

3. POST-PARTUM FEEDING OF THE INFANT

3.1. The Purgative Complex

Local folk-biological theories conceptualize the child's meconium as a harmful kras nwa ("black bulk") which blocks the child's intestines and which must be expelled with the aid of a purgative. This purgative is seen as the first food which must be fed the neonate.

Referred to by the villagers as lok, the purgative is prepared by cooking together castor oil, grated nutmeg, rapadou (unrefined sugar), garlic, the juice from half a sour orange, and sufficient water to permit the mixture to cook. This lok is considered to be absolutely essential for the normal development of the child, and the preparation of this purgative is one element of village childcare that appears to have remained relatively unchanged, despite other changes which are occurring. Women who deliver in the Port-au-Prince maternity ward will, of course, follow medical instructions while there. In compliance with hospital rules, the first feeding of the infant will be sugared water, to be followed by breastfeeding. But on return to the village, the child will immediately be given its lok. That is, the order of events maybe changed, but the post-partum purgative remains a central element in village childcare.

Sometimes the lok will achieve its purging effect after only one dosis. But in other instances the purgative may have to be repeated at least one other time. The change in color of the child's wastes from blackish towards yellowish serves as an indication that it may be ready for other foodstuffs.

Though village tradition is unanimous in asserting that the lok is the first food which should be fed to a child, (lok sé premyé mangé ti moun) there are differences in terms of when its feeding actually starts. We have seen some women feed their child very shortly after birth, as soon as they could have the lok ready, while others waited as long as 14 hours. The child appears to set the pace in some cases. Women remark that "some children are hungry from the moment they are born", a trait that is evidenced by the yawning and crying of the child. Such children are said to be "greedy" (visyé) from in the womb; they yawn frequently and suck any finger extended to them. Such children will tend to be fed the lok more rapidly. But in general the timing of the purgative will be set by the mothers themselves and their different notions on when it is the best time to start feeding the child. The lok is fed to the child with a little spoon that villagers supply for young infants. Usually four or five spoonfuls are given at a time, on as many as five different occasions or as few as one, depending on how well the infant is managing to expel the kras.

This traditional purgative is one area where the traditional beliefs and practices of the villagers differ radically from the opinions of most modern medical specialists. Some physicians have been heard to comment that this purgative is so harmful that its institution may be a form of disguised "elimination" of weaker children. Villagers would disagree, attributing a higher mortality rate to children who for one reason or another are not given the purgative as the first element (or at least an early element) in their diet.

The lok is not the only controversial postpartum food which village tradition mandates. In addition, within two or three days most mothers will feed their children a mixture referred to as labouyi lamidon (literally "starch porridge"). This gruel is prepared by mixing water, starch, white sugar and cinnamon. The starch itself is commercially

purchased, and is frequently referred to by its brand name Argo. The Argo box indicates that it contains a gloss laundry starch and has clearly written instructions in English: "Not Recommended for Food Use." These instructions, of course, are neither understood nor followed by villagers, and Argo today is one of the regular components of the diet of the neonate (and young infant).

One administration of the starch porridge which we observed was done according to the following recipe. Eight pieces of cinnamon were mixed with two and half tablespoonfuls of white sugar and dissolved in about five ounces of water. This mixture was put to boil on the fire, taking care to remove the cinnamon sticks immediately after the mixture had begun to boil. Then one and a half tablespoonsful of Argo starch were mixed with a little water and strained twice. This strained starch pap was then added to the boiling sugar and cinnamon water and left there for about two minutes. The mixture was then cooled and spoon fed to the small child. This starch mixture is given by the villagers not only because they believe it is nutritious for the neonate. In addition it is believed to assist the purgative action of the lok which has already been administered.

There exists to our knowledge no empirical evidence with respect to the effects of this purgative complex. But one thing is certain: the post-partum purgative continues to be a firmly held element in the "child feeding practices" of the villagers of Kinanbwa. And whereas certain other traditional practices may yield rather easily to modern medicinal advice, the stability of this purgative complex over our eight year observation span leads us to believe that these particular beliefs and practices are likely to be returned with some tenacity. Such tenacity is generally maintained only where there are reasons, reasons which may frequently be invisible to outsiders. And though our current information does not permit us to attribute any underlying adaptive function to this

postpartum purgative, neither can we point to any empirically convincing evidence for great harm. Our sense is that the didactic stance which public health educators are likely to take against this complex should be modified and softened by a simultaneous willingness to further examine empirically its rationale and its actual effects.

3.2. Fol -Theories of Breastmilk

Village tradition mandates that, following the post-partum purgative, the next food that should ideally be given to the child is the mother's milk. As we shall see below, there has been an increasing use of powdered milk. But this practice has not been accompanied by any cognitive downplaying of the nutritional value of breastmilk. Village women, both older and younger, seem unanimous in their view of the superiority of breastmilk to powdered milk or cow's milk. So firm is this belief that village women have come to rely on a biologically fictitious illness called "spoiled milk" (to be discussed below) as a justification for early weaning and heavier dependence on other supplements. The very need for this "spoiled milk" syndrome is itself generated by the firm village belief that, in its ordinary state, breastmilk is the best food for children and that the child has a "right" to this food.

But village beliefs about breastmilk center not only on its nutritional content, but also on its location. It is believed that breastmilk, during pregnancy builds up over the entire body of the woman and is "spread out" (gayé) over the woman's body much in the same fashion as her blood. The points around the woman's nipples are seen as the terminal points for the seven internal "branches" which lead in from different parts of her body and which will serve as the conduits drawing milk "down" into her breasts after childbirth.

Thus breastmilk is seen as being a mobile substance which may be temporarily concentrated in the nipples, but which remains highly prone to displacement. As will be seen below special precaution must be taken to prevent the milk from getting mixed with "bad blood" (mové san) and --above all--from making its way up into the woman's head. Many illnesses are thought to be caused by such contaminated or displaced breastmilk.

3.3. Folk Methods for Inducing Lactation

Lactation is viewed as a process that will occur automatically after delivery and no special practices exist which are applied to all women. If the milk is slow to arrive, however, and if the woman is not a primipare (the latter being given three or four days to lactate before concern is felt), then special measures are taken.

Though villagers occasionally use store-brought remedies to induce lactation, locally available herbs are believed to be more effective. Though everybody has at least some knowledge of herbs, there are folk specialists (dokté fēy) who know exactly which preparations should be applied to each particular case. One common remedy is a tizann - a tea - which is prepared in the home. Barks of avocado and mango trees are boiled in water and given to the woman to drink, no salt or sugar being added. Or a preparation with cotton, kenép (*Meliocca bijuga*), panzou (*Solanum tortipes*) and lian koulev (*Passiflora rubra*) may be boiled and given to the woman. Another lactation-inducing measure is to tie cotton, malomé (*Eiphorbia pilulifera* or *hirva*), lyan pouasson and codfish bones into seven small packets. One of these packets will be boiled each morning, until all have being consumed as a tea. The seven packages are for the seven branches of milk that the woman is believed to have, which are seen in the seven points around her nipple from which the milk comes out. When the woman's milk refuses to come, it is thought that one or more of these branches may be at fault.

If, after these remedies, the woman's milk still refuses to come, the services of wet-nurse may be sought. If there is another woman who is still nursing her child, she may give her milk. But this is only if she is a ti nouris. If she is gro nouris, it would be harmful to her to act as a wet nurse. A woman is gro nouris when her child has begun to walk, and her milk is said to be stronger. If the child is not yet walking,

the woman is said to be a ti nouris. Only women in this phase will serve as wet-nurses for other women.

3.4. The Question of Colostrum

There may be a shift occurring with respect to the village's attitude toward colostrum. Eight years ago village opinion seemed unanimous on viewing the mother's colostrum (lét jon in Créole, literally "yellow milk") as being something very nutritious for the child, and something to which the neonate had a "right". Recent conversations with younger women, however, seem to indicate a growing ambiguity on this matter. Some say that the "yellow milk" is good. Others affirm that it is bad and should be disposed of rather than be given to the child.

That is, what appears to be occurring is a shift in belief and practice brought about in the context of greater contact with the city. As is not unusual, the shift is from a biologically sound traditional practice -- giving the neonate the mother's colostrum -- toward a nutritionally maladaptive tendency to deprive the child of this food. One informant told us that the "Miss" - the maternity hospital nurses - had informed her that the colostrum was bad. If this is the case, then we have an example of "mixed signals" being sent out by representatives of modern medicine, whose official position encourages feeding of the colostrum to the child but whose lower-level representatives may be transmitting, either intentionally or unintentionally, a message whose effect is just the opposite of the desired one. We will see that this critical pattern of "mixed signals" is occurring also in the domain of powdered milk.

3.5. Breastfeeding on Demand

When lactation begins, the mother will breastfeed the child every time that the child cries. That is, for children at the breast, the feeding

schedule is imposed by the child itself. In the days immediately following birth, the mother will generally nurse the child in a supine position, laying the child down beside her. But the ordinary position is a sitting position. A woman with particularly large nipples will have learned also to support her breast with one hand so as not to gag the child. Following breastfeeding, village women are careful never to leave the child alone. It is known that vomiting may follow nursing and that if the child vomits through the nose, suffocation may be the result. Thus children will not be put to sleep and left alone immediately after nursing. They will be placed on the mat or bed with their heads supported somewhat higher than their body by means of a pillow and a cloth, and the mother will keep an eye on the child until it is clear that the recently consumed breastmilk will be retained.