

Book Review

Beverly Chalmers: African Birth: Childbirth in Cultural Transition Technology in a Patriarchal Society

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Psychologist, Beverly Chalmers, has authored a number of papers for the scientific community on childbearing customs, many of them focusing on traditional communities in her native South Africa. In *African Birth: Childbirth in Cultural Transition* she writes for both a professional and a lay audience, drawing on a study of urban African women living in Soweto.

In this sense, the title *African Birth* is a bit misleading as it implies a far broader geographical and cultural scope. Nonetheless, this book provides a very interesting look into the cultural, political and spiritual factors involved in Black South African birth practices and offers a significant framework for a future, more wide-ranging study.

All too often scholars of Development Science have been naive in thinking that Third World cultures and traditions are insignificant and that peoples from underdeveloped nations must embrace Western technology for their own good. This approach has plagued Development Science from its beginnings and has led to some of its gross failures in development aid projects all over the less developed regions of the world. Dr. Chalmers questions this “West is best” presumption in her introductory exploration of African and Western views of health and illness.

“Unlike the Western world’s separatist approach to health and illness, the African view reflects a belief in an integrated, interdependent, totality of all things animate and inanimate, past and present . . . Africa lives easily with concepts of multicausality” In this view “the ire of the ancestors aroused as a result of inadequate performance of rites of respect is probably seen as the primary cause of illness” but other social, environmental and supernatural causes are recognized as well. The germ theory – central to Western thought on illness – is only just beginning to gain acceptance as one – among many – possible reasons why people fall ill.

Out of different etiologies grow different treatment modalities. African medicine is rooted in social and cultural rituals and makes extensive use of herbal medications, psychological support and dance and music therapies which have only reached the fringe of Western medicine. In this context, differing approaches to pregnancy, childbearing and infant feeding are not surprising, but until recently practices imported from the West have taken virtually no notice of traditional views and values. As a result, thousands of woman are birthing,

caught between two cultures and going through one of the most profound experiences of womanhood without the adequate support systems to accommodate them.

Chalmers acknowledges that "preparation for childbirth has suffered considerably as a result of South African women's transition from one culture to another" but maintains that "by moving into Western society, better physical care of mother and baby has been achieved". She stresses that "failure to attend antenatal clinics has been implicated as a factor contributing to increased perinatal mortality", yet cites a report on a programme which reduced required ante-natal visits by 31% "without any deterioration in perinatal mortality or morbidity". This raises the questions for these reviewers – unanswered by the text – :

- Who needs to attend ante-natal clinics?
- At what point in the pregnancy should women begin to attend the clinic?
- How frequently do they need to attend?
- Could ante-natal care be redesigned to better accommodate the traditional desire to delay announcing the pregnancy?
- What sort of ante-natal care is important in lowering mortality and morbidity?
- Could mothers or mothers-in-law be incorporated into this care by providing them with up-to-date information needed to help their pregnant daughters or daughters-in-law profit from what Western medicine can contribute to a healthy pregnancy?

This latter point might be a low-cost, more culturally appropriate alternative to Chalmers' suggestion that "Childbirth educators, specifically trained with regard to the African woman's birthing experiences and needs, are urgently required". Antenatal health messages could also be conveyed by radio – a medium Chalmers suggests for sexuality information for adolescents.

Traditional and Western approaches to childbirth differ greatly with respect to place of delivery, position for birth, emotional support and pain management. It is in her discussion of this topic that Dr. Chalmers' bias towards Western physician-dominated birthing practices is most (inadvertently) clear. Providing no documentation, she writes that "the hospital environment would certainly seem to be far safer from a medical perspective in the Third World". The experience of the Frontier Nursing Service and the Chicago Maternity Center in conditions approximating current Third World conditions does not support this view. WHO's commitment to upgrading the skills of TBAs – Traditional Birth Attendants – suggests something quite different. It may be that the hospital is a safer environment for women at risk, but given the problems resulting from unnecessary intervention in maternity units the world over, the safest place for a healthy woman to deliver a full term baby may well be her own home.

There is, as well, a veritable mountain of evidence that is at odds with Dr. Chalmers' contention that "lacking in much of the debate is sufficient scientific evidence about the reactions of mothers to birth in hospital or home environments". "Evidence in favour of home births" she continues, "emanates largely from women's groups" – as though this source were per se unreliable. It might be reasonable to enquire who better than women to make this judgment? After all pregnancy and childbirth are women's issues and are experienced solely

by mothers. Science – and scientists – certainly have their place in childbearing, but even the best credentialed academics may sometimes invent facts to support their dearly-held opinions. “Medically unassisted births are the ideal goal in the home birth setting” is a case in point. She seems curiously unaware of the psychological factors at work in childbirth as she accepts with equanimity her finding that 93 % of women who deliver in hospital settings when asked about their preference for delivery position opt for lying flat on a bed. She does not even question whether there might be a connection between this “preference” and the reason given for it by 57 % as “so the staff can observe what’s happening”.

On the issue of emotional support, she is on firmer ground recognizing that the African woman does not, in this time of transition, get sufficient support from either her traditional sources (TBA and female relations) or from the clinic. But there is too little questioning of the reasons behind the research that “suggests that the traditional birth attendant is no longer desired by women delivering in hospitals or clinics.” Her finding that “it appears that each mother may consider whatever birthing experiences she has to be correct” flies in the face of the last several decades of experience in the childbirth reform movement.

Statistics in the infant feeding chapter indicate that the urban women in Chalmers’ study plan to breastfeed and actually do it at rates that are unusually low for Africa (61 % and 71 % respectively). Chalmers cites these figures as reflecting “a positive approach to breast feeding” and does not appear aware of the discrepancy between her subjects and the vast majority of other Africa populations. Nor does she appear acquainted with either the research on the causes of lactation failure or much of the new information on breast feeding management.

In her summary chapter, *The West Meets Africa*, Chalmers makes use of Maslow’s hierarchy of needs to design a framework for planning change. Here she suggest ways of integrating African and Western approaches to physiological and safety needs, to the needs for love and support in labor and to the needs for self-esteem and self-actualization in childbearing women. Here too she stresses the importance of a holistic approach that respects the culture and experience of the birthing women while drawing on appropriate Western-style resources. It is hard to argue with the very sensible conclusions she draws in this chapter.

Apartheid and Health Care has been included as an appendix because, she explains, “it does not address itself directly to the question of childbirth in cultural transition”. But *Apartheid* is one of the largest contributors to the problems. The very essence of *Apartheid* is separateness. It is not supportive of cultural transition. If *Apartheid* was successful it was in creating a rigid and compartmentalized society in which racial (and therefore cultural) barriers weren’t easily overcome. Furthermore it maintained a society where the privileged few were isolated from the vast problems experienced by the underprivileged millions. This combined with an extremely complicated system of responsibility led to vastly increased illness and reduced life expectancy for South Africa’s black population.

But *Apartheid* did not affect only black citizens. White South Africa is not, as Dr. Chalmers assumes, an integral part of Western culture. South Africa’s relative geographical and political isolation as well as its own social, political and

medical systems have led to its being a distinct culture with its own influences and dynamics. This affects the area of childbearing as much as any other area, but the references to natural childbirth do not reflect this. With Apartheid as the context for this book rather than an afterword, all this would have been far easier to understand – and more useful.

Nevertheless as it stands – with all the questions raised by these reviewers – *African Birth* provides a fascinating look at birthing and the general culture of a changing society. It does not romanticize the “traditional” and recognizes some of the limitations of the current Western approaches. Beyond the text there is a special bonus. Both readers with limited and with extensive exposure to African societies will appreciate the numerous illustrations of African artefacts traditionally used in pregnancy, birth and infant care. These illustrations serve perhaps better than any words could, to emphasize the rich cultural traditions which surround African birth and the differences between them and the Western cultures which currently dominate the “scientific” approach to birth. *African Birth* is a groundbreaking attempt to sort out some complex issues surrounding the very fundamental experiences of childbearing women in Africa. May it be an impetus to more studies of the many as yet unexplored aspects of this absorbing subject.

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- C. Eggers, R., Lempp, G. Nissen, and P. Strunk (eds.): *Kinder- und Jugendpsychiatrie*. Springer-Verlag, Berlin Heidelberg New York, 1993