Learnings about Prenatal Development across three Eastern and Southern African Contexts

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Abstract
This literature review examines how cultural practices shape prenatal development across three eastern and southern African contexts – Kenya, Tanzania, and Zimbabwe. Guided by a decolonial, feminist, and sociocultural framework, the paper centers African women's voices and treats culture as a dynamic field of meaning rather than a variable to correct. Drawing on qualitative studies involving nearly 60 women, the review shows that cultural practices influence prenatal development through nutrition, rest, herbal use, intergenerational guidance, and women's navigation of plural care systems. In Kenya, women emphasized the need for coordinated, culturally safe companionship during pregnancy, noting that "care that was well coordinated and collaborative" enhanced informed decision-making (Ngotie et al., 2024, p. 7). In Tanzania, restrictive norms around rest and diet were found to compromise maternal wellbeing, including beliefs that a "hustler pregnant mother will give birth to a baby who will also be a hustler" (Felisian et al., 2023, p. 3). Among the Ndau of Zimbabwe, Indigenous knowledge systems – rooted in senior women's guidance, rituals, and herbal practices—were valued as holistic and sustainable sources of prenatal care. Across contexts, the findings underscore that cultural practices can be protective or harmful depending on interpretation, flexibility, and the quality of communication between women and healthcare providers. The review argues for culturally responsive, dialogical maternal health approaches that respect Indigenous knowledge while addressing practices that undermine wellbeing. It concludes by calling for expanded cross-context research, mixed-methods designs, and continued use of decolonial methodologies to deepen understanding of prenatal development in diverse cultural settings.

Keywords: Prenatal development, Maternal and child health, Sociocultural perspectives on pregnancy, Cultural practices in pregnancy, Collaborative and culturally responsive care, Pluralistic care systems, Indigenous knowledge systems, Intergenerational knowledge transmission, Decolonial feminist frameworks, Postcolonial research methodologies, Eastern and Southern Africa

Introduction

In this brief paper on prenatal development, I answer two questions, based on the literature reviewed: (1) What is the relationship between cultural practices and prenatal development? (2) What are the implications for maternal and child health across different cultural contexts? I present three studies about the topic, discuss the implications of cultural practices on maternal and child health outcomes, and conclude, providing suggestions for future research.

Conceptual framework

This literature review is grounded in a decolonial, feminist, and sociocultural framework that centers African and women's voices as essential sources of knowledge about prenatal development. Rather than treating culture as a variable to be managed or corrected, this framework understands cultural knowledge systems as dynamic, meaning-making structures that shape how pregnancy, care, and fetal development are contextually interpreted and enacted. The objective is to move beyond narrow biomedical or hierarchical psychological models toward an expansive, dialogical understanding of prenatal life across sociocultural contexts.

Drawing on African intellectual traditions and feminist scholarship, this framework challenges epistemic dominance and the marginalization of women's lived experiences. Wangari Maathai (2004) emphasizes the importance of self-knowledge rather than perceiving oneself through the

"cracked mirror" of colonial frameworks. Similarly, Francis Nyamnjoh (2024) argues for convivial scholarship informed by the universality of incompleteness and motion rooted in encounters, conversation, indebtedness and epistemic humility to decolonize and humxnize knowledge production as a permanent work in progress. These perspectives underscore the need to understand prenatal practices in an open-ended and dynamic manner from within the cultural worlds in which they are embedded.

From a feminist psychological standpoint, Carol Gilligan (1982), in *In a Different Voice*, calls for listening as a methodology and for centering women's relational and contextual reasoning. When psychological theories are derived from narrow populations and imposed universally, women's experiences risk being mischaracterized as deviant or deficient, especially in male dominated spheres. Centering women's narratives restores explanatory depth to psychology and illuminates how prenatal decisions are shaped by relationships, moral reasoning, uncertainty, and interdependence. Attending to what Jessica Horn (2025) describes as women's "textured interiority" further strengthens this commitment to nuanced, context-sensitive analysis. The Charter of Feminist Principles for African Feminists (AWDF, 2007) refers to the need to use power and authority responsibly and challenge systems that oppress and exploit women, including frameworks that exclude, eclipse, or erase their realities. Mary Njeri Kinyanjui (2022) insists on listening to and learning with women at the margins, who connect across generations and regions to preserve and transfer life, in a spirit of self-reliance, survival, care, and solidarity.

Sociological, educational, and philosophical thinkers deepen this orientation. W. E. B. Du Bois warned against silences that distort truth (Morris, 2015). Paulo Freire (1970) cautioned against transforming living human realities into fixed categories in the name of objectivity. Bernard Fonlon (2009/1969) invites "genuine intellectuals" to inspire learning and the thirst for knowledge by digging systematically and methodically to the roots of issues. Jean-Marc Ela (2006) insists that new knowledge comes in soliciting the imagination of ordinary people and that researchers need to listen in on conversations between those possessing Indigenous knowledge and those manipulating new tools, and Paulin Hountondji (2002) argued that science in Africa must be informed from within even as it engages globally. Together, these thinkers support science that is grounded, inclusive, and dialogical.

Guided by this framework, the review examines qualitative studies from Kenya, Tanzania, and Zimbabwe that center women's voices and lived experiences. The selection reflects three complementary orientations – cultural safety, human rights and development, and Indigenous postcolonial epistemology – allowing exploration of how prenatal development is shaped by plural care systems. Across these contexts, culture is treated neither as inherently protective nor inherently harmful, but as a dynamic field of meaning within which women exercise agency. This framework therefore positions prenatal development and care as biologically grounded, socially mediated, relationally constructed, and epistemologically plural.

Selective Literature Review

In this section are findings from three studies, in Kenya, Tanzania, and Zimbabwe, conducted from 2017 to 2023. All three studies use a qualitative methodology, and each has a different theoretical orientation. Together, they represent perspectives from almost 60 women living outside capital cities in eastern and southern Africa.

Study 1. Women's experiences with cultural practices during pregnancy in Kenya's Rift Valley: Calls for quality companionship and collaborative care

Ngotie et al. (2024) conducted a study in Kenya's Rift Valley in 2020-2021 on women's experiences with cultural practices during pregnancy and birth. The theoretical framework had to do with the idea that culturally safe care depends on cultural awareness among care providers (based on work of the Nursing Council of New Zealand and on Ramsden, 1992 & 2002). The results of the study were based on interviews with 16 women, which provided saturation of themes (i.e. two additional interviews did not elicit any new information). A purposive sampling approach was used in collaboration with health workers and volunteers, recruiting women from their third trimester of pregnancy. The interviews were audio recorded (in English, Kiswahili, or Keiyo according to the preference of each woman), transcribed, and analyzed using thematic analysis, following the five interpretive activities of Van Manen (2023).

The focus was on listening to women's voices, their lived experiences, and learning from their perspectives about culturally responsive healthcare during pregnancy. "Women expressed the need for companionship and care that was well coordinated and collaborative, with safety considerations for the woman, the fetus, and the newborn" (Ngotie et al., 2024, p. 7). There was tension around advice on diet and the use of herbs, but the women found that when care is coordinated, the women could make informed decisions to enhance prenatal development outcomes. Traditional birth attendants (TBAs) were considered as good companions and would sometimes move with the pregnant woman to a relative living closer to a clinic when the time of birth approached. It was found that cultural training for skilled birth attendants (SBAs) could make them even more effective and enhance outcomes, but, overall, the women stressed the need for quality companionship and for good communication and collaboration throughout the care team, with opportunities to ask questions, express expectations, and continually refine the prenatal journey and birth plan.

The limitations of the study include how the interview and data analysis processes were time consuming, and findings cannot necessarily be generalized to other cultural settings.

Study 2. Sociocultural practices during pregnancy among pastoral women in Tanzania: Calls for guiding quality care by ending harmful practices

Felisian et al. (2023) conducted a study among pastoralist women in Tanzania on sociocultural practices during pregnancy. Part of the conceptual framework included reference to sustainable development principles and human rights obligations to ensure that everyone is nourished and healthy. The study used a descriptive qualitative design with purposive sampling to involve in the study 12 women from among community members. In-depth interviews were audio-recorded and transcribed, and manual coding and inductive-deductive thematic analysis were employed.

Findings showed that pregnant women do not get enough sleep or rest because of the belief that: "hustler pregnant mother will give birth to a baby who will also be a hustler when they grow" (Felisian et al., 2023, p. 3). Also, too much work at home made pregnant women tired, kept them from caring for themselves, and caused them to miss scheduled visits to the antenatal clinic. A taboo behavior was not eating eggs or meat, for fear that the baby would grow too big or be born with a bald head, thus depriving women and their unborn children of important proteins and

micronutrients. Nutritional education was recommended. It was recognized that use of herbs, a common practice, could be beneficial but also that a physician should be consulted if someone fell sick or complications were observed.

Positive practices (like the informed use of herbs) may be encouraged, and unhelpful beliefs (like the need for a pregnant woman to hustle instead of getting sufficient rest) may be questioned through participatory community education. Cultural norms can both support and unintentionally compromise maternal wellbeing and fetal development, underscoring the need for respectful, culturally informed health education and support.

Because the results are based on interviews with 12 women in one locale, the findings cannot necessarily be generalized to other settings.

Study 3. Knowledge on pregnancy and childbirth among the Ndau of Zimbabwe: Calls for dialogue been Indigenous and biomedical knowledge systems

Hlatywayo (2017) studied Indigenous knowledge, beliefs, and practices related to pregnancy and childbirth among the Ndau people of southeastern Zimbabwe. A postcolonial paradigm was used, challenging how African values and beliefs about human reproduction are conceptualized through western knowledge systems, including biomedicine. The researcher drew upon an Indigenous research framework (Chilisa, 2012) in which context matters and there is flexibility to combine Indigenous and western theory. The research process itself is meant to decolonize, by liberating the "captive mind" from oppressive conditions that continue to silence and marginalize, and restoring repressed but relevant cultural practices, thinking patterns, and beliefs. The researcher centered the agency of African women, recognizing them as knowledge producers, and the power of "ecologically relevant, affordable and sustainable" community-based knowledge systems in managing pregnancy. The researcher also acknowledges a "poly-epistemic world composed of different and diverse knowledge systems which are supposed to be complementary rather than competitive" (p. ii).

The researcher used a qualitative approach (drawing on Durrheim, 2006) with 31 in-depth interviews and 5 focus group discussions. A total of 31 women above 25 years of age participated. They were purposively selected in conversation with community leaders from seven villages. A phenomenal approach (Gray, 2004) was used for data analysis. It was noted that the women felt more comfortable during the interviews and hesitated to talk about family traditions and cultural inheritances publicly (during the focus groups discussions).

The study reinforces how women as mothers, grandmothers, wives, sisters, and daughters are the first line of family healthcare. Findings show that senior women and grandmothers are perceived as wisdom holders and that their interactions with younger women create new Indigenous knowledge. Women recognize pluralistic care systems (including medicalized care) but rely heavily on Indigenous ones, while recognizing the need to reinterpret harmful aspects of the old in favor of antenatal care that is lifegiving. Indigenous care is perceived as holistic, connected with the Ancestors, and less expensive than medical care. Rites and ceremonies are means for the ongoing production of Indigenous knowledge about pregnancy and childbirth, from *mataguta muriwo* (formal announcement of pregnancy to the husband's family) to *kududze zina* (naming ceremony). Herbal medicine is important, especially in the third trimester. The authors

recommend at the national level Indigenous knowledge centers and policies that valorize, preserve, and promote Indigenous knowledge.

The results concern one ethnic group of Zimbabwe and are not meant to represent the beliefs of other Indigenous peoples. Translating the data from Ndau to English was a challenge and "did not aptly capture the true and original meaning of most of the Ndau words" (p. 78). Finally, in terms of limits, some of the Indigenous herbs cited as commonly used for antenatal care by the Ndau people are not classified by the Forestry Commission in Zimbabwe.

Discussion

Let us begin the discussion of the literature by returning to the two guiding questions of this review, drawing on the findings from the three studies conducted in Kenya, Tanzania, and Zimbabwe.

Question 1. What is the relationship between cultural practices and prenatal development?

The reviewed studies show that cultural practices are closely linked to prenatal development by shaping women's nutrition, rest, care-seeking behaviors, and sources of knowledge during pregnancy. Across Kenya, Tanzania, and Zimbabwe, pregnancy unfolds within pluralistic care systems in which women draw on both biomedical and Indigenous practices. These cultural frameworks influence prenatal development not only through specific behaviors – such as dietary restrictions, physical labor, or the use of herbs – but also through relational factors, including companionship, intergenerational guidance, and communication with care providers. Cultural practices are neither uniformly protective nor uniformly harmful. When women are supported in making informed decisions and when care systems are collaborative and culturally responsive, cultural practices can enhance prenatal wellbeing. Conversely, rigid or unexamined beliefs – such as restrictions on rest or nutrient-rich foods – may compromise maternal health and fetal development. Thus, the relationship between culture and prenatal development is dynamic, context-dependent, and mediated by women's agency.

Question 2. What are the implications for maternal and child health across different cultural contexts?

The findings suggest that maternal and child health outcomes depend not only on access to healthcare services but also on how well those services engage with women's cultural realities. Culturally responsive and collaborative care can strengthen trust, improve communication, and support healthier prenatal outcomes, as seen in the Kenyan and Zimbabwean contexts. In contrast, when sociocultural norms limit rest, nutrition, or antenatal care attendance, maternal and fetal health may be negatively affected, as in the Tanzanian study. These studies collectively underscore the need for maternal health approaches that respect Indigenous knowledge while critically examining practices that may undermine wellbeing. Dialogue between biomedical and cultural knowledge systems – rather than their opposition – emerges as central to improving maternal and child health across diverse cultural settings.

The three studies are informed by distinct but complementary theoretical perspectives. Ngotie et al. (2024) draw on cultural safety and phenomenology, centering women's lived experiences and emphasizing relational care. Felisian et al. (2023) frame their analysis within sustainable

development and human rights, foregrounding health, nutrition, and wellbeing as collective responsibilities. Hlatywayo (2017) adopts a postcolonial and Indigenous research framework, explicitly challenging the dominance of Western biomedical epistemologies and recentering African women as knowledge producers.

These perspectives shape not only how data are interpreted but also how culture itself is understood: as something to be considered (Kenya), reformed through education (Tanzania), or reclaimed and valorized (Zimbabwe).

Several similarities emerge across the three studies. All emphasize the central role of women in shaping experiences or pregnancy. All recognize the coexistence of biomedical and traditional care systems, with women navigating between them pragmatically. Herbal medicine appears in all three contexts, viewed as beneficial and requiring careful consideration. Finally, each study underscores the importance of communication, whether among care providers, within families, or between knowledge systems.

The studies differ in how cultural practices are evaluated and addressed. In Kenya, the focus is on improving collaboration and cultural competence within healthcare systems. In Tanzania, the emphasis is on identifying and modifying harmful practices through education. In Zimbabwe, the emphasis is on decolonization, preservation, and revitalization of Indigenous knowledge. These reflect differing research goals, theoretical commitments, and relationships between communities and formal healthcare systems.

Based on the reviewed literature, several recommendations emerge. Healthcare providers should receive training in cultural safety and culturally responsive care, enabling them to engage respectfully with women's beliefs and practices. Community-based, participatory education initiatives can help distinguish between supportive and harmful practices without undermining cultural identity. Policies should recognize and integrate Indigenous knowledge systems, fostering dialogue rather than competition between biomedical and traditional approaches. Finally, maternal health programs should prioritize women's agency, ensuring that pregnant women are supported as informed decision-makers in their own care.

Discussion of the findings in relation to the conceptual framework

The findings across Kenya, Tanzania, and Zimbabwe strongly affirm the decolonial, feminist, and sociocultural commitments outlined in the conceptual framework. Rather than depicting culture as a static backdrop or a set of obstacles to biomedical care, the studies reveal culture as a living field of negotiation, meaning-making, and relational practice. This aligns with Wangari Maathai's insistence on self-knowledge beyond the "cracked mirror" of externally imposed frameworks and with Francis Nyamnjoh's call for convivial, dialogical scholarship rooted in epistemic humility. In each context, women do not passively inherit tradition, Rather, they interpret, adapt, and sometimes contest it. The Tanzanian case illustrates how certain norms may constrain rest or nutrition, while the Kenyan and Zimbabwean studies show how women actively seek collaborative arrangements that bridge Indigenous and biomedical systems. Culture, therefore, emerges as dynamic and internally debated, rather than monolithic.

From a feminist psychological perspective, the studies also substantiate Carol Gilligan's argument in *In a Different Voice* that women's moral reasoning is relational, contextual, and grounded in care. Decisions about herbs, diet, clinic attendance, and companionship are embedded

in networks of grandmothers, husbands, traditional birth attendants, and skilled providers. Listening to women's accounts reveals what Jessica Horn describes as "textured interiority" – the layered negotiations about safety, belonging, spirituality, and bodily wellbeing. The study among the Ndau in Zimbabwe demonstrates how senior women and pregnant women, in conversation together, generate and transmit knowledge. It echoes the work of Mary Njeri Kinyanjui about how women connect across generations, preserving and transferring knowledge and life, and affirms the framework's commitment to centering women not as beneficiaries of maternal health programs but as producers and custodians of knowledge about prenatal development.

Finally, the findings echo the framework's resistance to epistemic hierarchy, as articulated by thinkers such as Paulo Freire and Paulin Hountondji, who caution against rigid, universalizing categories that silence lived realities. Across the three studies, the most promising pathways for maternal and child health emerge not from replacing Indigenous systems with biomedical authority, nor from romanticizing tradition, but from sustained dialogue among knowledge systems. This dialogical orientation reflects the framework's premise that prenatal development is biologically grounded yet socially mediated and epistemologically plural. The evidence suggests that when health systems engage women as interlocutors rather than subjects, prenatal care becomes not only safer but also more humxne, contextually responsive, and intellectually honest.

Conclusion

This review examined the relationship between cultural practices and prenatal development and explored the implications for maternal and child health across different cultural contexts. The findings show that cultural practices profoundly shape prenatal experiences, influencing nutrition, rest, care-seeking behavior, and perceptions of wellbeing. Across Kenya, Tanzania, and Zimbabwe, culture functions as both a source of support and a potential source of risk, depending on context, interpretation, and flexibility. The reviewed studies collectively argue for approaches that are culturally informed, respectful, and collaborative. Women's voices, lived experiences, and knowledge systems are central to understanding prenatal development and improving maternal and child health outcomes.

Future research could expand this reflection by including studies across additional cultural and geographic contexts, as well as mixed-methods designs that link qualitative insights to measurable health outcomes. Longitudinal research could explore how culturally responsive interventions affect maternal and child health over time. Further attention is also needed to men's roles, intergenerational dynamics, and the perspectives of healthcare providers within pluralistic care systems. Finally, research grounded in Indigenous and decolonial methodologies can continue to challenge dominant narratives and contribute to more inclusive understandings of prenatal development.

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