' any disturbance of this order. One taboo is that of 'tying of knots'. Traditionally, all Mpondo<sup>5</sup> pregnant women are cautioned to guard against tying any knots (*amaqhina*), during their period of pregnancy. They would even be encouraged by their elders to wear loose clothes without any form of bows and knots. It is believed that the tying of knots can cause a delay of the delivery process, even causing death of the unborn baby.

The use of traditional birth attendants (*abazalisikazi*) is not unknown in the traditional rural community of Tafeni, given the immense distance to any form of formal medical hospital or clinic in the event of childbirth complications. However, the pregnant women within the Mpondo community prefer giving birth on their own, without any assistance from the birthing attendants (unless confronted with extreme complications such as fatal delays in delivery). This hesitancy can be attributed to the Mpondo's deeply embedded beliefs and patterns of understanding of illness and health, and their deeply embedded belief in the non material causation of infant mortality. The pregnant women reveal that there is a perpetual concern that should traditional attendants be used, the traditional birth attendants would engage in malicious behavior inviting harm or death to the unborn child. The belief is that the traditional attendants could precipitate this by tying grass knots even while

on the way to the home of the expectant mother. This means that even the traditional birth attendants are viewed as potential witches who might have malicious intent against the expectant mother or her family. Whether the knot is tied intentionally or unintentionally, the results would be the same according to the conceptualization of Tafeni people – harm to the pregnant mother and the unborn baby. The anthropologist Hammond-Tooke's early work shows that a similar belief is found amongst the Bhaca people, another 'ethnic' group in South Africa, where the women are cautioned against wearing anything tight around their arms, legs or waist (Hammond-Tooke 1962).

Mpondo (new) mothers would also not allow the traditional birth attendants to touch their blood after the delivery of the baby, (should such an attendant be present because of birthing complications, and having been called as a last resort). Only the mother of the new-born baby is permitted to touch or clean any bloodstain. The area which she occupies in the birthing hut during delivery must also be cleaned by herself without the help of anyone else. The fear is that should a 'bad person' come into contact with the blood, the powerful polluting effects of the blood could cause the new mother to not be able to be reproductively active again. She would be cursed to experience miscarriages and stillbirths in the future. It is for the same reason that the placenta or 'afterbirth' is kept away from people other than the new mother. She has to take care so that the placental tissue is not utilised by a witch or evil person from causing (cursing) her future infertility or any future miscarriages or stillbirths.

The Mpondo people accuse 'witches' (*amagqwirha*) for any infant's death. The belief is that the ancestors desire adherence to the traditions and the maintenance of constant communication between them and their living relatives. The ancestors would normally bless the child and only harm the baby when the parents have failed to perform the necessary rituals to honour the ancestors. Given the Mpondo assumption that the mother and her family respect and maintain a living contact with the ancestral spirits, according to them, harm *cannot* and *will not* befall the child. Hence any harm (even in the form of illness) as far as the Mpondo understand, must therefore come from an evil source such as the malicious actions of a witch.

### Avoidance of Contact and Prenatal Preparations for Birth

The elders in the Mpondo community advise that only the pregnant woman works with the birthing preparations, and no other female, including the mother-in-law, are to be trusted and allowed near the preparatory materials.

The first preparation is the collection of firewood for the fire and the making of ash and soot to be used during the birth. Only the pregnant mother is to collect or even touch the firewood. This is so as to avoid the witch's or sorcerer's contact with the firewood as it is believed that their contact would precipitate danger and could lead to the delay of the birth of the baby. Generally, among the Mpondo people, fire is a symbol of comfort and safety. However, this is only if the firewood has been touched by the expectant mother. The firewood may be touched by any other people but only *after* the birth of the baby. In the event that the pregnant mother could not make the fire by herself, before giving birth, then the fire should not be made at all until the baby has been born. Then, any other person, other than the new mother, can make the fire. The fire has to be made so that ashes (*uthuthu*) and soot (*umle*) would be produced which are believed to have 'cooling' (*ukupholisa*) effect on the baby if there appeared to be any problems. When the baby has been affected by illness as a result of the birth, it is said that the baby is 'hot' (*uyatshisa*) – hence there would be a need to use the ash and soot for the 'cooling' effect, whether as an internally given drink or as an external bath. These are believed to have a powerful 'cooling' effect. Both the ash and soot are products of the fire made on the fire-place and the fire-place, according to the Tafeni people, is known to be where the ancestors of the homestead rest (Kuckertz 1990). *Impepho* (*Helichrysum odoratissimum*) is a plant traditionally used by the people of Tafeni either to chase away the evil spirit and the familiars or to appease the ancestors, and is also burnt during this time.

Preparing the place for the birth has to be done by the pregnant woman herself. This is supposed to be behind the door of the kitchen-hut, (the hut that functions as the communal kitchen for the extended family group). Thereafter, the (pregnant) woman has to smear the floor of the hut with cattle dung (*ubulongwe*).

This has to be done close to the time of delivery of the baby. After cleaning, no one is allowed to enter the hut until the baby has been delivered. The (*umqungu*) grass and the cattle dung are believed to have the effect of inviting the ancestors to welcome the new born baby. The new mother would be required to remain here until the umbilical cord of the new born child has naturally dried and dropped off, usually eight days after the birth. She has to sweep the floor of the hut with a broom made from a grass called *umqungu* (*Cymbopogon validus*). The same species of grass is used for cutting the umbilical cord after the birth of the baby (Hunter 1961). According to the Mpondo people, the *umqungu* grass is recommended for cutting the umbilical cord because it is believed that if a sharp metallic instrument is used on the umbilical cord, then the new born child, when grown up, would easily use a sharp metallic weapon to manifest anti-social and dangerous behaviour such as killing and causing harm to people.

### The Birthing and Child Delivery

The mother has to kneel on the floor with her knees apart, balancing her body with her hands flat on the floor and facing the fire-place which is always found at the centre of the kitchen-hut. The belief is that the position of kneeling and balancing gives the woman the strength to push out the baby during delivery. One informant explained the position of the mother-to-be in the following manner:

*Xa ulungiselela ukubeleka, kufuneka uguqe ngamadolo ubambelele ngezandle phantsi* (when preparing for child-birth, you need to kneel down on your knees and hold the hands down).

*Amathanga kufuneka ungawavali* (the gap between the thighs should not be closed).

*Isinqa esi kufuneka siyekelele singaqini* (the body's waist should be loosened and not tightened).

*Ngalo lonke elo xesha ujonge ngaseziko* (all that time you must face the fire-place).

The fact that the Mpondo mothers kneel down when giving birth is based on the belief that if the birth canal is facing downwards, then it would be easy for them to push down the baby. The prenatal precautions prescribed by the elderly (and experienced) women of Tafeni, including that of avoiding tying any knots, would be

strongly adhered to by the mothers-to-be as it is thought to be the only way of preventing and coping with the complications of child-birth.

If a dangerous delay in delivery demanded the presence of the traditional birth attendant, it is believed that the traditional birth attendant should insert only the right hand into the pregnant mother's womb and gently attempt to pull and assist the delivery of the baby. It is right hand that has to be used, because the people of Tafeni believe that the left hand is the *active hand* of the baboon. The baboon is a well known *familiar* or *evil spirit* employed for witchcraft. It is also not by chance that the Mpondo people refer to the left hand as the one of the 'misfortune' (*isandla samashwa*).

It should be noted that the mother-to-be is the one who has to select the traditional birth attendant based on the complete trust she has in that person, given the underlying distrust of all women. Within the polysemic wider pan African culture/s, birth in the Xhosa culture, is an important rite of passage and is therefore treated with respect, honour and celebration. Traditionally, (amongst the wider *ama-Xhosas*) the birthing mother is attended to by 'grand-mothers' or elder women in her 'rondavel' (round hut) who have experience in birthing babies. The rondavel is made with mud or a cob-like mixture, and the roof is usually thatched, so the room is dark and circular. However, as shown, the Mpondo beliefs severely restrict the attendance of even the elder mothers or grandmothers at the time of birth.

### Post-natal Period

The new mother has to perform the ritual cleaning of the birth-place as a way of avoiding an opportunity for the (potentially) evil traditional birth attendant to manipulate the blood and the placenta. It is believed that witches can use the blood stains or the placenta to cause the new mother to be infertile forever. Alternatively, the new mother could find herself only producing still-born babies or having miscarriages if affected by witchery or sorcery. This ritual cleaning is regarded as an essential part of the post natal birth process and comprises two phases, that is, the disposal of the after-birth or the placenta and the cleaning of the birth-place. It is believed that the new mother should bury the placenta herself<sup>6</sup>. Thus in many African<sup>7</sup> cul-

tures, because of many beliefs, families will perform different rituals to safeguard the pregnancy. Pregnancy is acknowledged but not always 'celebrated' in the sense that one would understand celebration in a western context. This is because it is believed that jealous witches and evil spirits are capable of stealing the pregnancy, or interfering with it.

The post-natal placental rituals often include culturally determined behavioural sequences which operate as anxiety-releasing mechanisms. They serve to offer a spiritual means of 'control' over the future health and welfare of mother, child, and even the community. The Mpondo mothers have a specific manner of disposing the placenta. For the initial part of the ritual cleaning, the new mother is expected to locate a portable stone which she can handle with one hand (*imbokodo ephathekayo*) together with a clod of earth (*igade lomhlaba*). The clod of earth should be placed on top of the placenta and crushed together using the stone. The crushing and mixing of the two should continue until the placenta cannot be differentiated from the soil any longer. Thereafter, the new mother has to secretly take the mixture and bury it in a hole which she has dug herself. It is also recommended by the elders that the mixture is thrown into the hole at night so that no one would be able to discern its presence<sup>8</sup>. In case of the delay of the expulsion of the placenta, the traditional birth attendant (who is then allowed in at that point when birthing complications arise) would step in. The traditional birth attendant would tightly bind the stomach of the new mother with a cloth, while she continued to push the after-birth or placenta. If this fails, then the new mother will be asked to blow air with her mouth using great force so that the tightened lungs and diaphragm help to push out the placenta. It is considered by the Mpondo, to be highly unusual for the placenta not to come out. Such an occurrence is associated with the malicious intervention of witches.

The second phase of ritual cleaning begins with the preparation of the mud needed to smear the place of birth so as to obliterate the remaining blood stains. The new mother is also meant to smear the whole hut with cattle dung (*ubulongwe*). This sequence would help to totally disguise the birth-place so that the witch would not be able to recognize the area in the hut where the birth took place. The common

practice in Tafeni was the burial of the placenta in the corner of the homestead's garden when it is dark so as to make sure that the activity is not seen by anybody. In the case of the Mpondo, the emphasis is that the new mother herself should bury the placenta.

The Mpondo do not regard a pregnant woman and a new mother as being sick or fragile and accordingly do not pity her when it comes to the cleaning of the birth-place before and after birth. Any hardship incurred by her is taken for granted because it is seen as ensuring the protection of the baby as well as of the new mother. After the birth the mother and new baby are secluded until the umbilical cord falls off naturally and the grandmother aids this process by mixing ash, sugar and a plant called '*umtuma*' and rubbing the paste onto the newly severed cord, which is believed to aid the drying out process.<sup>9</sup>

## CONCLUSION

Within African communities, witchcraft is viewed as a reality for most people as a (plausible) cause for misfortune, illness or even death. Sometimes, illnesses and diseases are attributed to spirits, divinities and ancestors as punishment for offences committed to them. Difficult labour and delivery as well as chronic mental illness are believed to be caused by witches and sorcerers according to the lens of a traditional epistemic. The ethnography and details of the birth preparation and delivery in this study reveals that the Mpondo also ascribe infant mortality to malicious intent, and do not accept that a young child could die a natural death. They associate the death of a child with witchcraft and sorcery in most instances which explains their intensely negative attitude towards any woman (other than the expectant mother) in the immediate vicinity of the woman about to give birth. This suspicion even extends to the traditional birth attendants. Childlessness and barrenness are regarded as a curse from the angered ancestors, or from the malicious work of witches and sorcerers. Likewise procreation and child bearing are regarded as a blessing from the ancestors. This is the reason that the Mpondo people in the study, take immense precautions to prevent what they consider could lead to illness or death of the infant. It is understood by the people of Tafeni that disregarding any one of the pre-

paratory birth taboos and rituals in the tradition would be a sign of underestimating the ancestral powers. According to the Mpondo, it is the authority of the tradition that guides these practices as they believe that the health (*impilo*) is automatically given, but *only* if the practices of the elders and the traditions given by the ancestors are followed.

### NOTES

- <sup>1</sup> This listing is cited in The Encyclopaedia Britannica.
- <sup>2</sup> The author who did the fieldwork was cautioned about the custom of *ukuthwala* (abduction) which was still dangerously common. If a young woman did not want to be a victim of abduction, she has to wear attire pretending to be married with the head covered with a cloth. In this way, the woman feels comfortable walking around and would not always have to look over her shoulder fearing abduction. The author had recourse to use the key informant's apron to cover her dress and a cloth to cover her head, in pretence of marriage. As a result, she was not bothered by men as they believed her to be a married woman. The fact that the author agreed to wear the informant's items of clothing helped gain trust so that one of the informant was comfortable enough to even sharing intimate details about her enmity with her mother-in-law. The informant also believed that the author could be trusted even by other community members. The act of wearing the informant's clothes became a symbol of trust.
- <sup>3</sup> The young woman willingly accommodated the author and accompanied her into the field. But when the homestead or the place of the interview was reached, she had to leave for the interview to be conducted in private with the new mother so that she would not hear anything about the interview as an insider, especially when names of the enemies of the new mother was to be mentioned.
- <sup>4</sup> This can be contrasted to the Xhosa culture, where cattle and goats are sacred because they provide meat, milk and skin hides for clothes and symbolises the unity between the human material world and the spiritual world of universal gods and the ancestors. When a baby is born, s/he slips through the two worlds as it were into the present social community, bringing gifts of character and recent connections with the spirit world and even ancestors that will, over time, differentiate her from any other human being. Thus, one cannot live a healthy life without honouring the ancestors. When the baby is born, a goat or anything affordable has to be slaughtered to introduce the baby to the ancestors. It is believed that it is necessary to perform the rituals as prescribed as health and rituals are so linked such that health cannot be well established without proper practice of rituals (Bogopa 2010).
- <sup>5</sup> Most of the Mpondo people, as with other Nguni people, are involved in Traditional African Religion and African Initiated Churches, sometimes known as African Indigenous Churches (AICs). Their reason is that most of the other Christian Churches in South Africa regard ancestors as demons or idols, whilst the AICs regard ancestors as mediators of God and as inspiring prophets. The AICs place great emphasis on disease and healing and in so doing, they address the traditionally asked questions of 'who sent the illness and why?' On the other

hand, other Christian churches support the idea of western medicine which often addresses the question of 'what is the disease or illness'. Hence the traditional people would argue that western medicine only addresses the physical and symptomatic aspects of the illness but not the cause (the 'who caused the illness and why' part) – leaving the spiritual dimension of the illness untouched. Hence these AICs perform both prayers and rituals giving them assurance that the illness will be overcome (see Van Wyk, 2004).

- <sup>6</sup> But the practice is different with the *amaXhosa*, another ethnic group in South Africa, whereby the placenta is buried by the midwife (Soga 1979).
- <sup>7</sup> In the Sekhukhune district of Mpumalanga, South Africa, from amongst the comparatively smaller numbers of rural African women delivering their babies in hospitals, it is estimated that around ten percent take their placentas and umbilical cords home with them when they are discharged. Pieces of the placenta and of the umbilical cord are selected and left to dry in the sun for the purpose of making medicine or *muti* and the remainder is buried. The *muti* is then used for two purposes; to stimulate the fertility of infertile women and to ensure congenital love or bonding between siblings (van Bogaert and Ogunbanjo, 2008).
- <sup>8</sup> The notion of (the women's) fertility appears to be tied to the umbilical cord even in some European cultures. In Transylvania, if a couple desires not to have any more children, they burn their baby's placenta and mix it with ashes, and to render himself infertile, the husband is obliged to drink this mixture (Kibiti, 1996).
- <sup>9</sup> In Xhosa culture *Inkaba* is the ritual of burying the cord and the placenta and this has great significance to the clan and seals the attachment of the baby to her ancestral lands. "Inkaba" then comes to mean one's ancestral home and symbolises the relationship between the individual, his/her clan, the land and the spiritual world. The burial place of an 'Inkaba' is a place where one must go and dream and communicate with ancestors. The ritual of *Imbeleko* is the ceremony welcoming the child into the greater community, when a goat is slaughtered and the clan is invited to attend the feast. The skin of the goat then becomes a sacred item for the new clan member, the baby, who will sleep on it in the future in times of trouble, signifying a desire for connection with the ancestors. <http://www.spiritual-birth.net/sacred-xhosa-birth-rituals-south-africa>

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