



Customs of African Traditional Midwives of Fang's Ethnic Group, Related to the Newborn's Bath

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Received: May 24, 2019; Published: July 19, 2019

DOI: 10.31080/ASPE.2019.02.0113

Abstract

Mbie Binga or Traditional Birth Attendant (TBA) from Equatorial Guinea fang's ethnic group, since many years ago they transmitted orally customs related to the cure of women during the pregnancy and delivery.

Objective: Define the ancestral functions and customs of Mbie Binga in relation to newborn bath of babies from ethnic group fang.

Methodology: Qualitative ethnographic descriptive study with main sources: Direct observation reflected in a field Diary and some recordings and related photographic material. Interviews traditional midwives, and midwives educate following the health biomedical model. Bibliographic search of different disciplines together with access to private sources and documents on Colonialism and Spanish sanitary cooperation.

Results: It has been possible to elaborate lists about the Mbie Binga customs in relation to newborn bath of babies from ethnic group fang.

Discussion: From the analysis of data collected it is possible to elaborate in detail the ancestral customs and natural remedies from the Mbie Binga, in relation to newborn bath of babies from ethnic group fang, allowing to obtain a source for enquiry of invaluable importance for future generations and different disciplines of study.

Keywords: Traditional Midwives; Newborn's Bath; Ancestral Customs of Childbirth

Introduction

Equatorial Guinea, is an African country that is located in the Gulf of Guinea. Currently has an estimated population of 700,000, divided into different ethnic groups, of which the dominant is the Fang ethnic group, which also occupies part of the territories of the neighboring countries of Cameroon and Gabon [1].

Child malnutrition, understood as the percentage of children whose growth has been atrophied, is at a level of 35%, according to the Children's Fund of the United Nations (UNICEF). A large part of the population also lacks access to quality health care, schools or even reliable electricity supply. The birth rate (number of births per 1,000 inhabitants) is 36% and the fertility rate is 4.92 [2,3].

Approximately 60% of births in Equatorial Guinea are home births, and in rural areas, they are assisted by traditional birth attendants (TBA), if they have not yet disappeared from the village, as this figure is disappearing due to the depopulation of rural areas and the lack of support from the country's health institutions [1].

The TBA are named Mbie Binga in the Fang ethnic group, and they are the empirical midwives or traditional midwives who care for women during pregnancy and labor, transmitting their ancestral customs orally [4].

The Mbie Binga are referents in their population and who live in the rural areas of the most impoverished areas of the African and American continent, where there is no health coverage from

the point of view of view of western medicine. They are considered by the World Health Organization as informal systems of perinatal care, but nevertheless it is affirmed that their figure has to coexist with the official medical systems of the developing countries in order to obtain the benefits in the attention to the mother and the newborn and must have a relationship in parallel promoting their training and improvement. The TBA for thousands of years have used observation, experimentation and causality effectively to care for women during the pregnancy and childbirth process and, prior to colonization, their model of holistic cures was based in the participation of women in the healing process itself and not in a hierarchical relationship or subordination [5,6].

For years, ethnographic studies have been carried out in which the ancestral practices and customs of traditional birth attendants are collected, especially in Latin American countries [7] and which show that they are widely accepted by the population: in some cases, not only they limit to make a list of the techniques and remedies used by these women since ancient times as a way to recover the culture and collective identity of a people, but they present the survival of these customs as a symbolic capital of their culture and ideology that surpasses the biomedical model that is characterized by establishing relations of power and hegemony above the needs of women.

The studies carried out so far on the role of traditional or empirical midwives in society and their historical evolution, practically do not focus their attention on African midwives, and even less on Guinean midwives, except for some exceptions where a part of traditional customs with biomedical practices. Currently, no work has been found that describes the functions and role of these traditional midwives and those that have been carried out are based only on the immediate care of the childbirth and first bath, which is common in almost all the African countries [8].

Concerning the Mbie Binga, although there is written documentation from health professionals about their existence, there is no information about their customs and rituals related to pregnancy, childbirth and the postpartum, given that the oral nature of Fang's culture means that practices related to this area are transferred from midwife to midwife without more significance. In this regard, some articles like the one of the Dra. Cristina Francisco del Rey [5] which refers to some traditions related to pregnancy and childbirth, based on stories of urban midwives residing in the city.

Objective and Methodology

The objective of this article is to define the traditional customs and ancestral customs of Mbie Binga, empirical midwives of the Fang ethnic group of Equatorial Guinea, in relation to the first bath of the newborn, when they attend births at home.

Data contained in this article are part of research results of a qualitative ethnographic descriptive study with main sources: Direct observation reflected in a field Diary during two years residency in the country (2011-2013) and some recordings and related photographic material. Interviews traditional midwives during the period 2013- 2014 (supplemented with the content of previous interviews with other traditional fang midwives, donated and performed by a Paediatrician belonging to the Spanish Health Cooperation in the country between 1988-1989), and midwives educate following the health biomedical model during 2014. Bibliographic search of different disciplines together with access to private sources and documents on Colonialism and Spanish sanitary cooperation.

The baby's bath

Jukic's [9] suggests that the first baby's bath should be taken at 24 hours of birth because they consider the baby's temperature to decrease and this recommendation is the one that is followed in European countries in general; In the case of Fang's ethnic group babies, the temperature is not a problem in being in a tropical area and because there is always a great fire in the kitchen where the room warms up.

Early bath newborn is not only a custom of Fang's ethnic group: the ritual of first baby bath after birth is very common in different African cultures. For example, in rural Zambia, it is prior to the baby's massage with castor oil [10]. In Nigeria the bath is immediate, however, in Ethiopia and Tanzania a few days can be expected [11-14].

There are several types of newborn baby baths

- **Protective bath:** All babies is done. Will be repeated every day for three weeks, and it is given to all fang's babies to acquire their values as a component of their ethnicity, after cutting the umbilical cord.
- **Bath preparation:** In a bowl or container mixes herbs Okes, Oveng (*Copaifera tessmannii*), Esan-Eli (*Phyllanthus gracilipes*) and Asua (*Anthostema aubryanum*), or with Eyevem (*Bruophyllum pinnatum*), Eseben and Asua. It is

only born and once it has removed the secretions and it has defecated it they look at it mouth, ears, nose and eyes and dry it and wrapped it in hot banana leaves and then cut the umbilical cord (throughout the process the placenta already she left).

- **They will also inspect the baby's head fountains to check their condition:** If they are sunk it is considered to be serious and they relate it to the fact that the woman while pregnant has eaten pig's legs or had fired wood. With the herb *Ava Si (Euphorbia prostata)* a mixture with palm oil is made to favor the closure of the fontanelles in the baby by means of massages in the head. They also close the fontanelles with the heated juice of the leaves of *Esan (Hibiscus sabdariffa)*.
- **Bathroom to make the secretions.** When it does not spontaneously at birth or when they see that it has inspired meconium.
- **Bath preparation:** they prepare spicy lemon, heart of banana and water. To encourage breathing, use *Osim* infusions (*Ocimum canum*). Bathing the newborn wetting your nose, mouth and eyes, making it cry and quickly lying down so that you can eject secretions and dirt. A variant is when you take the baby and hit your back so you can discharge the secretions. Once all the secretions have been removed, they are dried and placed in the body ashes of the bones of the animals that the mother has eaten during pregnancy, to protect it, with palm oil.
- **Other types of baths:** When the baby is already bigger, to lower fever or treat intestinal parasites, which usually occur when breastfeeding, and in which herbal remedies such as *Edumveg (Euphorbia kamerunica)*, *Ekuk*, *Evendjom*.

In case the child has constipation, *Nnuara* tree bark is added. Mud does not have a special way of numb creatures. If for any reason they do not sleep in the arms of the mother, they do it on banana leaves next to them and always accompanied. The leaves of the *Ebangbang* plant (*Cyrtosperma Senegalensis*) are used as cradles for babies when they are a bit older, while women wash in the river. In case the babies have a problem on the skin, they are often made scrubs with leaves of the *Ayemgogo (Cassia Alata L)*.

Discussion and Conclusion

All ethnic groups have a system cures inherited from their ancestors and have been transferred from generation to generation. This traditional medicine is based on a set of acquired knowledge from the observation of nature and application of healing remedies from performing rituals to heal body and mind.

For years, the World Health Organization has defended the traditional models of health, because for many people assume the only source of health care, for proximity and accessibility. In practice, either outside or Biomedicine beside her ancestral healing systems are the majority in countries where people can not access any other health system.

The fang ethnic group has as a reference in the care of pregnant women and newborn to whom they call *Mbie Binga*. This traditional midwife uses herbal and other remedies since ancient times, holistically, creating an atmosphere of transition to life, from a relationship with the woman and her family among equals, a collaborative relationship.

Analysis of these customs, part of a study covering all the customs of the *Mbie Binga* beyond those associated with bathing the newborn, we can conclude that phytotherapy using the *Mbie Binga* have pharmacological properties, in this case, preventing the potential bacterial newborn infections and promote their transition to extrauterine life.

From the biomedical system, there is no consensus among experts regarding when the first bath of the newborn should take place. However, many ancestral cultures, not only African, do not even consider it. These options should not contradict and we should normalize traditional customs from respect and try to understand them to share and integrate knowledge of both health systems to achieve the true purpose of our work: the health of women and children.

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Volume 2 Issue 8 August 2019

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