Pre-Natal to Post-Natal Childcare within Traditional and Westernised Parenting Styles: A Paradigm Shift in Zimbabwe

By

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ABSTRACT

This paper examines traditional African child rearing styles and Westernised parenting styles focusing on the impact this has on the psychosocial developments of a child’s academic performance. In most African countries, during prenatal and postnatal periods, there are many rituals that are observed by the parents, especially the expectant mother. This has a bearing on the psychological and later cognitive development of the child. As a result, there is a paradigm shift taking place from a strictly traditional to a more modern oriented way of rearing children due to the influence of education, media and technology. The majority of families in Zimbabwe now find themselves somewhere along a continuum between the African and Western child rearing styles. In this study, the descriptive survey design was used with questionnaires and interviews as data collection instruments. Findings from this research revealed that, the Westernised parenting styles want independent, democratic and sometimes laissez-faire ways of raising children while African cultures prefer submissive children raised under an authoritarian style. Significant changes among African families have been noted leading to an adoption of an eclectic approach, where families use two or more parenting styles, considering the best features of each system in raising children. Knowledge of African child rearing practices is therefore of paramount importance since it makes teachers of African children sensitive to and aware of some values that have shaped them so as to enhance effective teaching and learning.

Keywords: Child-rearing styles, psychosocial development, traditional, westernized, authoritarian, authoritative and laissez-faire.

BACKGROUND OF STUDY

Among various ethnic groups of Africa, the greatest misfortune that can befall a man or a woman is to be childless. No matter how rich and successful the individual may be, life is miserable and unfulfilled without children. The same is true in the Western culture. Tregidgo (1971) cited in Mwamwenda (2010) posits that, if women remain childless for five or six years of marriage, they become unhappy for childlessness is a great source of unhappiness in both cultures. Since children are highly valued, most Western couples seek medical aid and may adopt one or two children through a child adoption society. Africans may use traditional medicines to bring about conception. Africans regard children as the perpetuators of the family life and the society. Therefore, it is the responsibility of the community to see to it that children are raised appropriately. Within the traditional cultures, child rearing practices are based on a culturally bound understanding of what children need and what they are expected to become.

Wenner and Smith (2000) assert that child rearing practices are embedded in a culture and determine to a larger extent, the behaviours and expectations surrounding the child’s birth, infancy, childhood, adolescence and the way these children will parent as adults. Within the African and European culture, child rearing practices include activities concerned with providing emotional security and reducing child’s stress thus providing shelter, clothing, feeding, bathing and supervision of the children’s toilet, preventing and attending to illness, nurturing and showing affection, interacting and stimulating playing, socialising and providing a relatively safe environment for exploration (Zeitlin, 2003). Meyer, Moore and Viljoen (2006) is of the view that child-rearing practices include using resources outside the family including health clinics, parental care, and the use of traditional healers or members of the extended family. In different cultures therefore, child rearing practices entail providing the basic needs according to Maslow’s hierarchy of needs and these are important for their social and emotional adjustment. Chibuye, Mwenda and Osborne (2006) posit that, lack of these supports has perennial effect on later development that is physical wellbeing as well as social and cognitive development.

According to Mazrui (1986) in Mwamwenda (2010), the Africans know that the parental period is a sensitive one and that everything possible must be done to protect the life of the human foetus. Most African pregnant women such as the Baganda, Xhosa and the Shona are expected to take certain traditional medicines from plants, which are intended to protect the foetus and prepare the mother for delivery (Mair, 1965 cited in
Darling and Steinberg, 2010). The Banyankole woman of Western Uganda is made to drink the first milk of a cow that has just calved, which is believed to be very nutritious for the child she is carrying (Ainsworth, 1967). Bullock (1997) cited in Mwamwenda (2010) is of the opinion that during pregnancy, the Shona expectant mother is forbidden to eat anything that is bitter or sour, nor is she allowed to look at anything deformed or ugly lest she gives birth to a child with similar characteristics. In many cultures in sub-Saharan Africa, the practice is for pregnant women to observe food taboos that restrict their consumption of foods that are in fact important to their nutrition and the growth of the foetus. For example, in Zambia, food taboos include fish and eggs and in Namibia, pregnant women are not to eat meat, groundnuts and oranges. The Western also value the prenatal stage, that is, they visit the doctors and they go to ante-natal clinics, some medicine is taken as a way of protecting the foetus. The Western do not have food taboos like Africans hence they eat balanced diets so as to have healthy babies (Holford, 2004). By visiting ante-natal clinics, the infant mortality rate is reduced. Most Africans these days also visit the pre-natal clinics and this has reduced the infant mortality rate (UNICEF, 2007).

During conception, the Wanyakyusa, the Shona, Ndebele and the Xhosa women carry on their usual duties until the baby is born (Mwamwenda, 2010). Munjanja (1998) cited in the UNICEF (2002) study on child care practices in Zimbabwe admits that among some Shona speaking people there is no reduction in workload, particularly of strenuous activity, foetal growth and development may be compromised resulting in low birth weight and premature delivery. The emotional state of the expectant mother is related to the health of the foetus. If an expectant mother is experiencing stress because of fear, rage, anxiety, tension or serious conflict, this may adversely affect the health of the foetus. Among the Africans, wife battering is practiced even on expecting mothers and this affects the foetus. In support of the above, Igaga (2000) posits that, children born to such mothers may be hyperactive, irritable, and sometimes deformed. They are known to sleep less and to cry more frequently than would normally be expected.

On the other hand, the Western pregnant women are highly respected, they have a lot of time to relax, to rest and a high degree of affection is shown to them by husbands and people surrounding them. The Western husbands caress the womb of the pregnant wife and many words of affection are said as the caressing is done. The Western practice put the pregnant woman at ease, physically and emotionally. Cole and Cole (2010) posits that, it is important that an expectant mother be in a warm, welcoming and highly supportive social setting where she can relax and have a stable psychosocial development. Munjanja (1998) cited in the UNICEF Study on Child Care Practices in Zimbabwe (2002) also admits that, in some communities, pregnancy is a period of special need. The woman’s workload is usually reduced, her wishes including diet are indulged, even those of the baby in her womb. This auger well for the baby’s development. Given the above scenario, it is evident that some Africans, like the Western, now respect the pregnant women and provisions are made so as to come up with a healthy baby.

Both the Africans and Europeans make some preparations for the arrival of the newly born baby. Some maternity clothes are purchased for the pregnant mothers to wear. Special clothes for the baby such as napkins and other clothes to keep the baby warm are bought in advance. The differences in these preparations are that the Western purchase these things well before one gives birth while most Africans see it as a taboo to buy clothes before one has given birth. Changes have however been noted to some African families in Zimbabwe, they also make such preparations in advance.

In the study carried out by Evans (1994) cited in Santrock (2010), on child rearing practices in Sub-Saharan Africa, the findings were that in Malawi, seventy five percent (75%) of the children are born at home with birth attendances and close relatives. In Zambia, fifty percent (50%) of the children are delivered at home while the other half is delivered at health clinics or hospitals. In Zimbabwe, most deliveries are done at the hospitals or clinics as revealed by the UNICEF Study of (2002). The Western opt to have the baby born in hospital or the arrangements are made so that one can deliver at home and the only difference with Africans home deliveries is that doctors and nurses attend to the Western whilst the Africans are attended by traditional midwives or their mother in laws, grandparents and aunties, as asserted by Mwamwenda (2010).

Mwamwenda (2010) is also of the view that the delivered African infant is bathed in water mixed with traditional medicine according to the Shona, Baganda, Xhosa and Wanyakysa. This is done to protect them against evil influence and prevent rashes. The infants are given medicines to drink to prevent them from diarrhoea so that they will grow in good health and become strong. Some Africans also give their children a necklace of charms, which he/she wears all the time and this is done to protect the child against evil spirits. Among the Africans, the infants are immunised against the killer diseases, a replica of what is done by their Western counterparts. The Western do not believe in the evil spirits hence as soon as the baby is born, it is bathed in bath oils and clothed. Medicine is valued among the Western though they do not use herbs but rather use gripe water and telament to cater for stomach problems. A variety of herbs is given to the newly born baby in Zimbabwe to make the baby strong. It is against this background that these researchers wish to explore how traditional African child rearing practices differ from the Westernised parenting styles in Zimbabwe.
PURPOSE OF THE STUDY

The purpose of the study was to determine prenatal to postnatal child rearing practices as noted amongst Zimbabwean societies whose childrearing culture seem to resemble both traditional African and a dilution of the Western child rearing practices.

Major research Question

1. What are the common childrearing practices among Zimbabwean families?

METHODOLOGY

The main aim of the study was descriptive and exploratory. One of the advantages is that it allows the researcher to gain an understanding of social phenomena from participants’ perspectives in their natural settings (McMillan & Schumacher, 2010:315).

Research design

According to McMillan & Schumacher (2010) a research design refers to the plan and structure of the investigation used to obtain evidence to answer research questions. A good research is therefore not accidental. The study adopted a descriptive survey in order to explore the traditional African child rearing practices from prenatal to postnatal focusing on the impact this has on the psychosocial developments of children in Zimbabwe. The survey design was used in this research because it concerns itself with providing rich descriptions of phenomenon that can occur without intervention of an experiment or an artificially contrived treatment (Cresswell, 2010).

Sampling

The aim of sampling in social research is to produce representative selections of population elements (Mouton, 2001:132). Forty traditional and modern African parents were randomly selected from Masvingo and Manicaland Provinces of Zimbabwe. Each subset of the participants had an equal representation of both urban and rural communities. Of the forty parents involved in the study, six participants were interviewed; thirty four (34) participants completed the questionnaires in order to authenticate interview findings. Participants’ ages ranged from 25 to 75 years. Older parents were also involved in order to obtain more indigenous forms of knowledge in both traditional African and modern childrearing set-ups. For older and illiterate participants, the questionnaire was translated to vernacular so that participants would feel more comfortable in presenting their ideas.

Data Analysis

The main method that was used to analyse qualitative data from interviews and open ended questionnaires was thematic content analysis. This involved identifying, coding and categorising patterns in data. In order to make sense of collected data, the researcher applied the Tesch’s open coding method of data analysis to identify themes and categories (Creswell, 2010:155). It is a systemic process of examining, selecting, categorising, comparing, synthesising and interpreting data to address the initial propositions of the study.

Validation/ trustworthiness of data collected

The interviews and the focus group discussion were audio-taped and the researcher made observations and copious notes during the interviews. This strategy helped to eliminate the problem of inaccuracy or incompleteness of the data which, according to Maxwell (2006:89) is the main threat to the valid description of what the researchers saw or heard. Questionnaires were hand administered by the researchers.

ETHICAL CONSIDERATIONS

The purpose of the study was fully explained to the participants before the data were collected. The study was meant for educational purposes and to enhance indigenous knowledge in as far as parenting is concerned. For the purpose of privacy and personal identity, no names were taken and any if these that may occur in the presentation of findings are mere pseudo names meant for clarity. The participants were informed that their involvement in the study was voluntary and that they were free to withdraw at any stage of the interviews if they were not comfortable. Permission was first obtained from the participants for the interviews to be audio recorded.
RESEARCH FINDINGS

Participants provided the following as some of the activities that assisted in parental care of an African foetus.

- It was taboo for an expectant mother to sit at the door step lest she would have difficult labour.
- Herbs were prescribed by older grandmothers to prepare a neat and easy passage of the new-birth (masuwo).
- The mother would be denied to eat certain foods such as tripe, fish, citrus fruits and sugarcane. However, any other nourishing foodstuffs were permitted.
- Sex was prohibited in the eighth and ninth month.
- Both parents were not to indulge in infidelity lest this would complicate delivery.

In addition to parental care, postnatal activities were also closely monitored. Participants provided some of the following parental activities for discussion.

- Treatment of ‘nhova’ at birth was crucial. Herbs were prescribed for use on the head and in the mouth.
- The mother was given herbs too to treat back-aches whilst the baby was treated on its navel.
- A special day was set aside for removing the baby’s womb hair and burying this together with the baby’s umbilical waste (guvhu). The remaining navel part was treated with special mixed herbs to aid healing.
- No breastfeeding would be done outside the home until after about a month from birth day.
- A string code and button treatment was tied on the neckline, wrist or waist to drive away evil spirits.
- Any woman who had had still birth was forbidden from holding the newly born baby.
- On first visit to a newer place, the baby would be given a pinch of new soil to taste in order to prevent hallucinations.
- A salty diet was prescribed for the feeding mother for easier milk production for example salted nuts as snacks.
- Parents of the newly born baby were to meet sexually after the expiry of three months from the birth of the child. This ensured baby strength, but exposed fathers to infidelity during the period.

DISCUSSION

Prenatal activities

This research noted that in rural communities of Zimbabwe, the majority of women, eighty percent (80%), still take seriously the rituals dealing with pregnancy, labour and childcare. Both in Masvingo and in Chipinge, findings of this research reveal that when a first time expectant mother is seven months pregnant, she goes to her parents so that they can administer some herbs, which will make it easy for her when giving birth. In the Shona culture, this is called kusungira. A goat brought by the husband’s family to their in-laws usually symbolises this. The goat is slaughtered to appease the wife’s relatives who will look after the pregnant daughter. One participant said:

*Members of the community witness the procedure. The mother of the pregnant woman, her grandmother, aunties and other relatives are to see to it that the expectant mother gets necessary herbs that will make it easy for her when giving birth.*

Interviews carried by these researchers in both Masvingo and Chipinge, confirmed that the herbs administered while the pregnant woman is staying with the husband are not effective. When the expectant mother is at her parents, she finds time to rest, as she is not under pressure to do work like muroora (daughter in law) as she would at her in laws home.

The Ndau tribe in Manicaland and the Lemba in Tadzembwa, Masvingo, cover the pregnant woman with a blanket to inhale the smoke from herbs on burning charcoals. The blanket is only removed when the woman is sweating, a sign that the cleansing is finished. This ‘cleansing’ is believed to be particularly effective on those women who are likely to have been bewitched or have unfaithful husbands. This is in line with findings made by (Holford, 2004). These conditions were however observed to complicate pregnancy. The modern families on the other hand, also value the prenatal stage. In an interview, some pregnant women in Masvingo echoed that:

*They visit the doctors and they go to ante-natal clinics where they are given vitamin tablets, iron tablets to help in the growth of the foetus. Most Africans these days also visit the pre-natal clinics and this has reduced the infant mortality rate.*

It was observed in this study that pregnant women were not allowed to eat such foodstuff like fish, eggs, liver and citrus fruits which these researchers found to be important to the growth of the foetus. The two grandmothers
interviewed in Masvingo and the three who were interviewed in Chipinge, concur that strict food taboos were to be observed by pregnant women.

**Postnatal activities**

The researcher also observed that, after birth, a new mother would spend three months at her parents’ home, being taught how to look after the baby and to look after herself. A participant during interviews opined that her mother and grandmother would give her some herbs to make her strong, which are administered through water or food. Besides administering herbs by chewing them and splitting them into the baby’s mouth, the mother is supposed to do a ritual, which supposedly controls the sexual appetite of her baby later in life when they are grown up. The mother would express her milk on the private parts of her baby. It is assumed that if one becomes a sex addict later in life, it is blamed on the mother for not having expressed her milk on the private parts of the son/daughter at young age. This was noted to be common even among those African parents that were practising Westernised parenting practices (Holford, 2004).

Findings on this study also revealed that in both Masvingo and Chipinge communal areas, an average of forty percent (40%) of the mothers applied charcoal, fine river sand and ground rat droppings on the umbilical cord to hasten the drying and dropping off of the stump though the practices are unsafe. In contrast, the Western apply methylated spirit to the moist umbilical cord and these fight bacterial growth and infection and the cord stump drops off within a range of four to fourteen days. The Western do not have any belief pertaining to the delay in dropping off the cord stump. The Africans believe that when the cord stump takes long to drop off, the mother has something to confess for example prostitution and/or witchcraft. These findings concur with the research study carried by Papalia, Olds and Fieldman (2002) of the Shona, Baganda, Xhosa and Wanyakysa.

These researchers also established that from the moment of birth, both African and Western infants are well cared for by the mother being the primary care giver. Children from both cultures are breastfed from the onset to gratify their instinctive drives of hunger and thirst. This idea is supported by Sigmund Freud and his psychoanalytic theory. The African baby is observed to be fed on demand. Sleeping with the mother at night also permits the baby enough time to be fed on demand. This is done to satisfy the idea which was purported by Sigmund Freud which says that the baby will be operating on the pleasure principle and would always need immediate gratification. Akinware and Ojomo (2003) are of the view that breast-feeding bestows immunity and antibodies, contact comfort and cementing the mother-child bond. Through nurturing of the child well, by responding to the feeding and security needs, the child develops trust in the world around and also a bond of attachment with the parent or caregiver as confirmed by Erikson’s psychosocial theory. In a way, a child develops mistrust if a caregiver is not responsive to the demands and security needs of the child (Bee, 2007).

In contrast, these researchers also observed that Western mothers schedule their feeding times, that is, these mothers establish a routine with their babies’ accustoming them to regular feeding habits. Some modern mothers interviewed purport that they only breast-feed their babies in the morning before they go to work and in the evening after they came from work. This therefore implies that the Western mothers resort to bottle-feeding in place of breast-feeding during the day. It was established in this research that the baby is left to itself for much of the day, sleeping in its pram or cot bed. The baby is rarely carried about on the mother’s back and seldom in arms. This is good for the child since it is training in discipline and independence as advocate by the Western culture.

In a study by Mwamwenda, (2010), he observed that African infants are precious, that is, they show greatest early acceleration as compared to the Western infants. He argued that the African children’s motor development is sustained by frequent handling by family and extended family members and that psychologically provides them with security. An elder in Mapanzure community in Masvingo lamented that, African infants receive a lot of physical and social stimulation, which are enriching for their development unlike the Western infants who spend part of each day alone in a crib or play pen or fenced yard.

This research established that, in the urban areas now, it is very difficult to differentiate between African and Western child rearing styles because most families tend to use both, though to a larger extent the trend is that people are moving from what they call the backward, traditional African style to the modern Western child rearing styles. As a result, some African mothers are also resorting to bottle-feeding as they enter the labour market. Children are also cared for by the maids and may be left at the day care centre. Breast-feeding among Africans is generally for about eighteen months to two years. According to the African culture, the extended family plays a significant role in the rearing of the African child. In contrast, the Western women just stop breast-feeding and continue with bottle-feeding as they wish. The Western children are more attached to the maids than to their mothers since they spend most of the day away at work.

The African child is taught to relate to one another and to those who are senior in age quite early in their lives. According to the African culture, there are traditional games, stories, toys, songs and ways of playing that are passed from older children to the younger children, many of which support children’s physical, emotional, social and intellectual development. According to Vygotsky’s social cognitive theory, the siblings scaffold their young brothers and sisters, as they are involved in the traditional games since they are more knowledgeable and skilled. In contrast, the Western children in their early childhood are provided with plenty of toys to play with in accordance to their culture. Many toys have a definite educational value thus even before they go to school.
Western children therefore have a knowledge through their toys and picture books of many things they may never have seen. This study also established that the Shona attach considerable importance to good behaviour and therefore the parents start teaching their children how to behave as soon as they start to talk. They are taught how to greet and behave in an acceptable manner to parents, siblings, relatives and visitors. The African girls are socialised to conduct household chores such as baby-sitting, cooking, sweeping and washing plates while the boys are taught to look after the sheep, goats or cattle.

The way the parents act towards their children and the demands that they set can have a lasting influence on the children. The study has identified three different parenting styles and these are reflected by the African and Western parents. African parents are authoritarian parents, that is, they exert strict control and expect absolute obedience among their children. Some African parents lack warmth and affection as a result. These researchers established that an African child is expected to obey his parent’s instructions unquestionably and is not expected to answer back when he/she is reprimanded. Instructions must be taken as they are and there is no room for excuses, argument and alternative forms of behaviour. These parents value obedience, conformity and cooperation and favour punitive measures, such as corporal punishment when their children attempt to behave contrary to their expectations.

CONCLUSION

Last but not least, this paper examines traditional African childrearing styles and Westernised parenting styles, focusing on the impact this has on the psychosocial development of a child. Most families in Zimbabwe now find themselves somewhere along the continuum between the African and Western childrearing styles. As a result, there is a paradigm shift from a strictly traditional to a diluted Western oriented way of parenting. Knowledge of African childrearing practices is therefore important since it enables teachers to be sensitive and accommodative to all pupils thus avoiding making them feel inferior, marginalised or ashamed of their identity. From the study, it was noted that there are positive aspects on child rearing practices from both African and Western cultures. There is need for parents to marry all child rearing styles focusing on the positive aspects of each to develop a psychologically stable child. All parents, be they Africans or Europeans, should be more democratic in their parenting styles so as to come up with independent children who are free to ask and explore the environment for effective learning to take place. Teachers need to provide an appropriate environment and use their professional skills and knowledge for the effective learning of an African child.

REFERENCES
