

**ADDISABABA UNIVERSITY  
EDUCATION FACULTY  
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Maternal and newborn care practices during  
pregnancy and postpartum period in Berta  
culture

**DESALEGN MEKONNEN**

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PREGNENCY AND  
POSTPARTUM PERIOD IN BERTA CULTURE**

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SCHOOL OF GRADUATE STUDIES**

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A thesis submitted in partial fulfillment of the requirements  
to the degree of Master of Arts in developmental  
psychology

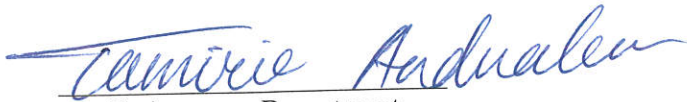


ADDIS ABABA UNIVERSITY  
SCHOOL OF GRADUATE STUDIES DEPT OF PSYCHOLOGY

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PREGNENCY AND POST PARTUM PERIOD IN BERTA CULTURE

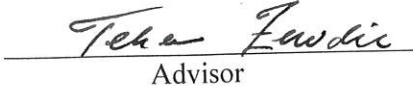
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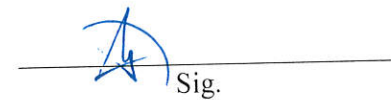


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## **ABSTRACT**

*The study was carried out from March to May 2005 in Benishangul Gumuz regional state of Berta ethnic group. The major objective of the study was to describe about maternal and newborn care practices during pregnancy, birth and postpartum period. Questionnaire and focus group discussion were used to collect the relevant data. Four representative areas and 120 respondents 30 in each were selected purposively. In the finding of the study, the traditional and medical care, social care, nutritional care, rituals and ceremonies, birth process, breastfeeding and other related postpartum care practices were described. Despite the presence of useful care practices such as social support, early breast-feeding, bonding and others, there are also harmful traditional care practices such as colostrums removal, preventing the child from sunlight, absence of medical check ups and others. Extensive education towards the care of the mother and newborn is recommended.*

# 1. INTRODUCTION

## 1.1. BACKGROUND OF THE STUDY

Cultural development of human beings in ontogeny begins during pregnancy. All the psychological transformation of the adults (who are in the process of becoming parents of the child to be born) is culturally guided. Such guidance is embedded in the texture of most ordinary everyday activities in which the persons involved participate. Belief orientations encoded in signs are linked with some of the parts of this mundane process and masked as necessities of the activities themselves. In this respect, the cultural nature of life course transitions is inherent. Pregnancy is a good example in its course; the cultural orientation of adults becomes masked as a case of joint concern for the baby who might be born well. The conditions for development in infancy are likewise organized through inserting cultural meanings into the mundane care of the offspring whose development is culturally directed this way be equally so that of caring others (Valsiner, 2000).

When a woman enters pregnancy, her culinary habits change, both through biological reasons (development of craving for certain foods and aversion for others) and by way of collective cultural reorganization of her diet (social suggestions to eat some foods and refrain from eating others. Much more than just the wellbeing of the fetus during pregnancy is at

stake in the food related interaction of the pregnant woman with her family members (ibid).

In Sudan, a pregnant woman often has restricted food intake mainly due to morning sickness which is prevented and created by eating little and limited items of food; and due to the belief that a large fetus causing obstructed labor will result from eating unrestricted amount of food. The meat from the head of lamb is also avoided in some areas since it is thought to cause large fetal head and difficult labor (World Health Organization, 1985)

In Oman the main dietary change during pregnancy is to eat less, specifically less protein. Food intake for pregnant woman is restricted because it is believed that the fetus lies in the stomach so that enough space should be made for it food intake is decreased since it is associated with the belief that bones and scales of the fish would make the bones of the fetus too hard and would cause complicated delivery (ibid)

In this same study, in Sokoto state of Nigeria the untrained traditional midwives advice pregnant women to avoid sugar and honey as they cause prolonged painful labor. They also advise pregnant ladies not to take local soda which is supposed to make the fetus slim (ibid).

In a study conducted by Barrington Bye (1960) of Ghana mentioned that, innumerable precautions are taken by the pregnant woman to guard against illness, bad luck, witchcraft, the resentment of

spirits, gods and the evil practices of ill wishers. These precautions range from certain foods and activities to be avoided, well known to everyone, to various herbal and ritual prescriptions taken under the instructions of herbalist, witch doctors or fetish priest. Various changes in diet are recommended; the most widely cited being an avoidance of sweet such as sugarcane, mangoes, and ripe plantains, which are believed to cause miscarriage, particularly in the early months of pregnancy. Certain foods are avoided because of their supposed effect on the growing embryo; eating fresh snails, for instance, is widely believed to lead to the birth of a baby with a slimy mouth. Special soups made from mystical number of ingredients are often prescribed.

In the Gussi community of Kenya, a pregnant woman is not treated specially and is not subject to any restrictions. Women continue arduous physical labors until they no longer feel capable of it. Although illness during pregnancy is a valid excuse to refrain from work, all women observed in Nyasongo performed normal domestic and agricultural tasks until about a week before giving birth. Some women claim they are "stronger" during pregnancy and can work harder. If pregnant women felt weak and wanted to sleep more and work less than usual, her husband and related women would help out. Craving for particular, such as banana or elusive grain, are recognized and indulged. Some women are said to be more aggressive and others demand that their husbands stay

at home throughout the gestation period. Morning sickness is known, and one particular form of it involves the wife vomiting whenever she sees her husband or even when she sees his clothes in the morning. There is no medicine used for such condition (R. Levine & B. Levine, 1957).

## **Pregnancy in India, Mexico, Kenya and USA**

In another study conducted on Rajputs of khalaput in India by J. Hitchcock and L. Minturn (1957), ~~A~~ <sup>her</sup> pregnant woman does all of their regular work but is careful not to strain herself. They have a number of dietary restrictions. Among those are milk, cold ice, a pulse dish, food that is either excessively hot or cold, and spicy foods such as pickles. The reports concerning the length of time that milk should not be drunk varied from the first four months of pregnancy to the last months of pregnancy. The explanation for this taboo also varied. One woman said that milk made the fallopian tubes septic; another said that the baby would get too big. Some women report a craving for mud during pregnancy, and some eat mud or clay at this time. Women are prohibited from having intercourse during pregnancy. No ceremonies are held since men of the household are not supposed to know that a woman is pregnant, and a ceremony would publicize the fact.

In Mixtercans of Mexico, there is no special taboo on a pregnant woman's activities during pregnancy. She continues to grind, wash

clothes, and engage in other normal work. The only precautions mentioned are that she should not carry heavy objects. A couple may continue to have sexual intercourse up to the time of birth. No special positions are used for the protection of the fetus. About a month before the baby is expected, special treatment is supposed not only to keep the fetus gradually so that birth will be less painful. A midwife massages the hips and stomach gently with warm oil of almonds. The massages are some times done by hand, and sometimes a ribose is used after being rubbed with oil. The ribose is pulled back and forth around the woman's stomach (K. Romney and R.Romney, 1955)

Furthermore, the authors indicate that, there are many beliefs about the effects of the experiences and behaviors of pregnant women on their children. If a pregnant woman sees the eclipse of the moon, the baby will lose moisture and will be born with defects caused by the lack of moisture. A pregnant woman should be especially careful about how she speaks of others. Bad gossip about others directs aggressive statements can affect her unborn child. For example, if she said to another person, "you the face of a fox" her child might be born with such a face.

In Gussi community of Kenya, the infant's most intensive relationship is with his mother, who nurses him. The Gussi word for breastfeeding (okogokia) is the same word as that which means, "to give birth" and this conveys the importance breast-feeding to the infant in

Gussi thought. A mother is expected to feel rather about her nursing infant, as expressed in the proverb" Someone else's child is like cold mucus i.e. disgusting"; women do not nurse each other's children. The infant sleeps in his mother's arms at night, is carried on her back when she goes on long trips, and is not far from her when she is near the house, during much of the day. However, the mother is working in nearby fields and around the house, and the infant is carried and cared for by a child nurse. Attending to the infant's needs is thought of primarily in terms of feeding it. There are no feeding schedules; the mother nurses whenever the infant cries and does not try to anticipate his hunger. At night the mother sleeps naked under a blanket with the child in her arms, even when her husband sleeps with her (R. Levine and B. Levine, 1957).

In Orchard town of USA, women are supposed to be careful during pregnancy for the sake of the fetus. They should try to avoid any heavy physical exertion for fear of causing an abortion or miscarriage. The doctor may prescribe hormone treatment and bed rest for threatened miscarriage. There is little danger of maternal mortality. If birth is difficult, an operation is resorted. There is no special ceremony at the time of the birth of a child or the return of the mother from the hospital. Both parents are proud of the birth and receive congratulations from

friends and relatives. The parents may send out cards announcing the birth (J. Fischer and A. Fischer, 1958).

The researcher furthermore contends that, the infant sleeps in a crib for a year or more. The crib is usually at first put in the parent's bedroom to facilitate care at night and to avoid disturbing any other members of the household. However, if space were available, most parents would probably prefer to put the baby in a separate bedroom. It is not uncommon for parents to take the baby into their bed to quieten it, although most would try to put back in its crib later and not to let the baby sleep regularly with them. Cleanliness is regarded as important, both for the baby's health and for its comfort. The babies wear diapers until toilet training is fairly well completed, and the diapers are changed frequently in theory and usually so in practice. Infants are bathed daily. A baby on scheduled feeding does not usually succeed in breaking its schedule by crying for food, but it may be given a rubber pacifier to such on (ibid).

## **Pregnancy and Birth in Nigeria, China and Philippines**

Study conducted by Michael Johnson (2000) of Fulani infant care in Nigeria, mentioned that, when a Fulani infant emerges from the womb, the baby's head must come in contact with the ground. Not only does

this ensure that the earth will be welcoming to the new child but it helps establish a powerful connection between the infant and his or her new home. Fulani parents believe that if this initial contact with the earth is not made, their child will be prone to leave them later in life. To protect her infant from greedy spirits, a Fulani mother may acquire iron bracelets to put on the baby's wrists. Fulani infant are not yet persons until they are officially named. In an effort to ensure that her infant meets Fulani standard or beauty, a mother spends hours bathing the new baby with an herbal mixture, pressing its nose, her thumb and index finger to make it thin and attractive, molding the head to be as round as possible, and stretching the infant's limb.

The nine months of pregnancy offer parents the opportunity for psychological as well as physical preparation. The psychological preparation, unconscious as well as conscious, is closely interlocked with the physical stages of a woman's pregnancy. After nine months most parents feel a sense of completion and of readiness. When this time is cut short, as it is in premature labor, parents feel raw and incomplete. When there are physical complications, they endanger the psychological adjustment (Barclay, 1985).

The psychological work of pregnancy may surface as turmoil or anxiety. Emotional withdrawal or regression to a more dependent role in other relationships with in the family is common in this period. The

prospect of responsibility for a new baby lends a sense of urgency. The anxiety within both parents may carry them back to the struggles and ambivalent feelings of earlier adjustment. The mobilization of old and new feelings of earlier adjustment. The mobilization of old and new feelings provides the energy necessary in the huge job of adjusting to a new baby (ibid).

Both expectant parents and those who care for them must understand the power and ambivalence of the feelings that accompany pregnancy. Prenatal visits, whether with obstetricians, nurses, and pediatricians must allow for the expression of a wide range of positive and negative feelings? The work of pregnancy can be seen as three separate tasks, each associated with a stage in the physical development of the fetus. In the first stage, the parents adjust to the "news" of pregnancy, which is accompanied by changes in the mother's body, but not yet by evidence of the actual existence of the fetus. In the second stage the parents begin to recognize the fetus, as a being that will eventually be separate from the mother. This recognition is confirmed at the movement of quickening. When the fetus first announces its physical presence. Finally in the third and final stage, the parents begin to experience the coming child as an individual and the fetus contributes to its own individuation by distinctive motions, rhythms, and levels of activity (ibid).

The whole period of pregnancy entails the cultural orientation towards the birth of the child. There can be elaborate preparation of the environment the baby is about to "move into". In western societies this takes the form of decorating the baby's bedroom, preparing clothes for the baby, getting into discussions about what name to give to the baby, and in general being preoccupied by the anticipated event. These examples already indicate the cultural assumption of the independent existence of the baby, once born. The focus is on what the baby would need to have (own clothes, room etc), rather than what the role of the baby is for integrated kinship network (Valsiner, 2000).

In China pregnancy is considered a normal but also an expected stage for married woman. During the early phase of pregnancy, women are encouraged to take it easy, rest, avoid heavy work, and eat well in order to ensure a healthy pregnancy and subsequently a healthy baby. Even though the Chinese are diverse in their background and Country of origin, one traditional belief that has not changed much was the value of a son over a daughter. Women are advised to avoid various activities and follow certain food regiments and practices. For example, pregnant women are strongly discouraged from carrying heavy load or engaging in strenuous work during the first trimester for fear of miscarriages. Superstition plays a role in some pockets of Chinese population. It was believed that expectant mothers should avoid using sharp objects, knives or scissors on their bed. Failing to hear this advice can result in cleft lip

baby. Women are also not to tape or post any thing on the wall of their bed. This could cause unwanted birthmarks on babies face (Peggy, 1991).

As for food regiments, women are advised not to eat cold foods such as beans, bean, and banana during the first trimester to reduce a risk of miscarriage. Some Chinese also believe that in order to prevent babies from developing rashes, women were to avoid eating shell seafood such as crabs. Some women also supplement herbal drink during the first trimester to safeguard the pregnancy and a different type of herb toward the end of third trimester as a means to get rid of the toxins in the womb, and expectantly, to ensure themselves a healthy baby (ibid).

Women want to eat to get the energy before going through labor. Western culture, however, discourages eating for fear of a full stomach will induce nausea, vomit especially during active labor phase. This has been a common for Chinese women. Many did not understand why they were not allowed to eat and thought the hospital policy is too restricted. Traditionally men do not play a major role during deliveries. Husband expectant fathers usually remain outside of labor room till the baby is born. Female family members, relatives such as mother, mother in law, aunts or sisters provide much of needed support during this time (ibid).

Study conducted by W. Nydegger and C. Nydegger (1957) of Ilocos in Philippines mentioned that, conception, especially the first, is always

considered a happy event, though tempered by concern in poor households. Nevertheless, there is no announcement of pregnancy except to the husband probably the mother. Neighbors may quickly guess, but unless they ask a woman does not volunteer such information, pregnancy is diagnosed when a woman misses her usual menstrual period; however, if she has not resumed the cycle after the birth of her last child it may be diagnosed by nausea specific cravings associated with pregnancy or perhaps only by a noticeable swelling of the abdomen. There is no clear sexual prohibition during pregnancy, the frequency of activity depending on the woman. There is some agreement that intercourse is not wise for at least two months prior to delivery. However, one woman laughingly said that, if there was no intercourse during this period, "it is due to mechanical difficulties, not prohibition."

The only foods prohibited during pregnancy are "bitter substances" such as bitter medicines for they may abort. A few women suggest avoiding sweets, which "make the baby fat and hard to deliver." In this regard, some also say the woman should not submerge herself in water for long or there will be "too much water" and thus a difficult birth various effects on delivery also are predicted by some because of sitting in doorways, lying in certain position and so on. Work prohibition are few the pregnant woman should not carry excessive heavy loads nor work in extreme heat, which is said to "cook the fetus," producing miscarriage. Nevertheless, rather than urging rest, such statements as the following

are typical; "work is god for you and makes delivery easier", rice pounding makes the fetus fall into proper position."

During the postpartum period, the infant must stay on their bed for 11 to 30 days. The mother may get up only to eliminate. Even then she must be sure to keep herself well covered with a blanket so the wind cannot strike her. Nothing cold must touch mother or child. The shutters are kept at least partially closed; food and water are warmed; the child is carefully wrapped and capped; a fire is maintained in a stove placed somewhere in the room, most often next to the bed so that the woman can cook a bit and tend the fire when she must be left alone. Because of enforced inactivity, neighbors visit frequently and a mother in law sister or adolescent daughter is in attendance when possible. During planting or harvesting season, however, the new mother and her husband is expected to take over the woman's duties bringing firewood and water, cooking until the wife is able.

Adults determine the socio cultural organization of the child's entrance into the social world. Although these adults are usually the baby's parents, this is not an absolute rule. Another relative can be assigned the crucial in determining the future of the child. Furthermore, the whole environmental context of the infant is set up culturally as a structured setting. The niche that an infant is born into and subsequently structured and modified both initially and in its adaptive

constraints by the culture, that is the economic activity, social and family structure physical ecology and the value and belief system of the caretakers. The points of pressure and flexibility in mutual adaptation will be patterned by the niche as well as by the infant (super and Harkiness cited in Valsiner, 2000).

## **Birth and Postpartum in India, Kenya, Mexico, Uganda and Ghana**

Chinese women believe strongly in postpartum practices caring for one self immediately after childbirth is very crucial in restoring women's health to pregnant condition. There are wide regimes of self-care and special food intake during postpartum period. A period of care right after the delivery ranging from one to three months is known as the "sitting month". Depending on regional differences, there are variances in regiments and practices associated with sitting month. During the sitting month women are to abstain from taking a bath, washing their hair, exposing themselves to cold water, temperature, wind, drinking ice water or eating "cold" food (i.e. Uncooked vegetables, salads or fruits). The reason for this restriction is based on the beliefs that women are undergoing a cold stage right after the delivery due to loss of blood. In order to restore the energy, women need to consume food that are considered "hot" (i.e. hot water, soups, ginger, wine and food that are

high in protein) and avoid exposing herself to cold air, cold water or wind (Peggy, 1991).

In a study conducted on the Rajputs of Khalapur /India by Hitochock and Minturn (1957), on the day that the baby is born, the mother eats sweets, a special corn dish and a dish of pulse. The mother is fed as much ghee as she can consume, and many of the women eat after their babies are born. She may also be fed a dish, which is a mixture of sugar, water, ghee, almonds, coconut and dry ginger powder. This diet is considered to be healthy for the heal mother and is continued for 20 days. The mother is not supposed to drink milk for some time after the baby is born. The baby is fed sugar and water when it is first born and is given mother's milk from one to three days after its birth. The baby may also be fed a dish consisting of about one cup of boiled mater, two puffed sugar, candies and a pinch of ashes. Before nursing begins a sister of the husband washes the mother's breasts with gang's water or milk. For this she receives Jewelry.

In the Gussi community of Kenya, when a woman feels the labor pains and contraction, she notifies her husband's mother. Birth is to take place in the mother is law's house (which is in the same homestead) because it is not proper for a mother to enter her son's house and she is required to assist in the delivery. If a woman is visiting her own parents when she goes into labor, she may give birth there, but her mother in law

will be called to assist. The first time a woman gives birth is a big event because her fear of the process is very great and also because there is no way of predicting what difficulties may arise. While only two or three women are present at a later birth, the first one may attract a large crowd of older women. At first the mother in law is in charge of the situation with the wives of husband's brothers and of husbands uncles are also present. A skin is laid on the floor near the mother in law's bed and the woman in labor lies on it, flat on her back with her knees. When delivery is long and difficult, the women attending will tell the husband to dig up the roots of a bush called "Chinsage." It is believed that such difficulty is caused by the baby being stuck some distance from the opening, and that the juice of these roots, which are chewed and sucked, will dissolve adhesions in the womb and allow the child to come out. Another remedy for prolonged labor involves a man who is a classificatory brother in law; it must not be the husband or an adjacent generation person. The man is to hold the woman's nose and force his breath into her mouth to make the baby emerge from the womb. Thus a variety of medical and moral measures, some of them involving men, are used to hasten delivery particularly when it is first born.

The researcher contends that under normal condition, when the child is delivered, one of the attending cuts the umbilical cord with a knife and put ashes and colostrums from the mother's breast on the novel. The women clean the substance from the child's mouth and wash

the whole body with water. Juice cooked from the leaves of pumpkin squash plant is fed to the child to wash out his first feces on the evening of late birth, a bit of porridge is put into his mouth to stimulate the food he will be taking before long. Actually, however, the child is nursed from its first day. Colostrum is considered healthy; "it makes the child fat" on returning to her mother in laws house, she will rest with her newborn for four to five days. During that time she will do not work except gathering some firewood and leaves to wipe away the child's excrement.

Furthermore, the author indicates that feeding is not the only response that Nyansengo caretakers make to infantile crying but it is by far the most nurturing of their responses. Mothers recognize a kind of crying during the first three months which cannot be satisfied by nursing and they call it "enyancha" which means "the lake" some view it is a disturbing stimulation of the child's genitals caused by the wind from lake Victoria; others think it is a kind of stomach trouble and have potions to feed the crying infant during the night. The Nyansongo mother does not act very affectionately toward her infant, although other care takers may do so. It is rare to see a mother kissing, cuddling, hugging or cooing at her infant. The mother nurses the child mechanically and only occasionally takes it from the nurse when unprovoked by its crying. The Nyansongo infant is loosely wrapped in a thin store bought, cotton cloth, which is also used for binding him to the nurse when he is a bit bigger. Some times the cloth is laid out as a ground cloth on which the naked

infant lies, and we have seen this done in the cold of morning when it must have caused some discomfort to the child. The belief that the bodies of infants are excessively warm and must become hardened through exposure to cold may account for this behavior.

Study by Komney and Romney (1955) of Juxtlanaca of Mexico mentioned that when the infant begins to emerge the midwife places herself in front of the mother to receive the child, while the husband or sometimes another woman holds the mother down strongly by the waist. At this point a wide sash is adjusted around the woman's waist. The husband assists until the infant is born. The mother must continue to exert herself to expel the placenta. She does this by blowing in a bottle and by chewing a few leaves of "yerba Buena" mint with salt, to help in exertion. Sometimes her throat is tickled with a feather or finger to cause nausea in order to aid the expulsion of the placenta.

According to the study conducted by Ainsworth (1967) of the Ganda in Uganda the newborn infant was customarily given food "for the purpose of clearing the throat," this food contained "amafuta" (butter or other fat) as an essential ingredient. Only after these two preliminary precautions were taken was the baby put to the breast but ordinarily this occurred within two hours after birth. They recognized that the colostrums secretion was not milk.

Cross cultural differences in infant care makes for differences in the earliest differential Responses. It was typical of the Ganda mothers in Uganda both to hold the baby more than American mothers do and to be prompter and more consistent in picking the baby up if he cried. The American babies, on the other hand seemed to manifest their first discriminations more clearly through differential smiling and American adults much more than Ganda adults attempted to interact with a baby through smile evoking behavior (Ainsworth, 1967).

Cultural construction of infant feeding has many facets. What kind of foods are appropriate, who should (or should not) feed the baby what are the expectations for this baby's growth etc. feeding the baby is of central importance for survival and hence a prime target for collective cultural regulation of the conduct of not only the feeders themselves (mothers, wet nurses etc) , but also of the social others (Valsiner, 2000).

In a study conducted by Barrington of Ghana (1960) mentioned that the period that elapses between birth and the new born baby's first feed varies. In some areas the first feed is given as soon as the child has been bathed; if the mother has no milk herself, a nursing relative takes over. This may happen in any case, as some people believe that the colostrum is harmful for the infant. In other areas the baby does not receive its first breastfeed until the second or third or even the fourth day after birth; in the mean while it is given sugar water or sometimes

coconut milk. The normal position for nursing is for the mother to sit with the baby across her lap supporting its head with one hand or arm, and using the mother hand to direct the nipple into its mouth. The way in which the infant is held during nursing is considered a matter of importance in some areas and her own mother an experienced female relative carefully instructs the new mother. In some of the villages studied it is thought that for the mother to lie down to feed a young baby of less than three months is bad for it in others it is thought better to feed a newborn baby in this position.

Furthermore, the researcher mentioned that demand feeding is universal. Virtually no attempt is made to establish regular feeding schedules, and babies are fed when ever they cry, during the night, immediate attention to a crying baby is considered very important for fear its cries attract the attentions of witches or evil spirits. Infants are allowed to suck for as long as they please and efforts may be made to induce them to take more after they have finished.

The benefit of colostrums and the early initiation of breast-feeding have received increased attention since the early 70's. Colostrums have a unique anti-infective properties specially adapted to the environment the newborn shares with the mother. Also being put early to the breast positively affects the duration of breastfeeding and bonding of the mother and child. Many culture around the world consider colostrums to be of

no value and even harmful to their newborn and discard it. It is not only colostrums that is regarded unfavorably' the whole breastfeeding period may be hampered by diverse ideas on milk quality as a consequence of the mother's mental or physical health, food intake, sexual relations or her other activities (Gunmangsson and Elinarsottir, 1993).

In Guinea Bissau breast-feeding is generally practiced for two years or more colostrum taboos are know to exist resulting in delayed commencement of breast feeding especially among mothers from country's largest ethnic group (Balanta). The fact that colostrums is secreted in the last weeks of pregnancy may favor the belief that it is old and stale milk, not suitable for the newborn. Another factor may be that mothers in some way associate colostrums with me conium (ibid).

An attachment is an enduring emotional tie that develops between the infant and other significant people. When an infant is attached to others, she/he displays pleasure in their presence, seek their comfort when distressed, miss them when they are gone, and greet them happily when they return. Parents form attachments to infants and infants to parents through a process of interaction. Some parents form love relationship with their infants before birth, while others require more time to develop a strong sense of commitment and caring (Marcony cited in Harris, 1993).

## **ATTACHEMENT: ABASIS OF CARING**

Forming an attachment to the newborn is one of the first tasks parents face. Attachment or emotional bonds are crucial to infant survival and wellbeing. Bonds help ensure that the child will be nurtured and protected. Parents must learn to appreciate the baby's positive and unique qualities; timing and duration of the interaction and the parent's perceptions of the infant can also influence attachment (Harris, 1993).

An attachment is the basis of caring and loving. It is a "unique relationship between two people that is specific and endures through time". In studying mother infant bonding, they found that behaviors such as fondling, cuddling, kissing and prolonged gazing are served to transmit affection and sustain contact. The origin of attachment is elusive; although we can see and feel attachments we cannot prove that it is innate or learn. The combination of nature and nurturing capacities in a stable, supportive environment aids in the process of bonding two individuals. The mystery of the bonding lies not in gratification through food but in human gratification, i.e. the quality and intensity of caring. The quality of caring and the transmission of caring are influenced by how the child interprets the mother's readiness to give comfort, how the mother responds to the child (klaus and kennel cited in Burnside, Ebersole and Monea, 1979).

The term used to describe the close emotional tie established by the mother (and sometimes the father) towards the newborn baby in the first days of life is bonding. Some students of early socio emotional development classify bonding as the precursor of or else the earliest portion of the attachments process; others see it as a different and unrelated mechanism; and still others deny that such a dynamic exists at all. Many researchers believe that bonding becomes uniquely established during the neonatal period and, therefore, is based up on the sight sound and touch of the infant and is enhanced by gazing and extending skin contact (Barclay, 1985).

Attachment is the strong affect ional tie we feel for special people in our lives that leads us to feel pleasure when we interact with them and to be comforted by their nearness during times of stress. Its first manifestation is in the baby's tendency to send positive emotional signals and seek physical closeness to the primary care giver (generally the mother) in preference to other individuals. Freud first suggested that the infant's emotional tie to the mother serves as the prototype for all later social relations and continues to exert its influence throughout the life span (Berk, 1989).

A number of behaviorists adopted a drive reduction model that accorded central importance to the role of feeding in the infant mother relationship. The baby's dependency behaviors seeking closeness by

clinging, following the mother about and crying and calling in her absence were viewed as a secondary or learned drive acquired as a result of the mother's repeated association with satisfaction of infant hunger. Another variant of behaviorist theory is an operant conditioning model of infant social responsiveness. According to this view, infants exhibit behaviors of looking, smiling and seeking proximity to their mothers because their mothers reciprocate with contingent smiles, canalizations, pats, and hugs, thereby reinforcing the infant's social engagement. The greater the number of infant behaviors that have been consistently reinforced by and have therefore come under the stimulus control of a particular person the stronger the attachment relationship is said to be (ibid).

Psychoanalytic theory emphasizes that the infant becomes attached to the mother through dependency on her for satisfying hunger and sucking needs, for the oral zone of the body is regarded as the locus of instinctual gratification during the first year of life. Also like behaviorism, the psychoanalytic perspective views the infant as initially passive in the establishment of this bond. When the mother consistently satisfies the baby's urgent pangs of hunger and her feeding practices are accompanied by sensitive, loving care, the baby gains a sense of trust, or confident expectation, that his needs will be satisfied (Erikson cited in Berk 1989).

Bowlby's ethological theory is that the human infant, like other animal species, is endowed with a set of built in behaviors that elicit parental care and as a result increase the baby's chance of survival. This repertoire of attachment related behaviors sucking clinging, crying, smiling, gazing at the mother's face and eventually following her when the infant can move about independently bringing the baby into close proximity to the mother and thereby provides protection from danger contact with the mother also ensures that the infant will be fed but Bowlby was careful to penitent that hunger satisfaction is not the basis of attachment. Instead, the attachment bond itself has strong biological roots and it can only be understood with in an evolutionary framework in which survival of the species is of parliament importance (Berk, 1989).

Studies of non industrial societies have shown that contrary to folklore about such societies there exist in few of hem any extended early contact between mother and infant that are usually separated for a time after birth as either or both are washed and dressed. In some of these cultures the infant is later placed in the mother's bed; in others it is put in a separate basket or cradle, which is kept close to the mother. In all of these cultures how ever, other and infant are given a time of relative isolation from the everyday world. Furthermore, the mother is not expected to return to her usual tasks for several weeks after delivery, while friends or relatives take over her house hold work and other tasks. This practice too runs counter to folklore of the primitive mother whom

given birth and then immediately resumes her mother who gives birth and then immediately resumes her daily work. Thus even though there may not be early and extended skin to skin contact, mothers and babies spend much time together in the first weeks after birth. Furthermore, babies are generally fed frequently on a self demand schedule and mothers spend much time holding them and are very responsive to their needs Lozoff cited in Barclay, 1985).

Lozoff based on his study believed that the phenomenon of early bonding may be important only in industrial and post industrial societies such as those of North America and Europe in which mothers are expected to resume their work at home or in the work place shortly after the return from the hospital. Furthermore, in western cultures, even after they are brought home from the hospital infants are often kept in cribs in separate rooms and hence in relative isolation from the mother and feed on a less frequent schedule. Consequently, Lozoff thinks that early bonding may not be necessary in non-industrial cultures since they provide many opportunities during early infancy for the development of a close relationship between mother and infant (ibid).

### **FATHERS ROLE IN SUPPORTING THE PREGNANT WIFE**

Becoming a mother is a major transition for many women. During pregnancy a woman may worry about her health and that of her baby as

well as about her appearance. She may be unsure of her capacities to mother and worried about the changes the baby may cause in the relationship with her husband. Her appearance and sexual readjustment after giving birth may also be source of concern. She may miss the stimulation of an outside job and the company of her colleagues (Berclay, 1985).

Stress upon the father includes worries about his parental abilities, his ability to support his growing family, and the health of his wife and developing child. He too may be concerned about changes in his partner's appearance and mutual sexual readjustment after the birth as well as about the influence of the new stranger upon the dyadic relationship between him self and his wife. Because the period of pregnancy and childbirth is not an easy one for the prospective parents they need help and support from their families friends, and health care professionals. In addition, they must be able to communicate with each other and share their fears and concerns. After the baby is brought home the parents face additional aspects of this transition. The newborn demands vast amounts of round the clock attention (ibid).

The process of pregnancy, delivery and early attachment ~~is~~ strongly influenced by the father's attitudes. The husband's emotional support during pregnancy contributes to his wife's successful adaptation to pregnancy and the presence of the husband during labor and delivery

is associated with reduced need in pregnant women for pain receiving medication and with a more positive labor experience. A mother's competence in breastfeeding is also influenced by her husband's attitude. The nature of relationships during the first trimester of pregnancy is strongly predictive of the mother's postpartum adjustment (pack cited in Bertrand, 1990).

From earliest times, childbirth in most cultures has been surrounded by a degree of awe, mystery, and ritual. The capacity to nurture and bring forth a fully formed infant has inspired fear, respect, and occasionally even worship. The fertility of women has been viewed as parallel to the fertility of fields; therefore, many primitive cultures worshiped goddesses of fertility, who were usually portrayed as extremely pregnant women (Barclay, 1985).

Traditionally, in most cultures, males have been excluded from childbirth. A recent cross cultural study of birthing practices found that only 2 of 186 non industrialized cultures allowed men actively to participate in the birthing process; only 27 percent allowed the father to be present at birth. Close female friends and relatives, including women that specialize in the delivery of infants, congregate around the woman in labor to keep her company and assist with the birth and early care of the infant. Occasionally the woman who gives birth is kept away from her husband and all other men for a period of days, weeks, or months after

the event and spends her time in a separate hut in a separate portion of the village or at a distance from it (Lozoff cited in Barclay, 1985).

### **PREGNANCY AND BIRTH IN ETHIOPIA**

In Ethiopia, the outset of labor changes the mood in the household. Women begin to pray, invoking. Many ethnic groups including some who are not followers of any known Christian denomination, encouraging comforting statements assure the woman in labor that all is going to be well. Among these peoples there is the superstition that a woman in labor is unclean and she is therefore avoided so as to keep clear of possible evil spirits and generally looked down (Gebreselasie, Desta and Negash, 1985).

In Omotic Ari of Ethiopia, when a woman becomes pregnant and is approaching the 8<sup>th</sup> moth (delivery), a small hut is built in the compound near a coffee plant by her husband with the help of the neighbors. This is done in order to take the pregnant woman and make her to live in the hut up to her delivery and completion of her seclusion period. This placing of the pregnant women in a stage of isolation is either because she is considered impure and dangerous or because her very pregnancy places her physiologically and socially in an abnormal condition. During the seclusion period, beginning from the day of separation of the pregnant woman from the rest of her family, relatives and neighbors up to her final return home, an unmarried girl who has not yet reached a

puberty age is assigned in order to provide food, water and other necessary services (Tesfaye Hilu, 1994).

In Oromo culture, women are helped through pregnancy and child birth by female elders in the community. Formal prenatal care may be unfamiliar, but women traditionally increase the amount of meat in their diet and pay special attention to nutrition. The newborn infants first feeding are water for 24 hours, after which the baby is given fresh butter as a laxative to expel me conium and then begins to breastfeed (Susan, 1994).

Ringness and Gander (1974) made research on pregnancy and newborn infants by interviewing students of different regions in Ethiopia. According to the study, the pregnant wife is excused from hard work and given better foods in the date stages of her pregnancy. In some other groups, no special care is taken; she will work hard until the day of the birth, and may suffer from malnutrition, or may even be beaten by her husband. Most groups have no knowledge of prenatal care. Delivery is in the home. The natural birth is aided by an ~~or~~der woman (or women) experienced in these matters. The hospital may be used as a last resort in cases where there are server complications.

Furthermore, the authors indicate that the bathed infant is wrapped in a cloth and placed on the mother's bed where they will sleep together for several weeks. The birth of a child (particularly a male) is

cause for rejoining and feasting with friends and relative. In almost all subcultures, butter is given to the newborn for reasons such as helping them develop a soft voice, to clean his alimentary canal, or to prevent talkativeness.

In some cultures, the father does not rejoin the mother for at least two weeks. In most cultures, the infant is kept inside the house from 20 to 80 days because the sunshine is believed to be bad for him and to keep certain people from giving him the "evil eye". Menstruating women and women who had intercourse the previous day are not allowed to see the baby; they are considered unclean, circumcision usually takes place for the male infant at 40 days old and in the subcultures where this practice is carried on with female at 80 days. The operation is done by the local "medicine man" (ibid).

In Gumuz culture, when the newborn comes out of his mother's womb, the one that receives it is his mother's hand. When a Gumuz woman feels the labor and contraction she notifies her mother-in-law or neighbors. Birth is to take place in the nearest forest. The mother is required to assist herself in the delivery. In the delivery process, there will be one girl who assists in fetching water and moral support. After delivery is over, the Gumuz mother holds her child and all equipments that she used, because they think that the equipments are dirty. The lactating mother is expected to live alone in a house bent 50 meters away

from the main house. In case they are unable to build a house, the house will be fenced at one side. The house is called "kugao". The mother is served everything she wants being there for a month; males are not allowed to enter into the house (Walta Information center, 1996).

The Arabic name of Benishangul, known to the Berta people as Belashangul, is a term bearing a special mark of identity for members of this nationality. The Berta people inhabit vast areas of Assosa zone in the Benishangul Gumuz state in Western Ethiopia. The Bertas live in SirbaAbbay locality of Komosha zone, in Maokomo special wereda and adjoining localities as well as in the Sudan.

According to historical accounts, the Berta people have lived in their present localities on the common Border between Ethiopia and the Sudan since the 4th century B.C. The Bertas are one of the five original peoples inhabiting the Benishangul Gumuz state. According to professor Grover Hudson of Michigan state university (1975), the language of Bertas is classified under the Nilo-saharan stock along with Ganlili, Gebato, Undu, Mayo and Fadashi. Studies indicate that a total of over 118,000 Bertas had been officially registered during the 1987 E.C. National population census. Over 96% of the Berta people are followers of the Islamic faith.

The Bertas are identified by special marks on their cheeks by the traditional practice of scarification on the face locally known as

"Indotsina". These marks, normally appearing on the cheeks, are of different shapes resembling the number "111", or "L". Although it is claimed that "Indotsina" symbolizes the courage of the Berta people, and that anyone who refuses to be scarified is considered a coward among the society.

The Bertas have a house called "Kelewa" that is especially reserved for receiving guests. "Kelewa" is usually large and more spacious than the main house. Receiving guests is a source of immense joy for the Bertas. Any guest, young or old, is warmly welcomed and respectfully seated on a matted stool, and served with food. A guest coming to share joy or sorrow with his hosts is received in "Kelewa". The Berta people have traditional dance called "Aguzo" and "Deruka" that are performed at weddings or similar occasions. They have a musical instrument "Tar" which is like the drum, "Kasat" which produces sound by clashing of metallic substance, "Abuta" wind instrument.

The Berta people have special songs sung on the occasion of the Moslem holidays of "Arafa", "Eidalfeter" and "Mawlid". During non-agricultural season, the Berta people, young and old, male and female, meet at least once a week to sing traditional songs in "qomia" (a local concert). The Bertas also have their own traditional worship services. A mass worship is conducted around the "shanguel" stone. A small ball shaped stone is put on top of the 40 centimeters long shanguel stone

making sure that it won't fall easily. It is believed that if this ball-shaped stuff falls on the ground, it is a bad omen signaling a calamitous eventuality and the death of the local tribal leader. On such an occasion, the people raise money; buy bulls; black goats and chicken, which they kill at the scene of the shanguel worship, stone to plead divine mercy. The shanguel stone are found in remote forests, which take ten to eleven hours of walking from a nearby motor road.

Currently, traditional gold mining is one of the major incomes generating activity of the Bertas. Besides gold production, the Bertas are also engaged in agriculture, livestock breeding, bee production and commercial activities.

During pregnancy, a woman of Berta is given careful orientation and support by the family as well as the community. During the period between seven to nine months she is expected to show some behavioral changes for fear of birth and labor. This time if the pregnant woman gets ill, she will face a lot of problems. According to their culture, if a pregnant woman gets ill during the last months of pregnancy, they consider it as if she is for fear of labor and she is going to kill the newborn "Allah's" creature. Hence, she is beaten by her family and relatives in order not to kill the baby until the day of birth (Almahdi, 1996).

At the 8th day of the birth, relatives and neighbors come together in order to feast and celebrate the coming of the newborn to this world. During this day food is provided for the participants and naming will take place. Starting from this day, the mother is allowed to move to the neighboring houses and cook food for the family. The baby on the other hand is kept inside the house for forty days sometimes if the baby is first born the waiting days may be extended to 80 days (ibid).

The mother in her postpartum period is nursed and cared in the house for about 40 days. She is not allowed to go out during daytime. pit latrine will be prepared for her in the house. The family burns a wood called "kolasma" in order to treat physical discomfort. The fire wood cinder is kept inside the bed. The baby's face is kept into the cinder to avoid bad smell. There is also a belief that, if they take it out the baby's waste devil will follow and attack the child (ibid).

## **1.2. STATEMENT OF THE PROBLEM**

Care during pregnancy provides an important opportunity for discussion between pregnant woman and a health care provider about health behavior during pregnancy (such as adequate nutrition), about recognizing complications that may arise during pregnancy (World Health Organization, 1997).

The vast majority of women and newborns needing care are in the community, whether urban or rural, throughout the post partum period,

will not have access to the formal health system for care. Even if it is available complex patterns of traditional support exist in many societies to provide protection and nurture for around seven to forty days. Formal care provision can build on this pattern. Intervention should be congruent with culture as far as possible (Valsiner, 2000). The study is guided by the following basic questions.

1. What are the traditional care practices during pregnancy?
2. What are the traditional care practices during the post partum period in this same culture?
3. What is the different food-related care and support during pregnancy and post partum period?
4. What are the different community and family support systems for pregnant and lactating women?
5. What are the different rituals related to pregnancy and childbirth.
6. Who are the members in the family, community, who are concerned about prenatal and postpartum care in Berta culture?

### **1.3. OBJECTIVE OF THE STUDY**

Generally, the study is aimed at investigating and describing the different prenatal and postpartum care practices in Berta culture. More specifically the objectives of the study are:

1. To identify the nutritional care of the mother during prenatal and postpartum care.
2. To identify harmful and useful traditional practices; beliefs which can affect the well being of the mother and newborn.
3. To identify the health related care of the mother and newborn during pregnancy and birth.
4. To investigate the different support (and help in relation to work) during pregnancy and postpartum period.
5. To identify the different care practices of the family and community for pregnant woman and during delivery.
6. To find out the cultural orientation with regard to sexual life, contraception, hygiene, healing and breastfeeding.
7. To give possible recommendations which are useful for the government organization, communities and other responsible bodies with regard to care of the mother and newborn.

#### **1.4. SIGNIFICANCE OF THE STUDY**

1. The study is intended to find out the non-documented philosophical and cultural agenda of the Berta culture towards pregnancy and postpartum care of the mother and newborn.
2. The study is also expected to show some general needs and care of the mother and newborn. This in turn would help the concerned

bodies to take appropriate care and supportive measures for the wellbeing of the mother and newborn.

3. The findings of the study may provide some direction for conducting further study on the area.

### **1.5. DEFINITION OF TERMS**

**Prenatal:** The period of development from the time a women is identified as pregnant until birth.

**Postpartum:** The first 6 weeks after delivery, the period is considered as a time of convalescence for the mother and newborn (world Health Organization).

**Culture:** The belief, behaviors and accomplishments of group of people transmitted from one generation to the next (Harris, 1986).

### **1.6. SCOPE OF THE STUDY**

As mentioned in the introduction, the majority of the Bertas are found in Asossa zone. But there exist also in some other areas. For the study purpose, it is delimited to the Berta ethnic groups that are found in rural areas of Asossa zone.

Rural areas were selected in order to study the non-contaminated cultural practices of care in Berta Ethnic group.

## **2. METHODOLOGY**

## **2.1. POPULATION AND SAMPLE**

According to the 1994 population census, the total number of Berta ethnic group in Asossa zone is 24,940 of which female accounts 12,216. More than 95% of them are living in rural areas. In order to determine the study population, there is a need to know the number of pregnant and lactating mothers. Hence, the researcher was forced to take samples purposively without identifying the actual number of pregnant as well as lactating mothers in the study areas.

The first task of the study was to identify the areas where a lot of Bertas are available. In order to identify these possible areas the researcher met the regional principals and known persons of the ethnic group. Based on their number and density of population four places were identified purposively as sample areas. These areas include Komosha (north of Asossa, Menge west of Asossa, gambela east of Asossa and Ashderya north of Asossa). In these 4 areas the researcher purposively identified 30key informants.

Participants for focus group discussion were also selected purposively based on their experiences and age-participants between the ages of 40-60 were identified purposively. These age groups were expected to have more experience and knowledge of their culture and

environments. Four focus group discussions were held one in each area. The number of participants ranges from 8-12 in these areas.

## 2.2. **METHOD OF DATA COLLECTION (INSTRUMENT)**

As this study was conducted to study maternal care practices during pregnancy and postpartum period in the study area, the ideal approach and methodology for data collection would have included observation of the different practices during pregnancy, birth and postpartum period. But due to the difficulty of ~~on~~ site presence of investigators and time constraints, the researcher has decided to use questionnaire and focus group discussion on instrument to collect the relevant data.

Detailed questionnaires that are both open ended and closed ended were prepared in Amharic language. The first part is for translators to read to the identified respondents (informants) and filled by enumerators. It consists of mainly of the personal data, their birth experiences and family context. The second part consists of questions on the basic issues of the study area. Women who have more birth experiences and knowledge participated in the focus group discussion. Some of the key informants that participated in filing the questionnaire were also included in the focus group discussion.

### **2.2.2. PROCEDURE**

From the very beginning the questionnaire was prepared based on literature review and checked by 3 independent evaluators. One of them is PHD holder and the other two are second year MA students of developmental psychology. Questions that are of objective and short answer were included in the questionnaire. On the other hand, questions that are of subjective and justifiable were included in the focus group discussion. There were 8 questions in the discussion. In order to check the importance and reliability of the instrument, pilot test was conducted on 20 mothers in Bambsi area a place near to Asossa.

After checking the reliability and validity of the instrument the researcher employed two research assistants and three translators to help in data collection. The two research assistants were college students and translators were high school students. The researcher had given them a brief explanation on how to collect data.

Finally, the researcher had given the general purpose of the study for regional administrators, community leaders, respondents and other responsible bodies. After getting the consent of the respondents, the researcher arranged safe place and time to fill questionnaire and conduct focus group discussions.

### **2.2.3. DATA ANALYSIS**

Qualitative data analysis was made also using simple descriptive statistics. Some of the items that were presented to the respondents were close ended so that analysis and findings are summarized in simple statistics as percentage and proportions.

### 3. RESULTS AND DISCUSSION

#### 3.1 GENERAL CHARACTERISTICS OF THE RESPONDENTS.

The study population is compared of 120 women of the Berta ethnic group chat are found in Asossa Zone. All the respondents were married, Muslim women of the rural areas.

Table 1: Age distribution of the Study population

AGE	NUMBER	PERCENTAGE
25-30	8	6.6%
31-35	15	12.5%
36-40	26	21.6%
40-45	40	33.3%
45-50	22	18.3%
>50	9	7.5

Total	N= 120	100%

Source: questionnaire

**TABLE 2: BIRTH EXPERIENCE OF RESPONDENTS**

NO OF CHILDREN	NO OF WOMEN	PERCENTAGE
1	4	3.3 %
2	10	8.3 %
3	16	13.3%
4	22	18.3%
5	28	23.3%
6	16	13.3%
7	10	8.3%
8	8	6.6%
>8	6	5%
Total	120	100%

Source: questionnaire

Table: 3 Educational Background of respondents

Education	No	Percentage
1-2	3	2.5%
2-4	2	1.6%
No education	115	95.8%
Total	120	100%

Source: questionnaire



Conception is regarded as a happy and joyous event. Respondents were asked to express their feelings when they recognize that they are pregnant, 96.6 percent of them replied happiness and joy. But there are also some women who feel anxious. This is particularly in case of their first baby, regarding that approaching delivery. The first time a woman is pregnant, her announcement is to the husband and her mothers. Relatives and neighbors could know only when the fetus develop and increase in size.

In relation to the above paragraphs, (McKay, 1955), reactions to the profoundly moving experience of motherhood are bound to vary just because there are so many kinds of women, with so many differing degrees of health and of personality. Thus the signposts which nature erects on the road to motherhood may not always be easy to read. With some mothers to be the start of a long-desired pregnancy ushers in a sense of enhanced vitality, gaiety and happiness. Others, who have various conflicts to solve, consciously or unconsciously, before they can fully accept the situation, pass through a period of low spirits, depression and pessimism. Some note that their appetite increases, perhaps with a clamorous desire for tasty, sharp or savory flavors. Others find that nausea that they cannot bear to think about meals at all. From these and other diverse experiences one fact emerges-there is some duration from the usual in one direction or another.

McKay further mentioned that, the sign of conception having occurred most usually recognized is the missing of an expected period. It is however, possible for other causes to be operative so this cannot be conclusive. Again, in some cases the period continues for two or three months, though lessened in amount. Such losses are probably a sign of irritability of the womb amounting to a threatened miscarriage; be that as it may, it tends to confuse the issue. The second most important sign is connected with changes in the breasts. These are so closely linked to

the reproductive system and have so important a part o play in establishing the new life. Morning sickness, bladder irritability pigmentation enlarging abdomen are also some symptoms.

When (Brisbane, 1988) mentioned about early signs of pregnancy, a woman cannot tell immediately when conception has occurred. Usually the first indication is a missed period, especially if her menstrual cycle is very regular. She may have an ache or feeling of fullness in her lower abdomen. Fatigue, drowsiness, or faithless may occur. She may also have discomfort in her breast, morning nausea and needs to urinate most frequently. But each of these physical signs can occur with out pregnancy. Since the physical signs of pregnancy may not be accurate, a pregnancy test is needed to be sure.

### 3.3. CHANGES IN DIET DURING PREGNANCY

Various changes in diet are recommended during pregnancy. The most commonly and widely recommended food items are meat, milk, egg and general high protein diet are recommended.

Question (1) what are the most widely recommended food items during pregnancy?

	<u>No of respondents</u>
a) Meat -----	110
b) Cereals -----	4
c. Vegetable -----	6
Total	120

When a woman is identified as pregnant food items such as meat and diary products should be eaten more in order to avoid the newborn child so small and weak. From the above question, 91.6 percent of the respondents replied meat to be the most commonly recommended food

item. In some of the respondents (8.3 percent) replied that cereals vegetables are recommended for the wellbeing of the child and mother.

According to the Berta culture, in all the areas studied there are certain food items prohibited during pregnancy. The most commonly restricted food items include: sesame, tomatoes, sugarcane, and coffee almond, lemon and “nug” oil. These food items except lemon are thought to cause headache nausea, vomiting, stomach ache (colic), especially in the early months of pregnancy. A pregnant woman is usually advised not to eat citrus fruits especially lemon. According to their tradition, lemon reduces the woman’s blood volume and there will be a decrease in blood circulation. If blood circulations reduced in the body, blood does not move and function. This decrement (coagulation) in blood movement is thought to cause extended birth time and difficulty in labor – birth gangs.

In case the above mentioned sign and symptoms are manifested on the pregnant women they consider it as normal event that lasts with in short period of time. But if these fallings are more exaggerated, there are traditional measures to alleviate the problem. According to the focus group discussion conducted in all the areas, the smoke of a wood called “kebericho” is applied while covered with cloth. The leaf of lemon tree with sugar is boiled and given to the expectant woman. There is a tree known as “Jewafe” the seed of this tree is squeezed with water and given to the woman.

With regard to nutrition (Brisbane, 1988), good nutrition is the single most important factor in prenatal care. The pregnant mother must eat a balanced diet, if she wants to help her baby developed properly. It is also necessary if she wants to come through her pregnancy without damaging her own health. Once it was thought that the developing baby would be fine, no matter how poorly the mother ate. The fetus was believed to take what was needed from the mother’s system. The body

does take something from the mother's system if they are not available in her diet. Calcium may be taken from her bones and teeth, for example. Her nutritional well being before and during pregnancy determines much of the future health of her body.

Brisbane further noticed that, most people are not aware of that the body's vital organs developed early in pregnancy. For example, improper nutrition has a direct permanent effect on early brain growth often a woman is not even sure she is pregnant until after the second month of pregnancy. That is why every woman who might become pregnant should make sure she is in the best possible health at all times. A good diet contains all the food nutrients protein, vitamins, minerals, fats and carbohydrates. A poor diet lacks the necessary amount of one or more of these nutrients. Every single nutrient performs very special functions.

In the first months there is little need for the mother to think in terms of eating for two as regards quantity, but she must eat for the health of two in regard to quality. If the mother -to- be does not take sufficient protein for both, baby, in taking his share, will weaken her and miscarriage may follow. If she does not take sufficient iron for two, baby, in taking his share, may leave her anemic, depressed and fatigued. If she does not take sufficient calcium for two, body, in taking his share, may rob her teeth, her hair and even her bones, leaving her run - down and nervous, a prey to toothache, cramp and pains of various kinds (McKay, 1956).

McKay in her study mentioned that, the expectant and nursing mother should plan to take diary products - milk cheese, egg, and meat. Well- ground nuts, such as almond, peanuts walnuts, lentils and other pulses can be taken. The expectant mother should take salads, carrots and other rooted vegetable. She should also take any sun- ripened fruit, which may be obtainable, particularly apples, oranges, bananas are good

whole -again cereal and flours, pure honey and rip fruits are balanced natural foods.

### 3.4. CHANGES IN WORK DURING PREGNANCY

According to the Berta culture and tradition, (in normal situation), a woman is engaged in more arduous works and play important role in supporting the family economically than the husband. She is expected to extract gold traditionally, takes bamboo tree and charcoal to the market, collect fire woods, fetch water and perform all domestic activities in the house. The husband's role is to look after the cattle and sell the gold collected by his wife. A pregnant woman is expected to work such activities as they were working before .The discussion and questionnaire with the respondents revealed that most pregnant women are engaged in activities throughout their gestation period even to the extent of giving birth in the field. A pregnant woman is observed carrying bamboo trees and charcoal on her head. But in some of the families, there are few work prohibitions starting from the 8<sup>th</sup> month. The pregnant woman should not carry on heavy loads, should not fetch water and collect fire woods.

Question (2) According to your culture, when is a pregnant woman expected to stop heavy work?

Time	No of respondents
a) 3 months	3
b) 6 months	5
c) 7 months	9
d) 8 months	19
e) Until birth	84
	Total 120

Source: questionnaire

Other than the above facts with regard to work, there is also a belief that, if a pregnant woman does not carry on her domestic tasks actively, her blood do not move (coagulate). Because of this there will be extended period of pregnancy and difficulty of delivery (labor). Hence in order to make their delivery easier, they are forced to work hard as ever before.

There are also some prescriptions and belief about pregnancy. Based on the focus group discussion conducted in all the areas, a pregnant woman does not go to the river to fetch water starting from 6P.M of the evening. She is not allowed to go out of the house starting from 1P.M throughout the night and early in the morning. In case pregnant women do not respect these taboos, devil spirit would affect both the mother and newborn. The child and the mother may become sick and die. Furthermore, a pregnant woman is also advised not to go outside the house during very hot time (midday) throughout the gestation period. Sunshine is supposed to boil the blood of the mother and cause miscarriage.

In addition to practicing good nutrition, the expectant mother should take good care of herself in other ways. Brisbane (1988) mentioned that the expectant mother needs rest several times a day. She should avoid becoming overtired. Work routines of the mother-to-be will remain much as they were before her pregnancy. If the work outside the home, she can continue to do so as long as she desires unless her physician advises differently. Daily household chores can also be continued. However, a pregnant woman should be especially careful when bending, reaching and lifting to avoid injuring her back. Most doctors advise no long travel during the last two months of pregnancy. This is mainly to avoid giving birth unexpectedly away from home.

### **3.5. FAMILY AND SOCIAL SUPPORT FOR PREGNANT WOMAN**

Based on the focus group discussion conducted, a pregnant woman receives care and support from her family members, neighbors and relatives. Despite the difficulty of over all cessation of work around her house and in the field, the husband sometimes excused his wife from doing works such as heavy loads, grinding and sometimes to fetch water. He brought her firewood, go<sup>u</sup> to the market to sell bamboo and charcoal in place of her, he buys her certain food items such as corn, maize, lentil, egg, sorghum and chicken for his wife. The husband must not quarrel with his wife during pregnancy.

On the other hand, neighbors and relatives are also engaged in various domestic activities in support of the pregnant woman. They fetch her water from the river, collect firewood's, bake "injera", and cook foods and so on. But these are all possible if and only if they are free and do not have fieldwork. This does not mean that the pregnant woman would be out of work; she is expected to do some other tasks such as sweeping the ground, making food in the house. Being out of work during pregnancy is thought to cause delivery complication and difficult labor. Neighbors and relatives bring her different types of food items such as soup (broth) porridge, egg, millet etc. They also give her moral support and encouragement about the forth-coming delivery. This is specially given attention for a woman who do not have birth experience before. According to their culture, a newly married woman must go to her husband's village. Husbands do not go to the wife's village. Hence, most of the time the woman's relatives do not support her because of distance barrier. Neighbors, mother-in-law, sister-in-laws play important role in support of her. The pregnant woman's relatives are called up on when shi is ill and approaching birth.

### **3.6. MEDICAL CARE DURING PREGNANCY**

According to the study conducted, there are traditional and modern healing mechanisms. In most of the respondents, if a pregnant woman feels illness, she goes to the village religious “shek” and given a written wood quoted from the wholly “quran” this is called “almahya” in their language. This script is soaked in water and washed; the washed water is given to the expectant mother to drink it. There is also a script paper given by the “shek” this known as “albuhr”. This script is burned and smoked to the pregnant woman. Some of the respondents also mentioned a traditional drug called “etsahi” made from roots of trees. These roots are squeezed with water and drank.

Question (3) you may feel sick or illness during pregnancy what do you prefer to use?

	No
a) Modern medical instantiations-----	22
b) Traditional healer -----	98
Total	120

In response to the above question, 81.6% of the respondents replied that they use traditional healers to alleviate the problem. It is only 22 respondents who responded that they seek modern medical institution. They were asked if they have been examined in modern medical institutions. It was only 31 respondents (25.8%) who replied that they were examined. A pregnant woman does not go to modern medical institutions for check ups. Modern medical institutions are taken as a last resort for their problem. They were also asked when they go to medical centers. Almost all the respondents replied that when they feel sick, Most of the respondents do not check their pregnancy through medical examination. It is only three respondents who replied that they know and check their pregnancy through medical examination.

Question (4) when do you seek modern medical care?

	No
a) To prove pregnancy (conception) -----	3
b) When they are seek -----	105
c) Medical Checkups-----	12
Total-----	120

Staying in good health is the most important responsibility of a pregnant woman. Her child's life and health as well as her own, depend on it. Consulting and following the advice of good doctor is the first step. Using common sense about diet, activities, rest and personal care will help avoid problems (Brisbane, 1988).

He further mentioned that a visit to the doctor is advisable as soon as a woman suspects she is pregnant. This can help prevent serious complications. Many women prefer to consult an obstetrician- a doctor who specializes in pregnancy and birth. Although the expectant mother probably feels as healthy as ever, a doctor usually perform a through examination.

In Berta culture, a pregnant woman keeps sleeping with her husband until the 6<sup>th</sup> month. Starting from the 6<sup>th</sup> month, the pregnant woman is expected to sleep alone. The rational behind this is that when the fetus increase in size, there will be fetal movement, this time the mother and the fetus should be relaxed. Besides this, in some of the respondents, heat is considered as unfavorable for the fetus.

As far as dressing is concerned a pregnant woman is advised to wear new clothes that are wide in diameter or size. They were asked if they change their clothes as fetus increase in size. Almost all the respondents replied they change clothes. It is only four respondents who replied that they do not change their clothes; hence they wear those clothes that were used during normal situation.

(McKay, 1956), contends that many mothers can not afford much in the way of new clothes for the waiting months, but every woman will wish to be so dressed that she feels happy in going out and about, comfortable and free from all constriction. A mother to be will find that she keep warmer than usual and is inclined to perspire, so a free circulation of air is important for their health and an open- mesh garment should be worn next to the skin.

By about the fourth month, the mother -to-be will need special clothing (Brisbane, 1988). Attractive maternity clothes need not be expensive but they are important for good. It should be loose enough for freedom of movement and allow for good circulation. Tight clothing of any kind should never be worn. Simple garments are the best choice the expectant mother should consider how they would fit in the last months of pregnancy.

The golden rule for maternity wear is comfort, so avoid tight waistbands, skirts that ride up or very high heels that through the pelvis out of balance and cause backache. If you are too large for your regular clothes but feel awkward wearing maternity clothes raid your partner's wardrobe for bigger shirts and trousers, or buy clothes a size or two larger than usual that you can wear later on .It will not be normal size for several weeks after the birth but most women do not want to continue wearing maternity clothes (Thorn, 1995).

### **3.7. CHANGES IN SEXUAL BEHAVIOR DURING PREGNANCY**

The attitude towards pregnancy varies from respondents to respondents. There is no such clear sexual prohibition. In some of the respondent, sexual intercourse is prohibited from the time a woman is identified as pregnant .In some other respondents, sexual intercourse continued until the approaching delivery. But most of the respondents

(62.5%) of them replied that they would stop sexual intercourse after three months of pregnancy.

Question (5) According to your culture and tradition when do you stop sexual intercourse after conception?

	<u>No</u>
a) No sexual intercourse -----	6
b) After two months -----	19
c) After three months-----	75
d) After six months-----	16
e) Until the time of birth -----	<u>4</u>
Total	120

They were asked on why they are prohibited to do sexual intercourse. Several reasons were mentioned. The most widely cited reason is that as the fetus increase in size. The male sperm will cause swelling on the fetus body. Another reason mentioned in nearly equal number of respondents at the above reason is that sexual intercourse may cause miscarriage. The third reason mentioned is that, if a pregnant moment made sexual intercourse the newborn child will be crippled. Lastly, a pregnant woman is supposed to discontinue sexual intercourse because as the fetus developed, the woman is not capable to do sexual intercourse.

Feelings about sexual behavior during pregnancy vary from culture to culture (Bruce, 1996) .In some cultures, a man's penis is seem as intruding on the territory of the fetus is sexual intercourse occurs during pregnancy. Other cultures pregnancy is closely associated with sexuality and women may even experience orgasms while giving birth. There is a wide variety of beliefs (many of which are mistaken) about having sexual intercourse during pregnancy. Many women show a marked decrease of interest in sex during the first trimester of pregnancy. Many women show

a marked decrease of interest in sex during the first trimester of pregnancy due to symptoms of pregnancy, such as morning sickness.

There is currently some debate about having sexual intercourse during the last months of pregnancy. Masters and Johnson (1995) claim that there is no problem with having sexual intercourse through the ninth month except for certain cases. A few practical guidance about sex during pregnancy are in order. Women with a history of previous miscarriages or whose pregnancy is in danger of miscarriage should abstain from any type of sexual activity that might result in their having orgasms, since contraction of the uterus during orgasm could be risky. If vaginal or uterine bleeding occurs during pregnancy, it is also wise to avoid all forms of sexual activity until receiving a medical okay.

### **3.8 BELIEFS AND SOLUTION ABOUT LABOR DIFFICULTY AND PROLONGED PREGNANCY.**

According to their culture, a pregnant woman is expected to give birth between the 9<sup>th</sup> and 10<sup>th</sup> month of pregnancy. If a pregnant woman does not give birth, villagers and relatives consider the pregnant woman, as she was not working hard during her gestation period. A woman who does work hard is believed to ensure an easy and on time delivery. On the other hand, those pregnant women who do not work hard are believed to face labor difficulty as well as extended birth time. The most widely cited food that results in difficult labor and prolonged birth time is citrus fruits like lemon. If a woman ate lemon in her gestation period, her blood does not circulate, hence there will be birth difficulty.

In almost all the respondents, if a pregnant woman does not give birth at the expected time, they believed that the girl loses blood through accident. A woman who suffers from nose bleeding is also expected to face difficulty in labor, and delay in giving birth.

Question (6) if a woman do not give birth at the expected month, what do you prefer to use?

a. Traditional solution	92
b. Modern medical examination	28
Total	120

In response to this question, 76.6% of the respondents replied that they prefer traditional solution to the problem. The traditional healing mechanisms to overcome the above problems differ from family to family. In some of the families, the fruit of a tree called “Morkoko” is squeezed with water and given to the pregnant woman to drink it. This traditional medicine is thought to make the blood move and then result in birth. In other families the honey of wasp and leaf of a tree called “angul” in their language is smoked on to the pregnant woman. This smoke is supposed to cause labor. In some other families religious fathers would give to the expectant mother “Nejib” this would be tied on the legs of the woman, this is thought to be solution to the problem. The most widely “practiced” traditional solution used by many of the families is that of “almahya” and “albuhir”. On a wooden plate religious feathers write some statements from the wholly “quran”. This written wood is washed by water and given to the pregnant mother to drink it. “Albuhir” is also sheikh written paper given to the pregnant mother to be smoked on to her body. According to their tradition, a woman until the 11<sup>th</sup> month of pregnancy is considered as normal. They seek modern medical solutions as a last resort if traditional practitioners do not treat them.

### **3.9 BIRTH**

As the time of delivery approaches, an expectant mother and the family prepare things that are important for the birth and the baby. A

place is fenced at one side of the house; mattress made from straw is placed on the ground. In case mattress is not available an old mat or rug is prepared for the mother to give birth. Near to the fenced place of delivery, another place is prepared for the mother to wash and excrete. In this place, a whole is also dugged. An old piece of clothes is collected and cleaned to use for the removal of the baby's waste. New clothes to the mother and baby are bought. The first time a woman gives birth is considered as a big event, since the mother does not have birth experience before. There is no way of anticipating what problem may happen. Hence, birth attendants may be more in number during the first born. Neighboring women and husband's relatives such as mother-in-laws, sister-in-laws are present during birth. Sometimes relatives of the expectant mother may be called upon, if they are in near places, but they usually come to ask her after birth.

Males are not called upon delivery he would rather stay outside. If labor is prolonged, he will be asked to move here and there around the house. But sometimes they may be called if the expectant mother is unable to give birth, so that she is taken to the clinic. In case of prolonged labor, most of the respondents replied that, they prefer to use traditional measures. They use "albuhr" and "almahya" as mentioned before. In some other families, coffee seven in number is burned and smoked to the expectant mother. This is thought to cause the blood move so that of birth. In other families, the honey of wasp scum is smoked to the pregnant mother. This is also thought to cause contraction by moving blood.

Question (7) what do you prefer to use in case of prolonged labor?

- |                                |    |
|--------------------------------|----|
| A, Traditional healers -----   | 95 |
| B, Modern health centers ----- | 25 |

In response to the above question, 79.1% of the respondents replied that, they prefer traditional solutions. It is only 21% of the respondent who replied that they prefer modern health centers. They were also asked what causes prolonged labor. Almost all the respondents, replied that, if an expectant mother is not working in her gestation period, her blood do not move and she will not be strong enough to give birth. In addition to this, if a mother takes excess of citrus fruits like lemon, birth will be difficult. Lemon is believed to decrease the volume of blood in the body. The decrease in blood is also believed to cause birth pangs and delivery delay.

After finishing with the birth, the midwife washes the mother's and newborn baby. Mothers-in-law and sisters-in-laws help the midwife in washing and holding the newborn baby. The baby is hold with wrapping clothes. After the announcement of the birth, males are allowed to enter into the house. Goat or sheep is slaughtered; relatives and neighbors come up with different food items such as sugar, honey, butter, stew made with chicken, coffee etc. Food and coffee is served to those visitors. The mother and baby are embellished with new clothes and ornament. After the birth ceremony is over, the midwife is given only a soap to take it to her house. The soap is given to her to wash her hands. Nothing is given other than soap. Helping pregnant woman is considered as their obligation. If she is not voluntary to help the expectant mother, she will be accursed by the villagers. On the contrary, if she did it and finishes, she will get benediction from the religious fathers and relatives.

Childbirth in most cultures has been surrounded by a degree of awe, mystery, and ritual. The capacity to nurture and bring forth a fully formed infant has inspired fear, respect and occasionally even worship. The fertility of women has been viewed as the fertility of fields. Therefore,

many cultures worshiped goddesses of fertility, who were usually portrayed as extremely pregnant women (Barclay, 1985).

Traditionally, in most cultures, males have been excluded from childbirth. A recent cross-cultural study of birthing practices found that only 2 of 186 non industrialized cultures allowed men actively to participate in the birthing process; only 27 percent allowed the father to be present at birth (Lozoff cited in Barclay, 1985). Close female friends and relatives, including women that specialized in the delivery of the infant, congregate around the woman in labor to keep her company and assist with the birth and early care of the infant.

Question (8) what is the more preferred sex in your culture?

Male -----	118
Female -----	1
No discrimination -----	1
Total	120

Source: questionnaire

From the above question, almost all the respondents replied that, sons are greatly preferred to daughters. It is only 1 respondent who preferred female to male it was asked why she prefer daughters to son. She said that females are more concerned about their family and ask their parents more frequently than males.

In the focus group discussion, participants were asked if there is belief about the future fate of the child in relation to conception and birth time. Many of the participants replied that there was no such a belief.

But some discussants mentioned that, if the husband hates his wife during pregnancy, Son would be expected. On the other hand, if the wife hates her husband, daughter is more expected. A baby born during harvest time is believed that, he would be rich in his later life.

Informants on the questionnaire were asked to describe the various food items that are recommended as delivery is approached and during postpartum period. The mother is served with a special corn dish made of sorghum, soup (broth), oats, stew made with chicken egg, meat and honey. In almost all the respondents, the best type of food preference at the time of birth is protein foods. A nursing mother as far as the family's economic capacity is enough to support the expenses to buy such food items, protein foods are more recommended.

Respondents were also asked to describe food items that are restricted during birth and postpartum period. Despite the existence of variation in restriction of different food items from place to place, the most commonly restricted food items are: nut (almond), pumpkin, porridge of wheat (barley), peas, beans, sugar, potatoes and lemon. If the nursing mothers take these food items, the milk will be spoiled. The baby after sucking the breast face stomachache and vomiting. Hence, they avoid eating such cereals in the belief that the above-mentioned problems will occur.

### **3.10 FEEDING THE NEWBORN**

The data collected from the informants, revealed that most of the mother starts to breastfeed their child within two hours. This is the time that the mother and the newborn are washed and get relief from birth pangs. Some women replied that they start to breastfeed their child in nearly an hour.

Question (8) When do you start to breast feed the newborn baby after birth?

After an hour -----	23
After two hours -----	90
After three hours -----	6
After four hours-----	1

The establishment and maintenance of breastfeeding should be one of the major goals of good postpartum care. Human breast milk is the optimal food for newborn infants. It is recommended that the baby is given to the mother to hold immediately after birth, to provide skin-to-skin contact and for the baby to suck as soon as she/he shows signs of readiness normally within  $\frac{1}{2}$ -1 hour after birth (WHO, 1989). Early skin contact and early sucking is associated with more affectionate behavior of mothers towards their infants; mothers who start to breastfeed early have fewer problems with breastfeeding. As little as 15-20 minutes of contact in the first hour may be beneficial. Spontaneous sucking may not occur until from 45 minutes to two hours after birth, but skin-to-skin contact can start earlier. Restricted mother infant contact after delivery resulted in a significantly more frequent discontinuation of breastfeeding at 1-3 months.

(Woolridge cited in WHO, 1986), suggested that the ability of a woman to attach her baby correctly to her breast seems likely to be learned, and predominantly manual skill, which the mother must acquire from observation and practice. In industrialized societies, women may not have the opportunity to observe breastfeeding before they breastfeed themselves, and there may be few experienced breastfeeding mothers in the mother's immediate social circle. One of the important

tasks of the caregiver in the postpartum period is to help and teach women to correctly attach their babies.

Respondents were also asked for how long the baby is separated from his mother after delivery. The mother receives her baby within an hour. An hour gap between delivery and receiving of the baby is waited for the child and the mother to wash their body and until the midwife finishes her work. But sometimes if the mother doesn't get relief from the birth pangs, the baby is supposed to stay in the hands of the midwife or some other birth attendants such as mother-in-laws, sister-in-laws.

Question (9) for how long the baby stays in isolation from his mother after delivery?

A. Less than an hour -----	93
B. For an hour -----	12
C. For two hours -----	9
D. For three hours -----	6
C. Any other time -----	0
Total	120

Source: questionnaire

According to the respondents, women do not directly start to breastfeed her baby. They give him/her boiled water with some sugar added on it. They believe that the water will open and wash his throat. Before the child starts to suck the breast, colostrums is discarded. Colostrums is believed to cause abdominal upset and diarrhea. Because of its color and thickness, they consider it as dirty. 108 of the respondents believed with colostrums disposal. It is only 12 respondents who replied that they do not discard colostrums.

Sucking during neonatal period enables the infant to absorb colostrums, a watery fluid secreted by the breasts in the first few days before the onset of milk production (Barclay, 1985). Colostrums contains more protein and minerals but less sugar and fat than the milk that it to follow .It thus may provide a little nourishment to the baby, though rather small amounts of it are secreted and ingested. The most important function of colostrums appears to be its ability to transfer antibodies against various diseases to the body. Thus colostrums provides temporary immunity against a numbers of diseases until the mothers milk can begin to provide antibodies also, and until the baby's own body can begin to manufacture its own.

The newborn benefits from colostrums intake and the mother's system benefits form breast -feeding. Colostrum is replaced by milk 3 to 4 days after the child birth (Harris, 1993).

The early initiation of breastfeeding is important for a number of reasons. Early sucking benefits mothers because it stimulates breast milk production and releases a hormone that helps the uterus to contract and reduce postpartum blood loss. The first breast milk contains colostrums, which is highly nutritious and has antibodies that protect the newborn from diseases. Early initiation of breastfeeding fosters bonding between mothers and child. One in two children are breastfeed with in one hour of birth fifty eight percent of children are not given the first milk (Demographic and health survey, 2001).

This survey, mentioned that there is little in the timing of initial breastfeeding by gender of the child. However, rural children are more likely than urban children to start breastfeeding with in one hour of birth. Nine in ten children living in the south nations and nationalities region, start breastfeeding with in one day of birth in contrast to one in

two children from the Amhara region. Mother with little or no education are more likely than highly educated mothers to put their newborn to the breast with in the first hour of birth. Early initiation of breastfeeding is also more common among children who received no assistance at delivery and children born at home.

### 3.11 WHAT IS DONE WHEN THE INFANT REFUSES TO BREASTFEED?

In case the baby refuses to breastfeed, different kinds of traditional solutions are used and vary from family to family. The most widely cited solutions are boiling fenugreek with water and give to the baby. There is a traditional medicine known as “fita” grinded in a pestle and mixed with water. This is given to the child to drink it “Aemahya” will be written by religious fathers and given to the baby. More than 85% of the respondents replied that, they go to modern medical institutions if the baby is not healed through traditional medicine and they use it a last result to the problem

Question (10) what do you first prefer if the baby refuses to feed:

	No
a) Traditional solutions -----	103
b) Modern medical examination -----	17
Total	17

Source: questionnaire

Various reasons are mentioned on why the baby is refused to feed. Most of the respondents believed that the body has abdominal ache (colic). On the other hand, some other respondents believed that evil-spirit has affected the baby. Sometime the expectant mother may not

have enough milk for the baby in such cases they were asked what alternative they use for the problem 95% of the respondents replied that they bottle-feed cow milk. Some 6 respondents replied that, another relative who have enough milk is asked to breastfeed the baby. Besides giving him/her milk in some of the families' porridge, Fenugreek, oats are given to the baby.

The infant sleeps together with his mother this is because; when the infant cries it will be very easy to give him breast. They were asked why they did not put the baby alone in a crib or room. They replied that if the baby sleeps alone evil spirit would affect him. They also mentioned that for the body to feel secured from wind and fall accident. It creates great opportunity for the baby to feed immediately the breast. Some times the baby sleeps the breast in his month.

Two kinds of breastfeeding positions are mentioned. The most popular is that to pick up the baby, put on the knee by holding at the back with hand. The other is by approaching her breast to the baby's mouth as he sleeps on the bed. Holding is considered as more love expressing to their body.

The respondents were asked what measures they take when the infant refused to sleep. They mentioned that, his body would be washed with lukewarm water. After his body is washed, massaged with oil (sesame) and butter.

### **3.12 DURATION OF CARE IN THE POSTPARTUM PERIOD**

According to the Berta culture the period of postpartum lasts at about 40 days of birth. This period is considered as very important for the benefit of both the mother and the baby. She and the infant must stay in the house for these predetermined days. For the first ten days,

the mother is expected to eliminate in the house. At one side of the house a whole is prepared and excrete there. Despite the hot whether condition of their living areas, the nursing mother is kept well covered with clothes. The child is carefully wrapped and kept warm. Until the 10<sup>th</sup> days after birth, the nursing mother is not engaged in any activity in the house. But after the 10<sup>th</sup> days of birth, she is engaged in some activities such as cooking in the house, cleaning the house, washing clothes for the baby etc.

During the first ten days neighbors and relative visit her most frequently. Females come with stew made of chicken, soup, sugar coffee and some other food for the mother on the ether hand; males usually come up with tea, soap and fire woods. A mother during her postpartum period is accompanied and attended by her sister, mother-in-law sister – in-laws and other relatives. There is a belief that a nursing mother should not stay alone for forty days. If the mother is keep alone in the house, there is a belief that evil spirit would make the infant and mother ill. Because of this, women in the village keep and attend the nursing mother turn by turn and perform several activities in the house for ten days. If she goes out, evil spirit will affect her.

A nursing mother is advised and served as much food as the can until the 40<sup>th</sup> days of birth. Despite the fact that she starts to perform certain activities in the house after the 10<sup>th</sup> days, she was not allowed to work as she was doing in her normal time. After the 40<sup>th</sup> days of uninterrupted care and support, the nursing mother is engaged in her usual activities as ever before.

Question (11) According to your culture, for how long a nursing mother is cared and kept in the house?

- |                  | No |
|------------------|----|
| a) 10 days ----- | 4  |
| b) 20 days ----- | 5  |
| c) 30 days ----- | 7  |

d) 40 days -----	104
e) If any -----	0
Total	120

Source: questionnaire

Question (12) when is a nursing mother engaged in her usual work?

	No
a) After 10 days -----	2
b) After 20 days-----	9
c) After 30 days -----	11
d) After 40 days -----	40
e) It any -----	0
Total	120

Source: questionnaire

Traditionally the period of postpartum is supposed to end 6 weeks after birth the period of 6 weeks fits very well in to cultural traditional in many countries, where often the first forty days after birth are considered a time of convalescence for the mother and her newborn infant .In may countries at that time a routine postnatal visit and examination are planned (WHO, 1998). Six weeks after delivery the body of the woman has largely returned to the non – pregnant state .The psychosocial adaptation of the mother, the baby and the family to the new situation usually has attained a new balance. However this does not mean that the pre- pregnant state has completely returned: lactation usually continues, often the menstrual cycle has not yet normalized and sexual activity may not have been resumed yet. For the infant the age of six weeks is not decisive turning point in this or her life but the continuation or discontinuation of breast-feeding is directly related to the social and economic activities of the mother. Although the first 6 weeks of

postpartum, it is fully recognized that the life of the woman and her body in a continuum.

The postpartum period is significant for the mother, baby and family for two important reasons. First it is a time of physiological adjustment for both mother and baby. Second it is a period of important social and emotional adjustment. Thus the goal of care during the postpartum (WHO, 1998) are: to promote the physical well being of both the mother and baby; support the developing relationship between the baby and his /her mother, father and family; support the development of infant feeding skills; support and strengthen the mother's knowledge as well as her confidence in herself and in her baby's health. Thus, enabling her to fulfill her mothering role within her particular family and cultural situations and support the development of parenting skills.

WHO further described, the early days following childbirth are formative for the new mother, baby and family. Certain fundamental needs and basic services are required for adjustment during the postpartum period, regardless of whether the birth has been the hospital, birth center or home, these fundamental needs and basic services are: rest and recovery from the physical demands of pregnancy and the birth experience: assessment of the physiological adaptation of the mother and baby and prevention of problems; support of the mother, baby and family during the period of adjustment by family members) in aspects relative to personal and baby care.

During the immediate postpartum period, the mother and newborn, with the context of their family or personal support, should be viewed as a unit. When ever possible disruption of the close parent-infant relationship during the crucial few hours following birth is to be avoided; mean while direct physical contact between the baby, mother and father is strongly encouraged. The parent- infant bond- the first step in the infants subsequent attachment is formative to Childs sense of security and has long lasting effects. Indeed the benefit to the parents

should not be underestimated; this every physical contact with the body affirms their sense of accomplishment and promotes their self-confidence as parents keeping babies and parents together should clearly be of the highest priority (ibid).

A nursing mother usually does not carry on their baby when she goes to market or some other areas. Another relative or older child is expected to keep and hold the baby until she turned back from the market or any other areas. It was asked that why they do not carry on the baby, they replied that if the baby is exposed the sun, he/ she feels nausea and vomiting. On the other hand, exposing a child to many people is thought to cause the baby ill-evil eyes.

Question (13) when does a nursing mother go to market or to the fieldwork?

	No
a) She hold the baby with her -----	4
b) Keep him/her in the house for another relation -----	116
Total	120

Source: questionnaire

### 3.13 FEEDING SCHEDULES

In Berta culture, the child is fed whenever he cries. There is no regular feeding. Almost all mothers replied that they are especially careful to feed the moment the body cry. Crying in most of the time is considered as an indication for the body's demand of breast. But some respondents replied that during nighttime the mother put on her breast to the baby when he moves, even if he is not crying. This is done in order to prevent the baby's from crying. The most frequently the baby cries, the more frequently he/she fed. There is no such scheduled feeding. The

working mother sometimes gives breast to the baby when she is at rest and her breasts are full even if the baby is not crying.

Question (14) according to your culture, the baby is fed?

	No
a) When he cries -----	109
b) Fixed interval time (scheduled) -----	0
c) non-scheduled ----- 11	
Total	120

Source: questionnaire

The needs of infants are relatively straightforward. When awake, they need food, stimulation, and someone to attend to hygiene. At other times, they need to sleep to make development progress- for example, a pituitary growth hormone is released during sleep .the patterning and timing of these events is determined by each baby's unique physical and psychological needs, but they can be influenced by care givers. In a demand-feeding schedule, infants are fed whenever they are hungry. A healthy infant is able to signal the caregiver by crying when hungry and stopping feeding when full. More variations are introduced into infant care with demand feeding. Initially it is difficult to predict when the infant will need to be fed, but, with time, all infants settle into a predictable pattern. Because demand feeding seems to meet the baby's needs most effectively, most health care workers advocate this approach (Harris, 1993).

### **3.14 SEXUAL INTERCOURSE DURING NURSING**

In most of the respondents, marital intercourse during the three months starting from delivery is forbidden. There are no justified reasons for the restriction of sexual intercourse but they accept it as taboo. Three

months after delivery is usually time when sexual intercourse is resumed. There are also some respondents who replied that they start they start sexual intercourse after two months of pregnancy.

Question (15) when do you start sexual intercourse after delivery?

a. After one month_____	3
b. After two months_____	22
c. After three months_____	95
Total_____	120

Source: questionnaire

### 3.15. CEREMONIES

There are two big events that are cerebrated during birth and circumcison. The first day the baby is delivered, goat or sheep is slaughtered. Neighbors and relatives come with different kinds of food items for the mother and others who come to ask her. Everybody coming said her "congratulation". Female relatives and neighbors usually come with porridge, "injera", stew made with chicken, butter, milk etc. On the other hand males come with firewood, coffee, sugar, soap etc. Food and coffee is served for all relatives and neighbors. This day everybody coming will pray "Karama" to congratulate the coming of the new baby to this World by the will of God "allah". The mother is embellished with new clothes. This day chaplet (rosary) is put to the neck of the baby. The rosary is thought to keep the baby from evil spirits. The religious fathers has a special pray and benediction for the child and the mother.

The second ceremony is that of circumcison. According to their culture and belief, circumcison is held on families demand. There is no fixed time for circumcison to hold on. Some held it after 15 days, some after 30 days, and some others after 6 months or later time. During circumcison, goat or cattle is slaughtered and prepared. Neighbor and relatives that were present during birthday will be called upon. They

bring injera, coffee, sugar, and other things as was in birth ceremony. The baby wears new clothes. Circumcision is usually held male with male and female child with female. Before circumcision is held, the child is sprayed with a traditional medicine called "Feto" in order to protect him from an illness know as "meche". Experienced traditional woman and man of the village hold circumcision. After the cutting of the genital or uvula tea is added on the wound to stop bleeding. After circumcision is over, the baby is served with soup. Those relatives and neighbors lark and feast each other. They are served with food that is already prepared for the ceremony. The religious fathers and mothers give benediction to the child and the family.

### **3.16. CAREGIVERS BEHAVIORS AND BELIEF ABOUT INFANT ILLNESS**

According to the focus group discussion conducted, there are many beliefs on how the child become sick and when do they say that the child is ill. Most of the participants replied that evil eyes to be the cause for the baby's illness. Some participants on the other hand replied that the child has stomach upset. The first sign of the baby's illness that is considered is crying. Secondly the child refuses to breast-feed. They have mentioned various traditional solutions to the problem. In most families, fenugreek and "tikurazmud" would be given to the child to drink it. There is also a drug given by herbalist called 'etsahi", this is especially given when they consider the child's illness is stomachache. In some other families, a grass called "fita" will be mashed in a pestle. This will be mixed water and given to baby to drink it. It is after all this attempts are not working that they seek modern medical treatment. It is only few of the participants that they seek modern medical institutions for the treatment of their child.

It was found that mothers nursed their child more frequently and in a short interval during the postpartum period. The mother in her

postpartum period is in close contact with the baby. Hence the child's crying and the mother's proximity to the baby determine pattern of breast-feeding. There are behaviors that are considered as indicators for the baby to be fed by the mother. The first and most popular infant behavior is crying. There is also soft murmuring of the baby such as "ah" cooing. Sleeping is another behavior of the baby. When he baby awake from sleeping, he/she is given breast. There are also caregiver behaviors that are described by the discussants. Among thee behaviors breast-feeding is the most frequently observed behavior. Holding the infant and tapping its back rhythmically and jiggling the infant are among the behaviors of caregivers. The caregivers also practice smiling and gazing at the infant.

### **3.17. WASTE DISPOSAL AND CLEANLINESS**

As the delivery time is approached, the expectant mother prepares as many old clothes as possible. These clothes are cleaned and stored. As mentioned before cinder is placed at the corner in one side of the house. These clothes clean the baby's face. Sometimes they use it as diapers. These clothes are stored in the cinder and washed for another use. The baby's body is washed two times a day in the morning and in the evening. If mother's breast is dropped on the child's body, it is believed that it will create bad smell and illness to the baby. After the baby is washed, his body is massaged with sesame oil and butter. They believed that the oil would soften the skin of the baby.

## **4. CONCLUSION AND RECOMMENDATIONS**

### **4.1. CONCLUSION**

Most pregnancies progress smoothly for the mother and unborn child, but problems can occur. Prenatal care not only increases the mother's chances of staying health but also protects the wellbeing of her developing Fetus. Although most people think prenatal care as something done by a doctor or nurse midwife, it is more of the mothers and families responsibility (Masters and Johnson, 1995). The mother's and family's responsibility are really more important than the health care providers. Prenatal care is mainly a means for preventing; secondly, it is a way to detect complications as early as possible in order to minimize their impact.

According to the culture of Berta, a woman's conception most usually is recognized when the expected menstrual cycle is missed and there are some other signs and symptoms such as nausea, vomiting, bring anxious, quarrelsome and softening of the skin. Some woman also mentioned craning for certain food items.

Good Nutrition during pregnancy is an essential part of prenatal care. The mother requires more calories and extra nutrients such as protein, vitamins and minerals to meet the needs of her body and developing fetus. In Berta culture, a pregnant girl is usually expected to take food items that are high in protein. The rest food items such as vitamins and minerals are not that much considered. This lack of nutrition can lead to slower fetal growth, premature delivery and low

birth weight babies. Most of the respondents may avoid eating certain types of food during pregnancy because of cultural taboos. This could have a detrimental effect on the health of the mother and her child.

Cultural differences in prenatal care practices are related to differences in Belief system. Every societies follows different cultural agendas in relation to pregnancy and infant care. In Berta culture, all expectant mothers are believed to work so many activities as usual until the period of birth. They are tired of holding things to the market, digging traditional gold mines, going to the field etc. There is no such restriction of works in most of the families.

In Berta, women with relatives and neighbors have strong ties. They have a daily coffee ceremony where they come together for coffee and deal so many social issues. This daily gathering of women established support network for pregnant and postpartum care of the mother and newborn. They usually come with a lot of food items during pregnancy and birth. They come together and give moral support; they also help the expectant mother in various field and domestic activities.

According to the study conducted, a pregnant woman in Berta culture usually goes to the religious man of traditional herbalist in case certain illness happen. There are different kinds of traditional medicines made from roots of trees and leafs. The religious fathers on the other hand give script of "quran" to be smoked or drank by the expectant mother. Despite the belief that these traditional solutions are very important in alleviating certain problems, its potency and harmful effect may not be considered. There are also certain activities that should be performed during pregnancy only through modern medical examinations. Such examinations include: checking the fetus position, proving pregnancy through urine examination, administration of vitamins and counseling. These activities are not that much performed in almost all

the families. They prefer modern medical examinations as a last resort to their problems.

Attitude towards sexual intercourse varies from families to families. In most of the families, sexual intercourse is forbidden after three months of pregnancy. There are also reasons for this restriction. Some believe that the male sperm makes the fetus crippled and some others believe that miscarriage would occur. Sexual intercourse in most of the families is resumed after three months of delivery.

There are certain beliefs and traditions with regard to labor difficulty and prolonged pregnancy. A pregnant woman during her gestation period should work hard in order to bear her child with little birth pangs (labor). It is believed that, if a woman does not work hard during her gestation period, blood does not move, this would result in prolonged and difficult delivery.

According to the culture of Berta, a newborn baby after delivery is given to the mother within an hour. This has a significant effect in the development of attachment. Early bonding during this critical period is very important for the baby's development of trust so that he/she will develop positive sense of trust in his later psychological development. A baby is fed also within two hours of birth. The early initiation of breastfeeding has detrimental effect on the baby's later behavior. Hence, this can be taken as positive care practices that others can learn from this culture.

In Berta culture the mother and family members welcome pregnancy happily. There is cultural preference of males to daughters. The birth of a child is celebrated with feast and joy. Relatives and neighbors usually come up with different food items for the mother and

the family. Delivery is held by the traditional midwives of the village. Relatives such as mother-in-law, sisters-in-laws attend the birthing process. Males are not allowed to attend. They are called after delivery is over. Every body comes to congratulate the mother and family. The newborn infant is usually fed within two hours of birth. The baby is fed water with sugar before breast is provided. It is believed that the water would remove meconium and open alimentary canal. Colostrum is believed "dirty" and "stale" is discarded. If the baby drinks it, it is believed that, it causes intestinal upset and vomiting.

During the postpartum period, traditionally women rest in the house for 40 days and attended by other women who prepare nutritious food and do house work. Special foods such as soups, porridge is provided to the mother. Stew made from chicken is commonly given to the mother during postpartum period. Traditionally diapers are not used, a clean cloth is put under the baby when held or carried. Most circumcision is held between birth and three years of age and varies greatly in timing of different families. Infants are given name within ten days of birth.

There are two big events that are celebrated. The first day of the baby's birth and circumcision ceremony. These two are considered very essential for the wellbeing of the baby. The baby gets benediction from religious bathers and relatives. A mother after 40 days of birth is engaged in her usual work activity. Infants are kept indoors for a specified period due to certain beliefs. Most families do not take the baby out of their house for fear of evil eyes. Mothers nursed their child by holding and approaching the breast as the baby sleeps.

4. Despite the useful traditional practices, there are also harmful traditional practices such as being out of work would cause birth difficulty. This and other beliefs should be thought to them through informal and non-formal education.
5. The health workers and other responsible bodies should teach to them about the importance colostrums, good breast-feeding outcomes and other beliefs to the people.
6. Teaching the society about the proper postpartum care practices of the mother and newborn.
7. Teaching the society about certain fundamental needs and basic services such as rest and recovery, different programs of maternal and newborn care, bonding and its psychological significance in the later life.

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**አዲስ አበባ ዩንቨርሲቲ**  
**የድህረ ምረቃ ትምህርት ክፍል**  
**የሳይኮሎጂ ዲፓርትመንት**

በእርግዝና ወቅት፣ በወሊድና በአራስ ጊዜ የሚደረጉ እንክብካቤዎችና ተግባሮች እንደየአካባቢው ባህል፣ እሴት ፣ እምነትና ፍልስፍና መሠረት ከቦታ ቦታ ከብሔረሰብ ብሔረሰብ ከአገር አገር እንደሚለያይ ይታወቃል። የዚህ መጠይቅ ዋና አላማም በበርት ብሔረሠብ ባህልና ወግ ፍልሥናና እምነት መሠረት በእርግዝና በወሊድና በአራስ ወቅት የሚደረግን እንክብካቤና ባህላዊ ሥርዓቶችን ለማጥናት ነው። ሥለሆነም ይህንን መጠይቅ በጥንቃቄና ትክክለኛውን መረጃ በመስጠት በኩል እንዲተባበሩኝ ሥል በትህትና እጠይቃለሁ።

1. ፆታ -----
2. እድሜ-----
3. የትምህርት ደረጃ -----
4. የጋብቻ ሁኔታ ያገቡ  ያላገቡ
5. በእርግዝና ልምድዎ
  - ሀ. ምንም
  - ለ. አንድ ጊዜ
  - ሐ. ሁለት ጊዜ
  - መ. ከሁለት በላይ
  - ሠ. ሌላ

I. እርግዝና /የፅንሰ እድገት/ ታሪክ

6. በእናንተ ባህል መሠረት አንዲት ሴት መጠነሥዋን የምታውቀው በምን ሁኔታ ነው?

ሀ. የወር አበባ መቅረቱን በማወቅ

ለ. በሃኪም ምርመራ

ሐ. ሌላ ካለ ይጠቀሥ-----

7 በባህላችሁ መሠረት አንዲት ሴት መጠነሥዋን ቅድሚያ የምታሳውቀው ለማን ነው?

ሀ. ለእናት

ለ. ለአባት

ሐ. ለባል

መ. ለእህት

ሠ. ሌላ ካለ ይጠቀሥ-----

8. በባህላችሁ መሠረት አንዲት ሴት መጠነሥዋ እንደታወቀ የሚሠማት ሥሜት ምንድን ነው?

ሀ. ደስታ

ለ. ሀዘን

ሐ. ንዴት

መ. ጭንቀት

ሠ. ሌላ ካለ ይጠቀሥ-----

9. በእርግዝናዎ ወቅት ይመገቡ የነበሩት ምግቦች በአብዛኛው?

ሀ. የሥጋ አይነቶች

ለ. የጥራጥሬ አይነቶች

ሐ. የአትክልት አይነቶች

መ. ሌሎች-----

10. በእርግዝናዎ ወቅት የተከለከሉት የምግብ አይነት?

ሀ. የሥጋ ተዋፅኦ

ለ. የጥራጥሬ ተዋፅኦ

ሐ. የአትክልት ተዋፅኦ

መ. ሌሎች ካለ-----

ሠ. ከተከለከለ ለምን?

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11. በባህላችሁ መሠረት አንዲት ሴት ከባድ ሥራ እንዳትሠራ የምትከለክለው ከስንተኛው ወር ጀምሮ ነው?

ሀ. ከ3 ወር

ለ. ከ6 ወር

ሐ. ከ7 ወር

መ. ከ8 ወር

ሠ. ሌላ ካለ -----

-----

12 እርግዝናዎ ወቅት የተለያዩ የህመም ስሜቶች ሊያጋጥምዎት ይችላል ለዚህ መፍትሄ ይሆን ዘንድ የሚጠቀሙት ምንድን ነው?

ሀ. የሀኪም እርዳታ

ለ. የባህል መድሃኒቶችን መጠቀም

ሐ. ሌላ ካለ ይጠቀሙ -----

-----

13 ባህል ህክምና ዘዴዎች ካለ ምን ምን ናቸው?

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14. ለመሆኑ በእርግዝና ወቅት ዘመናዊ ህክምና ምርመራ አድርገው ያውቃሉ?

ሀ. አዎን

ለ. አላውቅም

ሐ. ሌላ -----

15. አንድ ነፍሰጡር ሴት በእርግዝና ወቅት ዘመናዊ ህክምናና ምርመራ የምታደርገው መቼ ነው?

ሀ. እርግዝናን ለማረጋገጥ

ለ. ህመም ሲሠማት

ሐ. በተወሰነ ጊዜ ልዩነት

መ. ሌላ ካለ ይጠቀሙ -----

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16. በበርታ ብሔረሠብ ባህልና እምነት መሠረት በእርግዝና ወቅት?

ሀ. ባልና ሚስት አብረው ይተኛሉ

ለ. ተለያይተው ይተኛሉ

ሐ. ሌላ ካለ \_\_\_\_\_

17. ተለያይተው የሚተኙ ከሆነ ከሥንተኛው ወር ጀምሮ ነው?

ሀ. መፀንሥዋ ከታወቀ

ለ. ከ3 ወር

ሐ. ከ6 ወር

መ. ለትውልድ አቅራቢያ

ሠ. ሌላ ካለ ይጠቀሥ \_\_\_\_\_

18. ተለያይተው እንዲተኙ ከተደረገ ምክንያቱ ምንድን ነው? \_\_\_\_\_

19. በእርግዝናዎ ወቅት አለባብሥዎን በተመለከተ?

ሀ. የነበሩ ልብሶችን እጠቀማለሁ

ለ. ሌላ ሠፊ ልብስ እጠቀማለሁ

20. በበርታ ብሔር፣ ባህልና እምነት መሠረት አንዲት ሴት መፀንሥዋ ከተረጋገጠ በኋላ የግብረሥጋ ግንኙነት ለምን ያህል ጊዜ ይቀጥላል?

ሀ. ግንኙነት አይደረግም

ለ. 3 ወር

ሐ. ለ6 ወር

መ. መውለጃዎ እሥኪቃረብ

ሠ. ሌላ ካለ \_\_\_\_\_

21. ከላይ በ20 ቁጥር በተገለፀው መልስ ምክንያት ምንድን ነው? \_\_\_\_\_

22. አንዲት ሴት በተጠበቀው የመውለጃ ወቅት ካልወለደች ምን ዓይነት መፍትሄ ይወሰዳል?

ሀ. የባህላዊ መፍትሄ

ለ. የሃኪም ህክምና   
23. ባህላዊ መፍትሄ ከሆነ ምን ይደረጋል?-----  
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24. የወሊድ ወቅት መዘግየት ምክንያቱ ምንድን ነው ተብሎ ይታመናል?  
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### I. የወሊድና የአራስነት ልምድ

25. በወሊድ ወቅት ምጥ ቢጠናብዎት እንደመፍትሄ የምትጠቀሙት?

ሀ. የባህል መፍትሄዎች

ለ. የሀኪም እርዳታ

26. የሚደረጉ የባህል መፍትሄዎች ምንድን ናቸው?-----  
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27. ምጥ የሚጠናበት ምክንያት ምን ተብሎ ይታመናል?  
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28. በበርታ ብሔረሰብ ባህልና ኑሮ አንፃር ተመራጭ የሚሆነው የታ ምንድን ነው?-----  
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29. ከላይ በ27 የተጠቀሰው ምክንያት ምንድን ነው?-----  
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30. በወሊድ ወቅት የእናቲቱን እና የህፃኑን ንፅህና የሚጠብቀው ማን ነው?

ሀ. አዋለጅዋ

ለ. እናቲቱ (ወላጅዋ)

ሐ. ሌላ ካለ ይጠቀሙ-----  
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31. የበርታ ሴት በወሊድ አቅራቢያና በአራስነት ወቅት የምትመገባቸው ምግቦች በአብዛኛው

ሀ. የሥጋ አይነቶች

ለ. የጥራጥሬ አይነቶች

ሐ. የአትክልት አይነቶች

መ. ሌሎች ካሉ ይጠቀሱ-----  
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32. የበርታ ሴት በወሊድና በአራስነት ወቅት የምትከለክላቸው የምግብ አይነቶች ምንድን ናቸው?

ሀ. የሥጋ ተዋፅኦ

ለ. የጥራጥሬ ተዋፅኦ

ሐ. የአትክልት ተዋፅኦ

መ. ሌላ ካለ -----

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33. የምትከለክል ከሆነ ለምን? -----

34. ህፃኑ ከእናቱ ማህፀን ከወጣ ጀምሮ ከእናቱ ተለያይቶ የሚቆየው ለምን ያህል ጊዜ ነው?

ሀ. ከ1 ሠዓት ለአነሰ ጊዜ

ለ. ከ1 ሠዓት እስከ 2 ሠዓት

ሐ. ከ2 ሠዓት በላይ

መ. ከ3 ሠዓት በላይ

ሠ. ሌላ ካለ-----

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35. ከወሊድ በኋላ ህፃኑ ጡት መጥባት አለበት / እንደጠባ/ ተብሎ የሚታመነው በምን ሠዓት ልዩነት ነው?

ሀ. ከ1 ሠዓት በኋላ

ለ. ከ2 ሠዓት በኋላ

ሐ. ከ3 ሠዓት በኋላ

መ. ከ4 ሠዓት በኋላ

ሠ. ሌላ ካ ይጠቀሥ -----

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36. ከላይ በ35 ላይ ለተጠቀሰው መልሥ ምክንያቱ ምንድን ነው?-----

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37. ህፃኑ ከመጥባቱ በፊት በእናት ጡት ላይ መደረግ አለበት ተብሎ የሚታመን ምንድን ነው? ለምሳሌ ጡት ማፍሰስ?-----

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38. ከላይ በ36 ለተጠቀሰው ምክንያቱ ምንድን ነው?-----  
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39. ህፃኑ ጡት ከመጥባቱ በፊት የሚሠጥ የምግብ አይነት አለወይ?

ሀ. አለ

ለ. የለም

40. የሚሠጥ ምግብ ካለ ምንድን ነው?-----  
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41. ምግብ የሚሰጥበት ምክንያት ምንድን ነው? -----  
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42. ህፃኑ ጡት አልጠባም ቢል እንደመፍትሄ የሚወሰድ?

ሀ. ባህላዊ መፍትሄ

ለ. ዘመናዊ ህክምና

43. ባህላዊ መፍትሄዎች ምንድን ናቸው? -----  
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44. ህፃኑ ልጅ አልጠባም ቢል ምን ተብሎ ይታመናል?-----  
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45. የእናት ጡት ወተት አልወርድ ቢል የሚደረግ አማራጭ መፍትሄ?

ሀ. በጡጡ ወተት ማጥባት

ለ. ሌላ እናት እንድታጠባ ማድረግ

ሐ. ሌላ ካለ -----  
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46. አንዲት እናት ህፃኑን ጡት በአብዛኛው የምታጠባው በምን መልኩ ነው?

ሀ. በተኛበት ጡት በማሥጠጋት

ለ. አንሥቶ በማቀፍ

ሐ. ሌላ ካለ ይጠቀሥ -----  
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47. አንድ ህፃን ከተወለደ ጊዜ ጀምሮ የሚተኛው እንዴት ነው?

ሀ. ለብቻው

ለ. ከእናቱ ጋር

48. ህፃኑ አልተኛ ቢል እንደመፍትሄ የሚወሰድ ምንድን ነው? -----  
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38 .ከላይ በ36 ለተጠቀሰው ምክንያቱ ምንድን ነው?-----

39.ህፃኑ ጡት ከመጥባቱ በፊት የሚሠጥ የምግብ አይነት አለወይ?

ሀ. አለ

ለ. የለም

40. የሚሠጥ ምግብ ካለ ምንድን ነው?-----

41.ምግብ የሚሰጥበት ምክንያት ምንድን ነው? -----

42.ህፃኑ ጡት አልጠባም ቢል እንደመፍትሄ የሚወሰድ?

ሀ. ባህላዊ መፍትሄ

ለ. ዘመናዊ ህክምና

43.ባህላዊ መፍትሄዎች ምንድን ናቸው? -----

44.ህፃኑ ልጅ አልጠባም ቢል ምን ተብሎ ይታመናል?-----

45.የእናት ጡት ወተት አልወርድ ቢል የሚደረግ አማራጭ መፍትሄ?

ሀ. በጡጡ ወተት ማጥባት

ለ.ሌላ እናት እንድታጠባ ማድረግ

ሐ. ሌላ ካለ -----

46. አንዲት እናት ህፃኑን ጡት በአብዛኛው የምታጠባው በምን መልኩ ነው?

ሀ.በተኛበት ጡት በማሥጠጋት

ለ.አንሥቶ በማቀፍ

ሐ. ሌላ ካለ ይጠቀሥ -----

47.አንድ ህፃን ከተወለደ ጊዜ ጀምሮ የሚተኛው እንዴት ነው?

ሀ.ለብቻው

ለ. ከእናቱ ጋር

48.ህፃኑ አልተኛ ቢል እንደመፍትሄ የሚወሰድ ምንድን ነው? -----

49.አንዲት የበርታ ሴት ከቤት ሣትወጣ እንክብካቤ የሚደረግላት ለምን ያህል ጊዜ ነው?

ሀ.ለ10 ቀን

ለ.ለ20 ቀን

ሐ. ለ30 ቀን

መ. ለ40 ቀን

ሠ. ሌላ ካለ ይጠቀሥ -----

50.አንዲት የበርታ ሴት ከወሊድ በኋላ ወደተለመደው ሥራ የምትገባው መቼ ነው?

ሀ.ከ10 ቀን በኋላ

ለ. ከ20 ቀን በኋላ

ሐ.ከ30 ቀን በኋላ

መ. ከ40 ቀን በኋላ

ሠ. ሌላ ካለ -----

51.አንዲት እናት መንገድ ሥትሄድና ሥራ ሥትሠራ?

ሀ.ልጅን ይዛ ትሄዳለች

ለ. ለሌላ ልጅ ወይም ዘመድ ሠጥታ ትሄዳለች

52. ከላይ በ51 ለተጠቀሰው መልስ ምክንያቱ ምንድን ነው? -----

53. አንዲት ሴት ከወለደች በኋላ የግብረ ሥጋ እንድታደርግ የሚመከረው መቼ ነው?

ሀ.ከ10 ቀን በኋላ

ለ.ከ1 ወር በኋላ

ሐ. ከ2 ወር በኋላ

መ. ከ3 ወር በኋላ

ሠ. ሌላ ካለ -----

54. በበርታ ብሔር ባህል መሠረት አንድ ህፃን ጡት እንዲጠባ የሚደረገው በምን ወቅት ነው?

ሀ. ሲያለቅስ

ለ. በተወለደ ሰዓት ልዩነት

ሐ. እንደአመቸነቱ

መ. ሌላ ካለ \_\_\_\_\_  
\_\_\_\_\_

55. በበርታ ባህል መሠረት ግርዛት የሚካሄደው?

ሀ. በወሊድ ወቅት

ለ. ከወሊድ በኋላ

56. ከወሊድ በኋላ ከሆነ መቼ?

ሀ. ለሴት \_\_\_\_\_

ለ. ለወንድ \_\_\_\_\_

57. ሌላ አሥተያየት ካለ ባጭሩ \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

## ለAFGD የተዘጋጁ መጠይቆች

1. በበርታ ብሔር ባህልና እምነት መሠረት አንዲት ሴት መጠነሥዋን የሚያሳዩ አካላዊ ምልክቶች ናቸው ተብለው የሚታመኑት ምንድን ናቸው? ከነዚህ ምልክቶች እንደመፍትሄ የሚጠቀሙት ምንድን ነው? የቤተሠብና የአካባቢው ህብረተሰብ እርዳታና እንክብካቤ ምንድን ነው? በቅርብ ሆነው የሚረዱትስ እነማን ናቸው? ለምን?
2. በበርታ ብሔር ባህል መሠረት አንዲት ነፍሰጡር ሴት እንዳታከናውናቸው የሚከለክሉ የሥራ አይነቶች እንድን ናቸው? ለምን? ከልጅና ከእናቲቱ የወደፊት ህይወት አንጻር እነዳናታደርጋቸው የሚከለክሉ መግባሮችስ ምንድን ናቸው? ለምን?
3. አንዲት ሴት የመውለጃዋ ወቅት ሲደርስ የሚደረግ ዝግጅት ምንድን ነው? በወሊድ ወቅት የቤተሰብና የአካባቢው ህብረተሰብ ሚና ምንድን ነው? መኖር የሚገባቸውስ እነማን ናቸው? ለምን?
4. በበርታ ባህል መሠረት ወንድ ወይም ሴት ከመወለድ ጋር የሚያያይዙት የፅንሰ ወቅት ወይም ከሴትዬዋ የእርግዝና ሁኔታ አንጻር የሚታመን/የሚተነበይ/ ነገር አለ ወይ? ምንድን ነው? ከወሊድ ቀንና ወቅት ጋር በተያያዘ መልኩስ የሚታመን ነገር አለ ወይ? ምንድን ነው? ለምን?
5. በወሊድ ወቅትና ከወሊድ በኋላ የሚጠቀሟቸው ባህላዊ ፈውሶች ለምሳሌ ምጥ ቢጠና የሚከበሩ ሥነ ሥርዓቶችስ ምንድን ናቸው? ለምን?
6. ከተወለደው ልጅ ጤናና ህይወት አንጻር መደረግ የለባቸውም ተብሎ የሚታመኑ መግባሮችስ ምንድን ናቸው? ለምሳሌ ፀሀይ ከማሞቅ፣ ከሠው አይን ወዘተ....
7. ህፃኑ የህመም ስሜት ቢኖርበት ምን ተብሎ ነው የሚታመነው? እንደመፍትሄ የሚወሰድስ ምንድን ነው? ህፃኑን ለማጫወትና እንዲያለቅስ ለማድረግ የሚጠቀሟቸው ዘዴዎች ምንድን ናቸው?
8. በበርታ ባህል መሠረት የህፃኑን አይነምድርና ሽንት በምን መልኩ ያስወግዳሉ? ንፅህና አጠባበቅስ በምን ሠዓት፣ ወቅትና ልዩነት ይደረጋል? ለምን?

## DECLARATION

I, the undersigned declare that this thesis is my original work, has not been presented for a degree in any other university and that all sources of materials used for the thesis has been duly acknowledge.

Name: Desalegn Mekonnen

Signature: 

Date: 01-07-2005

This thesis has been submitted for examination with my approval as university advisor



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