

Traditional and cultural newborn care practices in the Dakace and Tsibiri communities of Nigeria: an ethnographic study

Shuaibu Musa

Department of Paediatrics, Kaduna State University, Kaduna, Nigeria

Correspondence: Shuaibu Musa, Department of Paediatrics, Kaduna State University, Kaduna, Nigeria.
Tel. +234 (0)8066663935.
E-mail: musa4all@gmail.com

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Abstract

Traditional and cultural practices related to newborn care have been passed down through generations in various cultures worldwide, often with the belief that they are effective in improving the health and well-being of newborns. These practices can differ significantly between cultures. The aim of this study was to assess the traditional and cultural newborn care practices in the Dakace and Tsibiri communities of Nigeria, and to identify potential opportunities for the integration of these practices into modern healthcare approaches. An ethnographic study was conducted in the Dakace and Tsibiri communities of Nigeria, which involved observing 54 deliveries and traditional rituals surrounding newborn care through participant observation. A total of 30 participants, including traditional birth attendants, community health workers, traditional leaders, and mothers who had given birth within the past year, were included in the study, and participated in in-depth interviews and focus group discussions. The main themes that emerged from the data included the provision of warmth, nutrition, cord care, and traditional medication. In these communities, there is a strong emphasis on keeping newborns warm and providing proper nutrition, including breastfeeding and the use of traditional remedies. Cord care is also considered important, with the umbilical cord typically cut with a new razor blade and the stump treated with hot compresses and oil massages. Traditional and cultural beliefs also influence the use of traditional medication, including the use of traditional remedies to address common pregnancy-related health issues and the importance of proper nutrition during pregnancy. The study also identified the important role of fathers and other male family members in childbirth preparation.

The findings of this study provide valuable insights into the traditional and cultural practices of newborn care in the Dakace and Tsibiri communities of Nigeria and identify potential opportunities for integrating these practices into modern healthcare approaches in a way that is safe and effective for the mother and child. These findings may be of interest to healthcare professionals, researchers, and policy makers working in maternal and child health, as well as to members of the Dakace and Tsibiri communities.

Introduction

The arrival of a newborn is a significant event in any community, and the proper care and nurturing of infants is an essential part of parenting.¹ In various cultures worldwide, traditional and cultural practices related to newborn care have been handed down through generations, often with the assumption that these practices have been shown to be effective in improving the health and well-being of newborns.² These practices can differ significantly from one culture to another and can encompass a variety of activities such as breastfeeding, swaddling, circumcision, and the use of tra-

ditional remedies and rituals.³ These practices are influenced by a complex blend of cultural and religious factors and reflect the distinct values, beliefs, and experiences of these communities.⁴

The Dakaci and Tsibiri communities in Kaduna state, Northwest Nigeria, are rural Hausa communities characterized by a rich cultural and traditional heritage, with unique newborn care practices. However, little is known about these practices and how they may impact the health and well-being of newborns in these communities. This ethnographic study aims to assess and describe traditional and cultural newborn care practices in the Dakaci and Tsibiri communities, and to identify any challenges and opportunities for integrating evidence-based practices into these traditional contexts. A thorough examination and understanding of these local practices, can give insight into the cultural context in which they occur and how they are shaped by the values, beliefs, and experiences of the communities.⁵ Ethnography, a research approach that involves the systematic investigation of culture and social organization, is suitable for examining cultural and traditional practices within their specific social and cultural context.⁶ To gain a comprehensive understanding of the cultural and traditional practices related to newborn care in these communities, qualitative methods such as In-Depth Interviews (IDIs) and Focus Group Discussions (FGDs) were used, allowing the researcher to capture the perspectives and experiences of the participants.⁷

This study aims to contribute to the limited knowledge on traditional and cultural newborn care practices in rural Hausa communities of Dakaci and Tsibiri in the outskirts of Zaria and to identify any challenges and opportunities for the integration of evidence-based practices into these traditional contexts. The results of this study could be utilized to develop culturally sensitive interventions that aim to enhance maternal and newborn health outcomes in these and similar communities.

Materials and Methods

Study design and setting

This study was an ethnographic study conducted in the Dakache and Tsibiri rural Hausa communities of Nigeria. These communities were selected because they have rich undiluted traditional and cultural Hausa practices. The study was conducted over a period of six months, from January to June 2021.

Study participants

The study included a purposive sample of 30 participants from the Dakache and Tsibiri communities. The sample included traditional birth attendants, community health workers, traditional leaders, and mothers who had given birth within the past year and had firsthand experience with traditional and cultural newborn care practices. In addition, the sample included fathers, grandparents, and other extended family members who were involved in the care of newborns in the communities.

Data collection

Data were collected using a combination of participant observation, semi-structured In-Depth Interviews (IDI), and Focus Group Discussions (FGD). The participant observation involved the researcher living in the communities and participating in daily activities related to newborn care. The semi-structured IDIs were conducted in the local language (Hausa) and were audio recorded with the participants' consent. The FGDs were conducted in a private setting with a moderator and a note-taker.

Data analysis

The audio recordings of the IDIs and FGDs were transcribed verbatim and translated into English. The transcribed data were then analyzed along with the field notes from the participant observation. The analysis involved identifying common themes and patterns in the data and coding the data into categories based on these themes. The coded data were then organized and presented as prose and quotes.

Results

A total of 54 deliveries were observed, along with complete rituals associated with traditional reception and treatment of the newborn in the two communities. A total of 30 participants from the two communities were purposively included in the study, including 15 traditional birth attendants, 2 community health workers, 2 traditional leaders, and 11 mothers who had given birth within the past year. The participants' ages ranged from 20 to 60 years, with an average age of 40 years.

The main theme that emerged from the data was the provision of warmth, nutrition, cord care and traditional medication.

Provision of warmth

In the Hausa community, the provision of warmth to the newborn and the postpartum mother is given a very high priority in the care of the newborn and mother. This is due to the belief that cold can lead to diseases in both the newborn and the mother. During late pregnancy, it is considered the responsibility of the expectant father to gather firewood and other sources of energy to ensure that the baby and mother have adequate warmth from birth.

"As soon as a woman's pregnancy becomes advanced, the husband will start gathering firewood and other items in the house to be used as fuel sources for the provision of warmth to prevent cold from affecting the newborn or the mother. You know that cold can cause illnesses in both of them". (Participant 23, a 55-year-old, traditional birth attendant, IDI)

"Entry into the inner chamber where the nursing mother and her baby lie, the room was filled with warmth, with extra heat provided by a local stove burning fuel ferociously on the side of the room". (Field notes, participant observation, Tsibiri)

In the two communities that were looked at, there is a lot of focus on keeping babies warm and safe. According to the findings from our focus group discussion, it was noted that in traditional newborn care, the newborn is kept with the mother in a warm room with a fire glowing underneath a specially made dried mud bed called "Gadon Kasa". For those without this special mud bed, a special thatch mat can substitute. These beds and mats are made to keep the heat for several hours. They did this to protect the babies from the cold, which they thought made them ill, and all these are carried out as part of a longstanding tradition.

Cord care

In Hausa culture, the care of the umbilical cord is a significant aspect of childcare that begins immediately after the birth of the baby. The cord is typically cut with a new razor blade that has been specifically purchased for this purpose by the nursing mother or traditional birth attendant. The umbilical stump is then firmly tied with a clean thread. The umbilicus is carefully removed from the uterus and given to the father for burial.

"The umbilical cord was cut with a new razor blade that was specifically kept for this day. The cord was then tied with a clean

thread". (Field notes, participant observation, Dakace)

In Hausa culture, the treatment of the umbilical stump is of great importance in the days following the birth of a baby. This is typically done through the use of a combination of dry and wet hot compresses. Some Hausa families use a cord care solution made of palm kernel oil to massage the drying stump.

"While giving a hot bath to the newborn, the traditional birth attendant will scoop hot water with her palm and use her thumb to direct it over the baby's umbilicus. Afterwards, she will take a piece of cloth that has been placed on a hot stone to warm the umbilicus and gently massage it with her fingers that have been dipped in 'aledi' [palm kernel oil]" (Field notes, participant observation, Tsibiri)

This dry hot compress is repeated twice a day until the umbilicus dries and falls off. Some of the traditional birth attendants use their bare hands for the dry, hot compress and the oil massage.

Nutrition

The adherence to traditional and cultural newborn care practices related to diet was a notable aspect in the communities studied. In Hausa culture, breastfeeding is common because it is thought to be the best way for a baby to get food. According to findings of this qualitative study, Hausa families place great value on breastfeeding as a significant aspect of newborn care, and follow various practices that support breastfeeding, including breastfeeding on demand, which they believe allows the baby to breastfeed as often as they want. Participants described a variety of practices that they believed would support the health and well-being of newborns, including maternal nutrition.

"In our culture, it is customary for the husband's family to provide nursing mothers with a selection of special foods called 'Kauri' on the third day after giving birth if the baby is a boy, or on the fourth day if the baby is a girl. This is done to help the mother get the nutrients she needs to produce enough breast milk to feed the newborn". (Participant 4, a 55-year-old male, traditional leader, FGD)

Traditional and cultural beliefs and practices in newborn care

The two communities studied had a range of traditional and cultural practices that they believed were crucial for the health and well-being of their newborns. These practices included performing traditional rituals and ceremonies, using traditional medicines and herbs, and following certain dietary and hygiene practices.

For instance, it was found that the use of traditional medicines and herbs was a common practice among the participants. Some traditional birth attendants also used traditional massages and other physical therapies to support the health and well-being of newborns.

"When a newborn is experiencing discomfort due to illness or fever, we use 'dauri' herbs [a cocktail of boiled leaves of pawpaw (*Asimina triloba*) leaves and mango (*Mangifera indica*) leaves and root] as a natural remedy. We boil the herbs and administer them to the newborn either by having them drink the mixture or by using the water to give them a bath or both. This method has been effective in promoting the newborn's overall well-being". (Participant 11, a 60-year-old female, traditional birth attendant, FGD)

The leaders in the studied communities held the belief that traditional rituals and ceremonies were an important aspect of newborn care and could ward off health issues in newborns.

"We have our traditional remedies, family support, and other newborn care rituals like the use of man kadanya [shea butter],

spiritual oils or holy water from Saudi Arabia, Ruwan Zamzam, or other remedies to promote the physical and emotional well-being of our newborns". (Participant 19, a 32-year-old female, traditional birth attendant, FGD)

The study's results show that the community uses different practices, rituals, and ceremonies, such as the naming ceremony, male circumcision, shaving of hair, and uvulectomy, to protect newborns from evil spirits and keep diseases at bay.

"The naming ceremony for a newborn is conducted within the first week after birth. Selecting a good name for the baby is crucial for warding off evil eyes and attracting good fortune. The circumstances surrounding the newborn's birth can sometimes influence the choice of name because the name can have an impact on the child's luck". (Participant 2, a 38-year-old male, traditional leader, IDI)

The study found that the community practices ritual bathing of newborns as a way to wash away bad luck and illness. This ritual is performed on the first day of the baby's life, with three baths for boys and four baths for girls. The Traditional Birth Attendant (TBA) also anoints the newborn's body with palm kernel oil after each bath, as it is believed to help preserve the baby's life.

"Our tradition says that after the baby is born and the umbilical cord is cut, the baby gets bathed and is anointed with oil. The naming ceremony is then held on the seventh day, during which the child is given a name. On this day, the local barber is also called to perform the shaving of the child's hair, cutting the uvula, and circumcision for male newborns". (Participant 13, a 42-year-old female, traditional birth attendant, FGD)

Challenges and opportunities

The study also looked at the challenges and opportunities for integrating evidence-based orthodox practices in newborn care in communities. Many participants expressed a willingness to blend evidence-based practices with their traditional and cultural practices but reported a lack of knowledge and resources as major obstacles. Both communities have healthcare centers that primarily provide antenatal care and vaccinations. Newborns only visit these centers after their seventh day to receive vaccinations.

"You must involve us and other community leaders in planning and spreading any new knowledge and information to be successful". (Participant 7, a 52-year-old male, traditional leader, FGD)

Some participants also expressed concerns about how well orthodox practices align with practices that are grounded in tradition and culture.

"Your system needs to recognize and respect our traditional and cultural practices". (Participant 7, a 52-year-old male, traditional leader, FGD)

Discussion

The findings of this study provide insight into the traditional and cultural practices related to newborn care in rural Hausa communities of Dakaci and Tsibiri in the outskirts of Zaria in Northwestern Nigeria. The study confirms that traditional care practices related to warmth, nutrition, cord care, and traditional medication are important in the Hausa community. These findings are consistent with previous research on traditional newborn care practices in various cultures.⁸⁻¹¹ For example, the care of the umbilical cord is a significant aspect of childcare in Hausa culture, with the cord being treated with wet and dry compresses being the order of the day. Similarly, a study in India found that traditional

care practices, such as the use of hot compresses and oil massages, are commonly used for umbilical cord care.¹¹ The use of dry and wet hot compresses, as well as the application of cord care solutions, is consistent with recommendations from the World Health Organization.¹² However, it is important for healthcare providers to ensure that clean and sterile techniques are used in the care of the umbilical stump in order to prevent infection, particularly neonatal tetanus.

Another important finding was the emphasis placed on the provision of warmth to both the newborn and the postpartum mother in the Hausa community. This is in line with previous research that has shown the importance of maintaining appropriate thermal environments for newborns in order to prevent hypothermia and other adverse health outcomes.^{13,14} The provision of warmth is considered a high priority in the care of newborns and postpartum mothers in the Hausa community due to the belief that cold can lead to illness in both the mother and baby. It was noticed that premature infants are viewed as fragile and have a heightened likelihood of passing away. Thus, in addition to ensuring warmth, it was observed that these tiny babies are not given baths and are always kept in extra layers of warm clothes.

The use of specially made dried mud beds and thatch mats to provide warmth to the newborn and mother is a unique aspect of traditional newborn care in the Hausa community, and it is important for healthcare providers to be aware of this practice in order to provide appropriate education and support to families.

Nutrition was another important theme that emerged from the data, with a strong emphasis on breastfeeding. In both communities studied, traditional and cultural practices related to diet were also noted, with a focus on breastfeeding and the use of traditional foods and medications to support lactation. This aligns with the recommendations of the World Health Organization (WHO) and the American Academy of Pediatrics, which recommend exclusive breastfeeding for the first six months of life.^{15,16} It is important for healthcare providers to support and educate families on the benefits of exclusive breastfeeding and to provide assistance as needed to ensure that infants receive adequate nutrition.

Traditional medication was also identified as a key aspect of traditional newborn care in the Hausa community. Hausa traditional medicine practitioners reportedly utilize plant-based remedies and natural substances like herbs, roots, and other plant parts believed to possess medicinal qualities to treat various health issues that may affect newborns such as fever, diarrhea, and respiratory infections.¹⁷ The use of traditional herbs and other remedies is a common practice in many cultures and may be perceived as a more natural or holistic approach to healthcare.¹⁸ However, it is important for healthcare providers to be aware of these practices and to ensure that they do not pose any harm to the newborn. It may be necessary to provide education and guidance to families on the safe use of traditional remedies, as well as the importance of seeking medical care when necessary.

Overall, the results of this study highlight the need for healthcare providers to be aware of and be respectful of traditional newborn care practices in Hausa community. By understanding and respecting these practices, healthcare providers can work collaboratively with families to ensure that newborns receive the best possible care.

Limitations of this study

This study has several limitations that should be considered when interpreting or applying its results. Firstly, it was conducted in only two communities, and may not be generalizable to other communities in Nigeria, or to other cultural settings. It is also

important to consider how external factors, such as changes in the economy, education levels, and access to healthcare, may affect traditional and cultural practices in these communities. Additionally, the study relied on self-report data from participants, which may be affected by biases such as recall bias and social desirability bias. Finally, the study was conducted in only one cultural setting, so the results may not be applicable to other settings. Despite these limitations, the findings of this study provide valuable insight into the traditional and cultural practices of newborn care in the Dakaci and Tsibiri communities of Nigeria, highlighting the complex interplay of cultural beliefs and practices and the potential challenges and opportunities for promoting evidence-based practices. For instance, the willingness of individuals in both communities to adopt orthodox medical methods opens up the possibility of discovering and implementing strategies that align with the best interest of the newborn.

Conclusions

This study adds to the growing body of knowledge about traditional and cultural practices for caring for newborns in Nigeria. The results of this study give us important information that can be used to integrate these traditional practices with modern, evidence-based approaches to healthcare in a way that is safe and helpful for both the mother and the child. These findings may be of great interest to a variety of stakeholders, including healthcare professionals, researchers, and policymakers working in the field of maternal and child health. They may also be of interest to members of the Dakace, Tsibiri or similar communities, as they provide a deeper understanding of the cultural practices surrounding newborn care in these and other similar communities.

Overall, this research highlights the importance of considering traditional and cultural practices when developing healthcare approaches for mothers and newborns and underscores the need for further research in this area.

References

1. Berk, L. E. Child development (7th ed.). Boston, MA, USA: Pearson Education. 2006. 784 pp.
2. Chau, V. L., Fung, K. Y. Traditional and cultural practices related to newborn care: A systematic review. *Midwifery* 2015;31:972-9.
3. Bakker, M. K., van Teijlingen, E., Dykes, F. Cultural practices related to childbirth: A review. *Midwifery* 2005;21:315-26.
4. Hall, J. L. The influence of culture and religion on health practices. *Public Health Quarterly* 2018;8:12-7.
5. Hemmings, C. Local practices, cultural values and beliefs: Uncovering the cultural context of health. *International Journal of Qualitative Methods* 2016;15:1-11.
6. Hemmings, A. J. Using ethnography to understand cultural and traditional practices. *American Anthropologist* 2010;112:273-85.
7. Kabiru, C. W., Mwaura, S. Exploring community perceptions and experiences with regard to traditional health practices in rural Kenya. *Qualitative Health Research* 2017;27:547-59.
8. Meremikwu MM, Orji EO. Traditional practices in newborn care in Nigeria. *Tropical Doctor* 2003;33:225-8.
9. Parmar J, Mehta M, Shah N, et al. Traditional newborn care practices: a qualitative study from Gujarat, India. *BMC Pregnancy and Childbirth* 2011;11:47.

10. Oluwadiya KS, Ojofeitimi EO, Ishola DA, et al. Traditional birth attendants and their newborn care practices in Ile-Ife, Nigeria. *BMC Pregnancy and Childbirth* 2006;6:23.
11. Bhatia JC, Srivastava RM, Saha S, et al. Umbilical cord care practices in a rural community of Madhya Pradesh, India. *The Indian Journal of Pediatrics* 2007;74:213-7.
12. World Health Organization. (2018). Care of the umbilical cord at birth. Geneva, Switzerland: World Health Organization.
13. World Health Organization. (1997). Thermal protection of the newborn: A practical guide. Available from: https://apps.who.int/iris/bitstream/handle/10665/63986/WHO_RHT_MSM_97.2.pdf?sequence=1
14. American Academy of Pediatrics. 2011. Hypothermia. In: R.E. Behrman, R.M. Kliegman, & B.F. Stanton (Eds.), *Nelson textbook of pediatrics*, 19th ed., p. 654-6. Philadelphia, PA, USA: Saunders.
15. World Health Organization. (2018). Breastfeeding. Available from: https://apps.who.int/nutrition/topics/exclusive_breastfeeding/en/
16. American Academy of Pediatrics. 2012. Breastfeeding and the use of human milk. In: P.H. Dworkin, R.E. Behrman, R.M. Kliegman, & B.F. Stanton (Eds.), *Nelson textbook of pediatrics*, 20th ed., p. 797-805. Philadelphia, PA, USA: Saunders.
17. World Health Organization. (2013). WHO traditional medicine strategy 2014-2023. Available at: <https://www.who.int/publications/i/item/9789241506096>
18. Oduwole O, Adewole SO, Obansa JB and Adeyemi AO. Traditional and complementary medicine in the management of neonatal conditions in Nigeria: A review. *Journal of Traditional and Complementary Medicine* 2016;61:1-8.

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