

**Summer 2012:  
A Research Adventure in the Zithulele Community**

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### **How to make a delicious loaf of Xhosa bread:**

Mix large amounts of flour, water, yeast and sugar. Add a pinch of salt and a bit of love for Mama Mfundisi (who taught us the recipe). Mix it, knead it, and roll it. Let it rise for a long time, knead it some more, watch it rise for another 30 minutes and then bake it very slowly for 2 hours. Although the process is both tiring and fun, at the end, the smell of warm bread and a steaming, crusty round loaf of Xhosa bread will feed and sustain many people.

Coming to Zithulele was like making Xhosa bread for the first time—but without a recipe—a process that required a love of surprises, patience, and a willingness to experiment and learn. After a scenic flight over the snowed-in Drakensberg mountains and one restful night in Umthatha, we reached Zithulele Village at night. For the first week, we explored our new home, which consisted of one hospital, one spaza shop, and many colorful rondavels scattered against a backdrop of green hills and a thin horizon of blue ocean. We enjoyed meeting many of the hard-working staff and volunteers at the hospital, refined our Xhosa clicks with Asa, and glimpsed the work of the Jabulani Rural Health Foundation. However, it was still the very beginning—a time to collect the ingredients that we would later use while doing our research.

### **Why we came to Zithulele**

The International Internship Program at Princeton University tries to pair the applicants with placements that would suit them best. Through our studies at Princeton University, both of us had acquired a fascination and curiosity about South Africa, and we were excited to be able to spend two months in the Transkei and the rural areas of the Eastern Cape. After an initial week of exploration and revision, we embarked on the actual interviews. A few months before, Jabulani had given us two project ideas: to learn about how the local Xhosa community perceived and understood education and childbirth. Therefore we arrived equipped with two questionnaires that we hoped would help us to investigate both. Using Skype from our summer homes in the Czech Republic and South Korea, we busily dreamed and wrote questions that we hoped would be helpful. (And yet at this stage we knew next to nothing about the Xhosa culture.)

Even after Jabulani gave us a freshly revised education survey and Dr. Gaunt had helped us to refine our childbirth survey, we began to realize that the content and manner in which we were interviewing would have to be dramatically changed. Because we had but one translator, we decided to begin working on the Education Project first. We asked her to first write down the Xhosa translations of our questions. Then, bearing two computers and a voice recorder, we started talking to families who lived closest to Zithulele Hospital. For each interview, one of us would conduct the interview with Khunjulwa, and the other would transcribe the interview. While doing our preliminary interviews, we recognized that we would have to make our interviews simpler, more engaging, and as clear as possible. After some thorough revisions in the phrasing of our questions, we knew that our survey had improved when Khunjulwa told us, with a smile, “Oh! These questions are very easy.”

### **Purpose and Method**

Yet our interviews were still rocky. Each one was a mixture of qualitative and quantitative questions, and so we had a variety of questions, including simple “yes/no” questions that didn't really get people to talk to us. We wondered whether such answers help us with the purpose of the Education project, which was to understand:

1. What do parents know about early childhood development?
2. How do parents think about their children's education and their role in it?
3. How do such ideas affect children's future?

During those initial surveys, we started to worry that we wouldn't find any interesting results,

for those initial surveys were painful and long for both the families and for us. Therefore, with some inspiration from Karen on survey techniques, we learned how to see the Xhosa people as storytellers rather than mere interviewees. We concentrated on listening for the individual narratives that sometimes blossomed, to our delight, from within the cool of a rondavel or while sitting down on a sunny grass plain. Therefore we added questions such as, “Can you tell us your favorite story?” We deleted some questions, including “what makes a good school?” because all we heard was “I don't know” and “yes.” People seemed to frequently use “yes” as a way to speed up the interview rather than giving us a truthful answer. Also, we began to use more open-ended questions, which changed the quality and mood of our interviews. Rather than a formal survey, we began to have *conversations* with people. Some were more welcoming than others, but we were always offered a seat and sometimes even invited for a meal. (Once, after interviewing, we were offered 20 rand to buy some Twizza as refreshments for ourselves after we had done an interview in one house! We politely declined, but we were touched by the lady's kindness.) As we began to feel more interest and utilize more creativity, so our interviews too began to become much more exciting.

## **Results**

We understood early childhood development as any sort of interaction between parents and children that would help a child develop creative, logical, and social reasoning. Activities like playing, drawing, and even reading and writing could help prepare a child for school and act as a jump-start for her future. We wanted to learn how parents spent their time with their kids and how parents thought about and acted in their children's education. Finally, we hoped to find the motivations as to why parents act the way they do to understand how parents and ECD affect children's future jobs and opportunities in life.

The survey changed in format, wording, and tactics but not in themes. We worked to make sure that the questions were not too leading but also very flexible. We found that as we became more engaged, and our gestures and mannerisms contributed to the flow of ideas, people opened up to us and we began to hear a lot more laughter and fascinating answers. Sometimes the way we communicated our questions even changed from one family to the next because of the different attitudes and experiences we encountered. It was a very organic process that evolved over time based on every dialogue we had with people in the community, doctors in the hospital, and volunteers and staff at Axium and Philani.

Before every interview, we always informed the interviewee of our purposes and methods, the confidentiality of our information, and asked for verbal consent for the interview and permission to record as well. We emphasized how much knowledge the interviewee could share with us that would hopefully benefit the wider community. By the end of the second week, both our questions and our way of asking them were finally set and changed very little over the rest of the interview process. Some of the techniques that worked best (like Veronika's concise explanation of possible childhood games as “counting, coloring, or animal noise games” or Diane's tendency to gesture words like “read” and “write”) actually arose from our individual and often spur-of-the-moment mannerisms. By now, we were also both equally comfortable with talking and transcribing.

We began each interview by asking for general information in Part A. The original intent was to interview the person who spends the most time with the children. However, we quickly realized this was not the best way to ask. The person who usually spent a lot of time with the children during the day was the grandmother. However, grandmothers usually didn't know that much about the children's schools because they had never been to school themselves. Usually the mothers (and very rarely the fathers) had decided where their children went to school. The question then naturally split into two: “Who takes care of the children?” and “Who decides where the children go to school?” Once we found that these two answers were often different, we began to actively seek mothers rather than grandmothers (unless the grandmother was the sole caregiver) in order to learn as much as about

schools and the caregivers' role in the children's education. We joked that our survey was biased in favor of mothers and houses without large dogs.

Regarding the literacy level of the caregiver in Part B, we learned that the majority of the younger mothers was literate (meaning that they could read and write more than their name). However, the older women who were both mothers of young children as well as grandmothers had never attended school. Only one young woman, in her early twenties, had not gone to school at all because her parents lacked the money to send her. Most had left school at around Grade 7 to Grade 9. Nearly all mothers knew the ages and total number of their children, although some women in their forties and above didn't know their own ages and had to show us their birth certificates. Some grandmothers had to be reminded (by the children) how many children lived in the household.

In question A#7, if a child did not go to preschool, the most frequent reasons were: there were no preschools when they were young, their parents lacked money to send them to preschool, or the preschool was too far and the child was too small to walk that far. In general, parents thought it was necessary for the child to go to preschool (Question D#11). We even heard in one survey that the one child in the family who had gone to preschool was cleverer than her siblings. We consistently heard that parents send their children to preschool at the age of 3. Some parents also looked for signs like talking or playing in their child to indicate his readiness for preschool. Within the community, however, we didn't find a clear consensus for what a preschool should teach its students. We heard a variety of answers:

1. "There is no reading and writing but instead playing, talking, colors"
2. "They have more knowledge when they start at preschool (they play and count)," "The child will go to school clever"
3. "Kids should start to read and write at preschool"

Thus we realized that in response to the question of what children learn in preschool, parents are divided. Certain parents thought that children should learn how to play and get along with other children at preschool; other parents thought that children should learn specific "academic" skills like reading and writing. Here, we also heard the first time the idea of a child being "cleverer" and having "more knowledge" by going to preschool.

We began Part C by asking how parents spend time with their children. We mainly heard similar lists of household chores: collecting wood for the *kraal* from the forest, cooking, cleaning, working in the garden, or tending to the animals. Then in question C#2, we asked if parents played games with their children when they were younger. We hoped that this would help us to understand how parents are involved in their children's daily activities. At first, we heard much disbelief, some laughter, and the repeated refrain of "no—my child plays ball with other children outside." Therefore we realized that the concept of *play* was very different (or perhaps lost in translation). We revised the question to be more leading. "*Did you play counting games with your children? Did you look for colors or make animal noises?*" We started to hear "yes" more frequently. Most people had indeed "played" with their children, but until we specifically asked, they did not think that singing or counting the months of the year could be considered as games or even be connected with the idea of fun. Other interesting activities included drawing animal legs on the ground and counting numbers in both Xhosa and English (for one grandmother recited one to ten for us in English).

Also, we heard that many mothers could only spend a few minutes each day with their children because the mothers were busy with household chores or only had time for their children at night. We followed up by asking in Question C#5c if parents thought that talking and playing with their children helped the children to do better in school. Although very leading, the question usually elicited a "yes," for different reasons, including: yes, for then the kids will teach their own children (survey #40) and yes, because then the children understand what their mother says to do and what *not* to do (survey #53).

Furthermore, we also asked if parents think that children learn more by playing with their parents or with other children (question C#6). If parents did not want their children to play outside, they usually wanted to prevent their children from picking up bad habits and from being beaten by other children. Otherwise many parents saw value in having their children play with others outside because they could learn important social skills of how to get along and interact with other children.

One of the questions that evolved to ultimately yield more interesting answers was question C#3. Our initial “*What makes a good teacher?*” was met often with “I don't know.” Then we changed the question starting in survey #15 to ask mothers to reflect on their own experiences in school: “*Did you have a teacher that you remember well? Why was that teacher so special to you?*” By drawing upon their own memories of school, mothers engaged more personally with the very idea of teaching. Many mothers shared their memories of good teachers with us, and we started to recognize consistent qualities of a good teacher; a good teacher is one who continues to give explanations until the students understand, one who is nice and doesn't beat the children, and one who listens to her students.

We also heard people tell us that they liked the teacher because of the subject that the teacher taught. We then finished this question by asking if parents thought that their children have good teachers as well. We often heard a simple “yes,” but we also were surprised to still sometimes hear “I don't know” even after encouraging parents to think more deeply about teaching.

Next, we investigated parents' perceptions of understanding, talking, reading, and then writing. We thought of understanding spoken words as the most basic, or first, skill that a child acquires. One creative, feel-good question that garnered many complex and often humorous answers asked for a “favorite story” and whether parents told their children stories. Often, a grandmother was more willing to share a long story with us. The stories were meant to be didactic (teaching children about how to respect elders, about Xhosa culture or history, and to warn them about the dangers of the forest animals and bad spirits) or simply funny. Our favorite examples include:

1. A boy named Presa-Presa who was told to buy meat by his parents but instead cut off his bum and gave it to them so that he could eat the real chicken meat by himself; a bird sang the truth to his parents and he was punished (survey #58). The mother told us that this story was meant to make her children laugh and be happy.

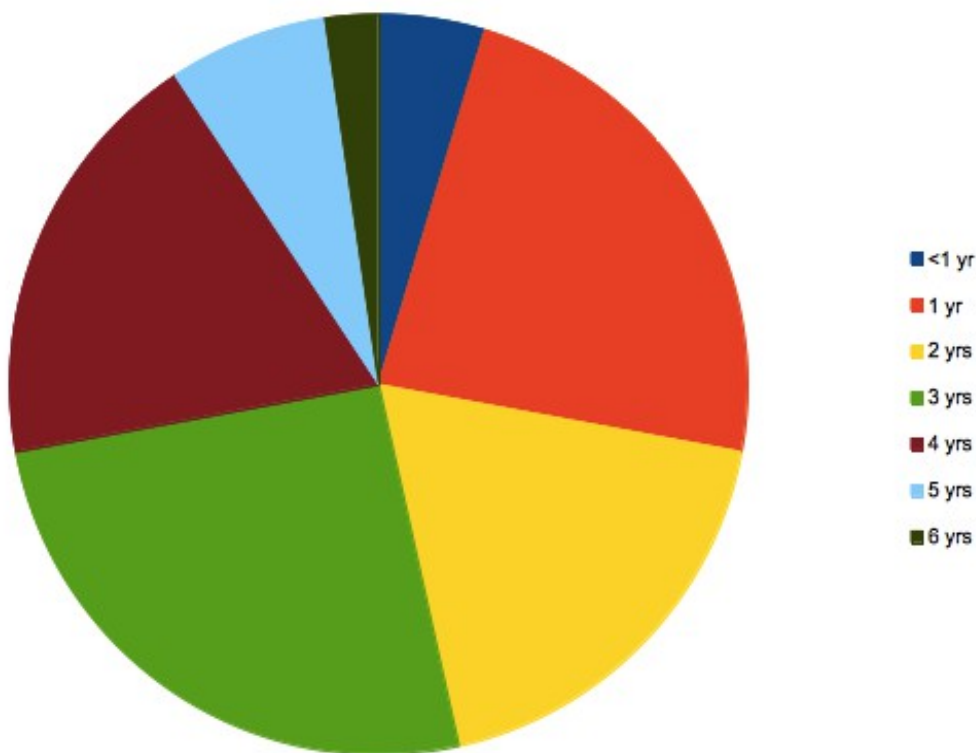
2. A grandson wants to go to the forest. The grandmother warns him about the dangerous animal, but the son doesn't listen, and the big animal eats the son at the end. The stories are “to warn the children about the big animals in the forest” (survey #39).

3. A lady named Nonzame who doesn't follow her mother's instructions while going home and consequently is chased by a dog; only a kind frog and a nearby river save her. The story is meant to teach children to listen to parents (survey #32).

4. A child is told to cook maize for two hours; the child cooks something that isn't maize for more than two hours and the pot blows up, so the children run away because they were “scared since they didn't listen and did something wrong” and then got lost. The mother likes to tell stories because the children learn that they must do as they are told (survey #62).

The longest story we heard was a lengthy 10-minute story, full of enthusiastic gestures and repeated sound effects, which our translator as well as the other women and children in the room enjoyed heartily. The story involved a quest to seek a dead wife with lots of animals and adventure. The dead wife ended up becoming a sort of “guardian angel” who protected the children of the village (survey #35). (For more stories, please look at our Education spreadsheet for Parts D, E, and F). We then asked how parents knew that children understand them. The most common response was that children can remember and repeat the story or song that was told to them. We also heard that children who understand react with laughter and clapping to funny parts or can take an item and give it to their mother when requested. Yet our most important realization from this question stemmed from asking *at which age* children first start to understand their parents.

**At what age do your children first start to understand what you are saying (in your stories?)**

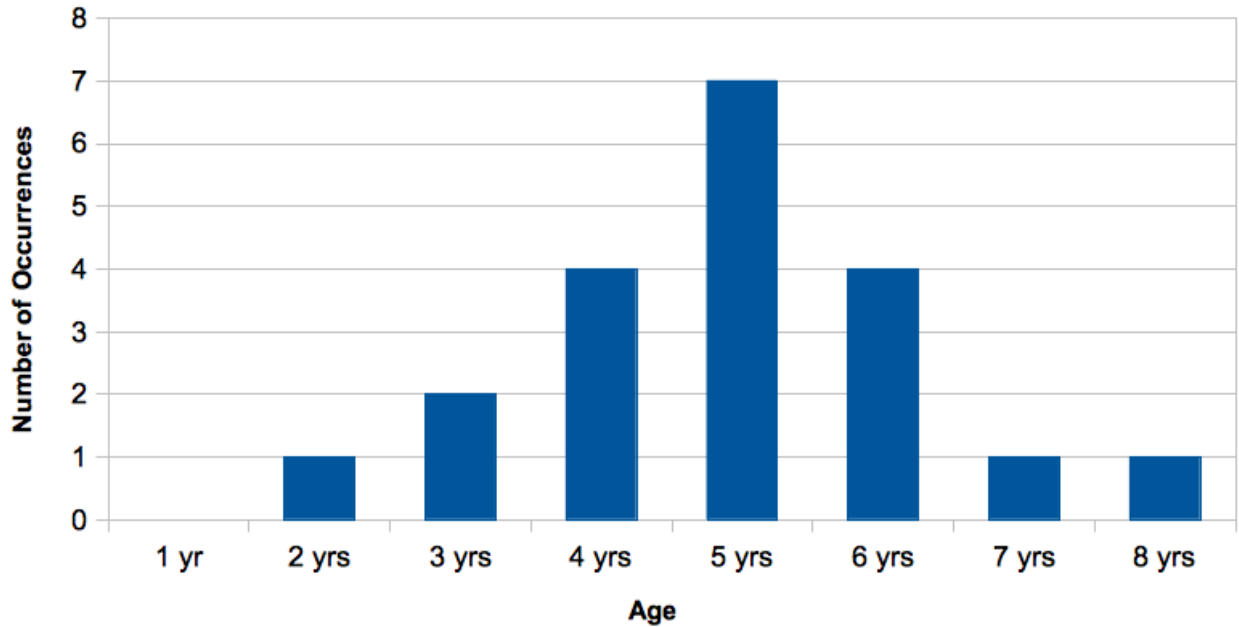


The greatest number of women told us that their children understood what the mothers were saying (in their stories or songs) at the age of “3 and above,” although most answers fell within a range of 1 to 3 years (please see above graph). The answers that we heard seem to show that some mothers do not think that their children can really understand them until the children can talk (or even later). Therefore, many do not perceive that their children can understand them until *much later than when the children actually are able* to do so. This means that at a time when children are actually listening and learning, mothers might be less likely to actively talk and engage with their children. We did in fact observe many young toddlers strapped to their mother's back while the women washed dishes or laundry during the interviews, in contrast to parents like Michelle, who would splash water and talk with her children while washing the dishes. Perhaps children who were tied to their mother's backs and therefore passive missed the opportunity to be engaged physically or mentally by other people and their environment.

The next critical skill that we focused on was talking. Relatively late in the interview process (survey #25), Veronika was inspired (after a chat and lots of Bananagrams at Coffee Bay) to start asking parents when their children started to talk (question C#4). Interestingly, we found that parents remembered their children starting to *speak* between the ages of 1 and 2, whereas they viewed the skill of *understanding* as appearing later in their children. We should qualify that talking, to parents, might have simply meant babbling “mama” and “tata”, as many mothers specified that these were the earliest words that their children spoke.

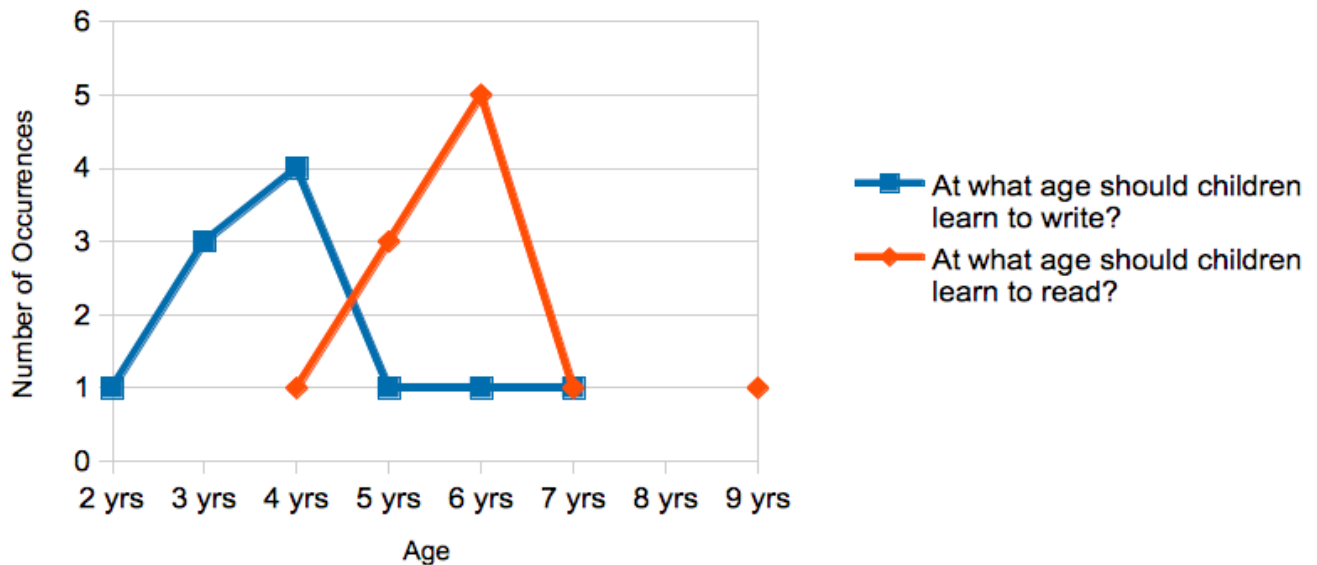
We were also keen to learn about what parents thought regarding reading and writing, although we realized towards the middle that rather than asking “when should a child start to read and write,” we should have asked “when *did* your child start to read and write,” but we remained consistent. In our initial survey, we asked parents to tell us the age at which children should first learn to read and write. In return, we heard a range of answers, from 2 to 7 years (please see following graph). At first, we marveled at how there could be such a wide range within the same community.

### At what age should children first learn to read and write?



Then we realized (toward the end of our interviewing in survey #50) that we should have divided the question into two different ones. Once we began asking about reading and writing *separately*, the data separated very neatly into two distinct peaks (please see below graph). We observed that parents thought that children, on average, should start writing at age 3 or 4 and then reading at age 5 to 6. (Please note that although these graphs are based on our collected data, the sample size is too small to draw any definite conclusions or generalizations.)

### At what age should kids learn to write? To read?



We also asked whether parents read to their children in question C#10. We often heard “yes”; such mothers seemed to read books in Xhosa, textbooks, or the Bible. We also heard “no” along with the explanation that the mother helped the child with reading only when the child struggled with homework. However, as many of our interviewees had not been to school and were illiterate, we often were not even able to ask the question. One experience that still stands out is when a mother brought out a Xhosa book titled (in English) *The Thing That Died Inside a Pot* from within a microwave, where she had been storing it (survey #53). She told us that she read the book to her child, and we were very impressed (and amused) that the book had won a South African literary award in 2005.

Along with the earlier questions about preschool through which we grasped the differences in parents' concepts of a preschool, we learned that many parents thought that reading and writing should start at home before the child goes to preschool. Others told us that a child should learn how to read and write at preschool. However, we were surprised that parents defined the act of “writing” (at a young age) as being able to draw letters *without understanding their meaning*. Parents thought it was crucial that children knew how to “write” letters; the child’s conscious understanding of what she was writing would come later. Perhaps identifying one’s own name is very important in Xhosa cultures, and so parents are sometimes very motivated to teach their children how to recognize the “symbols” (letters) for their own name.

Another example of how a question had to be changed was question C#13: “*How can you help your child do better in school?*” We were surprised to hear, consistently, that “parents must encourage their children when they fail.” Parents seemed to think of failure as inevitable, or if it did happen, the child would merely have to repeat a grade until he could pass. We then changed the question to encompass our new vocabulary of “having more knowledge” and “being clever.” “*How can a parent make the child cleverer?*” Although the idea of failure was still occasionally mentioned, we began to consistently hear that parents support their children by helping them with homework or buying (and cleaning) their uniforms and clothes. Curious about the idea of “clever,” we also asked how a parent knows that a neighbor’s young child is clever. Again we heard varied answers around the idea that a child manifests her “cleverness” practically as well as tangibly. A child who is clever is active, good at playing games with others, not shy, does not forget errands or commands, or has the ability to lie.

We also wanted to gauge the amount of parent-teacher communication that was occurring in the community. So we asked in question D#7 whether parents knew the names of their children’s teachers. Although we often heard “yes”, we realized that some parents just turned to their children and asked for the teacher’s name. (Furthermore, we had no idea whether they were right or not). We would then ask if the parent had ever talked to the teacher. Based solely on our collected results, we would have concluded that parents talk to their children’s teachers frequently. One mother even told us that she talked to the teacher by phone “every day” (survey #32).

Usually, a parent was most interested in whether the child was doing well in school and how the child was behaving in the classroom when speaking with the child’s teacher. Parents seemed to care about how well a child behaved, based on respect and “listening well,” almost as much as the strength of the child’s academic performance. However, having chatted with the excellent teachers and volunteers at Axium, including Amy, Mayo, Spencer, Craig, and Michelle, we realize that these parents’ recounting of seemingly optimal parent-teacher relationships belie the true depth of need—for change in resources and teaching—within local schools. Perhaps there is not quite as much dialogue between parents and teachers as we might have been told. Furthermore, many parents let us know that they attend the school meetings, where sometimes they are not so much told about how their children are doing as asked for money for outings and graduation ceremonies (question D#8). Still, we continued our interviews with the understanding that parents genuinely want the best for their children, as Dr. Becky told us at the beginning of this internship.

Among our pool of interviews, parents seemed to be very happy about the education their children receive, which we found really surprising considering the low matric passing rate and recent



stories of student strikes and poor teaching. We interviewed in an area with a radius of about 15 to 20 minutes Zithulele Hospital that included families whose children go to Mhlahlani, Lubanzi, Seaview, and (less frequently) Puthuma Schools. Most parents sent their children to school at around the age of 5 or 6 (or alternatively, if the child is in preschool, the teacher decides when to send the child to grade R).

Since nearly every parent appeared to be satisfied with their children's education, we asked about the resources that are available to the kids in the community. Surprisingly enough, parents thought the resources available for their children's studies were bad or non-existent. According to them, there is no place outside of school where their children “can learn useful things” (question F#1). There were a couple of parents who knew about the Zithulele Library, and some others told us that the circumcision ceremonies are also examples of occasions on which children can learn outside of school. A few even told us that by playing together, children can learn how to make mud houses or clay pots.

However, the overwhelmingly consistent response of “nowhere outside of school” may indicate that once children are old enough to attend school, parent view learning as taking place exclusively at school. Thus, in many parents' minds, there is nothing to learn at home. If parents think that school is the only place where children can learn and do not appreciate how they can significantly impact their children's academics lives, while schools fail to provide adequate education for children, then *who* is accountable for taking care of children's academic growth?

Parents do seem to think that children should learn behaviors and manners at home; this was an additional question that we sometimes asked at the end. Even so, many added that behaviors/manners should be learned at both school and at home. Also, we tried to learn about the content and manner of conversation between parents and children about school. We asked parents if they asked how their children are doing at school and if the children, without being prompted, tell their parents about school (questions C#11 and 12). Many parents told us that both, if not at least one, occur every day; only a few told us that they never ask their children about school. Furthermore, when we told the mothers and grandmothers about the Zithulele library where they can check books for free, some became really interested. Many started to inquire about opening hours and the exact location of the library (information that we were happy to share).

In addition, we often heard the idea that “more education” leads to a “better life.” This was reflected in the idea that the graduation ceremony is important for parents and for kids, to encourage children to do well by giving them presents each year when they pass (question C#4). Parents thought that this is very motivational, for a child who does not pass (and therefore does not receive presents) will be encouraged to work harder and then pass the next year. Furthermore, we asked parents about their vision for their children (question E#2). Every single parent wanted their children to pass matric and often beyond, while the occupations that we heard, nearly every interview, were “teacher, doctor, or nurse.” Almost every parent told us, however, that children will change the “vision” of their parents. So even if a parent has certain hopes for her child, usually the parent acknowledges that ultimately her child has the choice to make her own decisions about her future and career.

To find out how strongly parents believe that education is correlated with better prospects for their children, we asked them if the quality of education available in the community influences their children's chances of getting jobs one day in question E#3. Here, for the first time, we consistently heard answers of dissatisfaction. Most parents told us that regardless of whether or not their kids do well at school, there are no jobs for them in this area. Some told us that they do not have enough money to send their children to better schools or beyond to tertiary education. One response was that even people who pass matric have no jobs (survey #33) and drink in the shabeens with everyone else. The only way children can get jobs is to leave this area. Some parents worry that a lack of passing matric will force their children to do difficult jobs like mining in Johannesburg. Many parents believe that with education, however, children can avoid such difficult lives. Several mothers told us that children must “learn more than they want” so that they will have a better education and job (survey #29).

The strongest indicator of a “good education” seemed to be English skills. Many parents told us

that their children did not speak English as well as those children from towns, mainly because lessons here are taught in Xhosa rather than English (survey #41). Some moms informed us that even when asked, their children did not know what they are doing at school (survey #32), about a shortage of teachers at Mhlahlani School that has resulted in the parents paying for temporary teachers (survey #47), and most especially about Seaview High School, where children sometimes sit outside the school rather than learning (#55). Furthermore, when we asked parents about their costs for school, we most often heard that parents pay for the uniform and essay papers as well as expensive outings and for expenses which they do not know (question D#10).

Although we recognize the urgency of improving primary, junior high, and high school education in this community, we would like to end our Education Project with one of our favorite stories, those exchanges which encouraged us to keep walking and helped us to comprehend the tremendous impact of early childhood development. When we began our creative phase of interviewing, we spoke with a deaf woman who had lost her hearing in 2010 and yet still manages to take excellent care of her children and their academic growth (survey #15). She had dreamed of becoming a preschool teacher, but after losing her hearing, she stays at home with her children. Laughing, she showed us how she sings and dances with them and proudly brought out her children's graduation certificates to show us that they are the best students in their respective classes. (Remarkably, she was the only mother we spoke to who voluntarily brought out the graduation certificates to show us.) Her hope is that all four of her children will pass matric and become nurses or teachers, but she also directly asks them what they want to do when they grow older as well. Beyond teaching her children English, how to identify the months and colors, and the importance of sharing and playing well with others, she has also spoken with her firstborn, a daughter, about being careful and using condoms.

In her own words, her success at home in helping her children grow academically at school is evident to her children's teachers, who call her to encourage her to keep teaching her children at home and to tell her that her children are "more clever than other kids." Yet as we watched her hug and play with her children, we noticed that there were more than four children around her. When we asked her about the other children, her response was simple. The parents of the village, she replied, "like her for teaching their children. Because they know she love[s] the kids and know[s] how to teach the kids."

### **Second time making Xhosa bread (with avocado spread)**

The second time we made Xhosa bread, the process was somehow smoother. Whereas the first time the bottom of the bread had burnt black and the insides were slightly uncooked, this time the texture of the dough was perfectly thick and slightly moist, the bread was kneaded more thoroughly, and the loaf baked to a beautiful golden brown. The smell of warm bread filled the small Student House with happiness and comfort (fresh food seems to have that effect on all Zithulelians), and we shared it together with some jam, peanut butter, and a ripe avocado.

Our Childbirth Project was likewise our second venture into research in Zithulele. We had found our recipe: a willingness to tinker with questions, an understanding of the creativity, and much enthusiasm. This time, we looked forward to experimenting with our questions to find the most useful survey and hoped that the process would be faster.

### **(More) Purpose and Method**

Having reached a plateau with our answers to the Education survey (the point where we began to recognize and greet people in the community, and we were not as often surprised by new answers), we were eager to begin exploring the attitudes and perceptions of childbirth and antenatal care in the community. Our main goals were to find out:

1. Where do women learn info about pregnancy and labor?
2. What were their experiences during pregnancy and childbirth?

We wanted to know who women talked to and when. Once we began interviewing, we realized the importance of asking this question for *before, during, and after pregnancy*. Based on the time frame, the answers changed significantly. We hoped to understand how women had been prepared for pregnancy and giving birth. Also, we looked forward to asking women about their reflections on pregnancy and labor. This meant asking about the decision between delivering at the hospital and delivering at home, what women actually knew about giving birth before and after their labor (regarding labor position and signs of labor), and also community attitudes and behaviors of neighbors, men, and extended family regarding pregnancy.

Our questionnaire was similarly to be revised extensively, but not as much as in the Education Project, for the questions were much more straightforward and less prone to interesting and intricate tangents. On the other hand, we encountered new difficulties, for we soon realized that finding mothers with just one child was much more difficult. Before, one day could yield as many as nine interviews; now we were happy to find just four women in a single day. Two factors helped speed up our process. First, we began to interview in the hospital, and second, John and Emily found us a second translator, Connie (or Zandile) from Coffee Bay.

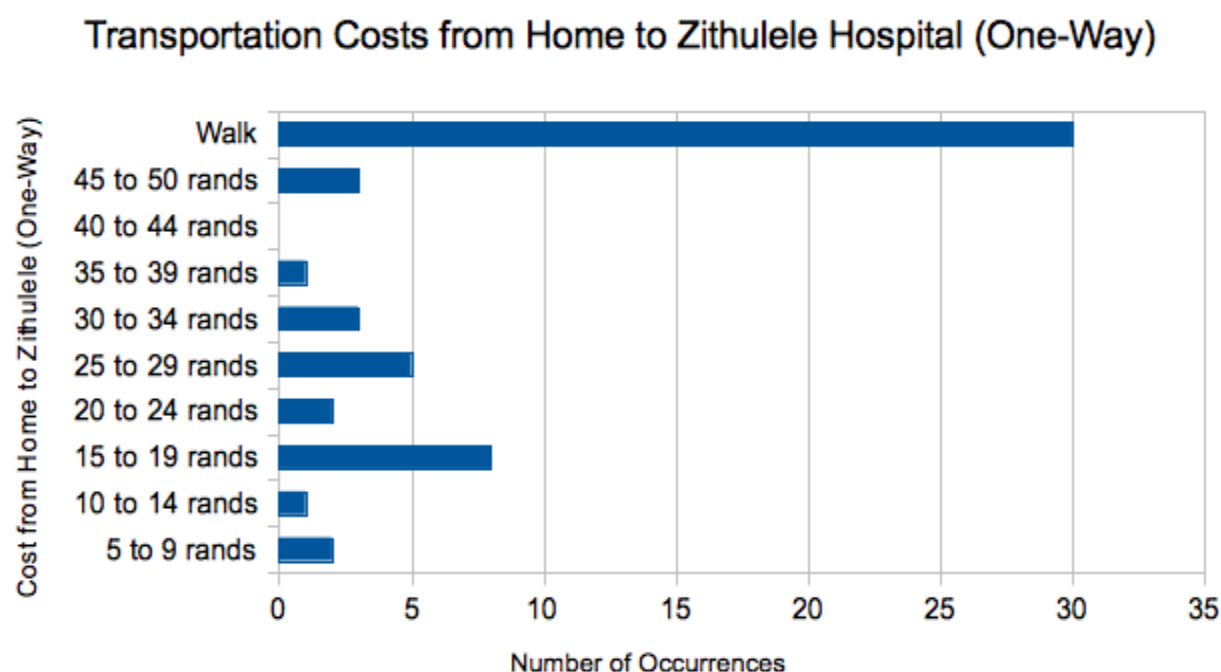
Interviewing in the hospital was a new and challenging experience for both of us. We began each interview by first explaining to the women what we were hoping to learn and stressing the value of their knowledge. After sharing our hope that the information we learned during the interview would benefit not only Jabulani and us but also the wider community, we would then begin the interview. However, whereas before we had interviewed women in the relative comfort and familiarity of their own homes, we were now in a wholly different environment: the maternity ward and pediatrics ward of Zithulele Hospital.

At first, the colorful stickers and peaceful lull of the hospital were soothing to us (and our feet). We soon found that the hospital was much busier and more complex than we had thought. Nurses walked in and out with medicine and kind advice, lunchtime often interrupted our interviews, and several other pairs of inquiring eyes and ears also listened to our questions. We found that the presence of other women often hindered our interviewees from talking to us openly. In one case, a young mother broke off talking to us and told us that she didn't want to talk any more because the other mothers were

“laughing at her.” Therefore we moved into the community, just as we had done for the Childbirth Project, and continued our interviews. Mentor Mothers Funeka, Siziwe, and Khaniysa, as well as Sarah and Linnea at Philani, were extremely helpful and kind in helping us find mothers with one child. And so, by now quite willingly, we walked some more.

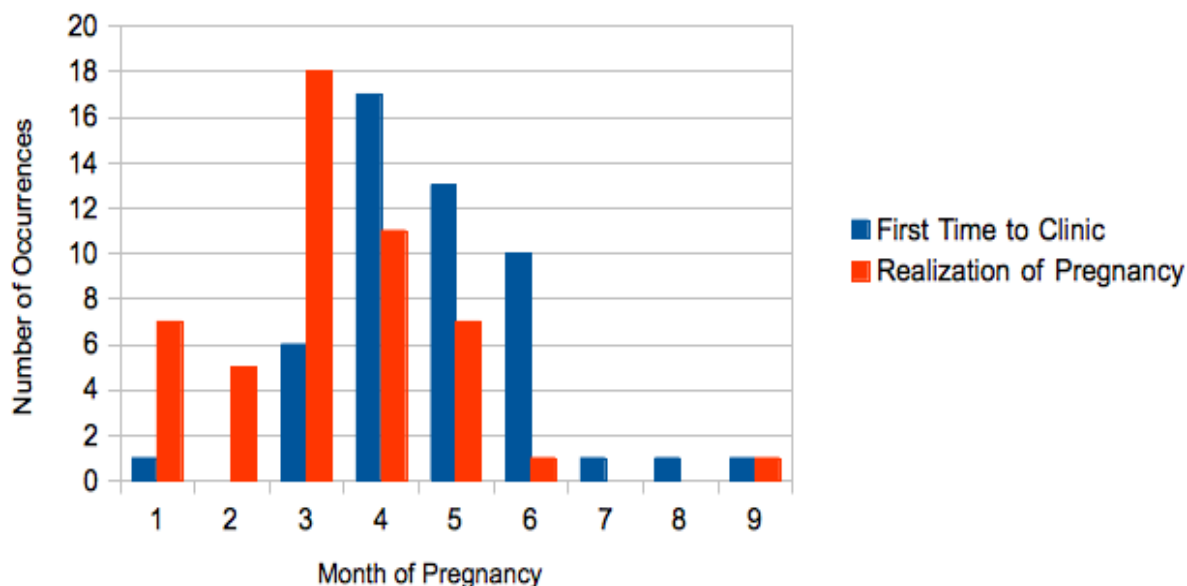
## **Results**

In Part A, we collected background information about each interviewee. The calculated average age at the first birth (which we found by subtracting the current age of the child from the current age of the mother) was about 18 years. We were then interested in how much women had to pay for transport from their homes to the hospital. Many of the women told us that they walked to the hospital, which was reasonable because most of our interviews were in the community, but the ones who did have to pay for taxi transport often mentioned transport as the major expense or obstacle from visiting the hospital. (Please note that the below graph does not include a few interviews where this question was not asked, whether from time constraints or other reasons.)



Next, we calculated the difference between *first time that mothers had realized they were pregnant* and the *first time that mothers visited the clinic during their pregnancy*. The average difference between the two was 1.5 months. Having heard stories of women coming in to the hospital in their eighth or ninth month of pregnancy for the first check-up, we were surprised that the gap was so small. Then we realized that many women we talked to had found out they were pregnant at the clinic, and so this difference was “zero months” in many cases. Other common answers to how women found out they were pregnant (question B#1) were that their mothers had told them or that they themselves had realized that they were pregnant. The signs by which women recognized they were pregnant included a missed period of menstruation and movement in their stomachs. (Although many told us that they were pregnant in their 2<sup>nd</sup> or 3<sup>rd</sup> month when they felt something moving in their stomach, they were more likely at a later stage of pregnancy. We understand that the women's differing perceptions of time and the possible difficulty in remembering a pregnancy that often took place years before could have skewed our results. Nonetheless, the following graph shows us that the women we interviewed often delayed going to the clinic after realizing they were pregnant for several weeks.

### First Time to Clinic v.s. Realization of Pregnancy

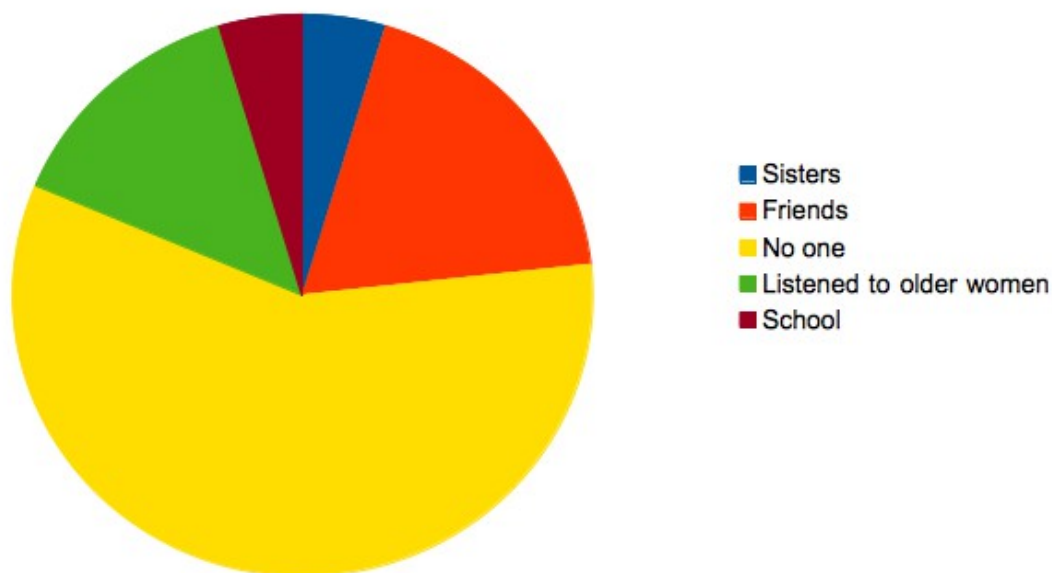


We wondered if women who delayed going to the clinic instead went first to a sangoma or traditional healer. However, women were not willing to share this information with us. Most often, we heard that they had *not* visited a sangoma during pregnancy and had *not* used traditional Xhosa medicine. We felt that some of them were being unnecessarily reluctant to share this information with us (as this reply was sometimes accompanied by uneasy laughter), although among those who did share with us was one mother told us that the medicine was meant to help position the child properly in her stomach (survey #34). Another interviewee told us that although she did not pay a sangoma during her pregnancy, her family pays six thousand rands annually to a sangoma for treatments and other services (survey #7).

A different mother told us that she was taking pregnancy tablets from the clinic to help her baby; the pills gave her pimples on her face, upon which her mother gave her Xhosa medicine starting in her sixth month to help her stomach move and to aid the baby in growing well. She told us that the medicine did help her, for the pimples disappeared (survey #45). Yet another woman shared with us that she was not allowed to tell us what the sangoma had done for her nor how much the treatment had cost because the information was confidential, and her parents had called the sangoma into her house (survey #18). Furthermore, we also heard that a married lady used medicine from a sangoma to help her become pregnant, and after one month, the medicine proved effective (survey #52).

Part B asked about the circumstances of pregnancy—*who* had women talked to and *what* had they discussed? We often found that the women we spoke to had not talked to many people about pregnancy before they became pregnant. The largest category of women had talked to “no one” about childbirth or pregnancy before they became pregnant (please see graph below). Otherwise, women confided most often in their friends or listened to older women talking about childbirth, which most often dwelled on the intense pains of delivery. Perhaps this situation of *listening* without feeling safe to ask questions contributes to the lack of information that young women have and even further increases their fear of asking questions during pregnancy.

### Who did you talk to about pregnancy or childbirth before pregnancy?



Then we asked women whom they first told about their pregnancy (question B#5). Most of the women first told their boyfriends. The next most common response was their mother or sister, and afterward, their friends were most often the first people whom they confided in. A few of the girls later told us, in response to a question asking about the best advice they had received, that telling the boyfriend early on ensures that he will have to acknowledge that the child is his and that he must therefore be told first. We consistently heard that mothers and fathers often “shouted” at the girls upon learning of their pregnancy and were very disappointed. Still, some mothers, as well as sisters, did tell the woman not to worry, for they (the mother or sister) would take care of the child.

Almost all of the women who were interviewed were unmarried. Only four were married. One young mother told us that she “felt very sad about pregnancy... because it wasn't her plan” (survey #40). Another mother had planned on going to university, but because her family members work and no one can take care of the baby, she will not be able to go (survey #11).

Part C asked mothers to reflect on their pregnancy. We asked first if the pregnancy was planned. Of the few who said yes, their reasons were that they were either older mothers (over age 30) and thus wanted a child or were married and their families were very supportive about their pregnancies. If we heard “no,” then we asked how the woman had been preventing pregnancy. Most knew, usually from conversations with their friends, about preventative measures at the clinic including injections and condoms. However, when we would then ask why the interviewee had become pregnant, we often heard that she had not actually used them. Or, as one woman told us, she tried to go the clinic to prevent becoming pregnant but instead learned that she was already pregnant (survey #56); this was a response that we often heard.

We then moved into reflections about mothers' experiences *during* pregnancy. We found the proportion of women who had not talked to anyone actually increased. When we asked why, we learned that pregnant mothers were scared to know about pregnancy or that they were too frightened of their mothers and older sisters to ask. Although the older women would not beat them, their parents *had* shouted at them upon learning of their pregnancy. We observed that moms who knew the most accurate knowledge about what happens during pregnancy and childbirth usually had really close relationships with a mother, a sister-in-law, a sister, or a friend who had had a baby who acted as a mentor and gave them useful advice and information. In contrast, we also heard of friends who had

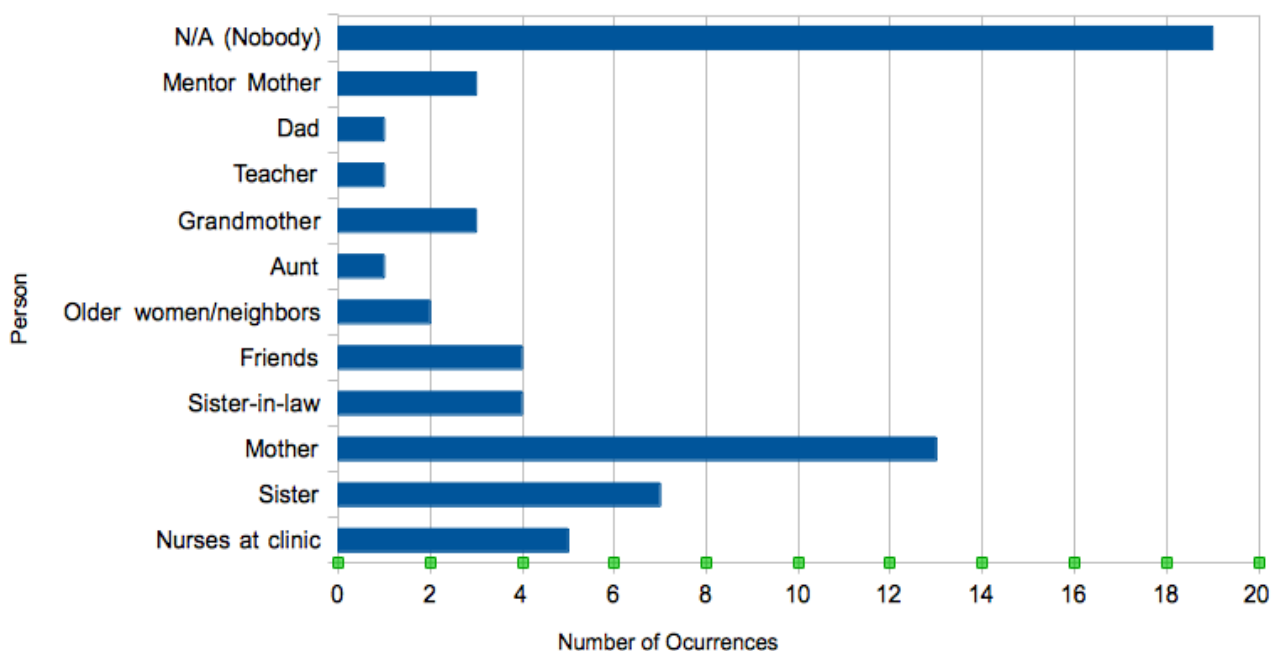
“laughed” at interviewee upon learning of her pregnancy (survey #32).

Yet only *after giving birth* did most women talk more openly with other women about labor or pregnancy. Even then, they only spoke with women who had had children. One woman told us that before having a child, she was not able to talk about pregnancy with her friends who had children. Only afterward was she able to speak with them about her experiences during delivery (survey #30).

Sometimes friends or sisters approached the younger mothers with questions about delivery. The young mothers often either emphasized the difficulty of labor in order to discourage their younger sisters and their friends from becoming pregnant or refused to speak with them at all. We heard from some pregnant women that their friends had deliberately scared them with their descriptions of childbirth, and one even told us that labor had not been as difficult as she had been led to believe (survey #14).

In question C#9, we asked the women who gave them the most useful advice about pregnancy and what it was about.

### Who gave you the best advice?



The largest proportion of women by far have never received any kind of advice during pregnancy that they could remember. Mothers were named as the second best source of advice (although the results could have been influenced by the frequent presence of mothers in the room during the interview). Sisters and nurses also came up quite a bit; in fact, nurses were mentioned several times as the only source of (greatly appreciated) information for a pregnant woman.

As for the advice themselves, we learned about what women consider to be the most important pieces of information. The advice that the young mothers received was mostly formulated as orders rather than explanations of what was going on inside their body or what to expect at certain stages. They were told what they can and cannot do, and because their mothers and grandmothers were telling (or scolding) them to do so, they followed what they were told.

Some of the advice the women mentioned are listed below. We separated them into two groups. The first category contains advice that the young mothers were told by their families or nurses which struck us as being very helpful.

1. Go to the clinic;
2. Do not carry heavy things;
3. Must feel movement in your stomach (a favorite);
4. Get tested for HIV;
5. What to eat and wear (especially from the nurses at the clinic);
6. Be happy, as being sad will harm the baby;
7. Do not wear trousers;
8. Wear warm clothes.

Moreover, in response to the question “Who helped you the most during pregnancy?”, mothers and sisters were often cited as the greatest source of help because they helped the pregnant mother with household chores starting in the eighth or ninth month of pregnancy.

The second category contains advice that oftentimes surprised us. Many women were told by their mothers and grandmothers to abstain from consuming certain things or from performing particular actions during pregnancy to avoid harming the child. Among those that were not allowed to be used by pregnant women (and the rationalization) were:

1. Orocrush/Oroz (colors baby yellow/aborts baby);
2. Steel wool dust with water (aborts baby);
3. Bananas/Oranges/lemons/Rama/Sweets/Red chips (color baby’s eyes yellow);
4. Cold drinks (give baby pneumonia);
5. Amasi (causes white patches on the baby’s head and ears);
6. Chicken Feet (pokes the baby in the stomach);
7. Leaving and then re-entering a doorway halfway through (going outside and changing your mind will cause the baby to do the same during delivery);
8. Sleeping during the day;
9. Walking at night time (because evil spirits will hurt the baby).

We were surprised at how regularly we heard certain myths, especially the one about Orocrush and oranges. However, these should not be taken as generalizations. We often heard mothers who told us that they did not eat bananas for fear that doing so would color the baby yellow. However, another mother told us, when asked for useful advice that she would share with a friend, to eat bananas because they are healthy for the baby. There was also one mother who didn’t know what bananas do; she just knew that they were not good for the baby.

Furthermore, a part of our research focused on how women compare home vs. hospital deliveries (Part D, “Knowledge of Labor”). With one exception, we heard that hospital care is necessary for the mother (question G#1). The one outlier who said she wouldn’t give birth in the hospital again had disliked being treated by a male doctor. The most common answer as to why women prefer delivering at the hospital to delivering at home was that women have “more support” at the hospital than at home. In fact, one interviewee told us that her mother gave birth both at the hospital and at home, and because she (the interviewee's mother) much preferred her hospital experience, she urged her daughter to do the same. Other reasons that women went to the hospital included: nurses at the clinic told her to do so; it was her first delivery and Mentor Mothers told her she should give birth at the hospital; there was no card for the baby at home but would be if she gave birth at the hospital; however, mother of the interviewee most often advised her daughter to deliver in the hospital. Most mothers also thought it was cheap to deliver at the hospital, but transportation was the most prohibitive cost.

Once we realized that most of the mothers we spoke to had gone to the hospital to deliver, we wondered how mothers knew when they should go to the hospital and if they knew signs of labor. The



vast majority of the mothers could tell us about the signs of labor, but when we asked whether they had known what was going to happen to them during delivery *before they gave birth*, they said “no.” If an interviewee did know about waist pains, contractions, and broken water, she had almost always been informed by her own mother or the nurses at the clinic.

As for labor position, the majority of women did not know what position they were going to give birth in, but if they knew, it was because they had been told by their mother or grandmother that they would have to kneel. Because they did not know what to expect, many of the women who delivered at the hospital just wanted to follow what the nurses told them; there was one woman, however, who wanted to kneel on the bed but was told to lie down with straight legs (survey #31).

In order to relieve the pain during labor, some women shook their beds, some walked around, some prayed, and some cried. The majority, though, told us they didn’t do anything at all. One young mother admitted that she was scared to make a sound because her grandmother told her that if she screamed from pain, the nurses would beat her (#39).

Earlier, we had asked about (1) who women lived with when they found out they were pregnant and (2) whether they lived with them throughout their pregnancy in order to find out what family members we should focus on in our research (question B#2 and 3). In Part F, “Community Attitudes Toward Childbirth and Childcare,” we then specifically asked about the mothers’ past conversations with their sisters and friends. Women seemed to be more likely to talk to their friends than their sister. On occasion, an aunt or sister-in-law was the best source of information for a pregnant woman. Then in question F#7 we asked, “Who is responsible for taking care of a pregnant woman?” The most frequent answer from our interviewees was “the mother of the pregnant woman.”

We also wondered whether neighbors interacted with the pregnant women during their pregnancy to ask about how the baby and the mother were doing (question F#6). We found out that the answers to this question were very mixed, although most often we were told that that neighbors had not asked about the mother’s well-being. Usually friends and family members of the pregnant woman were most likely to ask after the baby and the stomach movements.

Asking about the father of the baby was a tricky but important part of understanding pregnancy. In question F#8, we asked how the father of the baby had taken care of the mother and the baby. Usually the father of the baby (or the boyfriend’s parents) contributed clothes and food for the child (usually after the mother’s parents took her to the boyfriend’s family), although we did hear some very passionate accounts of how men should not be trusted and that the relationship with the boyfriend had caused the mother much anguish. Once, though, we heard that if the father showed his support for the child by buying formula, the mother would not breastfeed. We have come to believe that while educating mothers about pregnancy and childhood is the crux of improving antenatal care, it is also vitally important to educate fathers about their pivotal role in the children’s health and education. We finished the survey by asking who else pays for the child’s food and clothing (question F#9). We most often heard the grandparents or a child support grant was helping to take care of the child.

Also, we always asked how long the mother had breastfed for. The standard answer was “six months,” and nearly all mothers had learned this information from nurses at the clinic or Mentor Mothers. We weren’t quite sure if the mothers had actually acted upon this advice, but several mothers breastfed their children while talking to us. (At least one mother told us that she sings to the child while breastfeeding, which was really encouraging to us for our Education Project.) We did realize, however, that we should have asked whether mothers *exclusively* breastfeed, for when we added this clarification, we began to hear that mothers mixed-fed their children both formula milk and breast-milk. Often this was a result of the young mother having to attend school.

In addition, we asked who would spend the most time with the child in order to relate the Childbirth Project back to the Education Project (question F#11). We often heard that the grandmother of the child would be the primary caregiver, which may confirm our earlier results in the Education Project that the primary caregiver (the grandmother) of the child is often different from the person who

decides where the child should go to school (the mother).

Dr. Gaunt helped us to understand that the community may have an inbuilt hierarchy in which young, unmarried, childless (and perhaps pregnant-at-an-early-age) women are at the bottom of the power structure. This could possibly explain why mothers are so reluctant (or even scared) to approach older women with their questions. However, after they give birth, the barrier between childless women and women with children is at least partially lifted, and women can begin to discuss labor and pregnancy with other women who have gone through the same experience. For example, when we asked whether a mother knew the signs of labor, she told us that she had talked about delivery with other women only after she had delivered (survey #26).

Even before we knew that a dedicated group at the hospital was preparing an antenatal class, we asked whether moms were interested in a class about pregnancy and giving birth at Zithulele Hospital (question G#4). We almost always heard “yes”. One of the mothers did tell us that she had attended classes at Pumalanga clinic (but we were not entirely sure if the nurses had given her information or if she had attended a formal class.) We then asked our interviewees what they specifically wanted to know. Some of the responses we heard included:

1. What are the movements and changes in my stomach (survey #4)?
2. How do I protect my unborn baby (survey #5)?
3. What should/should not a pregnant woman eat (survey #7)?
4. How can I protect my baby if I have HIV (survey #11)?
5. What are the ways of giving birth so that I can help others (survey #12)?
6. I want to learn about breastfeeding and how to take care of the baby (survey #20)?
7. I had a C-section, but I want to know about a normal delivery (survey #21).
8. How do I take care of myself during the various stages of pregnancy (survey #23)?
9. How should I raise my child (survey #25)?
10. How do I know whether to breastfeed or formula feed (survey #30)?
11. If I had a C-section, do I have to have another surgery (because I would rather not have another child; survey #36)?
12. How do I deliver at home, in case this happens (survey #45)?
13. How does the child eat and breathe in my stomach (survey #46)?
14. What are the stages of pregnancy, and when does my stomach start to move (survey #51)?
15. How does a woman become pregnant (survey #58)?

Many of the questions centered on pregnancy and antenatal care, as well as how the mother can take care of herself. Other mothers were interested in the class but did not have specific questions. For the few interviewees who did not want to join the class, the woman either felt that she knew everything about pregnancy and childbirth or that her transportation costs would be too expensive. One interviewee told us that she already knows everything about pregnancy and childbirth; she neither wanted to attend the class nor talk to her friends about labor or pregnancy. According to her, they should ask their mothers instead, but she herself had been too scared to ask her mother about pregnancy or labor (survey #43). Finally, most mothers told us that for their next delivery, they would go back to the hospital. We believe that an antenatal class would do a wonderful job of not only informing the woman but also of creating a culture in which women feel comfortable sharing information, advice, and personal accounts with each other *before, during, and after* pregnancy.

### **Once the bread is done**

After two months of walking and learning about people in this community, we have reached the end of our journey. We hope that many more people will enjoy and benefit from our experiences, whether they are new volunteers who have difficulty imagining what it is like to live and work in

Zithulele village (just as we once did) or dedicated NGOs curious about helping and understanding the local community.

Hamba kakuhle—good luck on your journey!

- Veronika and Diane

### **Acknowledgements**

Foremost, we thank the many families who shared their homes and thoughts with us. Their memories and words fueled our research, and their kindness gave purpose to our daily adventures. *Enkosi kakhulu* for the fascinating, often humorous, and interesting conversations which we experienced.

Thank you to Dr. Gaunt for his thoughtful encouragement and insights as our supervisor. We really enjoyed our conversations with you and learned so much about rural medicine as well as this community from you.

Thank you to John and Emily for facilitating our stay and for finding our translators. We hope that Jabulani's ECD program continues to generate much excitement and positive change in this community.

Thank you to Yolisa for inspiring discussions and calm reassurance, especially the day before the presentation. You are an amazing researcher and teacher.

A sincere thank-you to all Zithulele-ans for your thoughtful comments and input. Dr. Karl and Sally, Dr. Taz, Dr. Jon, Dr. Liz, Karen, Craig and Michelle, Laura and Kayleigh all gave us their feedback and ideas during our journey. We appreciate their help very much.

Mentor Mothers helped us to find mothers and allowed us to trek alongside them for many kilometers. For that, we thank Sarah, Linnea, Siziwe, Khanyisa, and Funeka. You are doing a fantastic job to help mothers and children in this community.

To our fellow students and teachers, including Amy and Mayo at Axium, Steve, Laz, Helen, and Cara in the hospital, and everyone else in the Student House: thank you for your support, for inspiring us to do our best, and for showing us that Zithulele can bust a move.

And finally, to Khunjulwa and Zandile: thank you most sincerely for walking with us every step, translating carefully and patiently, and for encouraging our interviewees to share with us in a language that we did not understand but came to love. We will miss the conversations, interviews, and walks that we took together—every minute and every step. Thank you.

**Appendix A:** Perceptions of Early Childhood Development in the Communities of Eastern Cape, South Africa

Purpose: We would like to understand the role of parents in early childhood development and education and how they perceive their own impact upon their children's education. We will conduct interviews with parents and gather statistics on both schools and students' progress reports. We will inform interviewees and ask for their consent.

**Preamble to explain to each participant:**

Dear guardian, we would like to learn what you think about your children's education. We will ask you questions first about yourself and then about your children as well as their learning and school. This information will be kept confidential and used for research to help Jabulani Rural Health Foundation serve the community, especially the children. We truly appreciate your time and answers. Thank you so much--enkosi!

Observations: How many huts does this family have?

Does this house have thatched roofs or metal roofs?

Does this house have a rain barrel?

Does this house have a kraal?

Does this house have a garden? *[If so, ask what they grow and if the children help in the garden.]*

**Part A: General information**

1. Who takes care of the children?
2. Who decides where the children go to school?
3. How old are you?
4. How many children do you have?
5. When were your children born, and what matric standard are each of them in?
6. How many are boys and how many are girls?
7. Did your older children go to preschool? Which preschool?
8. Have you been to Zithulele Hospital? If so, how much does it cost you to get to Zithulele Hospital? Or if you walk there, how many minutes does it take you to walk there?

**Part B: Literacy level of the caregiver**

1. What is the highest matric standard that you passed at school?
2. Can you read more than your name?
3. Can you write more than your name?

**Part C: Involvement of the parent in the child's daily activities**

1. How do you spend your time with your children? → *[What things do you do with your children every day?]*
  - a. Does this change based on gender or age of the children?
2. When your children were younger, did you play games with them?
  - a. What sort of games: Color games? Counting or number games? Making animal noises?
  - b. *[How old were your children when you started playing with them like this?]*
  - c. How long do you play with your child every day?
  - d. *[Do you sing to your children? What kind of songs?]*

3. What makes a good teacher? → ***[Do you have a memory of a teacher from when you were little? Can you tell us why that teacher was special?]***
  - a. ***[Do your children have a good teacher, just like you did?]***
4. When did your child start talking?
5. How often do you talk to your children?
  - a. What do you talk about?
  - b. When (e.g. morning, evening, mealtimes, night?)
  - c. Do you think that talking and playing with your child help him/her to do better in school?
6. Do children learn more things by playing with their friends or with you? Why?
7. Do you tell stories to your child/children?
  - a. What are the stories about? → ***[Can you tell us one of your favorite stories?]***
  - b. If yes, how often?
8. ***[At what age did your children first start to understand your stories?]***
  - a. ***[How do you know that they understood?]***
9. ***At what age did your child learn to read?***
  - a. ***At what age did your child learn to write?***
  - b. ***Which should they learn first?***
10. (If indicated literacy in Part B): Do you read to your child? If yes, how often? What books do you read to your children?
11. Before asked, does your child tell you about how they are doing in school?
  - a. What does your child say?
12. Do you ask how your child is doing at school?
  - a. How often?
13. How can you help your child do better in school? ***[How can a parent make the child more “clever?”]***  
***[How can you tell when a neighbor's young child is “clever?”]***

*Part D: Decisions about school, relationship with teacher and knowledge of school environment*

1. What schools do your children go to?
2. How long does it take your children to walk to school?
3. How did you decide where to send your child to school?
  - a. Location (Distance from your home)
  - b. Costs
  - c. Teachers
  - d. Reputation
  - e. Family / social pressure or traditional expectation
4. Graduation ceremony? → ***[When your children pass, what do you do for their graduation ceremony?]***
5. How do you decide your child is ready for school? → ***[When you look at a neighbor's very young child, how can you tell the child is ready for preschool?]***
6. Do you help your child with homework?
7. Can you tell us the name of your child's teacher?
  - a. Have you ever spoken with him/her?
  - b. What did you talk about?
8. Do you go to parent meetings at the school?

9. Are you satisfied with the education your children receive?
  - a. If no: Would your children get better education in a township?
10. How much do you pay to send 1 child to school? How much do you pay for 1 uniform or transportation for 1 child?
11. Do you think it is important for a child to go to preschool before Grade R? Why? → ***[What can a child learn in preschool that s/he can't in school?]***
12. Have you heard about the Zithulele preschool?
  - a. How did you hear about it?
  - b. Would you send your child to it if free transport was offered?

Part E: Expectations of parents

1. What is the highest standard that you think your children will pass?
  - a. Is this different for your different children? How?
2. What job do you want your kids to have? → ***[Ten years in the future, what kind of life will your children have? What will their jobs be? What is your vision for them?]***
3. Does the quality of education available in the community influence your child's chance of getting a job one day? In what way?

Part F: Resources

1. Outside of school, where else can your children learn useful things?
2. Do you know about the Zithulele Community Library?
  - a. Has your child been to the library?
  - b. Did you go with your child? Why?
3. If you had more money, what would you spend it on first?
4. Would you like to learn how to help your child do better in school?

**Appendix B:** “Preparing for Birth.” Reflections on Antenatal Care and Childbirth Practices in Zithulele Village, South Africa

Purpose: We would like to better understand how culture, community, and social practices affect a mother's decision regarding antenatal care and her decision to deliver at home or at Zithulele Hospital. We plan to interview mothers with one child about their experiences during pregnancy and childbirth. When possible, we will also interview immediate female relatives such as mother-in-laws. We are particularly interested in mothers' prior knowledge of labor and childbirth as well as their opinions on deliveries at home versus at a hospital. (Please note that the interviews will probably be conducted verbally in Xhosa through a translator. Also, we will inform and ask for verbal consent from all interviewees, most of whom will probably be illiterate. All interviews will be recorded and transcribed.)

**Before the interview: Do you agree to the interview? Do you agree to be recorded?**

**\*Dear interviewee: We are from Jabulani Rural Health Foundation in Zithulele Village. We want to understand what pregnancy is like by asking you about your experience. There are no right or wrong answers and no silly answers. We are interested in everything you have to say. Your answers are very helpful and important to us. Your answers will be kept anonymous. This information will hopefully help us as well as your children and especially this community. Enkosi.**

Part A: Personal Information

1. What is your age?
2. How old is your child? (Or: how many children do you have?)
3. Where did you give birth?
4. What is the highest grade you passed in school?
5. When was the first time you visited a hospital or clinic when pregnant? Why did you visit the hospital or clinic then?
6. What was your total number of visits to the hospital or clinic when you were pregnant, including delivery?
7. Have you ever visited a sangoma during your pregnancy?
8. Have you used traditional Xhosa medicine? Why, and how much did it cost? Also: What was the treatment and how did it help?
9. How much does it cost to go from your home to Zithulele Hospital? (Or: how long does it take you to walk to Zithulele Hospital?)
10. Who went with you to the hospital for the visits and for delivery?

Part B: Circumstances Of Pregnancy

1. How did you find out that you were pregnant?
2. What month of pregnancy were you in?
3. Who were you living with when you found out you were pregnant?
4. Did you live with them during your pregnancy?

5. Who was the first person you told about your pregnancy?
6. What did they say in response?
  
7. How did you tell your mother and father that you were having a baby?
8. What did they say in response?

Married or Unmarried (V or D: Check)

Part C: Reflection on Pregnancy [Who are the mothers talking to? Where do they get their information from?] We want to know where you get your information from. Can you go back in time and remember your pregnancy, nine months before the baby was born?

1. Was this a planned pregnancy? (What did you do to prevent getting pregnant? When did you first use these measures?)
2. Before you were pregnant, have you talked about pregnancy with other people?  
Who, and what did you talk about?
3. Who helped you the most during pregnancy, and what did s/he do?
  
4. Pretend that I am your friend, I'm going to have a baby and I don't know anything about having babies. I ask you for advice. What would you say to me?  
How did you learn this information?
5. During pregnancy, things can smell really bad or taste very good. What did you like to eat? What did you not like to eat?
6. As a mother's stomach grows, it becomes harder for her to do chores. Who helped you with your cooking and cleaning?
7. What did you do to help your baby grow and be healthy in your stomach? Also, what would hurt the baby?  
How did you learn this information?
8. What have you learned about pregnancy at school?
9. Who gave you the most useful advice about pregnancy, and what was it?

Part D: Knowledge of Labor

1. How did you decide to deliver at home or at the hospital?
2. Did anyone tell you that you should deliver at home or at the hospital, and who?
3. How do you know when the baby is coming?  
Where did you learn this information, and what month of pregnancy were you in?

Part E: Reflection On Labor

1. Who helped you deliver your baby?
2. What was the labor position you used?  
Was this your choice? If not, would you have preferred something else? What?
3. Was your experience different from what you expected?
4. Remember when you were about to give birth and suddenly, you begin to feel waist pain. It hurt more and more until you couldn't bear it. What do you do to make the pain go away?



Part F: Community Attitudes Toward Childbirth and Childcare

1. How many sisters and brothers do you have?
2. Do any of your sisters have children?
3. Have you talked with them about pregnancy or giving birth before pregnancy? During pregnancy? After pregnancy?  
     What did you talk about?  
     What month of pregnancy were you in when you talked with them for the first time?
4. Do any of your friends have children?
5. Have you talked with your friends about pregnancy or childbirth before pregnancy? During pregnancy? After pregnancy?  
     What did you talk about?  
     What month of pregnancy were you in when you talked with them for the first time?
6. During your pregnancy, did your neighbors or friends ask about your baby?  
     How often?
7. Who is responsible for caring for a pregnant woman?
8. How has the father of the baby helped to take care of you and the baby?
9. Who will pay for the child's food, clothing, and school costs?
10. Who decides what to name the child? (If it's the mother:) Have you decided what to name the child?
11. Who will spend the most time taking care of the baby at home?  
     Will you breastfeed your child, and for how long? **(If not: why?)**

Part G: Opinion on Hospital Care and Financial Support

1. Hospital or clinic care during childbirth for the mother is:  
     (A) *necessary*. (B) *not necessary*.
2. Delivering at a hospital is, compared your other usual expenses:  
     (A) *expensive*. (B) *is cheap*.
3. Who gave you the money to come here today?
4. Would you go to a free prenatal education class at Zithulele Hospital?  
     What would you want to learn?  
     Would you want to learn in a group setting or one-on-one?