TRIBAL CUSTOMS IN INFANT FEEDING
II—Among the Chagga

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The Chagga live in northern Tanganyika, on the slopes of Mount Kilimanjaro. Most of them practise mixed farming on a small scale. Bananas, meat, milk, beans, yams, millet and potatoes form the main sources of food.

My information has been obtained from two sources—my grandmothers, and a book written by Sir Charles Dundas (1924) entitled "Kilimanjaro and its peoples".

Pregnancy and childbirth

Our grandparents knew very little about what took place during pregnancy. The old women warned the expectant mother against eating too much and getting fat since this was supposed to narrow the birth canal and obstruct labour. Nothing special was done for the pregnant mother, apart from the holding of ceremonies and the offering of sacrifices. Wherever she went she carried a basket in which she kept bits of every food that she ate and on her way she offered some to every child she met. This was believed to confer good luck on the foetus.

The woman and her husband received instructions on how they should conduct themselves if labour began before the arrival of a midwife. In the last month of pregnancy, that is in the tenth lunar month, the women relatives gave the expectant mother a practical demonstration of labour, one of them pretending to be delivering and the other women singing a special ditty. This was, I think, only done for a mother having her first baby.

Only the elders and married people knew that mothers conceived and delivered babies. Stories to tell children were made up in every home. Just before the delivery of the new baby a story, usually told by the grandmother, who was at this time living with the family, circulated among the children: that the father and mother would go up to the great forest on the slopes of Mount Kilimanjaro and bring down a baby. The journey was always at night when everyone else was asleep. In well-organized homes the children never knew that the mother was expecting until a week or two before the arrival of the baby. The children would then talk and ask questions about the babies in the forest. I still remember when all the members of my family, except my father, were seated around a fire and my grandmother was telling us about those babies. We asked who took care of them and whether they had mothers, and a good lie satisfied us all. A long time after the delivery, waking up in the morning or returning from an errand, we, the children, would be told that the baby was brought last night and we would all rush to our mother's house to prove it.

Feeding of the lactating mother, and foods given before breast milk

After delivery, the mother would be a centre of attraction to everybody. Many people came to see the baby and each visitor brought something. The women visitors brought milk or millet, the girls firewood or grass for the domestic animals, and the men meat or money. A mother would see five to ten visitors every day and most of them, if trusted, would see and hold the baby, especially the girls and women who came only for this purpose. As each visitor left the house, he or she would say to the parents, "May the baby have milk abundantly", and the parents would reply, "Thank you, he is replete with mother's milk".

If a mother did not receive due attention after delivery, she had the right and even the power to demand it from her husband and relatives, even to the extent of taking them to a native court. Those husbands who were genuinely poor ran to the chief and asked for help, which was always offered at once in the form of meat and other foods.

The mother was supposed to eat for herself and for the baby since it was believed that milk was formed after digestion directly from food she had taken. Before the baby was put to the breast, he was given ground seeds of a certain herb by the mother-in-law. This was to prevent future ascariasis, for the infestation was supposed to occur in the stomach. (The foetus was thought to be somewhere in the stomach of the mother and in the early months of pregnancy vomiting of the foetus was always feared.) Immediately after this medicine, the baby was put to the breast; sucking was believed to reduce post-partum pains. Colostrum was, and is still, thought to be good for the baby. Even animal colostrum is regarded as food for children and when a cow delivers, the milk/orbained in the first two weeks is drunk only by children.

While the umbilical stump was still attached the mother was not allowed to eat meat. Her diet consisted of millet porridge, sour milk and cow's blood. On the day the stump fell off, a ceremony was held—a ram slaughtered—and meat was introduced into the mother's diet. Blood was obtained by puncturing the external jugular vein of a healthy cow, using a bow and arrow. The blood was allowed to run into a wooden bowl and stirred vigorously to avoid clotting. About two to three pints were drawn off before the bleeding was stopped by releasing the tourniquet and applying a herb to the wound to hasten clotting. Sour milk and a little honey were then added to the blood, making up about ten pints and this mixture, after being well stirred, was left in a pot near the fireplace for at least two days. A small amount of the mixture (mambo), now jelly-like, was placed in a wooden bowl, mixed with more sour milk and then taken by the mother daily as one of her meals for a week or more. Men were not allowed to eat this food.
Meat, which was now a regular part of the mother's diet, was prepared either alone or with bananas.

The other most common food, millet porridge (nsewa wa waru) was prepared by the usual method, using plenty of sour milk. This was another food that men were not allowed. The mother's diet included honey and cream, but she was not allowed to eat anything wild such as game, birds, locusts, or any food obtained underground such as yams and potatoes. Nor was she allowed to eat local salt (a crude form of sodium bicarbonate), beans, maize, chicken, or ripe bananas. Wild animals were regarded as food for famine periods and to a lactating mother they predicted hunger and starvation. Potatoes, yams, maize, beans and vegetables were always cooked with local salt which was believed to dissolve bones and the lactating mother would not become fat if her bones were dissolved. Chicken was thought to be too small to make a woman fat which was the main aim of any type of food given. Ripe bananas were believed to spoil the appetite for meat.

The mother-in-law, who looked after the general health of the mother and cooked for her, would always ask her whether she had had enough food and if the answer was “No”, would give her an extra bowl-full. If it was “Yes”, the mother-in-law would still give her half a bowl of food and say, “Now take this for the baby”.

The special feeding of the lactating mother went on for two or three months and during this time she consumed vast quantities of meat, milk and fat. She and her baby were confined indoors and only allowed to see visitors approved by the mother-in-law. At the end of this period the mother’s head was shaved, her body smeared with oil and many decorative metal ornaments and beads were given to her to wear. Accompanied by a girl chosen as her attendant, she walked slowly to the market place where other women were waiting to receive her with songs like those sung to warriors returning from a battle: if she was properly fat the women would sing songs of praise to the husband, or songs of dispraise if she was not fat enough. To the woman this was the time to show off to other women and after every delivery the mother and her relatives tried their best to break the past record of fattening in the village.

Breast-feeding and other foods for the infant

Starting from the third week of his life, the baby would be given cream from cow’s milk in very small amounts. Small pieces of banana, ripe or cooked, were introduced to the baby, first by touching the lips with them and later by allowing the solid foods within the mouth, but not to be swallowed. Thus, for the first few months the baby was purely on breast milk although he was made to taste and familiarize himself with the food he would eventually come to eat.

The appearance of the first tooth was a sign that the baby could then start on other foods. His food was prepared in a special small pot and his milk kept in a small gourd and never allowed to go sour. The mother peeled one or two green bananas and a small ripe banana, cut them open to remove the central fibres, then boiled them in milk in the baby-pot until they were cooked soft. She then poured off the liquor and mashed the bananas to a soft mass using a special instrument (nwiri). The so-called baby milk was added to form a thick porridge, which was then diluted with water. The mixture was allowed to stand and later the supernatant fluid was poured into a bowl and given to the baby using a wooden spoon or by mouth to mouth feeding by the mother or nurse. If the mother was in a hurry she filtered the food through a grass mat. As the baby grew more teeth, less filtering was done and the food was less diluted, so that by the age of one year the food was taken unfiltered and undiluted. At this time, or even earlier, the mother chewed adult food and offered it to the baby from her mouth.

Breast-feeding was continued for one and a half to two years, or more if the mother did not conceive. But the child could not go on breast-feeding indefinitely and three years was considered the absolute maximum. Breast-feeding longer than this was believed to render boys cowardly and lazy and to spoil the character of any child. Only the mother breast-fed the baby and if for any reason she failed he could not be breast-fed by another lactating woman. Breast-feeding another woman’s child was thought to be the method used by malicious women to poison and kill the babies of their enemies. If the baby failed to feed on cow’s milk he was left to starve to death. Herbs and sacrifices were used to improve lactation, but they rarely worked. Complete failure to lactate was very rare and I have not seen a case myself.

When a woman wanted to stop breast-feeding due to another pregnancy or the child getting spoilt by sucking for too long, she tried to convince the child, and all the other children, that sucking at that age was shameful. So whenever the child demanded the breast the other children and the mother laughed at him and called him names. In most cases he became ashamed of breast-feeding and stopped himself. Sometimes, especially with the first born, this method failed and the mother had to force the child to stop by reducing the number of feeds per day. Then, if he was not much upset, she eventually stopped completely. If this method failed too, a rather rare method was used. The juice of a bitter herb was applied to the nipple and the child was warned that the milk was bitter. The mother refused to give him the breast but if he insisted and cried she was allowed to suck and to be disappointed. He repeated this three or four times and came to dislike the bitter milk.

Nurses

It was customary for every baby to have a nurse (nwiri) whom the child, on growing up, came to respect as a junior mother. The nurse was almost always a girl, often a relative or an elder sister. It was her duty to baby-sit, feed and clean the baby as well as to train him. It was always the pride of a nurse to see her baby grow up without a scar from injury and her shame to see him grow with a scar obtained because of her carelessness.
The practice today

What has been described so far was the practice of Chaggas over 50 years ago, when every family kept a cow or two, when cow’s milk could be obtained free from a neighbour or a relative and when everyone in the community co-operated and shared in caring for a mother who had delivered.

Today, every family is in a different stage of a changing practice. The traditional feeding of women after childbirth is still widespread. If anything, it is becoming more complex and expensive, since most of the food has to be bought and is not brought as presents. The attitudes towards certain foods used for feeding the mothers have changed; for example, cow’s blood is now a historical food, though not in all areas. For the baby, fresh milk, oatmeal porridge, fruit juice, dry skimmed milk, tea, eggs and so on have been added. A few mothers have introduced bottle feeding, but this is discouraged by the fact that cow’s milk curdles very quickly in the bottles especially when they are dirty. Tinned powdered milk is too expensive for many mothers who can, in any case, obtain fresh cow’s milk more cheaply. Filtering of food for the baby and mouth to mouth feeding are out of fashion.

On the other hand, young girls are still appointed as nurses for new babies, although they can only work part-time, for many attend school. Often they have to be paid, so that only the wealthy families can afford them.

DISCUSSION

It is not easy to understand the significance of these practices unless one knows the other customs of the Chaggas and for this I can only refer those interested to the book by Sir Charles Dundas. After reading this article one may think that things were very fine for the mother and baby, but actually all was not well. The house in which the mother slept was dark and infested with rats and all sorts of insects and, to make matters worse, the domestic animals were sometimes kept in the same house. So despite the attempts at good feeding, both the mother and baby were in danger of contagious disease.

Instruction on pregnancy and labour was a very good idea and the special feeding of the lactating mother rather than the pregnant mother had a scientific value unknown to our grandparents; it is now known that a lactating mother requires more food (especially proteins) than a pregnant one. The co-operation of almost everyone in the community, including the Chief, was very encouraging for it sealed the bonds of community life with the new baby. But this no longer exists and Chiefs of the old kind have passed into oblivion. Due to overcrowding there is little land left for cattle grazing and many families no longer keep animals. Milk has thus to be bought. I must, at this point, mention the missionaries who have discouraged and killed most of the Chagga customs, but preserved and encouraged the custom of feeding lactating mothers by blessing the mother in Church each time she completes her period of confinement. I personally hope that the good practices will continue, although it seems unlikely.

SUMMARY

A short description of Chagga practices and beliefs in infant feeding has been given as they were about 50 years ago and as they are now in some remote parts of Kilimanjaro.

Special foods, some forbidden to men, had to be prepared for the child and his mother. Lactating women are still given extra food and care.

The custom of appointing a young girl as a nurse for the child is still followed.

Reference