

**TITLE: CONFINEMENT AND LABOURING WOMEN: A PERSISTENT STRUGGLE AGAINST
NATURE**

by

PROF SINDIWE JAMES

NELSON MANDELA UNIVERSITY, NORTH CAMPUS

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My family

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INTRODUCTION

Nature in its essence is frequently viewed as a thing of beauty and the ultimate truth of perfection. Unfortunately, this view of nature is often undermined when it comes to the concept of women in confinement and labour. Women, naturally by virtue of being females, have the capacity to become pregnant and thus to bear children. However, in many instances this capacity becomes limited, or misunderstood. In such cases, humans start viewing or considering confinement and labour in terms of 'being wrong and incorrect'. They only see issues around age and marital status while losing sight of the fact that nature has ordained that all women have a uterus, which has a potential to conceive, but under 'suitable' conditions. Yes, the uterus does not know about age and health restrictions, but will expel its contents when the time comes, and suitability around that expulsion unfortunately becomes the concern of humans (midwives or family members). Very often young girls who are in confinement are received and treated differently by these two categories of humans because they are deemed not to be at the correct age for falling pregnant and to be in labour, or they are regarded as having been 'naughty'.

THE STRUGGLE OF WOMEN AGAINST NATURE

Young girls often undergo considerable stress when they become pregnant and begin the journey of becoming young mothers. The stress comes largely from the fact that they frequently experience discrimination from family members at home and the communities in

which they live, or from staff at maternal health care institutions. The young girl becomes the centre of reprimand and stigma, and yet nature was at the forefront of this process. In many of the instances of adolescent/teenager pregnancy the reason given for falling pregnant is: "I did not plan it. I was not expecting it as it was my first time." (see James et al., 2012; 2013; Pienaar et al., 2012; James & Mlotana, 2015). Such responses should and are supposed to be the indicators of the effects of life, reflecting 'nature' at its best. Some of these young girls and "mothers-to-be" are or were using contraceptives and yet they fell pregnant. The reason often being that they did not understand how to use these contraceptives in order to prevent pregnancy, which is a natural process.

In a particular sense, manipulation of nature by means of the introduction of contraceptives is not seeking to embrace the fecundity of womanhood especially when it is done from a single or narrow perspective only. Thus, how about the focus being on what are the benefits of a child being born to a well-informed teenager and an empowered, caring parent, by virtue of having employment opportunities and thereby earning a good salary? Leave the young girl, and see what a good education and qualifications will benefit her in her future, as she will have opportunities of well paid employment. Let her see and experience love and caring at home for her to wish and aim to do so for her own children when the time comes and thus keep focused on studying in preparation of such a responsibility. There should be no mention of 'do not fall pregnant' nor 'please make use of contraceptives'. Yes, the above is difficult to understand and promote under the current circumstances in our country:

- Employment is not easy for the youth regardless of educational status, thus it will be difficult to convince them of the possibilities of employment after graduation.
- Role modelling at home is not easy due to families being disrupted due to previous political circumstances. Parents are at times forced to be away from home for work purposes, leaving the children alone at home and thus not always being there as role models for good behaviour.
- Social and financial inequality and education qualifications are often of a low standard
- The persistent abuse of the girl child before she can even reach adolescence/teenage age. Many children become sick (or die) from sexual abuse by old men and thus will be traumatised for the rest of their lives and might rebel as youngsters thus falling prey to pregnancy again.

Yes the government has come on board and is assisting the young 'fallen' girl, sometimes giving them a second chance to beat the odds of nature and be a better equipped mother in future. The young girls are given a chance to be at school until ready for delivery, while they are able to come back to class immediately after birth, should there be no complications.

WHAT HAPPENS?

The teachers claim to be ill-equipped to teach the subject of reproductive health and care, which is introduced by means of the life orientation subject. They argue that the responsibility of teaching the subject is imposed on them and thus they are at times not eager to teach, but only so as it is expected of them. They do not understand the circumstances around being

pregnant in relation to nature, and they develop an attitude towards the learner and thus the young girl is now challenged not only by the emotions of being pregnant, but by the attitude of the teachers who are supposed to be assisting her. One young girl who was present in class when a teacher reprimanded a fellow learner who had just been found to be pregnant in that class shared the following:

- *“...it was bad. It made me feel so small and I felt for her...” (Learner Participant)*

While one of the teachers felt that:

- *“**[they need]** people who are not going to judge them, a mother or a father who will help them fulfil their vision”. (Teacher Participant)*

On the other hand, the struggle against nature continues with older women as well. These women have to endure societal blame when falling pregnant at a late age and sometimes with as many children as not obstetrically advised. However, it is not always considered that such women are often from a family that embraces the paradigm of male domination where she has no control of how many children she can have and at what age. She is expected to bring an heir to the family and she will try falling pregnant until that requirement is fulfilled. Were it not for this, she would have taken care and did something about her uterus. However, when these older and ‘at risk’ women find themselves at a referral hospital due to a particular obstetrical or midwifery complication, they often experience the wrath of midwives who proceed to yell or blame the women for exposing themselves to danger. Some midwives feel guilty about what happens to women in confinement and labour. For example, one said the following:

...and I remember hearing the midwife screaming at her and telling her to stay quiet and just, it felt so unnecessary. I mean, this [natural] process is meant to be so beautiful, and you got this person screaming at you and make you feel like you don't belong here, you have no rights and you just have to take what is given to you ... I just think, I think it would be better if she could just show some more empathy to her patients and remember that it is a magical time for a lot of moms and its sad when you kind of robbed from that experience.

Again, this is a flawed view of confinement because it has neglected to see the source of the problem, which is people refusing to confront the ills of culture and practice. The uterus will always conceive as long as it can do so, but it will also expel where it is failing. However, there is a male dominated mind set that first and foremost seeks to blame women for their failure to challenge nature by not embracing the contraceptive culture, instead of seeking ways to understand and assist women holistically in light of her cultural and societal milieu.

When a pregnant woman, whether young or old has to attend a clinic or hospital she is again called to struggle and dig deep in her coping skills. Unfortunately, to challenge nature in this instance becomes difficult, because pregnancy cannot be reversed, while labour may only be held back for a limited time before it happens. The uterus expels either for a good or bad purpose. It is a good purpose when the foetus has matured and is ready to be born. Everyone

is happy when that happens and no-one questions nature. However, the uterus will also fail and expel when it cannot continue anymore with the pregnancy, hence pre-mature labour, miscarriage or abortion. But it also happens when confinement or labour has been perceived to be going well and suddenly there is a stillborn on our hands.

Many of these women are in the rural areas and need to travel long distances, either on foot or on the back of donkey carts, to the clinics looking for assistance to deal with symptoms of the natural processes happening in their bodies. But when they get there they are shouted at for being late, not meeting the set date for review or actually turned back as the clinic has “closed”, and will only care for those who are already inside. As a result, they complicate and lose their pregnancies, but will be seen by the community as failures who could not hold their pregnancies. Regrettably, women would have done differently were they aware of other ways of dealing with the natural process, hence for them coming to the clinic or hospital was their best option. Unfortunately, their best option becomes their worst option. They are sometimes shouted at, or turned away from the labour ward itself, because they are not yet in labour. And sadly some of them deliver on their way back home, or at home and thus face complications that could have been avoided were these women kept at the clinic or hospital. They keep quiet and suffer silently, though let down by the health care system.

...Seems like we must follow a certain rule and we just have to follow and if ever those people from the Government can experience this, they would not like it themselves.

LEARNING AND TEACHING

In the centre of all the struggles of confinement and labour are the midwives who are a product of institutions of higher learning. The approved curriculum is thought to be for the benefit of the woman in need and thus for saving lives. Pregnancy and labour are not diseases and as such women come to antenatal care clinics and hospitals to be assisted in taking care of the unborn child or manipulating the pregnancy for an easier or earlier delivery of the baby, with a view to nurturing and saving lives. In the labour ward, the women are simply asking for assistance to deliver their baby in as natural a way as possible, and where necessary apply manipulation for the sake of a positive outcome. The qualified midwife is thought and expected to do just that.

But is it happening?

Midwives in the clinical areas have the following experiences of the performance of the newly qualified practitioners.

Some skills [of the newly qualified midwives] ... are not there. Like, I would expect a midwife that is just finished studying, that I can leave her there alone without having to watch her, what she is going to do during that delivery. I must leave her there and carry on with whatever I'm doing. I mustn't stay there and look while she is delivering that baby but she can't deliver the things that a midwife is supposed to deliver.

The other thing is, the midwives tend to be ... the new ones that's coming, they tend to lack in certain areas. And then that adds another role to your already full book, now you must teach them from scratch.

What happened?

INFRASTRUCTURE AND OBSTETRICAL ASSISTANCE AT THE HEALTH CARE INSTITUTIONS

Some clinics and hospitals have a negative, depressing atmosphere, and are not welcoming or user friendly. Many are in large part falling apart, with poorly maintained infrastructure. Women come to these buildings as they have nowhere else to go, because the assistance needed is inside these buildings. In the words of some of these women, a person has to go there and get out as soon as possible, for the sake of their safety or the safety of their baby.

"We must help ourselves so that we can go home soon".

"Because I thought if I want to get healed then I must lift myself not only for me but for my baby's sake because I don't wanna be here..."

The women who come for midwifery/obstetrical care in these buildings, and who are compelled by nature to do so, are frequently left to fend for themselves and are at times discharged early, so as to (ironically) keep them safe from possible dangers in the clinical facilities themselves. At times the women succumb to insufficient care and support. Some deliver in the hospital, but on their own because there are insufficient staff to take care of them, despite budgets being allocated by government for this purpose.

...So, then we have to call the doctor, this woman is bleeding. The doctor came, then we were completing the form and we have to call the driver. We completed them, what's that thing? Triple authority form, we completed it. Then the driver travelled to Umtata to get blood, from the blood bank. He came back and at that time, what happened? The ambulance came back and the woman was already dead. And I said, NO we don't need that blood anymore. I was so furious. And I was holding tears, I was just holding back my tears. And I said, we don't need that blood anymore.

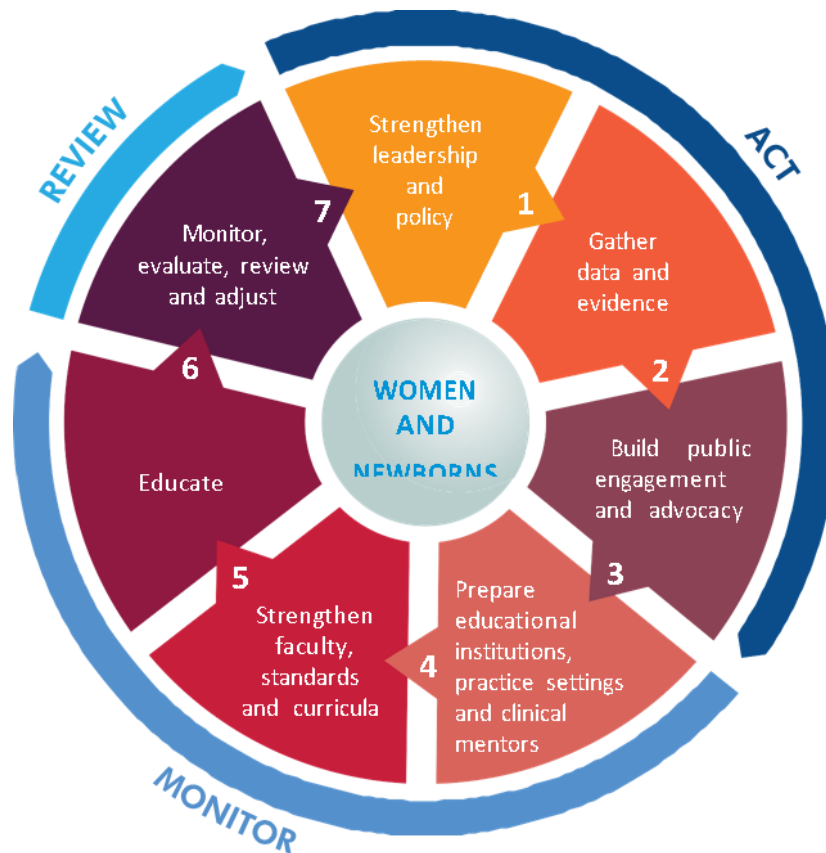
Midwives are willing to assist, but it is due to such circumstances that they become demotivated from continuing with the good work. Shortages of human and material resources force the midwives at times to improvise in order to continue with their work, but then they lose sight of the implications of their actions. Yes, the intentions are largely good.

A POSSIBLE SOLUTION

Respectful care in a form of a charter is the answer. The Respectful Maternity Care Charter addresses the issue of disrespect and abuse that takes place towards women and newborns who are utilizing maternal and newborn care services and provide a platform for improvement. The WHO, ICM, UNIFPA and UNICEF came up with a framework that could be

used to strengthen the education of midwives thus benefiting women and their children who are caring for them.

STRENGTHENING QUALITY MIDWIFERY EDUCATION for Universal Health Coverage 2030



In exploring the concept of respectful care, Dr Magriet Wibbelink in her theses of 2019, developed a strategy towards universal health care in midwifery and obstetrics by using a woman-centred care approach.

CONCLUSION

Women faced with the challenge that nature presents to them during confinement and labour ask for nothing else but to allowed to deliver their babies in as natural a way as possible. And that only when absolutely necessary should manipulation occur and this for the sake of a positive outcome. Why then should these women be deprived of this experience and thus the enjoyment of WOMANHOOD?