

Comparative Study of Traditional Puerperium Care in Ikire and Nise

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Abstract

Due to its availability, affordability and accessibility, African traditional health care system, notwithstanding western interference, has continued to play a prominent role in healthcare delivery, particularly amongst the local populace. Traditional puerperium care is one of these practices that have from time immemorial been highly sought after by new mothers. This article examines the differences and similarities in traditional puerperium in Ikire, Irewole LGA of Osun State and Nise, Awka South LGA of Anambra State, given the divergent ethnic backgrounds. Challenges associated with childbirth and traditional puerperium care; efforts aimed at sustainability, given the threats posed by modernity also form part of the study. Data were collected through oral interview, participant-as-observer, and written sources related to the subject matter and analysed qualitatively, while the results presented thematically.

Keywords: Traditional, Puerperium, Differences, Similarities.

Introduction

African traditional health care practices and medicine have over the decades, gained a high level of acceptance amongst the populace. It is a holistic practice which, according to Addy (2006) integrates social ethics, religious, moral, and cultural value. African medicine has both biophysical and spiritual dimensions. According to the World Health Organization [WHO] (2008), "traditional medicine is the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures whether explicable or not used in the maintenance of health as well as in the prevention, diagnosis, improvement, or treatment of physical and mental illness." Traditional medicine practitioner is seen as "a person recognized by the community in which he/she lives as competent and qualified to provide health care using naturally occurring substances" (Addy, 2006). Thus, traditional health care is the application of indigenous knowledge of environmental resources of herbs and roots, as remedies for diseases and ailments to facilitate recovery, and in the case under discourse, postnatal recovery. It is a cherished heritage resource of individual communities handed down through generations.

Puerperium, also known as the puerperal period or postnatal, or postpartum (when dealing with the mother alone), is a period used to cater for both a mother and her newborn. It is at this time that the woman's genital organs particularly the uterus slowly returns to its non-pregnant state. At this period also, all other changes associated with pregnancy disappear (Llewellyn-Jones, 2002). This period lasts for about six to eight weeks. It must be stated that the onset of conception marks the beginning of pregnancy in a woman. From this period till birth, which typically lasts for forty (40) weeks (full term), a woman experiences varying changes. According to Llewellyn-Jones (2002), these changes include amenorrhea, breast changes, nausea and vomiting, bladder irritability, quickening, frequency of urination and growth of the uterus (usually characterized by protruding belly); which is the most obvious. Though it has been medically established that the return of the uterus can occur naturally, efforts are made traditionally to enhance it. Puerperium provides the opportunity for the new mother and her child to be attended to by a caregiver. This period has no specific name in Ikire, though it is sometimes referred to as "ojojo" or "owo lomi", but in Nise it is generally called "omugwo."

Ugboaja, Berthrand, Igwegbe & Obi-Nwosu (2013), observed that postnatal period (or postpartum if in reference to the mother only) is a period beginning an hour after delivery of the placenta and continues up till six (6) weeks after childbirth. The care during this period is critical to the health and survival of both the mother and the newborn. This is because a large proportion of maternal and neonatal deaths occur during the first twenty four (24) hours of delivery. WHO (2013), posited that the period after childbirth which is the puerperium is a critical phase in the lives of mothers and newborn babies. This is because changes that determine the health of mothers and their newborns take place at this time. It is, however, sad to note that no provision is usually made for adequate after childbirth care; and standard health care for this period is ignored. The result of which is ailing physical condition and high mortality (maternal and infant) rate.

Therefore, the puerperium period presents an ideal time for intervention delivery as a way of reducing maternal and neonatal mortality rate. Puerperium care varies across ethnic divides, but it is necessary. The reason is that the new mother is still frail and cannot care for the child as well as run the home immediately. It is important to note that puerperium care also helps to prevent postpartum depression (PPD) associated with childbirth. In the light of the foregoing, it can thus be established that puerperium care is absolutely necessary.

Altuntuğ, Anık and Ege (2018) worked on traditional practices of mothers in the postpartum period in Turkey to determine mother care

practices during postpartum. The method of study was both descriptive and cross-sectional. The findings revealed that hot baths, sufficient and balanced diets and the restriction of movements were part of postpartum practices. The work emphasized the care of mothers alone. Hintz-Zambrano (2017), researched on postpartum care traditions around the world. The work aimed at examining global postpartum care as enshrined in individual cultures. In Ivory Coast, it was found that a circle of female relatives act as caregivers, bathing and massaging the mother and her newborn with sheabutter. They also cook delicious meal, which is eaten in group. In Malaysia, the protocol is called "Pantang" and the mother is secluded for forty four (44) days, during which she receives hot stone massages, full body exfoliation, herbal baths and hot compresses to care for the life force that is sourced in her womb.

Traditional Chinese, "zuo yuezi" (the gateway), advises a tough-love approach of sponge baths as against shower. It does not allow the reading of books or watching of movies to avoid sad scenes that may upset her and disrupt" postnatal care. Complete takeover of all household duties by caregivers are means of revitalizing a new mother. Failure to do these may result in insomnia, hair loss, anxiety or headaches and excessive night sweat. The diet of a newborn mother is traditional chicken soup and dried longan fruit. In Zambia, a new mother is banned from work in the strictest sense till her child's umbilical cord falls off (Hintz-Zambrano (2017). In Latin America, *La Cuarentena*, which literally means quarantine is a forty (40) day period of puerperium care. All domestic duties are taken off a new mother; and taken on by female relatives to guard against exhaustion, related illnesses or ailments. In Korea, "samchilil" is a period of between twenty-one (21) and thirty (30) days. This period is regarded as ideal for specialized maternal care targeted at keeping a newborn mother warm, snug and well fed. The new mother is served the traditional seaweed ("miyeokguk") soup with beef, chicken or anchovies several times a day (Hintz-Zambrano, 2017).

Rabiu, Garba & Abubakar (2016) studied ritual hot bath practices and its implications in Kano, Nigeria. The method used in collecting data was a cross sectional study of pregnant women. Findings revealed that postpartum care is of immense importance to the well being of the mother and her child. The practice is highly prevalent among the Hausa-Fulani ethnic group though the genesis is said to have been lost to time and space. Getting money to buy the excess firewood needed to boil the water for the ritual can cause financial constraint for the man. This can also develop into marital disharmony. A large percentage of the respondents call for an end to the ritual, which entails bathing twice daily with hot water from the day after delivery to the next forty (40) or one hundred and twenty (120) days. This work is, however, in contrast with the one understudy in that while Rabiu *et*

al supported doing away with ritual hot birth as a postpartum practice, the present work examines the practices and their positive values across cultures. Ejikeme and Ukaegbu (2013) examined traditional postpartum and baby care practices in Edem-Ani, Nsukka LGA, Enugu State, and revealed that traditional postpartum rites, included bathing, dieting and baby care. They agreed that puerperium care differs from place. For Bhuvaneshwari and Swarna (2015), who studied cultural beliefs and practices among postnatal mothers in selected rural areas in Tirupati, special diet, not bathing for a minimum of three to five days, to enable the performance of a special ritual cleansing with herbs on the 5th or 9th day and restriction on house hold activities to provide rest, constitute the basic postnatal care.

Theoretical Framwork

This work is anchored on two theories, namely symbolic interactionism and systems theory. These two theories are vital to the scholarly discussion of the subject matter. Aksan, Kisac, Aydin and Demirbiken (2009) posited that symbolic interactionism developed from the work of Blumer and others. The theory simply tries to understand the processes that give meanings to action and interactions amongst individuals in a society with the aim of preserving it. It is imperative to note that the theory, works well when applied within the confines of hermeneutics, which simply means an "insider perspective" of understanding social interactions. Puerperium care is necessary for mothers and their newborns, this is because labour in child delivery and subsequent nursing of the child is stressful. Hence, a care giver's timely evaluation and understanding of the behavioural pattern of a new mother is vital. Symbolic interactionism helps in the understanding social interaction amongst care givers, mother and child; and the adequate symbolic meanings embedded in their repeated or recreated actions. Similarly, symbolic interactionism shed light on how mothers and their newborns learn and understand gestures that connote different feelings such as when to feed, bath, cleanup and sleep, on one hand and the role of the caregiver on the other.

Systems theory, on the other hand, is rooted in the works of Ludwig von Bertalanffy (1969), which see a system as a multifaceted interacting element (Mele, Pels, and Polese, 2010). Systems theory, from anthropological perspective, deals with social organization of family units, kinship, and whole communities. It focuses on individual constituent parts of an organization as well as the dynamic qualities of any organization; how and why they survive change through time. It is a useful guide for the explanation of cultural change and structure. Puerperium care period involves certain processes: the medical aspect which is to secure the

healthiness and survival of the mother and child; and the bonding and interaction of the new mother and her caregiver. This process will indeed ensure sanctity and foster stronger relationship in the family structure of the society. The mother of the newborn will learn more from the caregiver who might be her mother or mother-in-law or any other available person, who usually is an individual with experience. These process works to keep the system running.

Methodology

The method employed in the data gathering process is ethnography; with the specific ethnographic tools being observation and interview. One of the researchers participated as observer, and when coupled with her experience from the care she received from caregivers in addition to her role as a caregiver to others, they unveiled relevant information needed for this work. Furthermore, focus group discussion (FGD) was employed to collect more information necessary for the actualization of the research objectives. Two group sessions of five women each, selected purposively, were held in the two communities. The persons selected, totaling ten (10) women, are acquainted with puerperium practices. They women are mothers that have either received or have given puerperium care.

The Study Areas

Ikire is the access point town to Osun State from the Western direction. It lies on latitude 07° 30' north and longitude 04° 20' East within the basin of the famous River Osun. The population of the town, according to the 2006 population census, is one hundred and forty-three thousand five hundred and ninety nine (143,599); and it has a landmass of about 978.67m². The local government reform of 1976 gave birth to the old Irewole Local Government with its headquarters in Ikire. With the carving out of Ayedaade and Isokan LGA in 1989 and 1996, respectively the present Irewole LGA is made of people of Ikire who share common ancestry. Ikire shares common boundaries with Gbongan in the East, Ife in the southeast, Ibadan in the west and Apomu in the southwestern part (OSSG as cited in Bamidele, 2016).

Nise is one of the towns in Awka-south LGAs of Anambra State. It is located in the southern part of Awka and is about one mile from Awka town. It is bounded to the south by Agulu, to the East by Nibo and Mbaukwu and to the North by Amawbia. It has a coordinate of 6°10'N and 7°04'E. The town comprises four villages: Arah, Ngodo, Isiakpu and Umuazu. Nise has a population of 28,000. It is endowed with good topography which makes it possible for her to enjoy a network of good roads for easy communication with her neighbors. (Ekwuocha as cited in Osinem, 2015).

Results and Discussion

The results of the study are presented in line with the objectives as follows: processes, differences and similarities of postnatal care, the challenges of puerperium care and effects of modernity. These are done within the procedural provisions by the two communities for puerperium or postnatal care.

Processes, Differences and Similarities

The term *Omugwo* is the word given to puerperium care in Igbo land. It is a well known term as very few persons would contest the knowledge of the word.' As observed, there are other terms (like *Ilete Nwanyi*) that could be attributed to puerperium care, but the term *Omugwo* stands out as the most predominant. However, in Yoruba land, there is no specific term associated with puerperium care, though the word 'Ojojo' is passively used, it is not generally accepted like "omugwo" as the word could still mean food (fried yam balls).

In Ikire, the onus of puerperium care lies on the shoulders of the paternal grandmother of the new born or any other person from the father's family. It is only when no paternal relative is available, that maternal grandmother or any other female relative can come in. This is because once a lady is married in Ikire, she becomes the responsibility of her husband and his family. This does not mean that she has been forgotten by her own family; but the tradition demands that authority on such a woman be transferred to her new family (that is, the husband and his people). So, the puerperium care of the mother and child as with everything that happens to her while in marriage rests on the husband's family.

In Nise, on the other hand, as with other places in Igbo land, the act of puerperium care rests with the baby's maternal grandmother. In the event that the grandmother is not available, the maternal aunt stands in. The family of the husband is only considered for this responsibility only when there is no one to carry it out in the woman's home. However, in some cases, the new mother may decide to overlook tradition, and bring someone she has a very strong relationship with. The Igbo belief in puerperium caregivers stems from right and status, for it is a thing of pride and honour to teach one's daughter how to care for a newborn. Hence, every woman looks forward to being her child's caregiver. It is, therefore, a right that nature and culture have afforded her. Thus, the responsibility of care giving in Nise is in contradistinction with that of Ikire in this respect.

Puerperium care in Nise is so important that some respondents said that they feel abandoned if their mothers failed to turn-up for "omugwo" after the birth of particularly their first child. This they said formed a

permanent scare in their hearts. They claimed that friends and family taunted them for a long time thereafter. In Ikire on the other hand, the same cannot be said; as having a caregiver is a privilege and not a right. It is just seen as an additional helping hand in a time of need and, therefore, an added advantage. Among the people of Ikire and Yorubas at large, puerperium care period provides an opportunity for the wife to get accustomed to and understand her husband's people. It is during this period, that she has the opportunity of spending longer period of time with the mother-in-law. This gives her the opening to properly fuse into the family of the husband. The mother-in-law also uses the period to prepare and admonish the daughter-in-law on the personality of her son whom she is married to, and the general values of the family which she has become a part of.

It must be noted that the newborns also benefit immensely from puerperium care. WHO (1998) observed that a number of neonatal deaths occur from tetanus infections through the stump of the umbilical cord. Hence, during puerperium, the stumps of the umbilical cord are cared for. Among the Nise people of southeastern Nigeria, the stump of the umbilical cord is cleaned twice daily with hot water and palm kernel oil (*ude aku*), but lately with ethanol or *kai kai*, as it is locally called, till it falls. It is buried thereafter and a tree, usually palm tree, *Elaeis guineensis*, "Nkwu" is planted on that spot. The tree is symbolically called the child's tree in anticipation that the multiple economic values of palm tree will be his/her lot. The cleaning continues till the navel closes. In Ikire, the umbilical cord is cleaned everyday with sheabutter, locally called *ori* (a kind of fat extracted from shea tree *Vitellaria paradoxa*). The sheabutter is mixed with salt or palm kernel oil *adi agbon* and used to clean the cord till it falls off. Once this happens, the cord together with negro pepper or grains of Selim - (*Xylopiya aethiopica*) locally called *eru*; scent leaves - (*Ocimum gratissimum*), and known to the locals as *efirin* and naphthalene or tar camphor known as "Kafura" are put in a clean and sanitized piece of cloth. The cloth is tied and placed on a hot surface usually a lantern; and used day and night to massage the baby's navel till it closes. As soon as it closes, the cord is buried. Thus, both communities care for the umbilical cord. They bury the cord when it falls off, but the symbolic planting of palm tree on the spot happens only in Nise. However, while the baby's cord is used to further massage the navel in Ikire; it is out rightly buried in Nise. In addition, some of the items used to care for the cord differ. Nevertheless, similar pattern was observed in both study areas in the circumcision of a newborn, specifically the males, as there is a strong campaign against female genital mutilation. For the male, circumcision is done eight (8) days after birth in both communities. However, cases where Ikire people feel that a child should be spared the pain

during christening, it is done a day or two after the child's naming. The foreskin of the child is buried in both places, and bathed with warm water.

Heavily spiced food with much pepper to flush out afterbirth vaginal discharge and palm wine to increase milk production constitute puerperium diet (Adinma, Umeononihu and Umeh, 2017). Florida Department of Health [FDH] (2003), observed that good diet is as important in puerperium as it is in pregnancy. This is because the intake of sound diet will help replenish nutrients lost during pregnancy. The diet of the mother of a newborn should be that which will energize her by covering for what is lost during pregnancy and breastfeeding. This should include diets from cereal and tuber which are found to be simple, low in cost, and healthier WHO (1998). Good food would enable the woman heal faster, get stronger, and ensure adequate production and flow of breast milk to feed the child. In Ikire, the food given to a woman during puerperium care period include hot maize gruel (*ogfi*) without sweeteners; yam or cassava flour (*amala*) served with *Corchorus olitorius* (Jew's mallow) locally called *ewedu*. The *Corchorus olitorius* is prepared with locust beans, to facilitate the healing process. During this period, cassava flakes *garri* and its products are strictly forbidden. This is because, it is believed that the gritty nature of cassava flakes might cause the woman to experience sharp stomach pain. In some instances, some families forbid the eating of pepper and salt for a period of eight days. Hence, the mother's meal is "amala" with melon soup is cooked without pepper and salt. Failure to comply usually results in the death of the child. In Nise, puerperium meals are usually yam based. Example of which are yam portage *ji mmiri oku* and *ofe nsala* with spices like *Piper guineense* (West African pepper) known as *uziza*, *Mondora myristica* (calabash nutmeg) called *ehuru*" and *Xylopiiathropica* (Negro pepper) known as "uda".

The duration of postnatal care in Nise can be as much as three months for the first child and less for subsequent births. Whilst in Ikire, the duration was consensually put at forty-one days after which the caregiver returns to her home. Another area of comparison is the way a caregiver is disengaged after her work is done. Puerperium care givers are typically sent forth with much pomp in Nise. When a caregiver is to return to her house after puerperium care, she does so with lots of gift items, prices of which when valued, amounts to forty thousand Naira (₦40,000) and above. However, the financial capacity of the newborn's father influences the quality and quantity of items he buys for his mother-in-law. Some puerperium caregivers said that they received gas cookers with cylinders, water storage tanks, furnished sitting rooms, wrappers (the most important of them all), food stuffs, cartons of soap, monetary gifts etc. In all, it was deduced that going on puerperium care is an opportunity for acquiring some

desired things. Upon a caregiver's return to her home, she can share some of these gift items with friends and family members as a mark of happiness. In Ikire, however, there is no formal sentforth for puerperium caregivers. It is seen and regarded as an dedicated duty for the new child ("ise omo"), which is not expected to attract any gratification other than what she is given on other visits.

Challenges of Puerperium and Traditional Remedies

From the Information gathered from the study, puerperium or postnatal period could pose grave challenges to a mother and her newborn. Before the advent of modern medicine, these challenges were taken care of using roots and herbs. Some of these challenges and their treatment are presented below (table 1):

Table 1: Challenges of Puerperium and Associated Remedies

Challenges	Name	Treatment
Hemorrhage:	Yoruba: <i>Isun eje</i> Igbo: <i>Oru ru obara</i>	Yoruba: 1) Roasted, dried and ground <i>Dioscorea dumetorum</i> - Yellow trifoliolate yam ("esuru pupa") [plate 1], mixed with maize pudding. 2) Burnt maize cob, ground and mixed with maize pudding. 3) Extracted liquid from <i>Brachystegia eurycoma</i> (ewe eku) [plate 2]. Igbo: Extracted juice from the leaves of <i>Cola acuminata</i> (Kola nut)
Baby soft hole	Yoruba: <i>Oka ori</i> Igbo: <i>Ufuru isi</i>	Yoruba: <i>Eru</i> or leaves of <i>Bidens pilosa</i> (molangaran) boiled and used for bathing take orally. Igbo: The bark of <i>Milicia excels</i> - iroko (oji), burnt and mixed with castor oil and used on the affected part.
Jaundice	Yoruba: <i>Iba koju pon</i> Igbo: <i>Ocha n'anya</i>	Yoruba: 1) Juice made from unripe <i>Carica papaya</i> (pawpaw) [plate 4]. 2) Unripe <i>Carica papaya</i> (pawpaw) [plate 4] and bark of <i>Alstonia boonei</i> (epo ahun) [plate 5]. 3) Juice from boiled leaves of <i>Lawsoni inermis</i> (Henna) [plate 6] and maize gruel (omidun). Igbo: Exposure of baby to early morning sun rays.
Breast milk	Yoruba: <i>Omi omu</i> Igbo: <i>Mmili ara</i>	Yoruba: 1) Massaging of the woman's breast with leaves of <i>Talinum triangular e</i> -Waterleaf (gbure) [plate 7]. 2) Maize gruel (ogi). 3) Oil palm rubbed on the breast and massaged with <i>Achyranthes aspers</i> (efirin oso) {plate 8} soak in water Igbo: 1) Pudding cooked with the leaves of <i>Chrysaphyllum albidum</i> (udara). 2) <i>Vernonia amygdalina</i> -Bitter leaf (onugbu) {plate 9} soup AND fresh palm wine after meal.



Plate 1: *Dioscorea dumetorum* (esuru pupa)



Plate 2: *Brachystegia eurycoma* (ewe eku)



Plate 3: *Bidens pilosa* (molangaran)



Plate 4: *Carica papaya* (pawpaw)



Plate 5: *Alstonia boonei* (epo ahun)



Plate 6: *Lawsonia inermis* (Henna)

Plate 7: *Talinum triangulare*-WaterleafPlate 8: *Achyranthes aspers* (efirin oso)Plate 9: *Vernonia amygdalina* -Bitter leaf

Effects of Modernity on Puerperium Care

As with some other areas of African life, traditional puerperium care has been gravely affected by modernisation. It has been severally argued by orthodox medical practitioners that without the hot bath and massaging of the tummy, the uterus will within six (6) to eight (8) weeks after birth naturally return to its position (Rabiu, [Garba](#), and [Abubakar](#), 2016; Harper, 2014; Mabogunje, 1990; and Llewellyn-Jones, 1998). Also, it is interesting to note that, the instances of burying the placenta, umbilical cord and foreskin into the earth are phasing out. They are gradually being replaced by flushing in water closets or trashing in pit latrines. While it has also become unhygienic to use cloth placed on top of a lantern to massage the baby's navel; cleaning with methylated spirit and cotton wool have become fashionable. Ikire and Nise communities have accepted many modern ways

of puerperium care, which criticize openly the traditional post-natal processes. This is because science has not proven some of these practices right, and also because they feel in most cases, that anything 'modern is better'. Furthermore, female genital mutilation as practiced by our people for reasons such as aesthetics, to reduce promiscuity, and religious belief has been greatly frowned at (Nnodum, 2002; Okeke, Anyaehie and Ezenyeaku, 2012; WHO, 2018; Abbas, Abel, Ale, Akharenegbe, Oche, Okezue, 2018) because of such health risks as excessive bleeding, problems with urination, infection of the urinary tract and death.

Conclusion

It has hitherto been established that puerperium care is medically and socially very vital for a new mother and child. Caregivers use the opportunity presented by puerperium care to look after their daughter or daughter-in-law, as the case may be. Part of the duties of the caregiver is to admonish and enlighten a newborn's mother on how to take care of the home, children and carry out other responsibilities. This exercise does not just ensure her healthy recovery, but also helps to foster love and social interaction and interconnectedness amongst the people. It has also been gathered that based on geographical variance, there exists significant differences in the way and manner this care is taken in the two communities. However, an incontrovertible fact is that the two communities understand the social nuances and medical significance of puerperium care. This is because the practice has over the years helped to mitigate mortality rate in mother and child. The similarities in puerperium care of the two study areas were also examined and the challenges discussed. The effects of modernity is also becoming grave and may cause the practice to go into oblivion. Hence, it will be valuable to integrate traditional puerperium care and other traditional practices and belief systems into few of the modern methods that are considered indispensable to ensure sustainability.

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