

Traditional Post Partum and Baby Care Practices in Edem-Ani, Nsukka Local Government Area, Enugu State

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Abstract

This paper examines the traditional method of taking care of mothers after child birth and their newborn babies in Edem-Ani. Oral interview was used to elicit information from the respondents, and data collected was analyzed qualitatively. Secondary sources such as books, journals and magazines as well as internet materials which dealt with the subject matter were also consulted. It is contended that traditional postpartum and baby care are effective, but they are being neglected due to modernization. However, some aspects of modernity were found to complement postpartum and baby care practices in Edem-Ani. Thus, both practices could be merged to achieve a better result.

Introduction

Maternity care is very vital if optimal pregnancy outcomes are to be achieved. Thus the care which women and their babies need during pregnancy, child delivery and after delivery cannot be over-emphasized. Postpartum being a practice that begins immediately a woman gives birth to a new born baby is intertwined with baby care practice. These practices have been in existence in all parts of Igbo land, Nigeria and other parts of the world. However, they are carried out in accordance with the culture and traditions which are obtainable in the areas. The main reason for postpartum practice is to ensure that the new mother is sound health-wise to take care of the baby; she is equipped with all the information she needs about breastfeeding, reproductive health, caring for the baby as well as adjustment to imminent life (Kin-Godwin 2003).

In Africa, precisely in Igbo land, the people were able to survive and also conquer their ailments through what the environment could offer them in the pre-colonial period. (Onah, 2001). They used the roots and herbs which were obtainable in their environment to treat and/or cure their ailments. This was also applicable in caring for women and their babies both at the ante-natal and post-natal stages.

This research was carried out to examine traditional postpartum and baby care activities in Edem-Ani, the effects of modernization on them and to

suggest the way forward. Again it has been argued that the traditional method which is sometimes termed "archaic" causes more maternal and neonatal deaths. The researchers tried to find out the true causes of the occurrences of deaths.

The Study Area

Edem-Ani is one of the three large communities that make up the Edem town in Nsukka Local Government Area which occupies an area of about fifteen square kilometers and lies North of Enugu State (Onah, 2001:3). The other two communities are Akpa and Ozzi. The eleven villages that make up Edem-Ani are Odojo, Isu, Umuchoke, Uwani, Amenu, Ozara, Nkofi Amogwu, Ubogidi, Umuchagwu and Owerre. The rainy and dry seasons are the two seasons which the area experiences, climatically. Edem-Ani belongs to the derived savannah zone. Features like hills and valleys abound in the town which also hosts a number of springs and streams.

Historically, it is difficult to state the actual history of the people of Edem-Ani as there are no sufficient or authentic written information about the people (Onah 2001:5). However, oral traditions have it that six of the villages namely, Odojo, Isu, Uwani, Umuchoke, Amenu and Ozara descended from Edem-Ani, the third son of Edem. The remaining five villages - Nkofi, Amogwu, Owerre, Ubogidi and Umuchagwu - are believed to have migrated to Edem-Ani (Onah 2001:12) from different locations.

Prior to the advent of Christianity, the people practiced traditional religion and so their political, socio-cultural and economic activities were intertwined with their beliefs. Economically, the people depended mainly on their agricultural products. They produced crops like yam *Dioscorea spp*, cassava *Manihot esculenta*, etc and also sell the excesses at the markets in their village and other villages. They also had craftsmen who produced a variety of products including baskets, brooms, mortars etc. Furthermore, Edem-Ani people are known for their unique prowess in the production and administration of various kinds of traditional medicine. As a result of this, they receive people from within and outside the community who come for traditional Medicare.

A Review of Related Literature

Postpartum is a period which begins immediately a woman puts to bed and ends when the mother's body has returned as closely as possible to its pre-pregnant state. This could last for about six to eight weeks. During this period, the new mother progresses through emotional and physical changes. Thus, she learns how to adjust to being a new mother (en.mimi.hu/pregnancy/postpartum.html). Thus, the major aim is to ensure that the mother is fit and capable of taking care of her new born baby.

Traditional postpartum and baby care is prevalent in Nigeria and in different parts of the world but they are carried out in accordance with the people's cultural beliefs. According to Obikeze (1997:4), "Omugwo" rites or

traditional postpartum in Igbo land underscores the crucial importance of the neonatal period for the survival of human beings and society. In the Northern Nigeria, postpartum involves “physical confinement, sexual abstinence, nursing in heated rooms, hot ritual baths and ingestion of gruel enriched with local salt”. It is believed that these make the women stronger and help in regaining their physiological state (Aliyu, Liyasu, Kabir, Galadenci, Abubakar and Salihu 2006:211).

Postpartum in the East-Asian cultures take distinct forms, but there are many similarities. In China and Vietnam, there is a custom of postpartum confinement known in English as “doing the month or sitting the month” and this lasts for about 30 days. (Kin-Godwin, 2003:75). In India, the woman is exempted from usual household chores and religious rites. The period is also considered as being relatively impure. The husband is cleansed by a ritual bath whenever he visits the wife in the confinement of about 10 days, while in Pakistan the new mother spends about 40 days in the confinement (en.wikipedia.org/wiki/postnatal).

On the other hand, caring for the baby is challenging. It is a period when the parents adjust to sleep schedules. There is need to understand the infant's unique temperament, needs, vulnerabilities and strengths (social.jrank.org/pages/498/postpartum). The baby being a very young offspring needs those cares like preparing schedules for baby sleep and feeding, baby bathing and body care, breastfeeding etc. However, if the baby is not well taken care of he/she might be attacked by bacterial and other harmful environmental substances. More so, since the baby's skin is still fragile and thinner, he/she might also develop other minor conditions like heat rash, infant acne, etc. Nonetheless, if he/she is well cared for, the baby will be pleasant, healthy and hearty and as well be resistant to the above mentioned conditions (www.wikipediaorg/wiki/baby-care).

It must be stated that not all traditional practices of baby care are harmful (Yadav, 2007: 293-236). Some modern practices like bottle feeding and the use of dummies are considered unsafe too. Thus, those unsafe practices identified include cutting of the umbilical cord with unclean blades, application of cow dung on cord to enable it fall off quickly which can cause tetanus and neonatal infection as well as deprivation of colostrums. Yadav argues that some traditional practices are worth promoting, while those that are harmful should be discontinued.

Findings and Discussion

As in other societies, postpartum or “*omugwo*” as it is traditionally called and baby care begin immediately a woman is delivered of a baby in Edem-Ani. The results of this research have been presented under the following sub-headings:

- **The traditional postpartum (*Omugwo*) rites**
- **Bathing process**
- **Dietary pattern**
- **The baby care**

The Traditional Postpartum (*Omugwo*) Rites

Immediately a woman is delivered of her baby, she is cleaned up with warm water after which she is allowed to rest. Depending on her condition she is discharged or allowed to spend some days in the hospital/maternity or with the birth attendant as the case may be before going home. The “*Omugwo*” observances set in thereafter. “*Omugwo*” simply means “she has put to bed”. The husband goes to inform his in-laws. On breaking the news to them, the immediate family begins to jubilate and in a bid to inform the extended family and the village at large, they shout and chant “*O ga yooo!*”, literally meaning it has gone so well. This automatically announces the birth of a new baby to the immediate neighbours, who in turn, rush to rejoice with the family. The mother of the new mother may accompany her in-law to see her daughter and the new born baby or decides to go later on her own.

In Edem-Ani, “*Omugwo*” lasts for “*izu asaa*”, twenty eight days. The new mother sleeps in her hut or apartment with her new baby. She sleeps on the same bed, traditionally built with bamboo (*Okpukpo*), with her baby and this enables her to nurse her baby and strengthen the bond between mother and child. Glowing fire is lit underneath the bed to keep mother and child warm.

The placenta is buried just at the door post or within the compound where traffic is low because it is not expected to be matched upon. Care is also taken to ensure that people do not go there to cast a spell which could harm the mother or baby.

During traditional post partum (*Omugwo*) the new mother is cared for by her own mother or any other relation/person of her (the new mother) choice. She is relieved of house chores; confined to the house; and eats special food. It must be noted here that the decision to invite another person other than the mother of the new mother takes place on three main grounds: if her mother is dead, if she is sick or if two sisters put to bed at the same period and their mother is taking care of her other sister. Otherwise, it is the prerogative of her mother to co-coordinate the *Omugwo*. She takes care of the house chores, prepares meals for her daughter and the family and ensures that the daughter obeys the rules of *Omugwo*. Although the new mother is confined to the house and not allowed to do any work, she is allowed to attend her post natal check-ups when the need arises. However, she is not allowed to go about her normal business. Her major task is to learn how to take care of her baby from her mother and she does this by watching her mum bath, clothe or any other thing(s) she does for the baby.

Bathing Process

It is expected that the new mother takes hot bath, assisted by her mother, during *omugwo*. Her mother uses bath towel and hot water to massage her abdomen, pelvic region and hips vigorously to avoid the clotting of blood in her uterus. This must take place whenever the new mother takes her bath to enable the abdominal muscles to return to normalcy; ensure that the after-

birth injuries heal fast, and prevent the mother from contracting any disease. She is also expected to sit on the bamboo bed, underneath which fire is lit, immediately after taking her bath and occasionally. This helps the wounds to heal in about four days. It is pertinent to note that the new mother abstains from sex during *Omugwo*.

On the other hand, warm water is used in sponge-bathing the baby and in stretching the limbs after which he/she is rubbed a local yellowish powder known as "odo". However, these days the modern day baby powder is used. The baby is then wrapped properly and laid on the local bed to also feel the warmth of the fire underneath. People who come around to see the baby also rub the "Odo" powder on their foreheads and cheeks which signifies the birth of a new baby.

Dietary Pattern during Postpartum in Edem-Ani

Dieting is a significant feature of the postpartum care, and it is expected that the new mother be well catered for not only to replenish lost blood, but also to be in good position to breast feed her baby. Consequently, the parents of the new mother and her husband often prepare specially for it in anticipation of the delivery of the baby. Thus, the mother of the new mother brings along with her some food items, locally called "Abubo Omugwo," with which to prepare special dishes for her daughter. These include African pepper-"uda" *Xylopiya aethiobicum*, dried okro -"ukpo okwuru" *Hibiscus esculenta*, "ogbono" *Irvingia gabonensis* and melon- "egusi" *Citrilus vuvigaris*. Others are Guinea pepper- "uziza" *Piper guineensis*, "utazi", *Gongronerna latifolium*, "okpei" *Ricinus parkia*, fish and crayfish etc. Her father supports with some tubers of yam *Discorea spp* for his daughter.

The food revolves around yam either pounded or prepared in the form of porridge. Foo foo, prepared from fermented cassava, is also eaten. The preferred soup is "ogbono" prepared with enough pepper "uda" *Xylopiya aethiobicum*, "utazi" *Congronema latifolium* and "uziza" *piper guineensis*, fish and other ingredients. "Uda" *Xylopiya eathiobicum* is a special herbal seasoning believed to make the uterus contract, enhance body cleansing and subsequently prevent blood clots (Iweze, 1983). The new mother eats at regular intervals to enable her feed the baby properly.

The new mother feeds the baby with water until her breast milk starts flowing. It is believed that palm wine facilitates breast milk flow; hence the new mother is encouraged to drink fresh palm wine regularly during *omugwo*. In Edem-Ani, the breast milk is first tested before the baby is breast fed. A little quantity of breast milk is squeezed out and poured on cocoyam leaf- *xythozoma spp*, and if it turns brown after a while, it is declared unsafe for the baby. The second method is by squeezing a small quantity of breast milk into a small container. This is left for a while to see if ants will come around to lick it and if this happens, it is believed to be okay otherwise the breast milk is viewed to be poisonous to the baby.

Baby Care

The grand mother cleans the umbilical cord stump regularly after bath to prevent germs from entering it. Generally, it is assumed that the umbilical cord will fall off within four days. Thus, in order to achieve this, some measures are taken. A melon-like fruit called "Nwahenyi" *Colocythis vulgaris* of the *cucurbitaceae* family is cut open and the content is mixed with ashes and applied on it. After it has fallen off, "ogbu" fruit *ficus spp.* of the family of *moraceare* is roasted and placed the navel. This is believed to enable it protrude properly before it heals. It is worth mentioning that the umbilical cord is not discarded but buried on top of which a nursery palm *elaeis guineensis* is planted. This automatically belongs to the baby and it is called "nkwu elo" (palm tree of umbilical cord).

The baby is circumcised after eight days of delivery. Both males and females were circumcised in the past, but clitorisectomy or female circumcision no longer takes place due to modern developments. This is because of some complications it causes. According to Onah (2001:69) female circumcision involves the removal of the clitoris which causes severe hemorrhage, mutilation of glands etc. that make sexual life and child delivery later in life difficult. But some of the local people believe that the uncontrolled promiscuity among women of today is the resultant effect of female circumcision that is no longer practiced. During male circumcision, the excess foreskin or prepuce is excised from the penis with a local knife. Nowadays, razor blade is used. The bleeding is stopped by pouring fresh palm wine on it and covered with "ogbu" leaf *ficus spp* after dipping it into hot water (Onah 2001:69). Palm oil is subsequently applied on it after removing the leaf.

The naming of the baby is done by the grand father or any of the grand father's brothers (if he is dead). The day of birth or significant occurrence influences the name a baby is given. For example, if he/she was born on "Eke" or "Orie" market day, he/she might be named Nweke/Mgbeke or Nworie/Mgbeorie, respectively.

Traditional Medicare in Postpartum and Baby Care

The following are the herbs used during postpartum and for baby care in Edem-Ani. For easy understanding they will be presented in a tabular form:

S/No	Herbs	Botanical Names	Uses
1	Uda	<i>Xlopia aethiobicum</i>	"Uda", "Uziza" and "Utazi" are used in preparing dishes for the new mother. They help in body cleansing and prevent blood clot in the uterus after child birth.
2	Uziza	<i>Piper Guineensis</i>	
3	Utazi	<i>Gongronema latifolium</i>	

4	Ogbu leaf	<i>Ficus spp</i>	This is dipped in hot water and placed on the navel of the baby after the umbilical cord has fallen off. This is believed to make the navel to protrude properly before it heals. It is also used for treating wound after circumcision.
5	Nwahenyi	<i>Colacynthis vulgaris</i>	The content is mixed with ash and applied on the umbilicus to make it fall off quickly.
6	Nkolebu-ahaba (Dodder)	<i>Cuscuta australis</i>	The root and stem are boiled and given to the baby twice a day. It is administered with a tea spoon for the treatment of "itebi" or boil on the baby's breast. The herb can also be ground and pasted on the affected part.
7	Egbu	<i>Ostrona bonue</i>	For blood building and for the treatment of malaria and jaundice.
8	Paw-paw leaves	<i>Carica papaya</i>	These leaves are boiled together and used in the treatment of "jadi-jadi". Jadi-jadi is an ailment that makes the baby to develop reddish rashes around the neck, buttocks and laps. The baby deposits foamy faeces. The baby also cries a lot and is restless.
9	Lemon grass	<i>Cymbopogon citrates</i>	
10	Guava leaves	<i>Psidium guajava</i>	
11	Scent leaves	<i>Ocimum gratissium</i>	
12	Lime leaves	<i>Citrus anantifolia</i>	
13	Bark of ugene	—————	This is used for the treatment of "ntiwa ishi" or "ihe ishi". This ailment makes the centre of the baby's head to be soft and look as if it is divided. The bark of "ugene" is dried, grinded and spread on the affected part of the baby's head for about eight months.

Plate 1: Egbu-*Ostrona bonue*Plate 2: Nwahenyi-*Colacynthis vulgaris*Plate 3: Nkonenu-ahaba-*Cuscuta austalis*

From the above, it could be discerned that the people of Edem-Ani used and still use those plants and herbs that can be found within their environment to care for mother and child during traditional postpartum as well as in curing certain ailments which may arise in the process. These have been working effectively for them. Cases that defied traditional practices in the past and resulted in many childhood deaths revolved around the sickle cell anaemia. Due to ignorance, the recurrence of such deaths within a family was attributed to the *ogbanje* (repeater children) spirit. Nevertheless, maternal and neonatal deaths were not rampant. Although civilization has greatly affected this practice, efforts should be made to harness its beneficial aspects.

As can be seen from the above discourse, the people of Edem-Ani inherited omugwo traditions from their forebears and they have kept them going. They also appreciate the practices in spite of the fact that they might be seen as outdated today. Nevertheless, a new mother that observes the do's

and don'ts of "Omugwo" or traditional postpartum gets enough rest and eats good food which helps to replenish those nutrients and blood that she lost during child birth. She also learns how to take good care of her baby and also uses the opportunity to learn herbal remedies for common childhood ailments. Furthermore, she was always available to feed the baby when required. Given the values of the practice, we wish to note that some of its beneficial aspects should be merged with modern practices.

Conclusion

Postpartum and baby care, as seen in Edem-Ani, also exists in other parts of Igbo land and even the world over. However, the methods of care and other observances may differ from place to place. This paper has taken a critical look at the practice in Edem-Ani using ethnographic data. The paper argues that postpartum and baby care has been part and parcel of the people of the study area through time. Consequently, there is need to identify its beneficial aspects and integrate them into modern practices. In other words, there is need to: (1) scientifically study some of the herbs used in traditional healthcare to determine their efficacy, (2) enlighten the people on those aspects of the practice that may have harmful effects e.g cutting of umbilical cord with unsterilized blade, female circumcision and feeding the baby with only water a few days after delivery, and (3) document the practice for posterity since it is no longer practiced by a lot of people. It is our belief that this approach will help to produce more desirable effect than a single method.

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