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Obstetrical Problems in Bechuanaland

BY

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The practice of obstetrics in Bechuanaland Protectorate as a special branch of medicine with the institution of ante-natal and post-natal clinics is of comparatively recent origin. Some of the problems which confront the obstetrician in establishing this service are the result of the preservation of the tribal structure of society and consequently of the ancestral customs of the people, and insight into these is necessary for a sympathetic and understanding attitude to the patient. Although these customs have been modified by residence in non-tribal areas outside the Protectorate, by contact with Europeans, by education and the influence of Christian missionaries, it is only among the most enlightened that they appear to have been abandoned, and among the people of the Kalahari they have been preserved almost unchanged. This brief account, therefore, is of the traditional customs of the Bangwaketse tribe.

Many years ago illegitimacy was rare because of the tribal customs which gave adults more control over adolescents, the greater respect for parents and the ignominy and physical punishment associated with it. In unmarried girls pregnancy was suspected by a mother when breast changes and abdominal enlargement were observed. Among married girls, now as then, the missing of one period has to be reported to the girl's mother and it is kept a secret because jealous people and enemies of the family might employ witchcraft to procure abortion. A witch-doctor is consulted at once and he administers medicine—*mothuso*—which strengthens the patient and acts as a laxative. This is prepared from the powdered root of either the shrub *semonamoni* or the plant *tshuge*, and it is given continuously throughout pregnancy. After four months' amenorrhoea the witch-doctor returns, because it is then known that the girl is definitely pregnant. At this time he throws his bones to confirm that the foetus is alive, to identify the sex and to determine whether the pregnancy and labour will be normal. Massage of the girl's abdomen with mutton fat is carried out by the mother of the girl from the second or third month.

Since pregnancy *per se* is not regarded as an illness, the girl is allowed to carry out the light domestic duties of her home, but certain restrictions of diet are observed. It is believed that if she eats too much food the babe will be very big, if she eats too many eggs her labour will be long, if she eats the flesh of birds the babe will cry too much, and if she eats the flesh of springhares facial deformities will result. She may drink as much milk as she likes and she should drink native beer. She should not be allowed to look upon unpleasant things. The sight of a person with a deformity might cause the same condition in the babe. She must be protected from frights. It is interesting that a well-known man in this Reserve has bilateral cloven hands and feet with syndactylism, and it is said that during pregnancy his mother was frightened by an ox! Pleasant thoughts and happy family relationships are necessary for a beautiful and healthy babe.

At the onset of labour the girl's mother has to prepare a special hut for her. The witch-doctor is again summoned, and while the girl remains in the hut he throws his bones outside —for no man may enter the hut of a girl in labour—to determine if she is bewitched and if the labour will be long. He then leaves medicine prepared from the root of the plant *lofetlho* and he may also leave lotions, all of which are intended to hasten delivery.

However, on throwing the bones he may discover that there is friction between the patient and some other person and this inevitably results in a prolonged and difficult labour. To overcome this, special medicine is prepared from the roots of a small shrub, *kgaba*, but sometimes it seems that the bones are difficult to interpret and the possibility of strained relationships cannot be excluded. As a result, witch-doctors often administer *lofetlho* and *kgaba* together at the

onset of labour. Should these, however, prove to be ineffective, the witch-doctor administers *mhetola*, which is a powder prepared from the leaves and roots of a shrub, and any difficulty in parturition is thereby guaranteed to be overcome.

Midwifery as a profession is uncommon among the Bangwaketse, but certain old women are known to be unusually experienced and capable. The duties of a midwife are performed by the patient's mother and grandmother, who would have no ill-feeling towards the girl and who therefore would not bewitch her. With the patient in the special hut are her mother, her grandmother and perhaps some aunts. Nulliparous girls and especially unmarried girls are not intended to know anything about childbirth and they are therefore excluded.

Parturition and everything connected with it are regarded as something dirty and unpleasant, and this explains in part why expulsion of the babe is permitted to proceed unassisted. There is no doubt that the people know nothing of the mechanism of labour and ignorance is therefore another reason why delivery is effected spontaneously. The girl is made to walk about until the membranes rupture, but she may sit during pains. After rupture of the membranes she assumes a crouching position with her back to the wall of the hut, and she remains thus until the end of her labour. When the babe is born the mother or grandmother of the patient moves it away as far as the cord will permit and they then wait patiently for the third stage to be completed. After the birth of the placenta the cord is severed by a knife at a thin part usually about three inches from the umbilicus, which is first squeezed between the fingers. No ligature is applied, but a mixture of wood ash and fine soil made into a paste is smeared over the stump and this is allowed to set firmly. Separation of the cord is usually completed on the third day. Finally the placenta is buried at night within the hut by the patient's mother, and no one must see her doing it. Usually the site is concealed by the skin mat on which the patient sleeps in order that no one will be able to identify the place and recover the placenta and thereby bewitch the girl or the babe.

Although the young mother is bathed after delivery, the babe may not be bathed until after separation of the cord, and at that time the head is shaved of all fine hair. Only after this has been done may the husband see the babe.

Confinement lasts until the mother and babe are well as decided by the old women of the family, and in this tribe it is usually three or four months after the first delivery and two months after subsequent deliveries. During this time the girl lies in the hut with her babe and her mother devotes her entire time and attention to helping and providing for her. No one but she may touch the patient's food and no man except the husband may see the patient.

There seems no doubt that little is known about abnormal labour. The occipito-posterior position is recognised as a serious complication and it is believed that it will result in illness of the father unless he consults the witch-doctor. It is known as *thibamo*. The witch-doctor explains all abnormalities as *di kgaba*—the effect of strained relationships between the patient and someone who is usually a relative. Retention of the placenta, he says, is due to native poisons and his antidote is prepared from the bulb *seyabaleke*. He believes that post-partum haemorrhage is due to the patient's blood being bad and he treats this with medicine prepared from the roots of the *moduba* tree.

If his medicines prove ineffective in hastening delivery an old woman known to understand the mysteries of midwifery may be called. These women usually ascribe the delay to an abnormality of foetal lie, and by massage they attempt to correct it. The more heroic are known to do a vaginal examination, but the effect of this appears to be nothing more than an ironing out of the perineum. Stages of labour are recognised, but it is believed that the second stage commences when the membranes rupture, and some midwives are known to rupture them digitally should they consider that there has been delay. Bearing down is encouraged after rupture of the membranes, and this is assisted by tying a scarf or piece of cloth round the abdomen above the fundus. Should this fail to effect expulsion, fundal pressure may be applied. The final scene of an obstructed labour is one of a hutful of old women crouching round the exhausted patient, weeping and wailing in their inability to assist.

Delay in the third stage is treated by giving the patient as a snuff the powdered plant *moilolo*. This produces violent sneezing and the expulsion of the placenta. It is interesting that the same treatment is given to the babe should it be asphyxiated!

The first problem therefore in establishing an obstetrical service in Bechuanaland Protectorate is the traditional customs of the people. Since our nurses and midwives are nulliparous, the people are unwilling to be attended by them because they ought to be ignorant. The doctor is a man and as such should not be allowed

near a girl in labour. The patient is exposed to the hazards of witchcraft, being away from the security of her closest relatives; the placenta cannot be disposed of in the traditional manner and she must accept food prepared by the hospital staff. Thus only those who are prepared to effect a compromise or to abandon their traditions are to be seen in the maternity wards of our hospitals.

In addition to ancestral customs, fear of Europeans and modern hospitals provides a further difficulty in the practice of obstetrics. and this includes fear that the doctors will not observe those customs which could be practised. Frequently a girl comes complaining of abdominal pain. She knows she is pregnant, but will not confess this since evil spirits would learn her secret. If asked if she is pregnant, she will flatly deny it, but if asked how many months she is, she will answer correctly.

Continuous attendance at ante-natal clinics is uncommon. Frequently a patient will attend to have her pregnancy confirmed and to be told the expected date of confinement and then move out of the village to the cattle-post, not to be seen again. Or a patient may come only because the witch-doctor has advised that a course of anti-syphilitic treatment, whose value they recognise, is necessary. Attendance is also interfered with by the usual duties of a woman. It is her duty, along with the children, to chase birds from their crops and it is her duty to reap and thresh the harvest. Thus much time has to be spent some distance from the village and the ante-natal clinic.

Attendance at a post-natal clinic is even more difficult for the people. After leaving hospital the patient must remain in confinement, and frequently this is done at the cattle-post, where supplies of milk are available.

It is customary for a wife to obtain the permission of her husband for everything she does and for her not to do anything without approval. It may be that the husband is absent at the cattle-post when an obstetrical emergency occurs, or a husband, being unable to appreciate the significance of an abnormality, withholds his consent. In the wards at present is a woman of about 30 years who has had six pregnancies. She was admitted having had abdominal pain for three weeks and increasing vomiting for two days. One period had been missed, but vaginal bleeding occurred at the onset of the abdominal pain and it continued. After examination, a diagnosis of ectopic pregnancy with intestinal obstruction was made. At operation almost three pints of clotted and fresh blood were taken from the peritoneal cavity, and an ectopic pregnancy—the foetus 5.5 cm. in length—was removed. A small bowel obstruction due to a thick band of fibrin was found and relieved. During convalescence the patient confessed that her husband had withheld his consent for her to come to hospital until the persistent vomiting occurred.

In the case of an unmarried woman, her father's consent must be obtained. Recently an interesting case was seen in which the father had refused consent. A primigravida aged approximately 35 years came to hospital complaining that she was ten months pregnant. When the foetal heart sounds could not be heard she confessed that she had not felt movements for about a month. There was and had been no vaginal discharge, but ascites was present. X-ray examination showed a well marked Spalding's sign and a provisional diagnosis of intra-abdominal pregnancy was made. At laparotomy a mature macerated foetus was removed and the placenta was found to be occupying the right iliac fossa and the right side of the pelvis. After recovery the patient confessed that her father had refused to allow her to attend the ante-natal clinic or to seek advice when foetal movements could not be felt. It was only when she called the elder women of the family and told them that she was dying that his consent was given.

It is important to realise that although problems are created in the practice of modern obstetrics as a result of the customs and beliefs of the people, frequently one can see that these have a considerable value in other aspects of tribal life. The tribal structure of society is not to be flatly condemned, but if the practice of the obstetrician is to increase, that of the witch-doctor must decrease, and ancestral customs must be modified. The primitive African is very conservative and is unprepared to accept an innovation until its results commend it to him. The responsibility of the obstetrician is therefore great. Only by gaining the confidence of the people through a sympathetic understanding and by practising a high standard of obstetrics will we be able to replace the witch-doctor's bones by the foetal stethoscope, the mud hut by the labour ward and the sorrow of a still-birth by the joy of a successful delivery.

"Omnia mutari, et nil vere interire, ac summam materiae prorsus eandem manere, satis constat."

—Cogitationes de Natura Rerum.