

TABOOS OF CHILDBEARING AND CHILD-REARING IN BENDEL STATE OF NIGERIA*

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ABSTRACT

This article outlines certain marriage, childbearing, and child-rearing practices within the Bendel State of Nigeria. Taboos during pregnancy, the puerperium, lactation, and child-rearing are described. The mothers of Bendel State are educated to continue those customs that are beneficial to their health and to change those that are harmful.

INTRODUCTION

This article is based on a descriptive survey of marriage, childbearing, and child-rearing practices in some of the rural communities in the Bendel State of Nigeria. Bendel State is one of the 19 states that came into being in 1979 during the military regime. The population of three million is distributed among 19 local government areas and three senatorial districts: north, east, and west. In the towns and cities there is a great deal of acculturation resulting from education and reliance on Western-type medicine and health care.

In Bendel State, two types of birth attendants are prevalent. The traditional birth attendant (TBA), who does not have formal schooling acquires her skills and knowledge from

either a relation or friend by means of an informal apprenticeship; that is, she learns by example or through word of mouth. At present, TBAs are not formally registered by the Government. The midwife, on the other hand, has a formal—basic and professional—education and can only practice independently after passing the prescribed national examination and being registered by the Nigerian Nursing and Midwifery Council. The midwife is responsible for the care of the woman during the antepartum, intrapartum, and postpartum periods. She is also responsible for the care of the baby during the same periods and up to the age of 28 days. She assists the Medical Practitioner with the care of complications arising from pregnancy, delivery, and/or the postnatal period.

MARRIAGE PRACTICES

In the rural communities, early marriage is encouraged in order to ensure partners for eligible bachelors and maidens of good repute. Childbearing and rearing is incorporated

within the framework of the extended family system, including monogamous and polygamous forms of marriages. Most marriages are embarked on for the major purpose of childbearing, which is also observed by Phoebe Ottenberg¹ in her study of the Afikpo people.

TABOOS DURING PREGNANCY

A new wife tells her husband of the possibility of pregnancy by the number of new moons that have gone by with no menses. The husband immediately arranges for a traditional birth attendant to take care of her, provided that the TBA can diagnose the pregnancy. This is accomplished by palpating and interviewing the patient. Some birth attendants can diagnose a pregnancy within a few hours or days of conception. The midwife will also, from the third month onward, carry out regular abdominal massage and palpation. This technique is used to loosen the nerves and relax the muscles, facilitating an easy pregnancy and delivery as well as correcting

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malpresentations. The mother-to-be will also make a paste with kola nuts and rub the paste on her abdomen every day to prevent thrush and other skin infections in the newborn baby.

In the northern parts of the state, the young primigravida is sent to her parents for circumcision. If her parents are not alive, the husband's parents take on this responsibility. In the past, this was a very important point in the marriage because this procedure was symbolic of maturity in the young mother-to-be. This practice is dying now as the young mothers-to-be become more knowledgeable about the risk of infection and other problems. Talbot² also mentions this practice of female circumcision among the Agbor people, from the eastern part of the state.

The husband supports the wife during pregnancy by trying to satisfy all her needs. He is to make sure she remains in good health and produces a healthy baby at the end of her pregnancy. It is believed by the Delta people that a pregnant woman should never be refused anything she wishes to eat, even when it is out of season. The food must be searched for and given to her, otherwise the unborn baby would suffer—since it is through the baby's influence that these cravings occur. In cases where the mother-to-be does not get her wish, the baby is born marasmic because he was deprived while in his mother's womb.

The mother-to-be is encouraged to avoid places where people fight and quarrel so that her baby is peace-loving when born. Also, no ugly or wicked person is allowed to walk be-

hind a pregnant woman, so that the baby does not grow up to be ugly or wicked.

TABOOS DURING POSTPARTUM

Immediately after the baby is born, a group of women, usually relations, attend to the mother while the birth attendant attends to the baby.

As soon as the cord is cut and the afterbirth is expelled, the placenta is taken away into the compound and buried. In a delivery attended by a traditional birth attendant, any member of the family can plant the placenta, as they know the appropriate place to do so. To mark the spot, a plantain or a coconut tree is planted over it and named after the baby. The placenta is disposed of with care because it is regarded as part of the baby even after birth. This practice, by some people of southern Nigeria, is also mentioned by Talbot (p. 355).² In a hospital delivery, the placenta is disposed of in the usual way recommended for hospitals.

After the delivery, the mother is given a warm bath and a specially prepared oil is applied over her body, particularly on the breasts to keep them supple. The abdomen is then bound tightly with a cloth to keep away gas from inside the abdomen where the baby was located. This also is believed to have the practical purpose of helping the abdominal muscles regain their tone and maintain the prepregnancy figure. After the bath, a hot spicy "pepper soup" made with dried fish is given to the newly delivered mother to consume. This soup is believed to encourage uterine contractions and to aid in removing any retained clots. The mother is then given time to rest beside the fire quietly. All visitors are attended to by her female relations. Women known to have afterbirth pains are not allowed to see her so that they do not pass on this trait to her.

All over the state, there is great importance attached to the first bath of

the baby, as it is believed that lifelong body odor can be prevented at this stage. Palm oil or kernel oil is rubbed over the baby's body to remove impurities from the skin. Next, the body is rubbed with homemade soap and washed thoroughly with warm water. This procedure may be repeated several times, depending on the desires of the birth attendant. Also at this first bath, the baby's head is molded to maintain a round shape. The nose is massaged from the bridge to the top to give it a narrow shape. Then the entire body is massaged with special attention of flexing and extending the limbs over the body to keep them supple.

TABOOS DURING LACTATION

The baby sucks at the breasts as soon as he shows signs of hunger, but plain boiled water is also given to the baby until the milk supply is established. The baby is put to breast as soon as the breasts begin to fill, and thereafter is fed on demand. Lactation is encouraged by giving the mother palm wine to drink, or an unripe pawpaw is crushed and the liquid is given to the mother to drink. These liquids, which are believed to have an almost immediate effect on the mammary glands, are highly recommended by traditional birth attendants where lactation is not established early. One important belief is that lactation is never consciously stopped or suppressed for any reason whatever, including breast infection. It is regarded as being evil to stop a woman lactating. Breast-feeding is encouraged for the good of the baby as well as for contraceptive and child-spacing purposes. Breast-feeding may last up to 3 years. There is no longer a problem with formula companies trying to convince mothers to bottle feed since the suggestion from the World Health Organization and others to ban this practice.

Talbot (p.356)² states that at the time of his study, some people in Nigeria actually forbade cohabitation

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between husband and wife before the baby is weaned. Gibbs (p. 209)³ also discussed the postpartum taboo on sexual intercourse with regards to the Kpelle people of Liberia. In the rural communities today, people still frown at having babies in quick succession. The couple is generally looked on as promiscuous. When a pregnancy occurs too quickly, the wife is sent to live with her parents until the baby is born and is of a "decent" age. Appropriate child spacing is considered to be when the child is 2 years and above but not more than 4 years of age.

TABOOS DURING CHILD-REARING

As soon as the child is born, the mother or grandmother talks to the baby with words of praise and blessing. It is believed that a baby talked to in this manner grows to be happy and peaceloving. The new parents have time alone with the baby born at home, after the relatives have seen the new arrival and prayed for the baby. The baby is to be brought up in a happy atmosphere, learning from the parents and older siblings how to greet and behave toward the elders of the family. He is taught his parent's language as soon as he can speak. He may also learn other dialects from his playmates. In a farming community, the baby is carried to the

farm and watches his parents and other relatives working. As soon as he is old enough, he is given his own chores on the farm to do. At the present time, education is free in the Bendel State. Children are enrolled for formal education at the age of 6 years. Thus, not much time is now spent on the farm.

HEALTH EDUCATION

Antenatal and postnatal periods are times when mothers are better consumers of health-care delivery and education. This time is therefore used for health education in personal hygiene, nutrition, and general health maintenance. Jelliffe⁴ states that there are four types of customs: good, bad, unimportant, and uncertain. The good ones are the ones that encourage good health. The bad ones are the ones that cause ill health and disease. The unimportant ones are the ones that do not seem to affect health. The uncertain ones are the ones health educators cannot really say if they are good or bad. He emphasizes that good customs should be used in health education because this does not involve new ideas for the community. Bad customs should be modified or changed, and the unimportant ones should not concern us. Based on Jelliffe's suggestions, the mothers of Bendel State are encouraged to use their good customs and

gradually to change the harmful ones. In health education, community customs should be observed as long as these are beneficial to health.

CONCLUSION

As demonstrated in the examples just presented, a variety of taboos are associated with childbearing and child-rearing in Bendel State. Some of these taboos are well documented by sociologists and anthropologists, showing that in most parts of Africa there are taboos associated with marriage, pregnancy, birth, breastfeeding, family planning, and child-rearing. Being knowledgeable of these practices enables the midwife to adjust her approach in the provision of health care to provide optimal care within the cultural setting.

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