THE AFRICAN MOTHER

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For the past three years I have been working in various mission hospitals throughout South Africa, in Natal, Cape Province and the Transvaal. I have seen about 25,000 African women attending the hospitals or out-station clinics as patients, or more often as the mothers of sick children.

In the African community there are few women who do not marry. Polygamy among Africans is legal, and amongst the unmarried very few remain virgins. Illegitimacy is prevelant in the urban population where husbands and wives may be separated, and young men and women are away from home discipline, with money, drink and overcrowding—for Africans working in the towns are forced to live in locations, and vice and immorality abound. In the Reserves illegitimacy is rare: here the African lives in his natural environment and is secure in his tribal customs and traditions of family life. Contrary to what might be expected, women do not marry young, the average age at marriage being about 25 years.

Among the women patients, one of the commonest complaints is " sterility ". This at any rate is what my interpreter announces after a long consultation with the patient. I discovered " sterility " in these cases meant " the woman wants a child ", or " the woman wants another child ". She may have a history of still-births or miscarriages; she may already have a family and the youngest child may be two or three years old; her one-year-old baby may have died recently; or she may not yet be married, a quite common situation.

This desire for a baby is also bound up with prestige and the status of the woman in the eyes of her husband, friends, and relatives; it may mean that the man she is living with will not marry her till she has proved she can bear his children. It is therefore an important factor in her life, and if this is not realized, or treated lightly, the woman may suffer many physical and mental tortures, and will

probably resort to the witch doctor (she may have consulted him already).

History-taking through an interpreter is laborious and may be unreliable, but it is important and interesting to get as full and accurate a history as possible. Some patients have genuine sterility or sub-fertility. Full physical examination usually fails to reveal any condition preventing conception or full-term, normal pregnancy. At one time venereal disease was very common, but it is now under control, and is not the same menace as before. Rhesus incompatability is also uncommon, but certainly accounts for some failures to produce a living child, and what an African interpreter calls " sterility ". On many of the patients insufflation tests were done, and in these cases as often as not the Fallopian tubes were found to be blocked at 200 mg. pressure. I do not know what is the cause of these blocked tubes. Salpingitis is much more commonly seen in African practice than in European, and it may be that chronic non-specific pelvic infections are responsible.

Nevertheless these patients sometimes turn up six months later in the antenatal clinic.

The obstetric histories of my patients are often appalling, and there is a high infant mortality rate. It is not uncommon to meet a woman who has had up to ten pregnancies and no living children. Abnormal pregnancies are common. Miscarriages, habitual abortions, premature births, still-births, carneous mole, pseudo-cyesis, hydatidiform mole, and ectopic pregnancies all seem to have a higher incidence in the African than in the European. The average birth weight of an African baby is about six pounds, yet there is a high percentage of disproportion, and practically every week I see women admitted in obstructed labour. I have found symphysiotomy very useful in mission hospital practice. It is a small operation requiring only a local anaesthetic, and the baby is not affected in any way. Only one doctor is needed, which is often the complete medical staff, and for future pregnancies there is no worry about a uterine scar; and as the symphysis remains separated with apparently no ill effects, future disproportion is avoided. If necessary the doctor can proceed to use forceps or perform caesarean section.

I have heard people say that African women have their babies easily and naturally but certainly have not found it so.

One blessing these women do have is an ability to accept unperturbed all that fate sends, an easy forgetting of their trials, and a stoic readiness to go through the same hazards again for another child.

Breast feeding is always encouraged for as long as possible, for

the baby is not going to get any protein in any other form. Malnutrition is the normal accompaniment of weaning. Sometimes a mother refuses to breast feed her baby at all, especially if she has lost all her previous babies soon after birth or in early childhood. " My milk is not good," she says, and it is extremely difficult to persuade her otherwise. Frequently a baby of two weeks old or upwards is brought to the hospital, and on questioning the mother admits to feeding it on soft porridge, or the water that samp has been cooked in. " Milk is not enough ", " It does not like milk ", or " It needs food " she will say. The doctor wages a constant war against ignorance.

An African mother loves her baby. It is something of her very own. She likes always to have a baby on her back or sucking at her breast. She is not physically separated from her baby for more than a matter of minutes till it is running about, and then it is often breast fed till two years old or more. But this love and instinct to protect their young is common to all creatures, and beyond that there may be little of mother love. There is no thought or interest taken in the child's future, and no trouble to mould its character. The child is not corrected or controlled in any way. He is not trained in appreciation of beauty or the good and lovely thing, nor instilled with courage and perseverance and other virtues which guide a child and equip him for a full and useful life as we know it. There is no care to protect the child from fear nor from the brutal and coarse things in life. This kind of love is unknown to the primitive pagan mother. When a baby dies her grief is great but soon forgotten. Life must go on, and more children must be born. With these people life is hard and stark, for arrayed against them in full strength are the five giants—one time made famous by Lord Beveridge, but now almost forgotten by us—Poverty, Disease, Ignorance, Want and Squalor.