

**HEALTH SEEKING BEHAVIOUR: MATERNAL CARE
GIVING TO PRESCHOOLERS IN RURAL KWAZULU-NATAL.**

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A dissertation submitted in fulfilment of a Masters degree in Social Science

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Declaration

I declare that this is my own, unaided work. It is being submitted for the requirements of the degree in Master of Social Science in Social Anthropology, at the University of Natal, Durban. It has not been submitted for any degree or examination in any other university.

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ABSTRACT

This dissertation is an examination of salient factors that influence the health seeking behaviour of mothers/caregivers of pre-school children in Kwangwanase, KwaZulu-Natal province, South Africa. Health seeking behaviour for pre-school children is poorly understood, and is influenced by an array of complex factors that inhibit full utilisation of available health services. Amongst other things, health-seeking behaviour is influenced by cultural beliefs about children's illnesses as well as the local availability of treatment options, and the perceived quality of care provided.

This dissertation represents the findings of a combined qualitative and quantitative research approach using free listing, pile sorts, interview schedules, logbooks and observation to explore health-seeking behaviour. Research focussed on the local knowledge held in relation to childhood illnesses that affect children under age six, along with the explanatory models used to discern causation and shape decisions regarding treatment and care.

Mothers and caregivers of Kwangwanase draw upon their existing knowledge of children's illnesses, including notions of disease causation, when making diagnoses and deciding between home treatments and professional consultation. Mothers and caregivers pay close attention to the well being of small children. They are constantly involved in the routine management of health and illness. Various treatment options are utilised in a pragmatic way, as mothers and caregivers pick and choose from all available health resources as and when they see fit. Cultural beliefs, accessibility, religious views and other factors influence their choice of health service. Depending on the quality of the care provided and the outcome of the therapeutic intervention, mothers and caregivers are likely to consult several different health care providers in a sequential manner.

Note: The names of the subjects of the contents of this dissertation have been altered to protect their confidentiality.

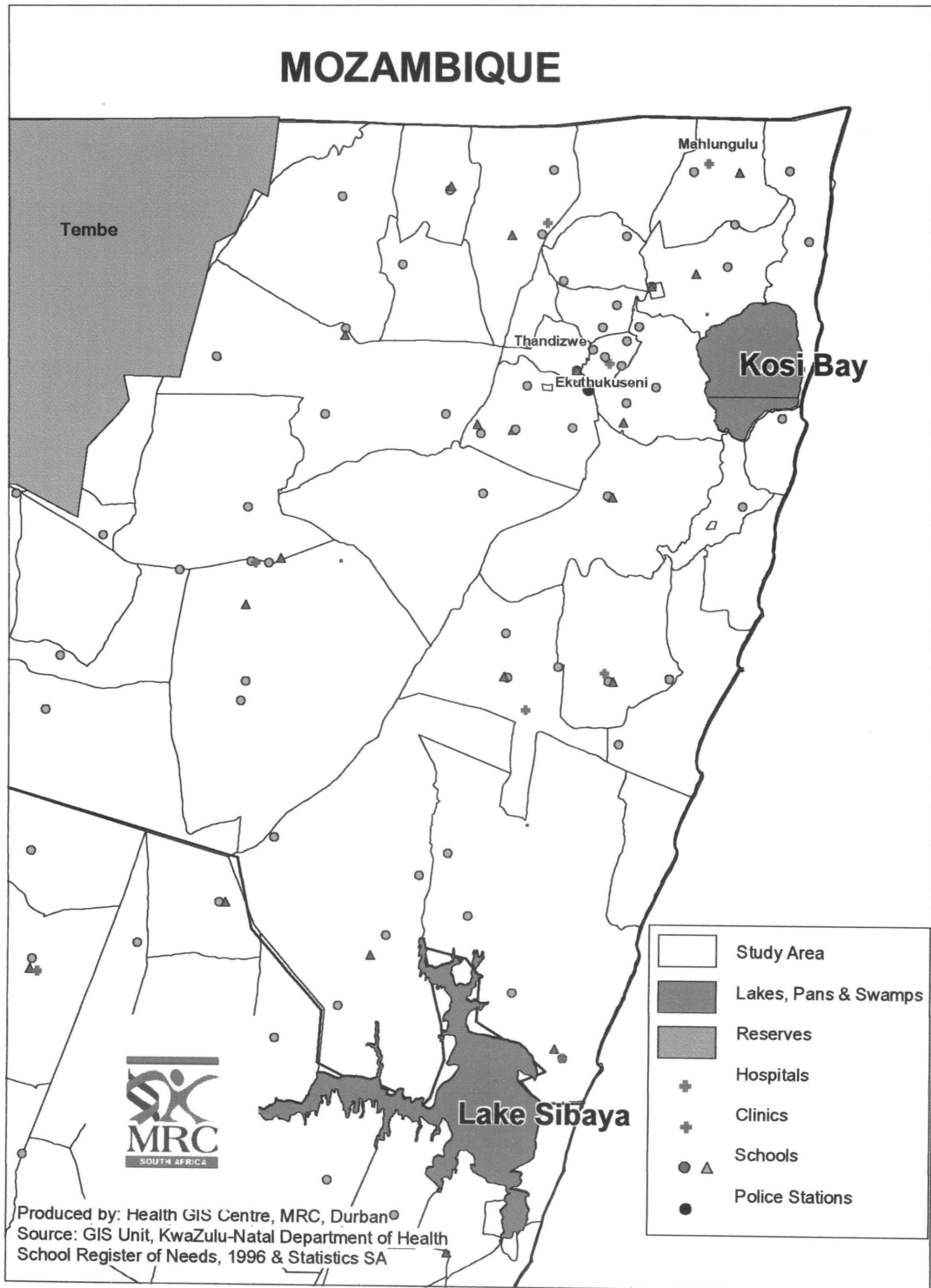
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Figure 1. Kwangwanase Study Area



CHAPTER OUTLINE

CHAPTER ONE

This chapter deals with the background to the study. What influences health seeking behaviour? It presents the purpose of the study, the objectives, the methods used and data collection techniques.

CHAPTER TWO

This chapter presents the respondents who participated in the study. It considers nutrition - what caregivers do to get food with which to feed children and the types of food that they grow. It reports on the availability of water and fuel, and includes sanitation, (in respect of the disposal of children's faeces). It considers the availability of health care facilities and traditional healers in the area.

CHAPTER THREE

This chapter discusses the different types of illnesses that affect children under the age of six. It concentrates on the caregivers' knowledge about children's illnesses, recognition of childhood illnesses, interpretation of symptoms and their perceptions about the preferred source of treatment. It also discusses the use of health care facilities, traditional healers, faith healers and self prepared treatments.

CHAPTER FOUR

This chapter discusses the strategies that caregivers employ to decide on options at different stages of an illness. When choosing the health provider, caregivers select from a range of alternatives, depending on their knowledge, resources, cultural beliefs

and other factors that may include availability, accessibility and affordability.

Caregivers' knowledge of illnesses assists them to identify different illnesses by the symptoms and what is perceived as the cause of the illness, and influences their choice of the health provider.

CHAPTER FIVE

This chapter presents the case histories for the six children of the selected households, The case histories describe the lives of the children from February 1997 to March 1998. The health of these children was observed and other information regarding their health was collected through the use of diaries / logbooks. The names used for these children and their family members are not their true names.

CHAPTER SIX

This chapter discusses the health seeking behaviour, and presents the conclusions.

The results of the study are detailed in the following chapters.

CHAPTER ONE

1.1 INTRODUCTION

Health seeking behaviour refers to what people do in seeking care when they perceive that they are ill. The concept of health seeking behaviour includes the recognition of symptoms and the decision to take action in respect of such symptoms. The process that results in the seeking of care and the decision from whom to seek such care, the interpretation of the quality of the care received, and the actions that are taken in response to this, are included in this definition of “health seeking behaviour”.

Health-seeking behaviour is heavily influenced by socio-cultural norms and values, and is predicated on an understanding and interpretation of symptoms measured against the perceived efficacy of various treatment options. Depending on the setting, the range of available treatment options may include self-treatment, treatment from the biomedical “formal sector” consisting of doctors, clinics and hospitals, and treatment from the “informal sector” comprising traditional healers and faith healers. This study is about such health seeking behaviour, and describes why people seek advice from the different health providers, and may help to improve health services by making providers more aware of and responsive to people’s needs.

The purpose of the study was to investigate how people in rural areas choose their health care provider, focussing on the health seeking behaviour of mothers of children of pre-school age. This was undertaken through an intensive study carried out in *Kwa-Ngwanase* (Northern *Maputaland*), KwaZulu-Natal, concerning the health seeking behaviour of mothers regarding their children.

This study investigated what influences a mother's choice of a health provider for her children, and whether changes in health seeking behaviour have resulted from the changes in government's health policies. In addition, this study identified the constraints in respect of access to health care as experienced by rural mothers.

The user fee for the standard western medical services has been considered a major barrier in preventing African people living in rural communities from accessing health care. However, on May 24 1994 the South African State President declared that all health care for pregnant women and children under six years would be free. The aim of this policy was to improve health care for women and children by removing this barrier of fees for health services. In addition, a programme to build more clinics in communities including rural areas was initiated, in order to make access to health facilities easier.

1.1(a) Access to western health care centres

Access to health care centres is determined by many factors such as affordability, availability, attainability and acceptability. According to Straub & Walzer, (1992:33) in Ngema (1996:23) "traditionally, access to health care services has been evaluated in terms of distance to a provider and waiting time." The geographical location of health care facilities in rural areas is often far away from people. In Kwangwanase these facilities are found along the main service roads, but homesteads are frequently distant from these or situated deep in the valleys, making access for rural communities difficult. The shortage or lack of health care facilities in rural areas contributes to the problem of inaccessibility (Ngema, 1996:24). Van Selm (1984) in Boonzaier &

Spiegel (1988:44) argued that for “African people, as patients, their experience of western doctors involves attending crowded state-run hospitals and clinics, long waits and an impersonal atmosphere.” This suggests that when the study reported above was conducted, people in rural areas spent unproductive time in health care facilities.

The ability of individuals to reach the required medical facility is often constrained by financial resources. People in rural areas frequently cannot afford transport to medical care, in addition to the payment of fees for services; hence they may end up walking long distances for medical treatment. Distance is therefore another factor that influences access to health care facilities, and McCoy (1996:8) states that, “the distance to a facility is an important barrier especially in rural areas.”

Acceptability relates to a person’s confidence in the service provided and his/her willingness to use it. People may be reluctant to obtain health care because they may previously have been treated rudely or impersonally. As a result of such behaviours and attitudes, health services are given a social stigma and may be rejected by community members. Ngema (1996:91) states “consumers’ attitudes and emotions change as the day progresses because of rude nurses.”

The cultural beliefs of people are another factor determining the use of health facilities. Even if health facilities are available, people may not use them, as some illnesses are believed to be caused by witchcraft (*ubuthakathi*) or by ancestors (*abaphansi*), because certain customs have not been carried out or obeyed. Ancestors are called *amathongo* or *abaphansi*. *Amathongo* according to Ngubane (1977:50) is a collective term for all the departed spirits”. She further explains that “*abaphansi*

means simple those who are down below, for the dead are believed to live “down below” – beneath the earth”, (1977:51). Ancestors are all the dead who belong to the family. Ancestors are said to be primarily concerned with the welfare of the family. They bring both good luck and misfortune to their descendants. Good luck results when something beneficial occurs, and misfortune, when bad / wrong things take place. The concept of witchcraft is derived from a witch - someone who intentionally hurts another and who has control of his/her actions. According to Ngubane (1977: 154) what is called witchcraft, anthropologists regard as sorcery.

McCoy (1996:28) agrees that cultural beliefs influence health-seeking behaviour. For instance, traditional birth practices have been shown to have a strong influence in some countries, where women prefer to give birth in their homes. Health seeking behaviour is also influenced by the perception of illness and its severity and aetiology. Boonzaier and Spiegel suggest that “given the negative experiences of many African patients in their encounters with western medicine, it often makes perfectly good sense to consult so called traditional healers” (1988:45).

1.1(b) Access to traditional healing centres

According to the United Nations Children Fund (Unicef) (1991:28), the large and growing population living in poverty in South Africa has little or no access to western health services, and the alternative is to use the available health care, which is traditional healing.

There are reasons that make people consult traditional healers and range from types of illnesses and the perceived cause of the illness, distance and time spent at the place where they seek care. As Kleinman 1980:75 states that “illness begins with the sickness person’s attention to and perceptions of the early manifestations of disease.” This means that if the person is sick the early symptoms are used to diagnose what kind of illness the person is suffering and therefore where to seek health care. Traditional healers are consulted for illness that are not perceived as natural.

Traditional healers in this study are people who practice divination and healing. There is easy access to traditional healers as they are found within the communities, and as Wandiba (1996:5) states, herbalists generally serve the communities surrounding them, and the patient does not have to go far. Thus when people want to consult traditional healers they do not have to walk long distances. Herbalists are people who do not practice divination but have knowledge of herbal medicines that cure illnesses.

Traditional medicine is also affordable in that some traditional healers treat patients on credit, and the fee is paid when the patient is healed. Wandiba (1996:5) confirms “according to tradition a herbalist is not supposed to charge his patients until the ailment is cured.” By contrast, with medical doctors the user fee is paid regardless of whether or not the treatment is successful.

Herbal medicine is socially acceptable, as it is believed that it can cure certain diseases. Boonzaier and Spiegel state that all patients make rational decisions about which healers to consult, and when to do this (1988:45). In rural areas where primary health care does not exist or where the availability is limited, the ability of the rural

health consumers to choose the treatment they prefer is very constrained, (Ngema, 1996:49). People in rural areas are thus often obliged to seek health services from traditional healers.

Another factor making it convenient to consult a traditional healer, is that there are generally no long queues. Previous research undertaken in rural areas has shown that more people in these areas use traditional healing than western healing, because not only are western health facilities far from communities, but they would have to spend many hours at these health care facilities, waiting in long queues before getting help.

According to Karlsson and Moloantoa (1984), there was an assumption that as western medicine became available to 'undeveloped' populations; 'traditional' or 'indigenous' healing would disappear. Writers therefore express surprise that 'far from decreasing in numbers under the influence of the expansion of [western] health services, the reverse is actual happening, with increasing number of traditional healers setting up practice' (Boonzaier and Spiegel 1988:43). This is despite the fact, as mentioned previously, that current Department of Health policy aiming at improving access to health care, provides pregnant women and children under six years with free health services, and in addition is supported by the clinic-building programme that has been implemented in many rural areas.

1.2 METHODS OF RESEARCH

This study was conducted from January 1997 to March 1998. A qualitative study was undertaken with in-depth interviews with mothers of preschool children. Log books

(diaries) were used, in which mothers kept a record of every sickness that their children suffered and the researcher supplemented this with on site visits to households for observation. The study located mothers and their preschool children in their geographical, social and cultural context, in order to accurately understand the health seeking behaviour of mothers for their preschool children. Throughout the study the focus was maintained on this unit of interest.

1.3 Study area

Kwa-Ngwanase is a rural area situated in the North-eastern corner of KwaZulu-Natal near the Mozambique border. According to the 1991 census it had a population of 110 000, distributed amongst forty-eight wards (*izigodi*). This area is within the *Ingwavuma* district, which is situated in the corner of KwaZulu-Natal at the border of Swaziland and Mozambique. *Kwa-Ngwanase* is near the border of Mozambique, and is situated alongside the coast of the Indian Ocean.

The people of the area speak predominantly two languages, namely Zulu and Thonga, but there are some who speak Shangaan. Most of the people found in the area are women, old men and children, since young and middle-aged men move out of the area to urban areas to work, or in search of work. The area is sandy and to travel within the area one would need to use a bakkie or a four-wheel drive vehicle. The shopping centre is at the *Thandizwe* ward, while the police station is at the *Thengane* ward. From the shopping centre at *Thandizwe* to *Kwamahlungulu* there is a tar road, which

originates in the south of KwaZulu-Natal (the N2) and this road goes as far as the Mozambique border.

The places of employment in the area include the hospital, police station, schools and shops. There are a few non-governmental organisations that also provide employment. However, as Felgate explains, amongst people in this area the most common type of income-producing exchange is the exchange of labour for wages in the major urban cities (1982:77). The majority of people continue to be migrant workers and most young men provide labour for the South African gold mines.

People no longer produce sufficient food for their families, and going to the cities is a necessity, both for buying clothes and for supplementing food purchases. There is also another way women earn money, and that is by brewing and selling beer. They brew *isishimeyane* and *ubusulu* (palm wine). *Isishimeyane* is brewed using sugar cane, yeast and brown sugar. *Ubusulu* is obtained by cutting *ilala* and *isindu* (palm). To brew *ubusulu* they use concentrated *ubusulu* and mix it with same amount of water and white sugar. It is usually left for overnight and sold / drank on the following day. Although *isishimeyane* was popular in the days of Felgate, it is no longer popular nowadays.

Felgate (1982: 74) mentioned that another big trade was in fish. Although *Mahlungulu* ward is next to the Kosi Bay lake and estuary, few households had “fish kraals” - the special “permanent” wooden structures built in the bay to capture fish. Fish no longer provide the trade that was previously generated. As Felgate mentions however, this practice assists the economy of the Thonga people at certain seasons of

the year, (1982:76). During the time of this study although catching fish using “kraals” was seasonal, fish were often found at certain times of the month depending on the movement of the moon. It was said that the fish would enter the kraals when the moon was in its first half, and when the moon was full, but only came out late at night. According to respondents, fish enter the kraals in the early hours of the evening.

People at the time of this study no longer sold food at bus stops along the bus route, as mentioned by Felgate (1982:75). These included people who sold food in order to get money to buy other items from the shops, such as sugar, candles, matches, clothes and other commodities. Women sold goods at the market at the shopping centre, including peanuts, sweet potatoes, *imbumba* (cow peas), cassava and *amahewu*. At *Mahlungulu* some people owned land in the swamp forest where they grew food like bananas, *madumbe*, sweet potatoes, sugar cane and vegetables. There were also people (although not many) with forests, who cultivated trees.

There was one hospital, four permanent clinics in different wards and forty-four mobile clinic sites. The permanent clinics each had one professional nurse, two enrolled nurses and four nursing assistants. There were three mobile clinic teams (A, B and C) that came once a week to each site. These teams consisted of one professional nurse (sister), one auxiliary nurse (staff nurse), one midwife and two nursing assistants per team. One would think that people living in *izigodi* with permanent clinics would have had no problems in accessing primary health care services. However, that is not usually the case in rural areas such as *Kwa-Ngwanase* since the clinics are situated along the main roads, and people who live in deep

valleys and forests find it difficult to access the clinics. There also were people in the area that walked up to ten kilometres to reach the clinic.

Two wards were selected for the study, *Kwamahlungulu* and *Ethandizwe*. The former ward had the permanent clinic (*Kwamahlungulu*) and the other ward had a mobile clinic (*Ethandizwe*). One village was selected from each ward; *Ejudiya* village was selected from *Kwamahlungulu* ward and *Ekuthukuzeni* village was selected from *Ethandizwe* ward and households were selected from both villages. This was done to see if there were differences in seeking health care between mothers who had a permanent clinic in their village and those with a mobile clinic.

1.4 Sampling techniques

Purposive convenience sampling was used to select caregivers because participants were selected according to the need of the study to identify mothers with pre-school children. The sampling was convenient because the first twenty households with pre-school children in each village were chosen for research purposes.

The study consisted of forty households and as described above twenty households with pre-school children were selected in each area. All caregivers (sixty six) in these households were interviewed. Sixteen caregivers were interviewed outside of their homes, of whom eight were interviewed at the clinic, and eight at the traditional healer's household. All the parents and the grandparents (who were the caregivers) had lived in the area all their lives. Three households from each ward were selected for observation after the interviews had taken place, as this was a feasible number to

follow for the duration of the study. Due to the in-depth nature of qualitative research and the analysis of data that is required, samples usually have to be small.

1.5 DATA COLLECTION

1.5.1 Interview schedule

Face to face interviews were conducted with caregivers at different venues including their households, the clinic and at a traditional healer's household. These were semi-structured, open-ended interviews that used a free listing and pile sort data collection technique, on issues such as children's health problems, and the causes, symptoms and best place for treatment of these health problems. All forty households were visited twice, and interviewed for a minimum of three hours and a maximum of five hours. At the one clinic and the one traditional healer's household, the visits took a day each.

1.5.2 Logbooks (diaries)

The logbooks were left with the six households who were selected for observation, since they agreed to complete the logbooks on a regular basis, and were used from March 1997 to March 1998. The caregivers wrote in these log books each time the child became ill. The recordings included the type of illnesses that the child suffered, the perceived cause, the symptoms, what was first done to help the child and where the best place for treatment of the said illness was perceived to be.

1.5.3 Observation

The observation of the caregivers occurred in six households and was undertaken from March 1997 to March 1998. When these households were visited, children were observed the whole day. The households were visited once each week (four times per month), unless the child was serious ill. If there was a seriously ill child in a household, that household would be visited daily, for at least two to three hours to check the progress of recovery. The health seeking behaviour of caregivers was observed when the children got sick, and these observations complemented logbooks / diaries.

1.6 Validity and reliability

Comparison of issues raised in interviews with caregivers from different households in various wards provided an opportunity to check the validity of data.

The identification of similar themes from the interviews, checking these with information in the logbooks and the observation visits provided support for the reliability of data.

The study was conducted from January 1997 to March 1998. The interview schedule consisted of original topics, and recurring issues, and was used during household visits.

CHAPTER TWO

2. THE SETTING: RESPONDENTS AND AVAILABILITY OF HEALTH CARE FACILITIES

2.1 RESPONDENTS

In the selected forty households, sixty-six people were interviewed, thirty from *Ekuthukuzeni* village and thirty-six from *Ejudiya* village, of whom three were males and sixty-three were females. Of the females twenty-nine were grandmothers (paternal and maternal) between the ages of fifty-five and sixty five, twenty four were mothers who were between age twenty nine and forty years, and the remaining ten were nannies (young girls looking after children) between fourteen and twenty six years of age. Fifty-three females had no education and were not working. Two were nurses who worked at the local hospital. Two had matric and worked at a community project as project facilitators, and six had primary school education (one worked at the community project as a cleaner, two at the hospital as general assistants / cleaners and three were not working). All the males were fathers between the ages of thirty-three and forty-five and none of them had been to school. The information given above is summarised in the table below.

Table 2.1 **Respondents**

Caregivers' domestic status during the period of research in 1997 (n=66)

| Respondents | No. of subjects | Percentage |
|--------------------|------------------------|-------------------|
| Grandmothers | 29 | 44 |
| Mothers | 24 | 36 |
| Fathers | 3 | 5 |
| Nannies | 10 | 15 |

The above table indicates that most of children were being taken care of by females and almost half of these were elderly. Where nannies were taking care of children, grandmothers were also there to observe what the nannies were doing. Fathers who cared for their children, did so because their wives were working but could not afford to have nannies.

Age of respondents

Table 2.2 Age of caregivers' in 1997

| Respondents | Age range (Years) | Mean Age (Years) |
|--------------------|------------------------------|---------------------------------|
| Nannies | 14 – 26 | 15 |
| Mothers | 29 – 40 | 35 |
| Fathers | 33 – 45 | 39 |
| Grandmothers | 55 – 65 | 60 |

The ages of caregivers ranged from fourteen to sixty five years. If a young person was the caregiver there was also an older person, for example, the grandmother who supervised the young caregiver. Although the grandmothers were not young, they were preferred as caregivers because of their experience in bringing up and caring for children.

Level of education of respondents

Table 2.3 Caregivers' level of education in 1997

| Level of education | No. of subjects | % |
|---------------------------|------------------------|----------|
| Never been to school | 56 | 85 |
| Primary school | 6 | 9 |
| Matriculation | 2 | 3 |
| Tertiary level | 2 | 3 |

The majority (eighty five percent) had never been to school but perceived themselves able to take good care of children. “Diagnosing a child’s illness does not need one to be educated” – was a comment by an illiterate grandmother when asked how she coped with giving the child medication, since she was unable to read. Respondents explained that if it is western medication they learn how it is given to the child. When it is home made herbal treatment they know the quantities.

Occupation of caregivers

Table 2.4 Caregivers' occupation during the time of research in 1997

| Occupation | No. of subjects | % |
|---------------------|------------------------|----------|
| Nurses | 2 | 3 |
| Project facilitator | 2 | 3 |
| Cleaners | 3 | 5 |
| Not working | 59 | 89 |

Although two of the mothers who took part in the study were professional nurses, they were guided by the children's grandmothers in respect of treatment for their children's illnesses. The majority of mothers were not working and were thus able to take care of their children themselves.

The six households selected for the logbooks and observation aspect of the study, had children between the ages of four months and four years. These children included two boys, (aged three years and fourteen months), and four girls, (aged two years three months, one year, one year six months, and four months).

2.2 Nutrition

Parents and caregivers reported that malnutrition was the most common health problem for children under the age of six in the area, and that this was especially a problem for those children who are no longer breast-fed. Most households (n=31) (78%) particularly at *Ejudiya* village mentioned that they did not have enough food to feed their children. The reason was that in most households there was no income and the food grown was insufficient to feed the family. In households such as that of Zethu Zikhali, where there was no-one working and the mother's mother did not yet qualify for an old age pension; it was very difficult to survive. They managed by means of the food that was grown, (although this was insufficient), and they also depended on Zethu's mother's mother's husband's brother, who provided some money each pension day. In this area there were many houses like Zethu's, where people ended up asking for food from neighbours.

All the households had fields where they grew food. In those fields they grew different kinds of crops such as maize (*umbila*), peanuts (*amakinati*), cowpeas (*imbumba*), cassava (*umdumbula*), sweet potatoes (*ubhatata*), pumpkins (*amathanga*) and *izindlubu*. Though they grew many different kinds of food they did not harvest enough to feed their families, because of drought. There was insufficient rain to ensure a good harvest, and the food harvested lasted for only three to five months. In addition to the above crops, they also grew vegetables such as cabbages, spinach, onions, tomatoes, lettuce, brinjal, green pepper and carrots. As with the other crops they did not grow sufficient to feed the family. Most households (29) particularly at *Ekuthukuzeni* village did not grow vegetables as the land was dry, and they did not have enough water for vegetables as they purchased water.

It was also observed that children were not provided with a balanced diet, which could contribute to high levels of malnutrition. On most days children were given tea without milk and dry bread for breakfast, crushed maize and potato curry for lunch and also for supper. In some households children were given starch (crushed maize & potato curry) for breakfast and for dinner, and skipped lunch. The staple diet in the households visited for observation, was maize that was crushed to constitute maize rice or maize meal, and then cooked. This was eaten with *imifino*. *Imifino* usually consisted of sweet potato leaves, cassava leaves, pumpkin leaves and the leaves of wild herbs.

2.3 Water

Availability of water in both wards was not a major problem, but access due to cost, and the quality of the water were issues of concern. At *Ekuthukuzeni* village in *Thandizwe* ward, the three households had water taps, since there was a water pipe that supplied the community. Though most households (n = 17) (85%) at *Ekuthukuzeni* village could not afford to have water taps in their households, they obtained clean water from their neighbours. People bought water from those who had tap water at their households. Water cost R15.00 per month for 4 x 25 litre containers per day. Those who could not afford R15.00 per month bought water on a daily basis and paid R0.50 per 25 litre container.

At *Ejudiya* village in *Kwamahlungulu* ward, they collected water from ring wells (cement tanks build into the ground to collect underground water) or from wells that they dug themselves next to *amachibi* (ponds / pans). These wells were between one to two kilometres away from the households. The problem about this water was that the wells were not protected, and the water was not clean. People did not boil water for drinking.

2.4 Sanitation

Most households in both villages had pit latrines, although most of these were not in good condition and were not ventilated. The toilets had not been built properly, and some pit latrines although full were still being used. Only 13% (5 out of 40) of

households had new, well-built toilets and one of these included a flush toilet. It was observed that most children under the age of six, especially under four years of age did not use the toilet. Although some children were helped by caregivers who dug holes for them to defaecate in, and covered those holes with sand, most children defecated in the yard and there was no one responsible for disposing of faeces either in the toilet or by digging a hole.

2.5 Fuel

Although fuel may not appear to directly relate to health care, it does relate indirectly in that caregivers had to collect firewood. Firewood was not available close by and therefore caregivers had to walk long distances to collect the wood. This consumed much of their time and they ended up therefore having less time to take care of their children. In both villages most people used firewood as the source of fuel. At *Ekuthukuzeni*, finding village firewood was not a major problem as households were near the forest. Three households in this village had electricity, but none used electricity for cooking and warming bath water unless it was raining, as they were economising.

At *Ejudiya* village fire wood was a major problem, as women and older children had to walk about 10 to 15 kilometers (1 to 2 hours) to get to the forest which was near the Mozambique border. Due to the long distance, they collected firewood once a week and this had to last them for the week.

2.6 Availability of the Health Care Facilities

In Kwangwanase, there was one hospital at *Ethandizwe* ward, which served people from all 48 wards. There were four permanent clinics in each of the four different wards. These clinics provided free primary health care services, including services such as treatment of minor ailments, antenatal clinic, immunisation, and maternity / labour wards where they assisted women to deliver their babies. They referred patients with major illnesses to the hospital. An ambulance visited each clinic once a day to transport referred patients. There were forty-four mobile clinic sites in those wards without permanent clinics, which were served by three mobile clinic teams, which visited these sites.

Of the two wards selected for this study, one had the hospital and the other had a permanent clinic. One of the chosen villages, *Ekuthukuzeni*, was far from the village with the hospital and had a mobile clinic site, where the mobile clinic team came every Tuesday. The services provided by the mobile clinic were immunisation, antenatal care, and treatment of minor ailments. They referred patients with serious illnesses to the hospital, but if the illness was very severe they took the patient with them to the hospital.

I observed the mobile clinic at *Ekuthukuzeni*, visiting the mobile point three times a year. The mobile clinic arrived at the site at about ten in the morning. At that time they found patients waiting for them, and they expected patients to be there when they arrived. If patients arrived after the mobile clinic, that is when it was already there, they did not receive attention. They left at thirteen hours thirty-five minutes.

The question was whether by such a process the mobile clinic provided efficient care? The site visit lasted only three hours thirty-five minutes and only those found waiting received attention. Yet one could query how all the people could be expected to come and await the mobile clinic when they may have had other things to do. For example, a caregiver bringing a child for immunisation and knowing that the mobile clinic came at ten and left at twenty five to two, would start by going to the field as she would not like to miss a day of working in the field, since it was the only source of food. If that caregiver arrived after the mobile clinic had reached its destination, she would be turned away. This means that the child missed timely immunisation and therefore increased the child's chances of getting ill.

There were also another two incidents that were observed at the mobile clinic site on one day. In the first incident, a caregiver brought a child with a cough to the mobile clinic. She told the nurse the symptoms of the child's sickness, which included coughing. The nurse insisted that "the child should cough first so that I can prove that he is really coughing, otherwise I will not give you cough treatment". The caregiver desperately wanted her child to cough but he could not and she was sent back home without being given cough treatment for her child.

In the second incident, a caregiver brought her baby to the mobile clinic and told the nurse that her baby had a very high temperature (the baby was hot). The nurse said: "do you mean if I put a kettle of water on your baby it can boil, to prove that your baby's temperature is very high". The caregiver stood there shocked and never said anything. She then took the baby to the professional nurse and repeated what she had

been told. The professional nurse provided treatment and explained to the caregiver how to use it and that it would help her baby. However, she never publicly addressed the problem experienced by the caregiver.

After three visits, I discontinued observation of the mobile point, as there was no further information arising from these visits.

2.7 Availability of traditional healers and faith healers

In both villages participants identified traditional healers and faith healers from whom they sought health care. A traditional healer (*inyanga*), in this study is a person who is both a diviner (*isangoma*) and a herbalist (*owelapha ngamakhambi*). A diviner (*isangoma*) is someone who throws and read bones and is able to tell people the cause of sickness and what should be done to cure the sickness. For divination (*ukuhlola / ukubhula*) she / he uses bones and seashells. A diviner undergoes training and this training takes a year. According to the traditional healer “no one from his / her interest decides to become a diviner”. He said diviners are called / possessed by ancestors (*amadlozi*) to become diviners. The ancestors help him / her to read bones. The diviners ask his / her ancestors for help in reading the bones. During the process of divination she / he throws bones and seashells, communicates with his / her ancestors while reading the bones and receives messages that are conveyed to the person consulting the diviner.

A herbalist is someone who knows the herbs that cure illnesses. This person does not go for training. Herbalists are commonly males (though there are some females who

are herbalists), who happen to know or learn from other people or elders the herbs that are used to cure certain illnesses. Herbalists are people who are consulted after the sick person knows the cause of an illness. The herbalist will then prepare herbal medicine for treating the illness.

A faith healer is a person who has Christian powers and is able to tell the people the causes of illnesses and also heal. The faith healer can be a male or a female. Faith healers also do *ukuhlola* 'divination' using water and candles. They pray first, instead of communicating with ancestors as traditional healers do, and they communicate with God. After prayer they will tell you who is sick, what caused the sickness, and who will be the best health care provider to cure the sickness. In the case that the researcher observed, the faith healer suggested herself as the best person to treat the child's illness. The faith healer used a one-litre bottle of water and lit two candles. She asked the sick person to blow air into the mouth of the open bottle. She started praying and used "tongues" where nobody would understand the language. She then slowly calmed down and finally attained a relaxed state and started telling the cause of the sickness.

At *Ethandizwe* village six traditional healers and one faith healer were identified. Four out of six traditional healers were males and three of them were diviners (*izangoma*) and healers (*abelaphi*). One male was a herbalist only. The two women practiced both divination and healing. The faith healer was a woman using holy water and candles for divination (*ukuhlola / ukubhula*) and healing. She was from Saint John's church, and candles were lit when praying.

At *Ejudiya* village three traditional healers were identified, one female and two males. All were doing both divination and healing. Two faith healers were also identified both of whom were males. One was practicing both traditional healing and faith healing at the same time. He belonged to the Zion church. When divining he used both water and bones. The other man was faith healer only and used water and candles, and belonged to the Zion church.

CHAPTER THREE

3. DIAGNOSIS OF CHILDREN'S ILLNESSES

This chapter discusses the different types of illnesses that affect children under the age of six. It concentrates on the caregiver's knowledge about children's illnesses, how they recognise childhood sickness, symptoms, interpretation of causes and perceptions about the best place for treatment of these illnesses. It also discusses the use of health care facilities, traditional healers, faith healers and self prepared treatments.

3.1 Illnesses that affect children under the age of six

All the sixty-six people from the forty households were asked to provide a list of illnesses that affect children under the age of six. All participants mentioned similar illnesses. These illnesses are detailed in the table below together with their English translations. Some translations are not medical names of illnesses and therefore were translated literally.

Table 3.1 **Respondents' list of illnesses that affect children under six years**
(n=66)

| Zulu name | English name | % (Number of respondents mentioning illness) |
|-------------------|---------------------------|-----------------------------------------------------|
| <i>Isilonda</i> | Internal sore / Dysentery | 86% (57) |
| <i>Umkhuhlane</i> | Flu | 92% (61) |

| Zulu name | English name | Number of times each mentioned |
|---------------------------------------|----------------------------|---------------------------------------|
| <i>Ibala</i> | Red round shape spots | 52% (34) |
| <i>Inyoni</i> | Stroke (literary, bird) | 85% (56) |
| <i>Isifuba somoya</i> | Asthma | 62% (41) |
| <i>Umthebulo</i> | | 17% (11) |
| <i>Ithuku</i> | Grub or maggot | 71% (47) |
| <i>Ukusheka</i> (<i>ukuhuda</i>) | Diarrhoea | 100% (66) |
| <i>Amathansela</i> | Tonsillitis | 74% (49) |
| <i>Ikhwashi</i> | Malnutrition – Kwashiorkor | 23% (15) |
| <i>Isisu</i> | Stomach ache | 100% (66) |
| <i>Ukukhwhlela</i> | Cough | 15% (10) |
| <i>Ukushisa</i> | High body temperature | 100% (66) |

3.2 Knowledge about children’s illnesses

When describing the symptoms of illnesses, respondents said that childhood illnesses first started by raising the body temperature and with a fever. When the temperature rises they said it was not easy to tell from what illness the child was suffering. For these kinds of symptoms caregivers did not go for treatment but instead prepared herbal remedies at home. The herbal home remedy was used both for drinking and as an enema. It was explained that the herbs were used because they cool the body temperature.

Isilonda (internal sore) was the first commonly mentioned illness by most (57) (86%) caregivers when asked to give a list of all children's illnesses. The symptoms of *isilonda* were said to be high body temperature, flu, tiredness, diarrhoea with blood, sunken eyes and the child looked sleepy.

The perceived cause of *isilonda* as mentioned by 39 (59%) caregivers was that it was a natural illness. The remaining 27 (41%) thought that this was caused by witchcraft, and the witchcraft that causes *isilonda* was called *ilumbo*. The best place for treatment was the traditional healer, where they were given herbal medicine to be used as an enema, which was inserted in the child's anus using a finger. Some traditional healers in addition gave children herbal medicine to drink. It was mentioned by all the caregivers that they consulted traditional healers only if they were unsuccessful in treating the illness themselves. They treated *isilonda* with herbal remedies that they prepared themselves. They also used Colgate toothpaste that they inserted in the child's anus using a finger. It was mentioned that they never seek health care from western doctors for this illness, since they believed that this was an illness that affected children long before the introduction of western medicine. Thus, they do not think western doctors can successfully treat this illness.

Umkhuhlane (flu) was the second most frequently mentioned children's illness. All caregivers mentioned that *umkhuhlane* was a common illness amongst the children. Caregivers saw *Umkhuhlane* as a symptom of other illnesses. It was mentioned that when children are going to suffer from illnesses such as *isilonda*, *amathansela* (tonsillitis), *umthebulo* and others, they present with *umkhuhlane* as a symptom.

Symptoms of *umkhuhlane* were said to be a high body temperature, nasal blockage, sneezing, running nose, tiredness / fatigue, sleepy eyes and sleeping a lot during the day. The perceived cause of *umkhuhlane* was said to be natural, as children suffer from *umkhuhlane* if the weather is very hot or very cold, and during the change of the seasons. Of the caregivers, 61 (92%) mentioned that younger children (under 12 months) suffer from *umkhuhlane* when the wind blows from the south (*iningizimu*). Caregivers first treated *umkhuhlane* themselves with herbs that they prepared as an enema, and for inhalation and drinking. They also used Vicks that they bought from the chemist for rubbing and inhalation. They then sought care from the clinic or hospital if their home-made herbal medicine did not cure the illness.

Ibala (red round shape spots) was mentioned by 34 (52%) caregivers. Of the caregivers 15 (23%) did not know the cause, and 12 (18%) caregivers thought that the cause of *ibala* was natural. These caregivers saw it as a natural illness, since it was considered to be one of those illnesses that the child comes out with from the mother's womb. However, 7 (11%) caregivers thought that the cause of *ibala* was the mother's dirty womb, especially if it had sores which the nurses at the clinic said were caused by sexually transmitted diseases, and then the child got this illness from the mother. The symptoms of *ibala* were said to be red round shaped spots at the back of the head and neck, and a red rash in the nappy area. *Ibala* was believed to be in the child's blood; therefore traditional healers were seen as the best healers in treating this illness. Traditional healers gave herbal medicine for drinking and made an incision which was said to cure the illness as well as the symptoms. On the other hand western doctors gave them only topical creams that cured the symptoms but did not cure the illness completely.

Inyoni (stroke) literally means a bird. Caregivers (56) (85%) mentioned this as an illness affecting children between the ages of 3 months and 18 months. *Inyoni* was said to go together with *ibala*. The symptoms were a high body temperature, shortness of breath, green faeces and sinking of the fontanel. Caregivers perceived the cause of *inyoni* as witchcraft. Children were taken to traditional healers for treatment, as they were believed to be the people with the knowledge of how to treat a person who is bewitched. The treatment given for *inyoni* was herbal medicine which was used to inhale, - (this was burned in red coal with the child covered in blankets in order to inhale the smoke), or for incision, and as an enema and for drinking.

Isifuba somoya (asthma) was mentioned as a children's illness by (41) (62%) caregivers. The child with asthma was seen as always having a tight chest, flu, nasal blockage, and sometimes cough and fast breathing. The cause of *isifuba somoya* was said to be natural. Children were taken to both western doctors and traditional healers for treatment. It was mentioned that although they take their children to both places for treatment, no one knows how to cure the illness completely. At the hospital children are given treatment that they require for the rest of their life. With the traditional healers, when the child was taking treatment there were certain kinds of food that the child was not allowed to eat, such as milk, fish, bananas and other sweet things, but the illness did not get cured. At the hospital children were given a mouth pump, tablets and medicine as treatment, whilst the traditional healers gave children herbal medicine that was cooked and given to children to drink.

Umthebulo was mentioned by only 11 (17%) caregivers. The perceived cause was said to be witchcraft. *Umthebulo* was recognised when the child hallucinated, walked and talked while asleep, had visions of things / people that other people around could not see, high body temperature, fatigue and sharp pains. When the child died while suffering from *umthebulo* it was said she / he was not dead completely as there is another life that the child lives as *utokoloshe* or *umkhovu* (creatures used by witches to bewitch people). Since the illness was caused by witchcraft the best place for treatment was the traditional healer, where they were given herbal medicine for incision, bathing and to inhale.

Caregivers 47 (71%) also mentioned *ithuku* (grub), to which children from birth until the age of three years are susceptible. Caregivers did not know the cause of *ithuku*. They said it was like *impethu* (maggots) in the child's stomach. It irritated the child's stomach, caused vomiting, stomach ache and caused the navel to go inside. The symptoms were stomach ache, retraction of the navel, vomiting and diarrhoea. The best treatment was provided by the traditional healer who gave herbal medicine for drinking and an enema which would make the grub / maggot to come out.

All caregivers mentioned *Ukusheka* (diarrhoea) which is a *Thonga* word and in Zulu is *ukuhuda*. This illness was said to be common in all children from birth until they were 6 or 7 years. The symptoms were running stomach – diarrhoea. The perceived cause was the type of food that the child eats (the stomach got upset), dirty (river well) water and if the child suffered from *isilonda*. It was mentioned that the child who was bottle-fed and the milk was not prepared properly also had diarrhoea. The best place for treatment was the hospital, although they first treat it themselves with

home made medication. The hospital is the best place for treatment because they help if the child was dehydrated. Treatment for diarrhoea that was given at the hospital was medicine (syrup / suspension) to drink and sorol (sugar and salt to be added into one litre of water). Caregivers sometimes themselves prepared salt and sugar solution.

Caregivers 49 (74%) mentioned *amathansela* (tonsillitis) as an illness that was common among the children. Most (61) (92%) caregivers did not know the cause for *amathansela* and only 6 (8%) thought the cause was a throat infection that caused swollen glands. The symptoms of *amathansela* were vomiting, swollen painful glands and a red throat when looked at inside. The best place for treatment was the hospital although sometimes it was not cured completely and the symptoms kept on coming back. I was also told that if the child was more than three years old and suffered from *amathansela*, the hospital removed the tonsils and the child would never suffer again.

Ikhwashi (kwashiorkor) was mentioned by (15) (23%) caregivers as an illness common in children between 18 months and 4 years. Symptoms for a child with *ikhwashi* were grey or fawn like silky hair, big stomach, big head with inside or outside eyes and a very thin body. It is as though the stomach was full of water. The perceived cause for *ikhwashi* was hunger (*indlala*) and malnutrition (*ukungondleki kahle*). Caregivers mentioned that there have been droughts for about 15 years in the area and they could not get enough food from the fields to feed children. Since they were not working, they also could not afford to buy food from the shops. Therefore they feed their children on whatever they had, and most of the times that food was not healthy for children and not a balanced diet. Children then became malnourished and had kwashiorkor. If children had *ikhwashi*, caregivers took them to the hospital as

they also got health / nutrition education on how to prepare a healthy balanced diet using food that they have. It was mentioned that there was no medication for *ikhwashi* except nutritious food that was also prepared in a proper way.

Isisu (stomach ache) was mentioned by all caregivers as affecting children from birth to at least 10 years. It was said that stomach ache is natural or caused by indigestion. Caregivers mentioned that the stomach got upset now and then depending on the kind of food the child had eaten. For stomach ache caregivers firstly prepared herbal medicine for children to drink and as an enema. If this did not stop they took the children to the clinic / hospital as they would get help, since this was a minor ailment that was treated easily when using hospital medication.

Ukukhwehlela (cough) was only reported by nannies 10 (15%) as an illness that affects children. When other caregivers were asked why they do not consider a cough to be an illness, they said it was minor in the sense that it would not kill the child and can disappear without treatment. Cough was said to affect children when they got cold and this was the perceived cause for *umkhuhlane*. The symptoms were cough and mucous (*amafinyila*). The best was self-treatment as they prepare herbal medicine for children to drink and as an enema, and if it was not cured after 4 to 5 days, children were taken to the clinic / hospital and were given cough mixture.

Ukushisa (high body temperature) was mentioned by all caregivers. High body temperature was not perceived as an illness but as a symptom of other illnesses. It was mentioned that it was natural and common for children to have a high body temperature if they were sick. High body temperature was a sign that alerted the

caregiver that the child was not feeling well, and when the child had a fever and flu the body temperature became very high. For treatment of high body temperature they gave children an enema with herbal medicine that they prepare, or take them to the clinic / hospital for treatment to normalise body temperature.

Table 3.2 Matrix for children's illnesses as perceived by caregivers (n=66)

| Zulu name | English name | Symptoms | Perceived cause | Best place for treatment | Treatment given |
|-------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------|-----------------------------------------------------------------|
| <i>Isilonda</i> | Internal sore | High body temperature, flu, tiredness, diarrhoea with blood, eyes going inside & child looking sleepy. | Natural and witchcraft called <i>ilumbo</i> . | Traditional healer | Herbal medicine for drinking and for inserting in child's anus. |
| <i>Umkhuhlane</i> | Flu | High body temperature, nasal blockage, sneezing, running nose, tiredness / fatigue, sleepy eyes and sleeping a lot during the day. | Natural | Clinic / hospital | Syrup / mixture & tablets |

| | | | | | |
|-----------------------|-------------------------|-------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|----------------------------------------------------------------|
| <i>Ibala</i> | Red round shape spots | Red round spots at the back of the head and neck and red rash in the nappy area. | Natural & mother's dirty womb | Traditional healer | Herbal medicine for drinking and incision. |
| <i>Inyoni</i> | Stroke (literary, bird) | High body temperature, shortness of breath, green faeces and sinking of the fontanel. | Witchcraft | Traditional healer | Herbal medicine for incision, enema, drinking and to inhale |
| <i>Isifuba somoya</i> | Asthma | Chest blockage, flu, cough, nasal blockage and fast breathing | Natural | Western doctor Traditional | Mouth pump, syrup and tablets Herbal medicine to drink. |
| <i>Umthebulo</i> | | Hallucination, walking and talking while asleep, vision of people who are not there, high | Witchcraft | Traditional healer | Herbal medicine for incision, bath and to inhale |

| | | | | | |
|---------------------------|----------------------------|------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
| | | body temperature, fatigue and sharp pains. | | | |
| <i>Ithuku</i> | Grub or maggot | Vomiting, stomach ache and going inside of the navel. | Witchcraft | Traditional healer | Herbal medicine for enema and drinking. |
| <i>Ukusheka (ukuhuda)</i> | Diarrhoea | Running stomach, weak faeces | Dirty water, <i>isilonda</i> and types of food. | Hospital / traditional healer | Syrup and Sorol (salt and sugar solution and herbal medicine for enema and drinking |
| <i>Amathansela</i> | Tonsillitis | Vomiting, swollen painful glands and red throat | Infection in the throat and others don't know | Hospital | Syrup and tablets. |
| <i>Ikhwashi</i> | Malnutrition – Kwashiorkor | Grey / fawn like hair, big stomach, big head and thin body | Hunger and malnutrition | Hospital | “health messages” |

| | | | | | |
|---------------------|-----------------------|------------------|-------------------------|----------|-----------------|
| <i>Isisu</i> | Stomach ache | Stomach ache | Natural and indigestion | Hospital | Syrup / mixture |
| <i>Ukukhwehlela</i> | Cough | Cough and mucous | Cold | Hospital | Cough mixture |
| <i>Ukushisa</i> | High body temperature | Feeling hot | Natural | Hospital | Syrup / mixture |

3.3 The use of self prepared treatment

For most illnesses, homemade remedies were the first line of care. Home remedies were given to children for four or five days and if the child was not healed she / he was taken to either the clinic / hospital or traditional healer, depending on the nature of the illness. For other illnesses, home prepared treatment was used for a day, and thereafter the child would have clear symptoms indicating the illness from which the child suffered, and then would need to be taken for treatment to the clinic / hospital or traditional healer.

Self treatment was given to children when they presented with flu, high body temperature, constipation, *isilonda*, fatigue, sleepy, tired eyes, stomach ache, diarrhoea and sores. These were the first symptoms that caregivers saw when children were sick. Most of these symptoms were common to most illnesses and it was not easy for the caregivers to see at this stage if the illnesses would need them to seek health help from a clinic / hospital or a traditional healer.

The treatment that caregivers prepared ranged from the treatment that they were taught at the clinic / hospital during their antenatal visits or child immunisation clinic, to herbal medicine. At the clinic / hospital they were taught to prepare treatment such as salt and sugar solution (SSS) for dehydration or diarrhoea. Herbal treatment was also used in which herbs were prepared (crushed or cooked) with water for drinking or for use as an enema. There was treatment that they also prepared without using herbs like using “Sunlight” soap to insert in the anus or dissolved in water for an enema to reduce constipation in children. Caregivers also use “Colgate” toothpaste for treating *isilonda*, by inserting this in the child’s anus. Colgate was believed to clean

the sore, drain puss and blood and leave the sore to heal. Alum was also used. It was crushed to powder and inserted by a finger. It was believed that it helps the sore to dry and heal fast.

According to the diaries / logbooks children were always given an enema if they had flu, diarrhoea, cough, stomach ache and high body temperature. Children were given enemas which were prepared from herbs that range from *amaqabunga nezimpande zomgwava* (guava leaves and roots), *amagxolo omganu* (marulla stem), *amaqabunga namagxolo omkhuhlu* (mahogany leaves and stem), *isinamani*, *ubukulani*, *amagxolo* (stem) *omphisi* to *izimpande* (roots) *zomthunduluka*.

Caregivers were observed giving enemas to children. Herbs were crushed and added to luke warm water, left for 2 to 3 minutes, then the water was drained and used for the enema, herbs were also boiled and then the water was drained and used for the enema. *Uchatho* (enema syringe) was used to give an enema to children. Even if the child had weak diarrhoea, caregivers continued giving the enema in the hope that the herbs they used would stop the diarrhoea. However, if the diarrhoea did not stop the child had to be taken to the clinic / hospital because of dehydration, as not all caregivers could prepare salt and sugar solution.

3.4 Utilization of primary health care facilities

There were health care facilities available in the area. At *eJudiya* village, which is situated at *kwaMahlungulu* ward there was a permanent clinic, and the households selected were three to four kilometres away from the clinic. Though the permanent

clinic was not available at *Ekuthukuzeni* village there was a mobile clinic that came to the site every Tuesday. The selected households were a few kilometres away from the mobile clinic site. Health care facilities were not always utilised because of the problems that caregivers encountered at these health care facilities. The caregivers at *Ekuthukuzeni* had problems since the mobile clinic that came only on a Tuesday. They mentioned that children did not get ill only on Tuesdays. Therefore if children were ill and caregivers did not have money for transport to the hospital, alternative care was used.

A similar problem occurred at *eJudiya* village, where although they had a permanent clinic nearby, the clinic was open on weekdays only, and there were days for specific health problems. Therefore when children got ill on a day that was not for that specific ailment, they had to seek health help from other health providers. Another factor that influenced the utilisation of health care facilities was that before children could be taken to health providers for treatment, caregivers first tried to treat illnesses with medication that they had prepared themselves.

Though children were taken to the clinic / hospital it was not for all the illnesses after self prepared treatment had failed. Caregivers mentioned that they only took their children to the clinic if the illness was one that was best cured by the western doctors. Illnesses for which children were taken to the clinic / hospital were those where the perceived cause was “natural”. These illnesses included stomach ache, high body temperature, diarrhoea, flu, asthma and kwashiorkor.

Some caregivers wanted to utilise health care facilities but there were other factors that made this difficult. These included the shortage of medication at the clinics, certain days for specific health problems and the attitude of the health staff. Therefore most caregivers did not fully utilise the health care facilities that were there.

3.5 Utilisation of Traditional healers and Faith healers

Traditional healers and faith healers were other health providers available to the caregivers. Traditional healers and faith healers were situated within the communities in which caregivers were living. The traditional and faith healers' services were utilised where illnesses were perceived to be caused by witchcraft and ancestors. Thus whenever witchcraft or ancestors were suspected to have caused the illnesses, a diviner was consulted to find out what was wrong with the child, and what was the cause of the illness.

Ancestors are believed to be the guardians of the living people. They are concerned about the well being of their living family members. Ancestors reward people's good behaviour and punish the bad behaviour. This confirms what Ngubane found that "when good things of life are realised people say 'the ancestors are with us' (*abaphansi banathi*). When misfortunes happen they say 'the ancestors are facing away from us' (*abaphansi basifulathele*)" (1977:51). In return, the living are supposed to offer sacrifice to the ancestors. These sacrifices are undertaken when ancestors have both rewarded and punished. For rewards, the sacrifice is done to thank the ancestor for bringing luck to the individual. For punishment, the sacrifice is done to

ask for forgiveness. If ancestors were unhappy and had to send punishment, they cause an illness in the family of the person who had misbehaved. In certain instances, ancestors send sickness not only because someone has misbehaved but also because the living have not sacrificed for them for a long period, and the ancestors felt they had been forgotten.

For divination, caregivers did not consult local diviners as these diviners were said to be living with them; therefore they were aware of their lives and would tell them what they knew about the person consulting them. Thus it was advisable to go as far away as a person could for divination, and to go to a diviner who was known to be popular.

Local traditional healers were consulted for treatment of illnesses. Though caregivers utilised the traditional healers available, some of them said traditional healers did not have a clear understanding about quantities to be used in the treatment, and perceived that to be risky for children.

Faith healers were utilised mostly by those who were Christians, as they did not believe in traditional healing but in faith healing. It was mentioned that faith healers received the power of healing from God, and then Christians could consult them since before treating an illness they would prophesy, which was said to be a way of talking to God.

Caregivers said the reason for seeking health help more frequently from the traditional healers, was that they received treatment together with emotional support. Traditional healers were kind to them, willing to listen, and if the child's illness was severe they

were willing to start with them, rather than having them to wait in a queue at the clinic.

Amongst the traditional healers, there were those who were known to be specialists in certain illnesses. This is different from the clinic where you go for all illnesses and then find that they cannot provide a cure. What was said to be unfortunate was that most specialists were old traditional healers, and caregivers feared that once they died no one amongst the young generation of traditional healers would know how to cure those illnesses. Illnesses that were said to need specialists were *ithuku*, *inyoni* and *umthebulo*, as not all traditional healers were good at treating them.

Utilisation of the available health services, thus differed according to the type of illness but were complementary, in that they sometimes used all at the same time. While using self prepared treatment, caregivers also consulted either the clinic or the traditional healer.

CHAPTER FOUR

4. MOTHER'S TAKING CARE OF THEIR CHILDREN

Health seeking behaviour involves strategies that people employ to decide which option to use at which stage of an illness. When choosing the health care provider people select from a range of alternatives, depending on their knowledge, resources, cultural beliefs and other factors that may include availability, accessibility and affordability.

Caregivers' knowledge of illnesses assisted them to identify different illnesses by the symptoms and what they perceived to be the cause of an illness influenced their choice of health provider.

4.1 Health seeking behaviour and cultural beliefs

The health seeking behaviour of mothers for their pre-school children was influenced by their cultural beliefs, as there are a number of illnesses for which the cause is believed to be witchcraft and ancestors. These cultural beliefs constrain the utilisation of western medicine, as western doctors were perceived as not able to treat or cure illnesses that are caused by witchcraft and ancestors. From both wards when children suffered from illnesses such as *umthebulo* and *inyoni* they were not taken to western doctors but to traditional healers. Traditional healers were known to provide better treatment of illnesses caused by witchcraft.

Caregivers who were interviewed at the traditional healer's household mentioned that they did not always go to the traditional healer if their children were sick, but that it was the illness itself that determined where they should seek health care. These caregivers also emphasized that if their children had illnesses that were natural and that western doctors were best at curing, they did not hesitate about consulting western doctors, although at times they were also influenced by the negative attitudes of the clinic / hospital staff towards them.

Ancestors were said to cause illnesses in respect of children under six years. The caregivers mentioned that a child may suffer from an unknown illness that cannot be cured by either the traditional healer or western doctor. Illnesses caused by ancestors were identified by symptoms such as fatigue, painful or tired body joints, and shortness of breath. Ancestors were said to cause illnesses in children when the parents had done something regarded by ancestors as wrong. For example, if the son in the family had been disrespectful of his father or father's father, then the ancestors would cause his child to become ill, as a form of punishment. The treatment for such an illness is to perform a ceremony to ask for forgiveness from the ancestors. The performance of ancestral ceremonies differed according to different families (clans) and according to the children's illnesses. The ancestral sacrifices ranged from killing a chicken to slaughtering of a goat or a cow, and traditional beer was brewed, in addition to the sacrificial animal. In most cases when ancestors had punished the person by causing the child's illness, a chicken or goat was normally slaughtered.

Ancestors also cause illnesses to children if they require a customary ceremony (*usiko*) to be performed for a child. When such a ceremony has yet to be performed

for a child, the child will not be cured either by western doctors or traditional healers until the custom has been carried out.

4.2 Health seeking behaviour and availability, accessibility and affordability of health care.

Availability, accessibility and affordability were other factors that influenced the health seeking of caregivers in rural areas. Caregivers at *Ekuthukuzeni* in *Thandizwe* ward did not have access to the clinic but they had the mobile clinic once a week. In addition, the hospital was situated in another village, 10 to 15 kilometres away. Since the hospital was far away and the mobile clinic only came once a week, on others days when children were ill they had to prepare home treatment for their children to cure minor ailments, or consult a traditional healer.

For the caregivers at *Ekuthukuzeni* the Primary Health Care (PHC) services were difficult to access. Whenever the mobile clinic came, it came to the school close to the road and the people who lived far from the school could not easily access this mobile clinic site, as they had to cross the river to get there. When they arrived there was often a long queue, and in most cases they were told that there was no medication (such as cough mixture and “Panado” syrup). The nurses explained to them that there was no medicine at the clinic because the Government did not supply the hospital with such medication. Caregivers were told that the shortage of provision of medicine at the hospital / clinic arose because of the free health services for pregnant women and children under six years, and the PHC services being free to everyone. What the nurses always emphasized was that the Government could not afford to supply the

health services with medication, and this influenced caregivers against utilising the health care services.

Caregivers encountered other problems at the mobile clinic site. Whenever they were not at the site before the mobile clinic arrived, (as mentioned previously) they would not be attended to, since the clinic staff would say to them that they were late. The clinic staff would attend only to those whom they found awaiting them. The reasons mentioned by clinic staff and reported by the caregivers was that the clinic staff would say that they are also human beings who need a break and a rest, and that therefore they could not work the whole day. This was a problem for caregivers because if they went to the site early the mobile clinic would arrive late, and they would have waited an unnecessarily long time, whilst others prospective patients would have returned home. Because of such problems encountered by caregivers at the mobile clinics, they chose to seek health care from the traditional healers or faith healers, where they would not wait, nor would they be sent back because of being late. Where illnesses were minor, caregivers preferred to use self-prepare treatment.

At *eJudiya* village the clinic was available, accessible and affordable as the user fee had been removed from all PHC services, which meant no one using the clinic paid for the services she / he received. The clinic was about three to five kilometres away from households selected for the study. Despite this, caregivers from this village did not necessarily choose the clinic as the health provider for their children. The reasons included their cultural beliefs, the attitudes of health services' staff and the fact that the clinic had specific days for specific clinics. These issues are described further below.

Caregivers believed that most children's illnesses were caused by witchcraft and ancestors, and therefore could not be treated by western doctors. In addition caregivers had problems due to the attitudes of clinic staff, who were often rude and impatient. They also mentioned that the problem with the clinic was that it had specific days for certain clinics, for example Mondays were for ante-natal clinic (ANC) attenders, Tuesday for immunisation, Wednesdays for illnesses etc. Caregivers mentioned that they used the clinic as a last alternative for their children's illnesses because of the problems they encountered. When children were ill and taken to the clinic on the ANC day, the nurses told them that they should bring children on the day for minor ailments, as they were busy with pregnant women and could not attend to the sick children until they were finished with pregnant women. Most times caregivers waited until the end of the day but still did not get help, as the clinic staff would say they were closing for the day, and that the caregivers should come back on the following day. That was a major problem to caregivers, because if children were sick and not taken to the clinic early, the clinic staff shouted at them, complaining as to why they did not bring children early before an illness became severe. This made caregivers confused as they did not know what was right and what was wrong in dealing with the clinic staff, as bringing children early did not help and when brought late they were also scolded.

Most of the times the required medicine at the clinic was out of stock, therefore it did not make sense to caregivers to take their children to the clinic when there was no treatment available.

4.3 Health seeking behaviour and Religion

Religion was another factor that influenced caregivers' health seeking behaviour for their pre-school children. Some caregivers were Christians, and their religious sects did not allow them to seek health care from either the hospital or the traditional healers. Within such sects there was the belief that nothing cures an illness except God. According to the caregivers, God gave their church ministers healing powers. For them to seek health care from hospital or traditional healers meant that they did not believe in the power of God. Therefore when their children got sick, they took them to the church ministers to pray for them.

The treatment that the church ministers gave children was holy water, and in addition they provided salt and candles to use as treatment. The holy water and salt was used for drinking, enemas and bathing. The candles were lit in the mornings and evenings, and caregivers prayed when these holy candles were lit. This group of caregivers did not take their children to either hospital or the traditional healers, even if the children were dying, as they believed that if the child had to die that was God's will.

What was surprising was that even though children were not taken to other health providers, these caregivers did prepare herbal medicine themselves to treat their children. Although the self-prepared herbal medicine was not holy, as the church minister had not blessed it, nevertheless it was still used. This may indicate that caregivers' health seeking behaviour was not solely influenced by their professed religion, since if they believed completely in the power of the minister to heal

illnesses they would not in addition have used herbal medicine that was not blessed by the minister. The researcher considered that perhaps they did not go out to consult doctors and traditional healers, as they might be seen by other people who attended the same churches as themselves, and by the minister himself. By using herbal medicine prepared at home, nobody from outside their household could see them.

4.4 Health seeking behaviour and decision-making

Power and authority to make decisions also had an effect on the health seeking behaviour of mothers. Most mothers with pre-school children were wives of the sons who lived with their husband's mothers in the same household. Most mothers in law were the household heads. The household head is the person who has the power and makes decisions most of the time. Women did not become household heads if their husband's brother was still alive as customarily the husband's brother takes over and heads his brother's house. Since there was a cultural belief that if you disobeyed your in-laws or household head the ancestors would get angry and punish you, the mothers of pre-school children had to obey their husband's mother's decision. If the child was sick, the in-laws decided on the health provider, regardless of whether or not the mother of the child wanted that provider. Older people believed in ancestors and witchcraft, and that illnesses caused by these were best cured by traditional healers, and if the child was sick they decided that the traditional healer should be consulted first.

4.5 Health seeking behaviour and the influence by the community.

The community, neighbours and friends also influenced the health seeking behaviour of mothers for their pre-school children. Neighbours and friends exerted pressure at times on the mothers. Whenever the child was sick, neighbours and friends gave suggestions as to where the child should be taken and also brought herbal medicine such as *isinamani*, *umthunduluka* to be prepared for the child. One caregiver was forced to disobey the rules of her religion (not to consult doctors and traditional healers, but only their minister), because her neighbour insisted that the child needed western medicine. The child was dehydrated and the neighbour went so far as calling the caregiver a witch who wanted the child to die. That neighbour threatened the caregiver by saying if the child died, she was going to tell the father of the child that the caregiver did not take good care of the child. Thus the caregiver became scared of the neighbour's words and threats, and ended up taking the child to the hospital, where the child recovered.

According to the diaries / log books and observation, caregivers sought health care from various health providers depending on the nature of the illness. Although as described previously, the type of illness influenced the choice of provider, caregivers also used different health providers concurrently. Of the children's illnesses mentioned by caregivers, twenty one per cent were considered as caused by witchcraft and ancestors. However from the observation undertaken, three children had illnesses that their parents thought were caused by ancestors (see case studies 1, 2 and 4).

Although traditional healers treated these illnesses, children at times simultaneously used treatment from the hospital while the traditional healers were still treating them.

4.6. Traditional medicine and healing

Hahn (1995:68) mentioned that cultural ideas play a central role in determining who seeks medical attention, for what conditions, when and with what results. Though caregivers mentioned that the kind of illness and its symptoms determined the type of the health provide they would choose, in most times traditional medicine was used. The use of traditional medicine was justified by the perceived cause of illness and in most times the cause of children's illnesses was perceived to be witchcraft.

For most children's illnesses witchcraft was the perceived cause of illnesses. After self-prepared medicine had failed caregivers consulted traditional healer for divination. Divination was the way of finding out what was the cause of illness. In almost all times when the diviner was consulted the cause of illness was said to be either witchcraft or ancestors therefore logically the best place for treatment was traditional healers. In case history one, Bhekani Gumede, when he was sick he was taken to the hospital where he was diagnosed with cancer of the blood but his father was not satisfied and went on to consult a diviner who told him that Bhekani was bewitched by his father's mother and needed to go to peanuts fields. The diagnosis that the diviner made overrode the hospital diagnosis as Bhekani's father stole his son from the hospital to be taken to the traditional healer. Even after Bhekani was dead his father was still convinced that he was bewitched.

Traditional medicine for healing of children's illnesses was used in two ways. First caregivers used herbs that they prepared at home before they could take their children to the health providers that they perceived to be the best in terms of the illness presented at the time. Secondly, traditional healers used traditional medicine to cure children's illness as almost all caregivers consulted them.

Kleinman (1980:184) argues that Chinese people chose Western-style doctors for the treatment of acute sickness and indigenous practitioners for the treatment of more chronic illnesses. Kleinman further said that children's illnesses were much frequently treated by Chinese style doctors than adults. Diarrhoea is one of the illnesses that Kleinman said indigenous doctors treated it while for the *Thonga* people it was first cured by self-prepared medicine and later traditional healers were consulted.

Caregivers knew that diarrhoea was caused by dirty water and it was also associated with dysentery and can be cured by the western medicine but they preferred to treat their children themselves using self-prepared medicine. These were herbs that were used for enema and believed that they stop diarrhoea. According to Bryant 1983:38, natives used herbal remedies to treat dysentery as they believed that *ubuhlungwana* (*wedelia natalensis*) remedy was the best to cure wound and sore, as dysentery was perceived to be caused by ulcers inside the bowel. *Ithuku* was perceived to be caused by witchcraft therefore traditional medicine was appropriate to cure the illness. *Ithuku* is similar to what Bryant said the Zulus called *Ikhambi* (Bryant 1983: 28). For him *ikhambi* was associated with the beetle whereas the *Thonga* people associated *ithuku* with the maggot. Both illnesses were best cured by the traditional medicine. *Thonga* people believed that *ithuku* was caused by witchcraft and children got it through their sleep.

The belief in witchcraft made caregivers to depend on traditional healers for the treatment of illness. Most caregivers associated some illnesses with witchcraft. This is supported by the case of Bhekani and Sinothile, whom their sicknesses was said to be caused by witchcraft.

CHAPTER FIVE

5. CASE HISTORIES

This chapter presents the case histories for the six children from the selected households, three from each village. These case histories describe the lives of the children from February 1997 to March 1998. The health of the children was observed and other information regarding their health was collected through the use of diaries / log books. The names used for these children and their family members are not their true names. The ages of the children were as follows: Bhekani Gumede, 3 years; Snothile Zikhali, 2years 3 months; Zethu Khumalo, 1 year; Zethu Manzini, 1 year 6 months; Nkanyiso Gwala, 1 year 2 months; and Ziyanda Vumase, 4 months. These were their ages in February 1997.

5.1 Case history 1 Bhekani Gumede

Bhekani's household was at *Ekuthukuzeni* village in *Ethandizwe* ward where the mobile clinic came once a week. When Bhekani need to go to the clinic they had to cross the river to reach the mobile clinic site which was about two kilometres away. Bhekani's household was near the forest from where they fetched firewood. Though the river was close by, they did not collect water there as they purchased water from a neighbour who had a tap in his household. They paid their neighbour fifteen rand a month, and collected four 25-litre containers a day.

Bhekani was born on the 20th April 1994. His mother was Dudu Msweli and his father was Gedeza Gumede. His parents were not married but had stayed together for 18

years since *lobola* had been paid. Bhekani's father worked as labourer at Manguzi hospital and his mother worked as a cleaner at a local community project. Bhekani had three brothers: Zakhele, 18 years, Sifiso, 15 years and Sabelo, 14 years and two sisters: Slindile, 7 years and Bongwiwe, 11 months. Bhekani was his parents' fifth child and last son. He was the grand son of Shibuko Gumede, whose husband Mr Gumede, had died in the late 1970s.

Shibuko and her husband had five sons but one died when he was 10 years. Their first son is Gedeza (Bhekani's father) who was married to Dudu, with six children (four sons and two daughters). The second son was Bongani who was married to Rebecca with one daughter. The third son was Musa who was not yet married and did not have children. The fourth son was Sbusiso, who was also not yet married but had one son and last son was Sipho, who died in 1984. See figure 1 for Bhekani's kinship diagram.

At the beginning of the study Bhekani was three months away from his third birthday. Bhekani, according to his mother was not a healthy child and was sick most of the time. However from January to early March 1997 Bhekani looked healthy. He started being sick during March, and the first day when he was ill was the 15th of March 1997. He was suffering from stomach ache, headache and his body temperature was very high. His mother thought he was catching flu or that he had a fever, and she gave him an enema with herbs that she had prepared. On the following day (16 / 03 / 97) Bhekani was sleeping on a mat and was given an enema again. His mother did not think there was any need to take Bhekani to the hospital as the illness was minor and she could treat it herself. Later during the day Bhekani's mother thought that he had *isilonda*.

The next day Bhekani had a big rash like pimples all over his face. His mother had already picked up herbs of *umthunduluka* leaves, and boiled them to bathe Bhekani's face. On Monday the 18th although I was going to *eJudiya* village I passed by Bhekani's household to check how he was doing. On this day his pimples had become big round sores that had some blood coming out. His mother said she was going to take Bhekani to the church minister to pray for him since she did not think that the hospital could be helpful to her son. I left while she was taking Bhekani to the church minister.

Bhekani's mother was a Christian who believed in the power of Jesus Christ and did not think at that time that either the hospital or traditional healer would be able to help if her son became worse. Bhekani's father believed in traditional healers as the best healers of diseases, as he thought most children's illnesses were caused by witchcraft. Therefore while the mother wanted to take the child to the church minister, the father wanted the child to go to the traditional healer.

When I passed by in the afternoon of 17 March 99 I found Bhekani's mother in the kitchen cooking dinner, and when I asked how Bhekani was, she just said, "it is not good, I think my child is going to die." I asked her if she still thought that the hospital would not help her child since the sores were bleeding and the blood was getting weaker. She asked me to come in the house and sit so that she could talk to me. She told me that while she was with the church minister there was a *umthandazi* (faith healer) who used water to prophesy or divine. This faith healer told her that Bhekani has been bewitched by his father's mother, and that the father's mother wanted to pay

for having enough peanuts to harvest with Bhekani's life. She also told me that Bhekani's father had also been to the *isangoma* (diviner who uses bones) and obtained the same explanation for Bhekani's illness. She then said she had mixed feelings because according to her religion and church regulations she was supposed to take Bhekani to the faith healer for treatment. But Bhekani's father wanted Bhekani to go to the traditional healer.

While we were discussing where Bhekani should go for treatment, Bhekani's father's mother arrived and decided that Bhekani should go to the hospital. Bhekani's mother did not want her child to go to the hospital because the hospital did not know how to treat illness caused by witchcraft and she thought that father's mother wanted to take Bhekani to the hospital, as she wanted the child to die. Though Bhekani's mother did not want to take the Bhekani to the hospital she had to, because she was the daughter-in-law and as lobola had been paid she could not disobey her mother in law.

According to custom Bhekani's mother had no decision-making powers to overrule her mother in law, and she could not decide what to do about her child as she was still staying with her mother in law.

On the following day Bhekani was taken to the hospital and the doctor diagnosed him as having anaemia. The doctor transferred Bhekani on the same day to King Edward the VIII hospital (KEH) in Durban for further investigation of the illness. Bhekani was admitted to KEH on Tuesday the 18th of March 1997. The KEH doctor's diagnosis was leukaemia (cancer of the blood). Bhekani stayed at KEH for four weeks, where both his father and myself visited him. He was given treatment which included a blood transfusion. On the fourth week Bhekani's father visited Bhekani

and decided to take him away from the hospital. Amongst the reasons for removing his child from the hospital, was that KEH was very far from home and Bhekani's family could not visit him when they wanted to, and Bhekani was lonely at KEH. The most important reason for taking him away was that the hospital would never be able to cure Bhekani's illness since the cause was witchcraft, and he did not have leukaemia. Since the idea of taking Bhekani to the hospital was the father's mother's, the child was going to die and they believed that the father's mother knew that the hospital could not cure her witchcraft.

Bhekani was back home in mid April 1998, and moved from traditional healers to faith healers and vice versa. Bhekani's condition improved in August 1998 and his mother discontinued using the treatment thinking that Bhekani's illness was cured, but without the permission of the traditional healer. During this period Bhekani had common illnesses such as flu, cough and diarrhoea now and then, and his mother bought cough mixtures and worm treatment from the chemist and gave him an enema with the herbs that she prepared. Though Bhekani was better, he did not gain weight and he was always thin and withdrawn. He did not play with other children but if he felt like playing he would play by himself. Bhekani started being friendly and playing with other children in early February 1998.

On the 15th of March 1998 I visited Bhekani's household to thank his parents for participating in the study and to tell them that my fieldwork was finished. On my arrival Bhekani's mother welcomed me with the rain of tears. When I asked what was wrong she just said, "your son died and his funeral was last Saturday." We sat down and she explained how Bhekani had died. She told me that Bhekani had become ill on

the 3rd of March 1998 and that he had a high body temperature and complained about a headache. On the following day he started having diarrhoea and his mother said “something just told me that this time my son is no longer going to make it.” She said she took Bhekani to the hospital. Bhekani was admitted and “the doctor could not say what was wrong with my child.” On Thursday the 4th Bhekani had severe diarrhoea and “his head was swollen and became very big, and when fingers were pushed in, they went in and caused a big hole in his head”. On that Thursday Bhekani died between 11am and 11:30 am. She said that Bhekani’s funeral had been held that same weekend, on Saturday the 8th of March 1998.

Bhekani died leaving his parents with pain and hatred of his father’s mother since she was believed to be the cause of Bhekani’s death. On my departure Bhekani’s mother told me that they were moving out of her mother in law’s household and going to establish their own household, and when asked why, she said, “we are moving away from the witch.”

5.2 Case history 2 Snothile Zikhali

Snothile was born on the 23rd of November 1994. She was the third child and the only daughter of her parents (Thembi and Zakhele). Snothile's brothers were 7 years and 5 years of age. Her father was the only child of his mother (who was mentally ill), and he never knew who was his father. Snothile's family stayed with her great-grandparents, Snothile's father's mother's mother, who married a Mr Zikhali and had three children, two sons and one daughter. The sons got married and moved out to have their own households. The daughter who was mentally ill was raped and became pregnant by Snothile's father, Zakhele. Zakhele married Thembi (Snothile's mother) and stayed with his mother and mother's mother in the same household, but they had their own house. Snothile's father worked on the gold mines at Carletonville, and her mother was a housewife who ran a tuck shop / *spaza* shop at the household.

Snothile's household was at *eJudiya* village in *KwaMahlungulu* ward. They were one and a half kilometres away from the well where they collected water, and about ten kilometres away from the forest where they fetched firewood. The clinic was about three kilometres away. There were two traditional healers close by, about one or two kilometres from their household and a faith healer who was four kilometres away.

At the beginning of the study Snothile was 2 years 3 months. When I first arrived at her household she had diarrhoea and flu and her mother explained that her illness was caused by teething. Snothile's mother told me that her daughter had not been healthy since her birth, and that she was always sick, and that if she was well it was only for a week or two. I was told that Snothile had had different illnesses and had been taken to

the clinic, hospital and traditional healers; in addition, herbal home prepared medicines had been used.

It was on the 21st of January 1997 when I arrived at Snothile's home and found her mother giving her herbal medicine to drink. After introducing the study and myself, I asked Snothile's mother to participate and she agreed. I then asked if Snothile was sick. She told me she had been sick for the past four days, and had been to the clinic twice. The first day she took Snothile to the clinic, she was sent back as it was not the day for minor ailments and she had been told to come back the next day. The next day she was not told what was wrong with Snothile, but was only told that there was no treatment for diarrhoea and given Sorol (salt & sugar powder) to mix with one litre boiled water, but nothing was given for flu. She then came back to prepare some herbal medicine that Snothile could drink in order to reduce or stop the diarrhoea.

After two days I visited Snothile to check how was she doing. I found her playing and her mother said that she was better. When asked what she had given her to feel better, she said that Snothile's father's mother's mother had collected leaves of *isinamani* (herbs), crushed them and added them to warm water, drained the water and had given Snothile an enema as she thought Snothile had *isilonda*. The enema had been given for two days and the child was better.

The next week when I visited Snothile, I found her healthy and playing with her toys outside. When I looked at the diary / log book that I had left with her mother, Snothile had not been sick for a week but had given an enema twice with *ubukulani* leaves (herbs) and had been given multivitamin syrup that her mother had bought from the

chemist. It was said that the enema with *ubukulani* had been given to reduce the diarrhoea, to cure *isilonda* and to regain strength, and that the multivitamin syrup was used for regaining her appetite. Snothile's mother was concerned about her child being given an enema when she had diarrhoea as it would make it worse, but she had no choice or power over her child's health. Her husband's mother's mother in law was the person who decided what should be done, if Snothile was sick.

It was on February 15, when I arrived at Snothile's home and found her on her bed. She was very ill. I was told that she had *ithuku* (grub), which had started two days ago. She started by having stomach ache and vomiting. Her mother took her to the clinic where she was diagnosed as having worms and worm treatment was given. The pain did not get better and the vomiting did not stop. Snothile's father's mother's mother was angry at Snothile's mother for taking her to the clinic, saying why did she take Snothile, knowing that the clinic could not cure *ithuku*. Father's mother's mother wanted the child to be taken to the traditional healer. The diary / logbook indicated that before Snothile was taken to the clinic she had been given an enema twice. I also observed that Snothile's father's mother's mother had collected herbs (*umanono* stem), crushed them, added them to warm water and left them for thirty minutes. This was then given to Snothile to drink, since they explained that *umanono* stem helped ease the stomach pains.

On the following day Snothile was taken to the local traditional healer for the treatment of *ithuku*. Snothile spent two days at the traditional healer's household. On the first day she was given herbal medicine to drink and on the second day herbal medicine was given using an enema. When Snothile had diarrhoea caused by the

enema white *isibungu* / *impethu* (maggots) came out. Since the *isibungu* came out, Snothile's father's mother's mother believed that she was cured. Though the vomiting had stopped, Snothile still suffered from stomachache. After they had been to the traditional healer Snothile was very weak, dehydrated and looked pale. I advised her mother to take her to the clinic, and although her mother was scared of the grandmother in law, she finally asked for permission and that was granted.

When I arrived on the following day Snothile and her mother were not at home, since they had gone to the clinic. I proceeded to the clinic to find out what was the problem. On my arrival at the clinic, I found that Snothile had already been transferred to the hospital, as the nurses felt that she needed further investigation because they thought she had anaemia and meningitis. Snothile was admitted at the hospital where she spent six days. When she was admitted at the hospital her mother consulted a diviner to check what was really wrong with her daughter, as she was worried why Snothile was ill almost all the time.

Snothile's mother started to believe that her child was bewitched. The divination results were that ancestors caused Snothile's illness. She was told that ancestors were angry because *isiko* (custom) had not been performed for Snothile. The ancestors were said to be angry to see a new person in the family who had not been reported to them, and they did not know who she was. The ancestors were also angry because they had not been obeyed as Snothile's father was not their son but a nephew, and they had not been informed about the arrival of his child.

Snothile's mother explained that it was not the first time that they found out that Snothile needed the performance of a family custom. When they first found out, Snothile was nine months old. Her father sent the mother to buy a goat but Snothile's father sent the money to his mother's mother who she misused and did not buy the goat. Snothile's father was angry with his grandmother and he never sent more money to buy the goat. It was explained that the grandmother misused the money purposely as she wanted to hurt Snothile's mother so that she would go back home. Snothile's mother told me that her in-laws did not like her, and were trying by all means to make her angry and divorce her husband. Her in-laws had wanted Snothile's father to marry another local lady, but Snothile's father had married her instead. The hatred that her in laws had for her was putting the life of her child in danger, since if she was sick they did not let the mother decide what was best for her daughter. The in laws had been doing that continuously since Snothile's mother had had her first child but she never gave up.

After going to the diviner, Snothile's mother sent a telegram to Snothile's father telling him that his daughter was sick and that she had been admitted to hospital. The father arrived on a Saturday morning and went to the hospital to see his daughter. He decided to go to the doctor and asked if he could take his daughter home for the weekend and bring her back on Monday, and permission was granted. He took his child home and found us (his family and I) getting ready to visit Snothile at the hospital. I stayed with Snothile's family for the weekend to watch how Snothile was doing.

On Saturday afternoon Snothile's father slaughtered a chicken and provided traditional beer to ask for forgiveness from the ancestors, and asked them to be patient as he would perform an *isiko* for his daughter soon. To my surprise on Monday morning Snothile although still weak, looked happy and was playing with her brothers outside. On Monday she was taken back to the hospital to continue with her treatment. Her father went back to the gold mines leaving the money to buy the goat with Snothile's mother.

It was on Saturday April the 5th that I was invited at Snothile's house where her father was performing an *isiko* ceremony for his daughter. A goat and two chickens were slaughtered; traditional Zulu beer was brewed and in addition there was palm wine and *amahewu*. Snothile's father's mother's mother was the one talking to the ancestors, asking them to guard and protect Snothile from evil spirits, illnesses and enemies (witches). She told the ancestors that Snothile like all the other people in the household was their descendant and needed them for protection. After the speech to the ancestors, the meat was eaten and the beer was drunk. There was a Thonga traditional dance done by old women, and everybody showed their happiness, and by the evening the ceremony was over and I went home.

The next time I visited Snothile was two weeks after the ceremony. She was still well but had not gained weight and her mother reported that she did not have an appetite. The diary / logbook indicated that since the ceremony Snothile has not been ill and has not been given any treatment.

Though no one had proved that Snothile had been cured by the hospital or the performance of the custom, she was well and had minor illnesses that are normal for all children at her age. By the end of the study Snothile was still thin and kept on losing weight and her mother had been to the clinic and hospital several times but could not get help to make her daughter gain weight again.

5.3 Case history 3 Zethu Khumalo

Zethu was born on the 14th of January 1996. She was her mother's only child. Her father was Mr Mthembu, who was no longer in love with Zethu's mother and was not supporting his child. Zethu's mother was Esther and she was 24 years. Esther and her child were staying with her mother. Zethu's mother's mother was MaZungu and her mother's father died in 1995.

Her mother's mother had seven children, two sons and five daughters. Her first son was married with four children. The second son was still at school and doing standard five. Her first daughter left school at standard two, and had a son. This daughter left her son with her mother, and went to Mtubatuba to look for work. Her second daughter was Zethu's mother who left school at standard five, and she is at home. Her third daughter was at school doing standard five, and she had a son who died when he was a month old. Her fourth daughter was doing standard eight and the last one was doing standard three.

Zethu's mother's mother was the household head. She was not working and although she appeared old, she was not getting an old age pension as her identity document indicated that she was young. Her son was working but was not supporting the family. They were living on food that they grew and wild spinach. If the food, which they grew, was insufficient, other people helped them with food. These people included neighbours and relatives and her husband's brother who received a pension but still had his own family to support.

Since Zethu's mother's mother was the household head, she made the decisions. These included how to get food, what to cook and at times what to do if someone was sick. Her husband's brother was consulted if someone was sick and he made decisions about what to do. Zethu's family were Christians and attended the Church of the Holy Ghost. They did not believe to ancestors, herbal medicine, traditional healers and hospitals. However, at times they had to perform ancestral ceremonies and consult diviners and traditional healers, if Zethu's mother's mother's husband's brother insisted they do so.

The household was at *Ejudiya* in *KwaMahlungulu* ward. *Ejudiya* had a permanent clinic that was one to two kilometres away from Zethu's household. They were about two kilometres away from the well where they collected water and about ten to fifteen kilometres away from the forest where they fetched firewood. There was a traditional healer who was a neighbour (about a hundred metres away). The nearest faith healer was about five kilometres away.

At the beginning of the study Zethu was a year and a month old. According to her mother's mother she was a healthy child. Although Zethu's mother was there, her mother's mother was the one taking care of her. Since Zethu's mother was not educated, her son was helping her with the recording of the diary / logbook. Zethu's mother's mother told me that if the child was sick, she first used an enema with holy salt that she obtained it from the church minister.

It was on the 21st of January 1999 when I visited to see how they were doing. I found Zethu on her mother's mother's back and crying. She was crying as though she had

been crying for hours. When I asked the mother's mother what was wrong, she said Zethu was ill but that they did not know what was wrong with her. She told me that Zethu had woken up very hot that morning and did not want to eat. She did not play with other children as she accustomed to doing. When I asked her what they had done to help Zethu, she told me that they had not taken her to the clinic as it was the Antenatal Clinic day, and the nurses would not attend to her daughter's daughter until they had attended to all the pregnant women.

I asked whether Zethu would have been taken to the clinic if it had been an ailment day, and she said yes. I then asked that how could she do that since her religion does not allow this. Her reply was it was easy for an older person to explain how she / he feels if ill. With a child the decision is difficult, because one cannot not take the child to the clinic, and leave the child to die. She said that not all people who consulted the church minister were cured of their illnesses. She emphasized that it is easy to preach the gospel of only consulting the church minister, if you are not yet faced with the situation of having someone dying in your family.

To my surprise she further told me that she had already giving Zethu an enema of *isinamani* herbs. Since she had informed me previously that she did not believe in herbal medicine, I asked why she used the herbs. She told me that she had run out of holy salt and knew that *isinamani* herbs help to cool down a child if she is hot. I asked to hold the child, and she gave her to me. When I was holding Zethu, her head was very hot and her stomach very hard. I asked them if they have realised that the child's stomach was hard? The mother's mother said no, because after giving her an enema she had carried her on her back. After she had confirmed that the stomach was hard

she felt she needed to take the child to the church minister. Zethu's mother wanted to go with her. They both got ready to leave. I left while they were also leaving for the church minister.

I visited Zethu the next morning to check how was she. I met Zethu and her mother at the taxi stop. I asked where were they going? Zethu's mother told me that the child was not better and she was taking her to the clinic. I asked if it was the ailment day at the clinic. She said no but that she could not stay at home and wait for her daughter to die. They continued to the clinic.

I proceeded to the household to find out what had happened regarding the church minister the previous day. I found Zethu's mother's mother ready to leave to visit her husband's brother's household. She said she was going to report that the child was sick. She informed me that the church minister had prayed and that holy *impepho* had also been burned for her. She said that all the church minister's attempts had not been successful. They had returned late at night and waited until morning with the crying child. She told me that when they were at the church minister, they also gave Zethu an enema of the holy salt, but this also had not worked. She was very worried and did not know what to do if the clinic did not help her daughter's daughter.

She said children are a blessing from God, no matter how they were found. She told me that when her daughter was pregnant she was very cross with her. After she delivered the baby girl, all that anger and hate had disappeared and there was this love for the baby. Now that her daughter's daughter was growing she perceived that the

child was going to die. I told her that the child would not die, and encouraged her to hope that the clinic would help her daughter's daughter.

I went with Zethu's mother's mother to her husband's brother. When we arrived her brother-in-law asked if I was the lady that they had mentioned, and Zethu's mother's mother confirmed this. He asked me if I was going to change people's beliefs about the treatment of illnesses. I said to him that my aim was not to change what people believe in, but to better understand the health seeking behaviour of the caregivers who were concerned for their children. He then apologised saying that he thought that I was one of the hospital staff who usually told them that the clinic was the best place for treatment, despite the fact that they could not cure illnesses caused by ancestors and witchcraft.

Zethu's mother's mother told him that she had come to report that her daughter's daughter was sick. She also told him that they had taken her to their church minister the previous day but that there had been no improvement and that her mother had taken her to the clinic.

The mother's mother's husband's brother became furious and shouted at her, asking why they had to take the child to the clinic. If their church minister had failed to cure the child, could not they see that the child's illness was not natural? He said that the child had been bewitched, she had *idliso* (poisoned) that she had been given at night via a dream, and that was why her stomach was hard. Zethu's mother's mother apologised for not coming to him first, saying it had happened so suddenly that she could not think of anything else but to look for help.

We went back to Zethu's household with the husband's brother. We waited for Zethu to come back with her mother from the clinic. She told us that the clinic nurse said Zethu had worms. Zethu was given worm medication at the clinic and came back with "Panado" syrup. The child though not cured was better than she was prior going the clinic. I left Zethu while she was still sleeping.

I came to see Zethu three days later, and I found her playing with other children. I asked her mother's mother how was she doing. She told me that after she had been to the clinic, her husband's brother insisted that they needed to consult a diviner because he did not believe that the child had worms. The diviner was consulted, and found out that there was nothing associated with the child's illness. They however found out that one of their relatives is jealous of her children's children and wanted to kill one. The diviner did not mention which child was going to be killed. The mother's mother said that since Zethu had been to the clinic she was healthy, so she was not the one who was going to die.

I visited Zethu after a week. I found her playing and I was told she had not been sick that week. Her mother's mother had given her an enema of the holy salt once because she felt Zethu's stomach was dirty and need to be cleaned. On that day Zethu's mother's brother's son who is four years was sick. He suffered from diarrhoea and was hot. The mother's mother had given him an enema of the holy salt but instead his condition had deteriorated. This time her husband's brother had advised her to take the child to the clinic, as they know how to treat diarrhoea. The child was taken to the clinic but the clinic did not give the child what his parents including the husband's

brother regarded as proper treatment, since the child was given “Sorol” powder.

“Sorol” is equivalent to a salt and sugar solution. Though they felt “Sorol” was not the proper treatment they did prepare it for the child. In addition to “Sorol” they also gave the child herbal medicine to drink and as an enema. They believed that the herbs that they used (the leaves of *ubukulani* and *umthunduluka*) helped stop diarrhoea.

I went there two days afterwards and found that Zethu’s mother’s brother’s son was getting better. Zethu was still healthy and not been given enema again. They had stopped giving Zethu’s mother’s brother’s son an enema, but continued with “Sorol”.

Zethu was healthy until six months prior to the end of the study. She then started being sick again, in that she had diarrhoea with blood and her mother’s mother said it was *isilonda* (an internal sore). I asked when it had started and what had they done. I was told that it had begun two days previously and that they had given her an enema of guava and *umthunduluka* leaves. Since they used that treatment Zethu had not been better. I then asked then if they were prepared to take the child to the clinic. They said they would take her to the clinic after three days, because if did not clear in three days it was not *isilonda*.

I visited Zethu after two days and she was still sick, but had been to the clinic that morning. Her mother said she had not been told what was the problem was but had been given treatment. I stayed with Zethu for a day and spent a night with her. She was fine at night but on the following day she was very hot. Her mother took her to the clinic again and she was urgently transferred to the hospital. Her mother did not ask the nurses what was the cause of Zethu’s illness. When I went to see Zethu while

she was in hospital I enquired from the nurses the cause of Zethu's illness. The nurse told me that Zethu had "dysentery", which is a communicable disease like cholera. The nurse also told me that it was easily treatable, and Zethu would soon be fine. Zethu stayed at the hospital for five days. She was discharged from the hospital and taken back home although well, she lacked appetite.

I visited Zethu once every week. She was better but still not eating well. It was in October when I arrived that I heard that Zethu's father had again come to see his daughter. Zethu's mother's mother told me that Zethu's father came with his father to see Zethu. She said Zethu's father apologised for not coming earlier and for denying that Zethu was his daughter. She said they promised to support Zethu and pay *inhlawulo* (the traditional penalty paid if a man has impregnated your daughter). I asked if she and Zethu's mother had accepted their apology and believed their promise.

She said that Zethu has been sick since she was born and at times she thought it was because she did not know her father and her father's ancestors did not know her, that was the reason why she did not get well. She said they had accepted their apology for that reason. I asked her why they had come to them at this stage. She said Zethu's grandfather's father had said that whenever Zethu's father looked for work he could not find anything. The reason that Zethu's father was unable to find work was because his ancestors were angry with him. The ancestor had sent misfortune to him since he had a child that he did not take care of, and had never brought the child home. She also told me that Zethu's parents had made arrangements to take Zethu to meet her father's family members.

It was on a Saturday when I passed by Zethu's household and I found Zethu eating. I was surprised since she previously had not eaten a proper meal, but usually had juices and snacks. I asked about this and her mother explained that they did not know why but she had started eating and wanting food on the Tuesday when they had returned from the father's place. She said that she thought that Zethu's father's ancestors were responsible for Zethu ill health. She then told me that on the first Saturday of November, which would be the 2nd, Zethu's father was coming to pay *inhlawulo* for impregnating her. She invited me to be there and I accepted.

On the day of *inhlawulo*, Zethu's father brought a cow that was slaughtered, traditional Zulu beer, palm wine, drinks and *amahewu*. He also brought Zethu clothes. Zethu was 22 months old. She was very healthy and playing and looked excited as if she understood what was happening. Other people had been invited and they enjoyed the food. Everything went well and Zethu's mother was so excited and happy, as if to her it was like a dream that had come true.

After the *inhlawulo* Zethu's mother told me that she and Zethu's father had got back together again and that they were so in love. Everything appeared to be going well with Zethu's mother and Zethu's father was supporting herself and Zethu.

My last visit to Zethu was on Saturday the 3rd of January 1998. Her family were worried that I was leaving but I promised them that although I would not visit them as regularly as previously, I would continue to visit them. I told them that they had become been part of my family and that I would try and maintain the friendship. They

killed two chickens and prepared them with steamed bread for me. The food that they had prepared for me I took home to share with my family. This visit occurred 11 days prior to Zethu's second birthday.

5.4 Case history 4

Zethu Manzini

Zethu's household was at *Ekuthukuzeni* village in *Ethandizwe* ward. *Ekuthukuzeni* had a mobile clinic that came to the site once a week.

According to her father's sister Zethu was 1 year 6 months old. Though she did not remember her exact date of birth she said Zethu was born in August 1995. Zethu was born to Richard Manzini and Nolwazi Mkhabela. Nolwazi was from Mandini. Zethu's parents were not married and were no longer in love. Her father worked at the supermarket in Mandini. She was staying with her father's mother, her father's sister and her two father's sister's daughters. Her elder father's sister was the one taking care of Zethu and she responded to most of the questions I asked and also did the recording in the diary / logbook. Zethu's father's mother had two children, a son and a daughter, and the daughter had two daughters. The father's father died in 1990. The father's mother was not the biological mother of Zethu's father. Zethu's father, Richard, came to the Manzini household to work from Mozambique and his real surname was Tembe. He looked after the cattle, and the father's mother told me that when she realised that he was a growing boy, she felt it was no longer good for him to look after cattle and she decided to send him to school. Richard, while at the school applied for an identity document, but did not use his own surname, since he wanted to use "Manzini" as his surname. He however dropped out of school and found work in Mandini. Richard did not know his real parents since he last saw his biological mother when he was nine years old. He had heard that his mother had died and he had never known his father.

I was told that Zethu was brought home when she was six months old, in March 1996. At the time she arrived she was sick but her parents were still in love. Both her parents decided that it would be beneficial for Zethu's health for her to stay with her father's family. Her mother believed that her own family members had bewitched her daughter, since they were jealous of the baby because the father was supporting her.

According to Zethu's father's sister, they had last seen Zethu's mother when she brought the child home. However, she never visited her daughter. Richard had told them that the reason they had broken up was because she was promiscuous, and they had fought since she wanted the child back. Richard refused to give her their daughter because of concerns about the child's health if she stayed with her maternal family.

I was told that when Zethu arrived she was very sick. She had stomach problems and talked in her sleep. Her father's sister said they took Zethu to the hospital initially for stomach problems, in March 1996. She told me that at the hospital she had never been told what was wrong with Zethu's stomach but had been given treatment. She said Zethu did not get better, and as a result they went back to the hospital many times. The hospital kept changing the treatment but not explaining to them the problem. At the end of May, Zethu's father had come to visit. His mother called him, together with her daughter, to discuss Zethu's health. They had agreed that they needed to take Zethu to the traditional healer.

Zethu's father's sister told me that they first took Zethu to the traditional healer at the beginning of June. They first requested divination, and that had cost them R20.00.

The diviner had told them that Zethu had a snake (*inyoka*) in her stomach. The diviner also told them that Zethu had *umthebulo* - that is why she talked in her sleep. I was told that the diviner never told them the cause of the sickness, but had told them that it was something that could be treated by herbal medicine. They explained to me that this diviner was also a herbalist and he treated Zethu for both *umthebulo* and *inyoka*. She was given herbal medicine to drink, for bathing and as an enema.

Zethu was better within a week of treatment and well after finishing the month's treatment. The traditional healer however was not believed to have cured Zethu's illness, since three months later Zethu again experienced stomach problems. When she started having diarrhoea, she was taken to the hospital as her father's sister thought this was because she was teething. The hospital cured Zethu's diarrhoea but was not able to cure her stomachache. According to her father's sister, they kept taking Zethu to the hospital and the stomach would be better for a week. This went on until Zethu was a year old.

When I met Zethu on February 1997 she was a sick little baby who was stunted and did not look healthy. At this time Zethu was a year old. When her father's mother agreed to participate in this study it was because she believed I was a home nurse and might be able to help her grand daughter. However after explaining that I was not a nurse and knew nothing about disease, and that I was there to learn from them, she still agreed to participate.

After I had obtained Zethu's life history, I included questions based on the knowledge I had obtained from the other households. Zethu's illness had not been cured by the

hospital or the traditional healer. I then asked them if they had thought of the ancestors, as the granddaughter had a Manzini surname. Did they believe in ancestors or not? The grandmother told me that they most certainly did believe in ancestors. She explained that they are what they are because of their ancestors who guard them and give them luck. She also told me that she had thought about the ancestors but believed that Zethu's father perhaps would not be happy about this being brought up, since he was aware that he was not a Manzini. She also told me that since Zethu's father was staying with them, they had reported him to their ancestors so that he also could be protected. However, they had not reported the arrival of Zethu into the family. I asked her whether that perhaps was the reason preventing Zethu from being cured. She said definitely that was the reason, and decided to find a way to tell Zethu's father politely so that it did not cause conflict.

I visited Zethu three times in February 1997 and always found her father's sister giving her an enema with herbal medicine. I asked her whether the traditional healer had prescribed this, but she said it was herbs that she knew helped control stomach ache. I asked about the herbs being used. She told me that they were *ubukulane*, *isinamani* and *umthunduluka*. She mixed all the herbs and added luke warm water, drained the water and used this for the enema. She told me that it makes Zethu better, but the child did not look any better. I asked when her father would be coming home to visit, and she replied that she thought that he would be coming during the Easter holidays. I continued visiting Zethu regularly on weekly basis.

During Easter, Zethu's father came home and found that Zethu was better but not looking healthy. He was concerned and asked his mother what could be done to keep

his daughter healthy. The father's mother then got an opportunity to tell Zethu's father to think about ancestors. Zethu's father did not have any problems about that, as he said that he understood the possibility of Manzini ancestors being angry, as Zethu had not been reported to them when she arrived. The diviner was consulted and unfortunately did not say it was Manzini's ancestors, but Zethu's father's ancestors. They were told that since Zethu's father's mother died, she had been attempted to trace her son but could not find him, and that therefore had caused the sickness to his daughter. They said they were told to undertake a sacrifice to the mother of Zethu's father, inform her about the whereabouts of her son, and that he had a daughter. The ceremony had to be performed at Manzini's household, as there was nowhere else that Zethu's father could perform such a ceremony.

The ceremony was not done until the month end. Zethu had the same problem of stomach ache and the time was losing weight. At the end of April Zethu's father again came home. The ceremony was undertaken and Zethu's father apologised to his mother for not letting her know that he was now working at Mandini. They slaughtered a goat, and had traditional Zulu beer and palm wine. The ceremony went well, but Zethu's father went back to work leaving Zethu in the same condition.

I visited her three days later and found her the same but playing with other children. She was like that until mid July when Zethu was 23 months old. It was at the end of that month when I found Zethu's father at home. Zethu was fine and looking healthy and playing, and that day was so excited. After Zethu's father went back to work, Zethu continued to be healthy with a good appetite. I visited Zethu once every week

and she was gaining weight again. She grew very well as from August 1997 until the end of the study.

My last visit was on Saturday the 10th of January 1998. At that time Zethu was 2 years 5 months. She was in good health and no longer had stomach problems. I promised to visit them whenever I was in the area.

5.5 Case study 5

Nkanyiso Gwala

Nkanyiso's household was at *Ejudiya* village in *KwaMahlungulu* ward. His household was about three to four kilometres away from the clinic. According to her mother there was no traditional healer nearby. If she needed one, the closest traditional healer was about a forty-five minute walk away. The household was also about three to four kilometres from the well where they collected water. It took between one and a half to two hours to get to the forest from where she fetched wood.

Nkanyiso was born on the 7th of December 1996. He was the second child of Thobeka Tembe and Sfiso Gwala. He had a brother Ntuthuko who was 4 years. His parents were not yet legally married but were living together as married. His parents were originally from Mozambique and both his paternal and maternal grandparents were still in Mozambique. When his parents arrived in South Africa they were working in other people's households. They were both uneducated, but they had fallen in love and decided to establish their own household. Nkanyiso's father had asked for a piece of land from his employer who gave them land on which to build a house and fields in which to grow food.

Nkanyiso's father was working at *Empangeni* as a truck driver. According to Nkanyiso's mother her husband drove trucks from *Empangeni* to Swaziland and at times to Durban and Johannesburg. He came home once a month at the month end. Nkanyiso's mother told me that her husband supported her and children financially. The money she was given per month provided for all her needs and that of the household. In addition to her husband's financial support, she also had fields where

she grew maize, peanuts, pumpkins, cow peas, sweet potatoes, cassava and *izindlubu*, and she also grew other vegetables in their season.

According to Nkanyiso's mother neither of her children were sickly. She mentioned that the only problem was that both had asthma. She told me that the first son was eight months when she initially discovered that he had asthma, and with Nkanyiso she discovered this when he was four months old. She told me that after she had been to the clinic several times, her son was transferred to the hospital where the doctor diagnosed his asthma. I asked her if the hospital was able to cure her son's asthma. She said no and that she had never seen anyone who had asthma cured by the hospital. She said since she could see that asthma patients depended on medication their whole lives, and that she would not want that to happen to her sons.

She thus had consulted a traditional healer whom she was advised by her neighbour was good at curing asthma. Unfortunately her children still had asthma although they had been taking the traditional healer's medication for a year.

She told me that it was difficult for her to give her sons the traditional medicine, since they had to stop eating certain kinds of food. She said that the traditional healer had told her to avoid giving her sons chicken, banana and milk whilst on the medication. Since it was difficult not to give her sons those kinds of food if she had them in the house, she had stopped buying them. She also told me she felt that her sons had taken the traditional healer's treatment for a long time and thus she had stopped giving them the treatment without the permission of the healers. She only continued giving treatment to the older son who was prone to asthma attacks.

After a long discussion with Nkanyiso's mother I then explained to her that I would like to leave a diary / log book for Nkanyiso with her. I told her that the diary was to write down everything related to his health. I told her to write down every illness regardless of whether she had consulted a health care provider or not, and to write what she had done during my absence. She agreed to take the diary but told me that she would ask her neighbours for help, since she was not able to write. She told me that she had never been to school and could not read or write.

I visited Nkanyiso a week later. I found his mother in the fields planting sweet potatoes. She greeted me and said "I am still fortunate as they have not yet have an attack". She told me that the first time Nkanyiso had an attack she had stayed with him at the hospital for two weeks. She told me that if the condition of her son was really bad she preferred the hospital. I took the diary and nothing had been written in it. She told me that she did not have to write anything, as her sons had not been sick the previous week. She also said that she had not done anything for them that was health related. I stayed with them for the whole day and left in the afternoon at half past five.

I visited Nkanyiso a week later and did not find him at home. A neighbour told me that his mother had taken him to the clinic. I thought perhaps he had again had an asthma attack. I asked the neighbour if there was something wrong with Nkanyiso, but she told me that she did not think so, but thought that he had gone to be immunised. I then went to the clinic as it was not that far to walk, although it was about four kilometres away. When I arrived at the clinic Nkanyiso and his mother had

already left. I tried to ask other people at the clinic and they explained that Nkanyiso's mother had left an hour before and taken the route that passed the Zikhali family where she worked, - that is the household of the family who gave her husband and herself land on which to build their house. I then followed her to the Zikhali family, found her there and went with her to her household.

When we arrived at Nkanyiso's home I did not stay long as it was already late. His mother then informed me that she was planning to give Nkanyiso an enema on the following day as she felt he had *inyongo*. I asked her what medicine she was going to use for the enema. She explained to me that she would use herbs that she would collect, namely *ubukulane* and *umthunduluka*. I asked if those herbs would not interfere with the immunisation that Nkanyiso had that day. She told me that she did not think so.

I visited Nkanyiso the following day, as I wanted to see how his mother prepared the herbal medicine for the enema. When I arrived she had not yet given Nkanyiso the enema. So we went together to collect the herbs. *Ubukulane* are leaves of a plant that spreads at ground level - it does not grow upwards. According to her it always grew whether summer or winter. We then proceeded to get *umthunduluka*, and for this we collected the bark. We went home where she then used both the bark and the leaves. She crushed the bark and leaves and mixed them with luke warm water. She left this for about five minutes and then drained the water using a sieve. She then gave Nkanyiso an enema using two 250ml horns. Before she gave him the enema she dug a hole into which Nkanyiso would defecate. So immediately after receiving the enema he wanted to defecate, and stayed on the hole continuously for about fifty-five minutes.

While we were still waited for Nkayiso to finish defecating he fell asleep where he was defecating. His mother took him, bathed him and put him on to the bed, where he slept for two and half hours. When he woke up he wanted to eat, and food was given, and he then played with his brother. According to Nkanyiso's mother she gives her sons an enema once every two weeks. She told me that by giving them an enema she also prevents them from getting flu. I also observed whether she would write in a diary what she had done. She eventually asked me if I could write it for her since I was there. I then helped her by writing all the details in the diary. I stayed with them until about four pm.

I visited Nkanyiso once every week. He was given the regular enema, but he never got sick, nor did he have an asthma attack during the year that I visited him. When I told his mother that I was no longer going to visit them, as the period that I was supposed to visit them was over and I had to go and write about what I had found, she said that it had been a blessing that I had visited them, as her sons never had an asthma attack for that whole period. She asked whether I would visit them again even if it was not often, but not to lose contact with her and her sons. She told me my visit had provided her with a friend, and a friend like that she would not like to lose. I told her that I could not promise, as I would be busy for the next few years but that I would come again.

Ziyanda's household was at *Ekuthukuzeni* village in *Thandizwe* ward. This village had a mobile clinic that came to the site once a week. Ziyanda's household was also close to the hospital, and near the forest where firewood was collected. However they did not collect firewood often as they had electricity. Though the river was close by her family did not fetch water, as they had a tap at home.

Ziyanda was born on the 3rd of September 1996. Her mother was Dudu Vumase and her father was Themba Kubheka. She used her mother's surname as her mother was not married and her mother's parents said, that because Themba had not paid *inhlawulo* (penalty for making a girl pregnant) nor *lobola*, the child had to inherit her mother's surname. She had a sister who was three years of age. They were both from the same father. Ziyanda's family members were her mother's mother who was 63 years, her mother who was 35 years, her mother's elder sister who was 38 years, her mother's younger sister who was 26 years and her sister. There were also people who were helping them since her mother had a tuck shop where groceries and alcohol were sold, as well as a guesthouse. Her mother's elder sister was married to Skhakhane and had 3 daughters. Her mother's father had died in 1996. Her mother's mother was a pensioner and her mother worked at the community project as an administrative officer and also owned a small business.

When I first visited Ziyanda she was a healthy child and she was four months old at that time. Her mother confirmed that her baby was healthy, and that she had never been seriously ill, although when she was two months old she had had diarrhoea with

blood. She said that had been caused by *isilonda* (dysentery) that was easily treated by a woman who was a traditional healer. I asked her whether she believed in traditional healing. Her response was that how could she, an African, not believe in witchcraft, and that when a baby is born it needs to be protected from evil spirits. She told me that although she does go to the hospital, she also uses traditional medicine.

Since it was a weekend and Ziyanda's mother was at home I took the liberty of asking as many questions as I could since during the week she would be at work and Ziyanda's mother's mother was the only person to whom I could talk. I asked her how her baby avoided illnesses. She was four months old and according to her mother Ziyanda only had *isilonda* when she was two months. She told me that most of the illnesses she prevented before her baby could suffer from them. I asked her what preventative measures did she take. She told me that she started protecting her baby while she was still unborn. I asked her how and she told me that she used *isihlambezo*. I asked again about *isihlambezo* and for what it is used. She told me that *isihlambezo* is a traditional medicine obtained from a traditional healer, and that this medication helps the baby while it is still in the womb. She told me that when the baby is in the womb there is water in which the baby stays, and that at times that water becomes too much and is not good for the health of the baby, and that then *isihlambezo* helps to drain that water. She also told me that *isihlambezo* also helps prevent miscarriages. I asked her how, and she explained that if you are pregnant some people do not feel good about this, and send evil spirits to you so that you may miscarry. She said that sometimes they take the baby out and put another creature (animal) in the womb, and when the time to deliver comes, you will give birth to an animal. I asked her what kind of animal and she mentioned that some people give birth to dogs, rabbits and

baboons. I continued asking her how this occurs. Her response was that “ Ha! You are a Zulu person, don’t you know how powerful black science is? People are witches”. I said although I know that black science exists, that I had never heard of people giving birth to animals. She said that if you got pregnant you better use *isihlambezo* to prevent witchcraft.

I asked her if she only used *isihlambezo* when pregnant, and she confirmed this and that she obtained it from the traditional healer. She also went to the antenatal clinic at the hospital where they gave her tablets. I asked her why she went to the hospital and she explained said that it is good to use both types of healers since they both help the baby before it is born. I asked how the hospital helped the baby before it was born.

She said the hospital did a great job, and that if you visited the antenatal clinic they were able to see the baby inside the womb. She further said that this helped to see the position of the baby, to know if the baby was lying correctly and to see if you would have problems during delivery. She also said the hospital helped to see if the baby was no longer breathing, since we cannot see if the baby has died inside the womb until we get sick. When we are sick then we think that maybe the baby has died.

I then asked her what preventative measures she used to prevent her baby from getting sick after it was born. She told me that she uses both western and traditional preventative measures. She said that she bought western medicine from the chemist and went for immunisation to the clinic. At the clinic she said her baby was immunized against illnesses like measles, polio, mumps and chicken pox. From the chemist she said she bought ‘gripe water’ and ‘Phillips’. She said she uses gripe water

for help the navel to heal fast, and 'Phillips' to help prevent constipation. She further told me that she also buys *inyoni* medicine from the chemist, which helps the child's fontanel to get hard fast and it also helped the stomach of the child to excrete green faeces rapidly since it was not good for the baby to have green faeces for a long period after birth. She mentioned that there are medicines that she buys from the chemist and keeps at home, so that when the baby is sick she uses this before seeking health help. The medicines include paracetamol syrup for pain and fever, and magnesium trisilicate for stomach ache. I asked her if the doctor or pharmacist prescribed the treatment that she used. She said no but that she knew that the medicine helped as she used to get it from the hospital for her first child.

She then told me what she used as a preventative measure that she obtained from the traditional healer. She said when she came from the hospital after delivery, she had to consult a traditional healer to get medicine that would help the child to sleep. She said she obtained *isibunge* and *umthelelo*. She told me that *isibunge* is the medicine that she burnt in very hot coal and that she and the child inhaled the smoke. She said it prevented bad spirits and *umthebulo*. *Umthelelo* are herbal roots that she soaked in water for a day and then gave to the child to drink three times a day. It prevented *inyoni*, *ithuku* and helped the navel heal fast. I asked if she gave the baby both western and traditional medicine simultaneously. She confirmed that mostly *umthelelo* was given to the baby daily, until the baby was two to three months old. Therefore if the baby got sick during this period she took the baby to the clinic or hospital and whatever treatment was given at the clinic, was given together with *umthelelo* to the baby.

I asked her who looked after her children most of the time. She told me that it is her mother. I asked her if she was happy that her mother was looking after her children. She said “*Oh yes, very happy*” and I asked her if her mother made decisions about the choice of the health care provider, while she was at work. She said that her mother made the decisions even if she was around. Her reason was that “*It is because she has more experience than me, she raised us and I am learning from her*”. I then told her that I would leave the diary / log book with her mother so that she would write down everything concerning her daughter. She said she did not have problems with that and thought it a good idea.

On my second visit four days later, I found Ziyanda healthy and playing on the bed. Her elder sister had come from the nursery school. I asked the mother’s mother if Ziyanda had been sick since I left, and she confirmed that the child had not been ill. I then asked if anything had been written in Ziyanda’s diary. She quickly accessed the diary and said “*Oh yebo kukhona phela ngiyabhala noma ngimchathile*” (Oh yes there is something written, I do write even if I have given her an enema). I took the diary and saw that she had been given an enema the day before. I asked why Ziyanda had been given an enema, and whether there was anything wrong. She told me that Ziyanda had a hard stomach (*unsesisu esiqinile*) and did not defecate easily, and that she usually helped her defecate by giving her an enema with luke warm water. She told me that if she did not give Ziyanda an enema she would have stomach cramps and cry, a sign of constipation. I asked for how long the baby had experienced this problem. She told me that a day after the enema she would be fine, but that two days afterwards she would not defecate but on the third day would start having problems. She explained that the child would try unsuccessfully to defaecate but nothing came

out until an enema was given. I asked her whether that was not making Ziyanda dependent on an enema in order to defecate. She said no because she only used water. If herbal medicine were used she would agree.

It was over a week since I had last been to see Ziyanda. When I arrived the mother's mother came to me and said "*umntwana wakho akaphilile namhlanje*" – "your baby is not well today". I asked what was wrong with her, and she informed me that the child had diarrhoea and was vomiting. She then said she thought that the baby was teething. I asked if anything had been done since the baby started being sick. She said that since they thought that the baby was teething, she had been giving the baby the salt and sugar solution which she prepared. In the diary it had been written that the baby was given Panado syrup, an enema with herbal medicine and salt and sugar solution. I then asked why the baby was given enema when she had diarrhoea. She explained to me that the herbs she used helped to stop the diarrhoea. I took Ziyanda into my arms; she was very hot and weak. I then asked the mother's mother if she was like that the previous day and she confirmed that this was correct. I asked what Ziyanda's mother had said about her daughter's sickness. She said that she had told her that if Ziyanda did not get better she must take her to the hospital. I also asked her whether she thought that she would get better, and she said that now she did not know. I asked her if she would like me to go with her to the hospital. She agreed and we then went to the hospital.

When we arrived, fortunately my mother's brother's daughter was working in the out patients' department. I asked her to help us to be attended quickly as the baby was not going to make it if we waited in a queue. She asked Ziyanda's mother's mother to go

into one of the consultation rooms where I also joined them. The doctor quickly came and looked at the baby and asked, “What the hell did you do to the child”? The mother’s mother tried to hide that she had given an enema to Ziyanda, but I told her that it was better if she told the truth because Ziyanda was seriously ill. She then explained to the doctor that Ziyanda had diarrhoea and she gave her an enema with herbs that she knew helped stop diarrhoea, but it had not stopped. The doctor quickly ordered a drip for Ziyanda. She was put on a drip and blood specimens were taken for further investigation, as the doctor could not diagnose what was the problem except kept saying “she is pale she needs water in her body”. We waited at the hospital for the blood results and Ziyanda was breathing slowly. After an hour the results came back and no illness was diagnosed. The doctor admitted Ziyanda and by that time her mother had arrived. She kept thanking me for convincing her mother to bring her baby to the hospital. She was crying and kept saying “*my baby will not make it*”. I also kept saying that it was not too late, and that the doctor will help your baby. We went to the children’s ward where I left Ziyanda and her mother, and I went back with the granny.

I went via the hospital on the following day and found that Ziyanda was still on a drip and that she was not eating. I asked her mother how was she feeling. She told me that there was no change and that the doctor did not know what was wrong. She further told me that Ziyanda was now passing blood through her anus. The doctor came around while I was there and I asked him what was wrong with Ziyanda, and whether he was able to come up with a diagnosis. He asked if I was a relative of Ziyanda’s. I told him that I was not a relative but a friend who was concerned, since she needed treatment and if they had not yet found out what was wrong, she would not be given

treatment. The doctor said they are giving Ziyanda treatment for her dysentery, and that was all that she could give her.

I visited Ziyanda almost every morning before visiting other families. On the sixth day Ziyanda looked better and she was sitting on her mother's lap. Her mother told me that she was eating and had had something to drink. We were so happy that day that I could not go elsewhere. We stayed at the hospital talking about her work, and the future of her daughters. Ziyanda was eating, she had her three meals of baby food that day and she had three 500 ml bottles of formula.

I left at sunset but when I came the following day, although she was on her mother's lap I could see that her condition was not good. She was sleeping and her heart was beating slowly. I also decided to stay again to give Ziyanda's mother support as I felt she needed it. Ziyanda was not eating again but at about thirteen hours she cried, and her mother gave her the formula. She drank the whole bottle and stopped crying. We were still discussing about Ziyanda and her mother was telling me where she would like her to go to school when she grew up. I realised that Ziyanda was dead on her mother's lap. I did not know what to do, but I decided to call the nurse and told her not to say the baby was dead, but that she wanted to check some things about the baby. I then came back to her and asked her if she did not think it would be a good idea to call her sister to come and stay with us. She said that her sister was working. I told her that I would be the one to phone her and explain. I then called her sister to come and give Ziyanda's mother support since she had just lost her daughter. It was difficult but the nurses did a very good job explaining that Ziyanda did not make it and that she was dead. She kept quiet for sometime and she then cried. I encouraged

her to cry if she felt like crying. We were given a room in which to stay with her until she was ready to go home. She cried and cried, but finally stopped and started talking about her daughter's death.

We took her home with the help of her mother's sister's son who had a car. She then broke the news to the mother's mother who cried and felt responsible for not taking Ziyanda to the hospital in time. I tried to let her understand that she should not feel guilty, as she had tried to do her best, but it was not for her to save her daughter's daughter. The mother's mother continued crying loudly until the neighbours came to find out what had happened. The neighbours offered a prayer and left while others were still coming. Every neighbour who came prayed and then left. I stayed overnight as I felt someone who was an outsider was needed for support. To my surprise some neighbours joined us for the night, and I thought that was good support.

Ziyanda died on Tuesday the 16th of February 1997. I went via Ziyanda's house every morning and afternoon as they were preparing for the funeral. I asked if there was anything with which I could do to help them. Ziyanda's mother said that there was nothing as she had a funeral policy for her daughter. The funeral was going to be on the Saturday. On the Thursday when I went passed Ziyanda's house there were neighbours helping to prepare for Saturday. They were preparing *amahewu*. I joined them and went home that night.

On Friday evening there was a service that started at nine in the evening and finished at about four in the morning. The Methodist church priest was present to conduct the mass. At five in the morning the funeral service started and at seven in the morning

Ziyanda was buried. I continued visiting Ziyanda's mother for a week as she was not yet back at work. On my last day I told her that I was no longer going to visit them any more, and that it was good that she was working and she had to go to work every morning. She thanked me for everything that I had done for her family. I then asked her if I may ask one last question and she agreed. I asked her why they had buried Ziyanda as early as seven in the morning. She explained that usually they buried people in the afternoon at about two p.m. Since they had an evening service previously and the funeral service used to start at ten a.m in the morning, people did not attend the funerals. People who came for the evening service did not come for the funeral service during the day, as they were tired from not sleeping. Then the local *inkosi* (chief) suggested that for people to attend both the evening service and the funeral, the funeral should take place early in the morning. So they had been practising this for about four years. I then thanked her and left. It was difficult to cut the ties with Ziyanda's family. Though I had told her that I was not going to visit them any more I still visited them. I started by visiting them twice a month, then once a month for seven months before I stopped.

CHAPTER SIX

6. DISCUSSION

Health seeking behaviour refers to what people do to seek care when they are ill. The findings from this study provide a broad picture of health seeking behaviour in a rural area of Northern KwaZulu-Natal, and describes the identification of symptoms in pre-school children and the decisions made regarding treatment, based on perceptions of the symptoms.

Caregivers in this study were closely involved in children's well being, since as the primary care givers, they were routinely and constantly involved in managing and constructing health and illness. Participants in this study utilized various treatment options in a pragmatic way, taking advantage of available health resources as they saw fit. According to Stebbins (1987:09) Amotepecans did not view their treatment options as mutual exclusive. Instead they combined aspects of various healing resources whenever they perceived it to be to their advantage. Kwangwanase participants confirmed utilizing both western and traditional services simultaneously, depending on the symptoms of the child's illness at a time.

Caregivers made decisions about which healer to consult depending on the symptoms and on what they perceived to be the cause. According to Sharp and Boonzaier (1988: 45), "one must emphasize that all patients make rational decisions about which healers to consult, and when to do so. People consult so called 'alternative' healers in addition to (and not instead of) western doctors." One might argue as at the time of

this study some caregivers also consulted the western doctors in addition to the traditional healers.

Knowledge about children's diseases

Knowledge about a child's illness depended on whether the caregiver knew the symptoms of the illness and linked what might be the cause of the illness, and therefore decided which health service to consult. According to Krige (1950:327) "Since the direct cause of an illness is very often the black arts and machinations of wizards, it is essential that the Zulu doctor be able to combat these by counter-magic" This means that when the cause of an illness is perceived to be the witchcraft, the traditional healer is consulted. According to Berglund (1976:348) "among the Zulus there are two essential moral issues pertaining to medical treatment. Firstly there is the tracing of the cause of the suffering that has brought about the need for medical attendance." This confirms what the people of Kwangwanase did. They first observed the symptoms and determined the cause before deciding where to seek help.

Mothers seemed confident about their abilities to recognise when something was wrong with their children. This skill is tied to their special knowledge of what their child is normally like. Cunningham-Barley (1990:93) argues "the mother noted a change in behaviour, and connected this with a cold starting – relying on her knowledge of her child's likely illness behaviour, and her general knowledge about how cold start." Caregivers knew how to see if a child was not feeling well. There were things that gave them an indication that the child was sick, such as a rise in temperature and tiredness or any change in behaviour. According to Cunningham-

Barley (1990:93) “the commonest ‘symptoms’ for which no action was taken were colds, runny noses and changes in behaviour, especially irritability and tiredness.”

This did not happen with the caregivers in Kwangwanase, since whenever the child had a change in behaviour the caregiver gave an enema with herbal medicine hoping it would get better, and if on the following day there was no improvement, then they would seek health care from an appropriate health service, the selection being dependent on what they perceived to be the cause.

Caregivers looked out for physical signs of illness and were able to detect relationships between behaviour, illness and health. Though Cunningham-Barley (1990) mentioned that physical signs that mothers look for are sleeping, eating or speaking, my participants mentioned that the first sign that they noticed or looked for, was a rise in temperature, then other signs would follow.

Use of self prepared medicine

For most illnesses, home made remedies were the first line of care. This included giving children enemas. Self-prepared treatment was used when children presented with flu, high body temperature, constipation, *isilonda* sleepy and tired eyes. This confirms what Leclerc-Madlala found in her study. She reported that treatment through purging is also the first strategy used by a mother whose child appears ill. Lack of appetite, nasal congestion, skin rashes, constipation and diarrhoea are some symptoms, which may be treated by purgatives – usually castor oil or an enema, (1994:9). However when a child has diarrhoea, giving an enema or purging the child is contra-indicated as this will make diarrhoea worse and cause dehydration. This

happened when Ziyanda had diarrhoea and her grandmother gave her the enemas. The diarrhoea became worse and she had to be taken to the hospital. Leclerc-Madlala emphasizes the perceived importance of home use of purgatives, which is nearly always the first line of treatment before professional advice is sought.

Use of home care and self prepared treatment is also mentioned by Cunningham-Barley (1990: 85) when he says; “It is now well established that much illness, whether in adults or children, never comes to the attention of health professionals and is dealt with in the home through various forms of self-care”. At times children in this study never needed other health services, as the illness was successfully treated at home.

Utilisation of primary health care

People in Kwangwanase use of Primary Health Care facilities for illnesses for perceived “natural” causes, or for those where they have tried traditional medicine and considered this to have failed. Primary Health Care facilities existed but were not readily available in all *izigodi*. There were however four permanent clinics in four *izigodi* where caregivers could take their children when they were sick. These clinics were available during certain hours of the day, namely from seven in the morning (although in actual fact they started seeing patients at eight am) until four p.m in the afternoon (although in fact, people coming in the afternoon were not attended to).

According to Kenyon (1987:4) “the perspective of the scattered recipients of health services are much less readily, and are accordingly basically assumed by health services officials.” Readily available can mean different things in different areas. The

health services may be there but not available when people need them most. For example, children get sick at any time and cannot behave as adults when sick, and therefore will need to be attended to promptly. In this study if the child got sick at night, the caregiver had to wait until morning to take the child to the Primary Health Care service.

Though caregivers used Primary Health Care services they were dissatisfied about the treatment they received. Kenyon argued that there is a widespread dissatisfaction with the personnel and the pharmaceuticals dispensed there (1987:11). This was confirmed by the two incidents that occurred during my observation at Kwangwanase. (The first was when the child's temperature was high and the health worker asked the caregiver whether a kettle on the child would boil, to prove that the child was hot, and the secondly was when the child was coughing and the health worker insisted the child cough first before she would provide medicine). These incidents suggest that some health service personnel treat people rudely and without respect.

Utilisation of traditional healers and Faith healers

Though some of the participants did not use traditional healers and faith healers, it was the first line of health care service for others. Traditional healers and faith healers were other health providers available and used by caregivers. Traditional healers were in fact mostly readily available, since you could visit the traditional or faith healer at any time, and s/he would be able to help. Traditional or faith healers were consulted for illnesses that were perceived to be caused by other people or by

ancestors (unnatural). At times traditional or faith healers were consulted if the western medication has seen to have failed. This confirms what Krige reports, that when the direct cause of an illness is viewed as the black arts and machinations of wizards, it is essential that the Zulu doctor be able to combat these by counter-magic, (1950:327).

At times traditional and faith healers were used because they were available locally, and patients did not need to walk long distance or pay for transport to get help. There were also those traditional and faith healers who were seen as specialists in certain illness and therefore were consulted first when the child was ill.

Health seeking behaviour

Actions taken when ill provide an index of the relationship between belief and behaviour. Allen (1990: 255) argues that Evans-Pritchard's resonant ethnography and analysis of causality remains of value in itself, and that the reflexivity the book promotes about 'western' ways of thinking is a lesson learned. The changing, interactive, pluralistic conceptions of causality and therapy, which characterise the population's response to sometimes extreme circumstances, is contrasted with the narrow parameters of the western model.

Boonzaier (1985:238) argues that with reference to western and non-western choices, one system is often chosen when the other has failed. But the 'failure' or 'success' of any medical system is to some extent tied up with its perceived ability to deal with specific types of illnesses. Participants in Kwangwanase had certain illnesses that they perceived as likely to be cured by western doctors, or traditional healers only.

According to Boonzaier (1985:237) most patients make use of such healers in addition to healers who practice within the western medical tradition. In other words patients can and do exercise significant choice in movement between different medical systems. This was confirmed by my findings that when children were sick caregivers moved between health providers, trying to find the best healer.

Sharp and Boonzaier argue that one must emphasize that all patients make rational decisions about which healers to consult, and when to do so. People consult so-called 'alternative' healers in addition to (and not instead of) western doctors (1988:45). One could argue that in Kwangwanase, people consult the so-called western doctors in addition to traditional healers. There people thus in some cases consulted traditional healers first, before the Primary Health Care services.

Health seeking behaviour and cultural beliefs

Caregivers at *Kwangwanase* diagnosed the children's illnesses and came up with what they perceived to be the cause of illness. The perceived cause of illness made them decide from which health provider to seek health care. As Berglund (1976:348) mentions, among the Zulus there are two essential moral issues pertaining to medical treatment. One is the tracing of the cause of the suffering that has brought about the need for medical attention. An example of this is the case of Bhekani when he got sick. Though his parents took him to the hospital they continued consulting diviners to trace the cause of his sickness, and when they came up with witchcraft, they decided to take Bhekani out of the hospital.

If the cause is believed to be witchcraft then traditional healers are consulted. If it is believed that ancestors have caused the sickness then a ceremony for the ancestors is performed. According to Berglund (1976:246) ritual killing at the time of life crises aims partly at reconciling the shades 'with a new person who has come'. They may become confused finding somebody they do not know among their people. Allen also argued that ancestors send sickness without invocation if they felt that the living was neglecting them. Thus the illness showed the living when ancestors were displeased. This happened with Snothile's family when Snothile was sick and could not recover after having been taken to both western doctors and traditional healers. Her father consulted a diviner to find out the cause of her illness, and they found that his father's ancestors did not know Snothile as it had not been reported to them when Snothile was born. Snothile's father then undertook the ritual sacrifice for his ancestors by killing a cow. Berglund also argue that the killings in connection with the sickness aim at satisfying the hunger expressed by the shades, or when the sickness is not "the sickness of the shades", but a plea for the restoration of health through the intervention of the shades (1976:246).

As Berglund (1976:247) mentions that a good outcome is when the hungry shade is satisfied and s/he withdraws his/her anger that resulted in the sickness. In this study after the ceremony had been performed, Snothile was well and never went back to the hospital.

Health seeking behaviour and religion

People's health behaviour is influenced by their religion. Lerner (1992: 141) mentions that those sceptical of the efficacy or propriety of such rituals may, nevertheless, attribute cures directly to the power of prayer, and the personal intervention of God in an individual case in response to prayer when He might otherwise have left nature to take its course. For some caregivers who were Christians, their religion did not allow them to seek health care either from the hospital or traditional healer but only from their church ministers. The church minister used praying and laying of hands as the art of healing, which is practised in a number of churches today. These people did not use faith / Christian healers as health providers.

However, this was surprising since faith healers were Christians. In Zethu's case when she was sick, her mother's mother did not take her to the clinic but to her church minister for prayer. According to Berglund (1976:75) Christian healing includes private prayers and public services. In Zethu's case, public services were never held, but private the minister undertook private prayers.

Health seeking behaviour and decision-making

Power in respect of decision-making played a role in the health seeking behaviour of caregivers in Kwangwanase. According to Mc Cormack (1988: 677) there is a clear relationship between women's control of wealth and the health of their children.

Caregivers in *Kwangwanase* as household heads had control of resources and

therefore took decisions about the health of children. In households where a woman's husband's brother was alive, the brother became the head of his brother's household. For example in case where Zethu was sick, her mother's mother reported to her husband's brother. The husband's brother took the decision that they should consult the diviner. Although Zethu's mother's mother was not allowed by her religion to consult a traditional healer, in terms of cultural mores she had to obey her husband's brother. Since the husband's brother was helping her financially and was responsible for her, she had to obey him. Therefore the traditional healer was consulted.

Mc Cormack argues in her paper, about the health and social power of women, by saying that mothers, and especially poor mothers, have no time to take care of their babies as there are competing survival requirements such as domestic work and working in the fields. Working mothers in Kwangwanase had nannies to take care of their babies while they were at work. According to my observation those mothers who worked in the fields placed the health of their children first, and were assisted by the extended family system,

6.2 Conclusion

In conclusion, the findings from this study show that caregivers use their knowledge of children's illnesses to recognise symptoms and to be able to make the decisions about which health provider to consult. For certain illnesses or symptoms they observe, they start by providing health care themselves using home made / prepared remedies ranging from medication bought from the chemist or supermarkets to herbal

remedies. If the illness is not cured they will then proceed to seek health care either from Western or traditional health care providers.

These patterns of health seeking behaviour can help health providers to promote more effective messages to encourage recognition of symptoms and prompt treatment from appropriate sources. Western health services should learn to recognise the complexity of the illnesses they are treating and seek a complete history of a patient's illness, including their visits to traditional healers.

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