

Some Impressions of Family Life in Tsolo (Transkei)

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SUMMARY

A preliminary survey of the pattern of family relationships among the Xhosa in Tsolo (Transkei) has been done in order to draw the attention of doctors, especially psychiatrists, to the changes that are occurring as a result of the transition from rural to industrial living. Some of the striking trends found are increasing assertiveness of the women, emasculation of the men and a move away from the traditional close mothering of children. A plea is made for medical awareness and systematic, scientific study of these phenomena.

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One of us (F.R.A.) obtained the material for this study during a week of intensive personal interviewing. The veracity of the material was checked by the other author (W.G.D.), who has had 14 years' experience of medical practice in Tsolo and who made it possible for this study to be done at St Lucy's Hospital.

SUBJECTS AND METHODS

Twelve educated English-speaking Xhosa women were interviewed individually for 1-2 hours. Ten of them, aged between 30 and 60 years, were trained nurses; of this group only one, aged 31 years, was unmarried. Two were wardens—one, a married woman in her late thirties, ran the nurses' hostel, and the other, a widow of 70 years, was the warden of a nearby co-educational school. The remaining 10 were between 30 and 60 years of age.

Two other groups of Xhosa-speaking women were interviewed. One group of 10 women was attending the children's clinic at the hospital, and the sister in charge, who was well known to them, acted as interpreter. The other group of 6 women was interviewed through a social worker on a visit to a nearby village.

Information was also obtained serendipitously because many women took the opportunity to ask for advice about their personal problems during the course of their interviews.

F.R.A. was introduced as a visiting neuropsychiatrist who was primarily interested in Xhosa child-rearing practices, and who had 4 sons. All the women were interested and replied promptly and frankly to questions. In group interviewing one or two women took the lead in verbal interchange, but the others, by gestures or demeanour, seemed to support them. Questions were centred around marriage, family life and children.

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RESULTS

Marriage

Marriage was universally approved of on the grounds that it was then possible 'to have children in the proper way'; it gave a woman financial support and status, and made it possible to discipline sons. The only woman who was reluctant to marry had an ambivalent relationship with a man. She was reluctant to marry but felt unfulfilled without children. Most of the women had chosen their husbands, although in all cases *lobola* (bride-price) had been paid in the traditional way. No woman lived continuously with her husband. The uneducated women's husbands worked in urban areas and usually only lived with their families for one month a year. This month was eagerly awaited and efforts were made 'to cram everything into it', but domestic tension often resulted because a woman's routine was upset and the husband either over-disciplined or over-indulged the children. The educated women lived intermittently with their husbands, sometimes seeing them once a week or only every few months, or even years. The reason given for this was the great difficulty experienced in getting reasonably well-paid jobs in the same area. All the husbands approved of their wives' working, although this meant that the children were deprived of their mothers' continuous care, which was supplied either by female relatives (often grandmothers) or women paid for this purpose (in their own homes or in hostels). No woman liked this disruption of family life but accepted it with seeming fatalism. Relationships with husbands were said to be 'good on the whole', and polygamy was universally disliked except if a marriage was infertile. (It was said that about 90% of marriages were monogamous.)

Fidelity

Companionship in marriage was seldom mentioned, and virtually all women knew and accepted that husbands were unfaithful. They all said they were jealous of the other women but had learnt to accept the situation. One woman said, 'We do not ask about girl friends or other children. If you don't see a thing it does not hurt so much.' Another, weeping about her daughter's illegitimate pregnancy, said, 'I sometimes think that if my husband had not run around with other women this would not have happened, but I cannot get cross with him because he repents.'

Infidelity on the part of a wife was totally unacceptable to the husband, who either beat up the wife or her boyfriend. The women said that 'this is unfair but men need women more than women need men', and indicated that this was not only sexual but also a need to be cared for. They told me that an 80-year-old man whose wife had died 2 weeks previously was already looking for another wife. The educated women said they enjoyed sexual intercourse and their husbands were more considerate than those of uneducated women. The women

maintained that they could remain faithful with much less effort than men. 'We can go for months without a man, but a man cannot manage longer than a week without a woman.'

Several women described men as 'selfish, irresponsible and faithless', but very little overt anger was expressed about this. The usual attitude seemed almost one of maternal indulgence. The very high incidence of male alcoholism (figures of as high as 75% were quoted) was explained by the women as being 'maybe because of unhappiness and because men who don't drink are despised by other men'. Female alcoholics are rare. 'Mothers must care for their children and set an example to them—the women who do drink to excess are either unmarried, have been deserted, or have come from bad homes.'

Children

All the women valued children. The uneducated women, when asked why, said: 'Children care for you later, especially sons; girls are good to have because they help a mother, but once she marries at 15 and lobola has been paid, she goes to her husband's family.' They also enjoyed the companionship of children. The educated women said, 'Children bring joy and peace. Often if we quarrel with our husbands the children stop us. There is much satisfaction in seeing a child grow up and become educated and good.' All the women gladly accepted the responsibility of children, grandchildren, or sometimes even their husbands' illegitimate children from premarital affairs.

Although illegitimacy was strongly disapproved of, no woman would consent to abortion ('a great sin to kill a child'), and very few would abandon an illegitimate child. Mothers sometimes passed off their daughters' illegitimate children as their own and did not even tell their other children about the 'disgrace'. Occasional instances of young women abandoning illegitimate children were cited: 'A girl with an illegitimate baby will ask you to hold the child while she goes to the toilet, and while you are still holding it, you hear she is on the train to Johannesburg.' Such children, although not abandoned, were frequently moved from place to place and might 'grow up bad—children should belong somewhere'.

Contraception was not favoured by any uneducated woman or by the 70-year-old woman who said, 'Children are a gift from God and one should not interfere with His gifts.' All educated women favoured contraception and said that the ideal number of children was four, 'properly spaced'. If they had only one child they preferred a daughter: 'Daughters are always close to a mother'. Oral contraceptives were favoured. There was much hilarity at the suggestion that men should be responsible for preventing conception. 'They would never agree and they sometimes hide our pills.' One woman said: 'It is unfair because we run the risk of high blood pressure.' Premarital sex play used to be permitted provided the male ejaculated between the girl's thighs, but this practice (partly due to missionary abhorrence) seems to have died out among the Christians, and even in tribal homes is now uncommon.

Breast Feeding

Breast feeding was universally approved of, ideally for 12-18 months. Demand feeding was usual, especially at night when the mother slept with the child and refrained

from contact with her husband. One of the reasons given for disapproving of illegitimacy was that the mother usually only breast fed for three months before returning to work. Several educated women had had to shorten the period of breast feeding for this reason, much to their regret. The only time I heard about reluctance to breast-feed was when interviewing the sister in charge of the Kwashiorkor Unit, who said: 'Most of these women do not seem to want to feed their children. It ties them down. Maybe they want to sleep with their husbands. They often persuade their babies to get used to a long sweetened teat and then the baby will not take the short nipple, so they wean them.'

Any woman (educated or not) who became pregnant while breast feeding, immediately weaned her baby: 'The milk is poison'. A common method of weaning was to paint the nipples with bitter aloes. 'Some children grow up hating their mother because of the bitterness of her breasts,' said one woman. Other women sent the child away to a grandmother or female relative. At the time of weaning the general tendency was for the mother to separate herself bodily from the child, but to ensure that someone else took care of it. Children were always 'unhappy' when weaned.

All mothers approved of the habit of carrying their babies on their backs. 'It makes for love and you know immediately if there is something wrong with the child, like illness.' If the mother did not carry the child, another woman or a child (usually a girl) did so. Babies usually started walking early. One woman said, 'If my children had not started walking by 8 months I would have consulted a doctor in case they were slow-witted.' Most women said children walked at least within a year and girls tended to be quicker. They ascribed this to the fact that mother surrogates frequently took the babies off their backs (especially children who wanted to be rid of the burden so that they could play unhindered), and coached the child intensively in walking.

Toilet training by educated mothers was started at about 4 months of age by holding the child at regular intervals over a chamber pot, or doing so the moment the child registered discomfort on the mother's back. Most toddlers were toilet trained and older children assisted by encouraging them to imitate their toilet habits. Children usually had the lower part of the body unclothed until they were about 2 years old, boys for longer than girls. If a child was slow to learn, he was shamed verbally; beating was not resorted to for 'beating makes children foolish'.

All children were jealous of new babies. Sometimes a child would beg his mother to get rid of the new baby or threaten it with a stick. The mother would then speak to the child, saying: 'This new child is your own family and must be welcomed.'

Sex Education

Children were never told about conception. They seldom witnessed parental intercourse and if they did so inadvertently, they were frightened by the 'fighting'. When children asked where the baby came from, they were told that it was bought from the shop or the hospital, 'because you should not teach a child bad things. If the child is clever and not satisfied with this answer, or has seen sheep giving birth, we tell him that children are born from the knees of the mother because we don't want them to think that giving birth and going to

the toilet are the same thing.' The difference between the sexes that is clear to all semi-naked toddlers is usually 'explained' by the older children to the younger, the penis often being referred to as *ncolosi* (the Xhosa name for St Lucy's Hospital), this reflecting the story of the baby being bought from the hospital. A girl may take hold of a boy's penis and draw it towards herself, saying she would like to have it. 'This is how intercourse begins'.

Girls are seldom told about menstruation before the menarche, which usually occurs at about 14 years of age. Many women described their anxiety at discovering their vaginal bleeding. 'I thought I had injured myself climbing trees to get green peaches', was a common reaction. When a girl menstruates she goes to her mother within a matter of hours and is told: 'This is a natural thing so that you will be able to have children. Keep yourself clean, keep your knickers on when you are with boys, do not drink milk and do not go near the cattle kraal because the milk will be poisoned and you will bleed longer.' The persistence of this taboo was brought home to me when one of the senior nursing staff showed me she was drinking black tea and whispered, 'Remember what I told you about avoiding milk during menstruation.' Occasionally a mother will instruct her eldest daughter about menstruation and she passes on the information to younger girls. The importance of premarital virginity is stressed. Girls are often forbidden to eat eggs, even by educated parents, because of the belief that by so doing they will grow up to be promiscuous.

The Growing Child

Children of pre-school age start helping adults at about 5 to 6 years of age. Girls do household tasks, e.g. caring for babies, fetching water from the river and cleaning. The policy is different with boys, who from about the age of 6 years are away from the house herding cattle and playing. They are often called 'dogs' and are excluded from communal activities. They may not be allowed to eat with the rest of the family and may have to sleep separately. They are regarded as untrustworthy and irresponsible—some parents accept it when they let the cattle wander but others beat them for it. Even if an adolescent boy impregnates a girl, his father, not he, is held responsible for the child. Women are not regarded as being capable of managing boys, and the frequent absence of a father results in unrestrained behaviour. At about 18 years of age most boys are circumcised. (An uncircumcised male, even if the father of a family, is referred to as a 'boy' and is not invited to participate in communal decisions.) Traditional circumcision entails isolation from the family for 6 to 10 weeks, physical pain and intensive exhortation in the behaviour expected of a man. It culminates in a celebration, the donning of new clothes and the hopeful expectation that the irresponsible 'boy' has become a responsible 'man'. Most educated males are circumcised at the hospital, and although an effort is made to retain its heuristic character, it is an abbreviated and much less impressive experience.

Respect for elders is inculcated at an early age and children are punished for disrespectful behaviour 'like disobedience, rudeness or watching an adult's mouth'. Permissiveness is regarded as bad, 'because people feel safer if there are rules'. Great value is placed on social harmony because quarrelling could lead to 'ill-wishing and

people need each other', but aggressive behaviour is not uncommon, e.g. stick fighting, but 'calling the clan name' often effectively inhibited aggressive behaviour.

Xhosa mothers are astonished at the manner in which White parents wait on their children. It would be unthinkable for them to serve a young person, and one woman told me that if such a request were voiced the mother would say: 'Are you ill that you ask me to wait on you?' Children attending school are expected to do their share of the domestic work such as fetching water or firewood before or after school.

Habits like thumb-sucking were common, especially in girls, and this was discouraged because 'thumb-sucking goes with foolishness'; painting bitter aloes on the thumb was used as treatment for this. Nose-picking was not uncommon, and occasional enuresis was seen in hospitalised children of 7 or 8 years. Among adolescent girls abreactive states accompanied by screaming and rushing around were reported, and always aroused much group excitement and activity. Psychosomatic illness is said to be fairly common in educated adults.

Division of Work

Every able-bodied person is expected to work, and certain tasks are traditionally done either by men or by women. No woman would thatch a hut, plough or herd cattle. These are men's jobs, but nearly all the hard work of the home is done by the women, about the only shared job being planting and hoeing mealies, and even with this the women put in many more hours than the men. If, as rarely happens, someone refuses to work, nobody will support him. Infants and the sick are indulged, but no-one else. Nowadays because there is less stock and tractors are being used for ploughing, men who live in the area actually do little work, spending their time riding around visiting their friends and indulging in endless talking.

Education

Education, especially in English, was valued. Some uneducated people permit children to become literate 'so that family letters can be read and remain private', and then remove the children from school, but most families make every effort to educate their children. Girls were often reported to be better scholars than boys. Educated girls commonly became nurses or teachers, and the ban on employing married teachers was bitterly resented. Men tended to take up teaching, the ministry, or law, and some Whites maintained that 'Xhosa male creativity lies in oratory'. If educated women married uneducated males this could lead to trouble—'especially if the wife can speak English the husband gets resentful'—but often 'the woman will pull her husband up to her level'.

The educated women said they valued a happy family above all other things, but needed enough money to be comfortable and educate their children. They were not greedy because this aroused jealousy, and 'wealth is for chiefs'. However, a growing interest in cars, clothes and radios was common among young people. There was intense interest in technological achievements such as space travel.

When asked if there was a difference between White and Black people, the typical answer was: 'Of course, White children grow quicker like mealies, and are cleverer, but

then they are better nourished and more stimulated.' One woman in her mid-thirties laughingly told me: 'When I was at school I had to write essays about trains, but I never saw a train until I was 18 years old.' White adults were regarded as 'less friendly—our people always greet each other but White people don't. Mind you, some of our young people who feel superior will not nowadays greet uneducated people'. Some women felt that Black children were happier on the whole since 'they feel part of the family'.

DISCUSSION

From our observations of this limited group of Xhosa women, some general patterns emerge. The educated women manifest a remarkable strength and independence. Most of them accept that the skills they have acquired should be used to help their people and to earn money. The future of their children is of great concern to them. They not only want them to be educated academically but also want them to be 'good'. They see themselves as primarily responsible for caring for children, and for the transmission of moral and ethical values. Uneducated women have the same attitude towards children. However, the mothers of babies with kwashiorkor are an interesting exception and merit further study. They may have been the rare 'badly mothered' group who are unable to love and accept their own children because of the emotional aridity of their own childhood. If this is so, then schooling them in the techniques of infant care will be only of limited value. They need psychiatric help to give them an awareness of why they unconsciously reject and thus consciously neglect their own babies. This could best be done in group discussion of their own early experiences and emotional needs.

Educated women also have grave emotional problems. It is becoming increasingly difficult for them to enjoy the deep satisfaction of continuous mothering of their own babies. Their own deep biological needs are sacrificed to an asexual technical and professional efficiency. Traditional Xhosa mothers have a warm, indulgent relationship with their babies that enables them to monitor and meet their needs naturally and easily. This profound pre-verbal mothering experience confers on the children the conviction of being lovable—a belief that enables them to withstand the adversities of adult life with unbelievable resilience and good nature.

Precocious motor development may also stem from this continuity of mother care. Geber¹ found that intellectual development was also accelerated in young Black children, and attributed this to traditional maternal behaviour. She states: 'A few children who were being brought up in the European way, passing most of their lives in their cots and fed at regular intervals, made an interesting comparison with the others. They did not show similar precocity after the first month, and later were more inclined to be quiet and subdued.'

If traditional mothering is replaced by more impersonal care, we may witness a marked change in Black personality development in the next generations.

Most women seem to regard men with a mixture of exasperation and indulgence. This is clearly not a healthy attitude for either sex—to complement each other with affection would be much more conducive to mutual happiness and respect. Girls encounter the menarche without preparation, and feminine explanation at this critical moment is almost entirely confined to the maternal aspect;

if intercourse and men are mentioned at all, they are presented as being 'bad'.

Prevailing male irresponsibility contrasted sharply with female responsibility. There are probably several reasons for this. Abrupt weaning and the 'bitterness of the breasts' may affect males more profoundly because the girl remains an integral member of the family, while the boy is thrust out and tends to be denigrated. Albino and Thompson² found weaning in Zulu children to be a 'powerful stimulus to ego development', but if the inevitable trauma of weaning³ is not replaced by a more mature 'belonging', it may have a deleterious effect. Most women felt they could not handle boys and if, as is the case, the fathers of young sons are away at work for most of the year, the boys are not contained or guided at all, and have little opportunity to identify closely with responsible adult males. Traditional circumcision was regarded as the final ritual for imposing adult maturity on males, but the force of this is now being curtailed in educated families. Most adult males are again thrust out to work in towns and almost all of them do menial work that does not confer status on them. It is not surprising that many become irresponsible people who drink alcohol to excess, are ambivalent about women and resentful of authority.

CONCLUSION

There exists today in this country a unique opportunity to observe the functioning of a society that is in transition from a pre-industrial to an industrial way of life. Before the change is complete, every facet of it should be studied. Such studies have been done by anthropologists,^{4,6} but apart from the excellent book by Jansen,⁵ observations by doctors are rare. This may be due to the scarcity of psychiatrists and the fact that there is not a single Black psychiatrist in South Africa. Manganyi,⁷ a psychologist, stresses the urgent need for mental health facilities for Blacks. Both he and Hurst⁸ have studied mental illness in urban Blacks, but to our knowledge there is no comprehensive psychiatric study of rural Black mental health. Such a study could enrich our understanding of many of our own problems. Like people in all advanced industrial countries, White South Africans are grappling with problems of child-rearing, the relationship between the sexes, problems of alienation, motivation and drug abuse. We may be able to incorporate into White society and preserve in Black society the sense of community (the phrase 'our people' comes so naturally to Black lips), the close mothering of infants, the respect for order, the expectation that everyone has duties and obligations, and the dignity, grace and gaiety of a rooted people. In return, Blacks might learn from us that the deliberate stifling of sexual curiosity in young children may inhibit their general sense of wonder, and that unquestioned submission to adult authority could be expected to have a similar effect. At this stage all this is speculative, but sound generalisations based on detailed observations may be possible if doctors seize the opportunity to garner this rich harvest of human experience.

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