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Hélène Pagezy

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Feeding the primiparous mother among the Ntomba of Zaire

Among the Ntomba a young mother, just after her first delivery, has to follow specific rules related to nutrition and physical activities. This period of intensive care has beneficial consequences on the health status of the mother and her infant, the first-born being generally of low body weight. In fact, in the region of Zaire where the Ntomba live, marked seasonal variations affect the quality of the diet (chapter 2). Nursing women experience the most acute weight losses during the rainy season. Although of short duration, this period also affects the children’s growth (chapter 4).

At 15 to 18, a girl just emerging from adolescence—and not yet having achieved full growth—experiences her first delivery. A few days later, escorted by relatives, the young mother returns to her own mother’s house, generally located in another village. She will stay there for two to four years and will benefit from very special care. Her mother (and more recently her grandmother) will stay with her and be in charge of initiating her into her new social role. As long as they inhabit the seclusion hut, both women are subject to strict sexual taboos, the transgression of which is believed to have severe consequences on the child’s health. Even when she sits, the young mother must use her own stool, lest she be contaminated by the sperm of someone who, after having sexual intercourse, employed the same stool. During seclusion, the primiparous mother must not perform any physical activity related to food production and preparation. For the first few months, she will not even be allowed to walk outside the hut.

Every day, the young mother engages in an elaborate toilette designed to focus everyone’s attention on her (1). She spreads a red preparation, a mixture of powder of ngola wood (Pterocarpus soyauxii, the Paduk tree) with palm oil, over her whole body. Her hair-style consists of plaits adorned with cowries or beads. The primiparous mother’s food is abundant. Considering that she is not allowed to perform any intense physical activity, she will soon become fat but not obese. Wearing a short loincloth which does not cover her breasts, she displays her full forms to the sight of the entire community. At this point, she incarnates a nursing mother—i.e., a “true mother”. The closer her shape corresponds to this image, the prouder her relatives will be, especially after returning to her husband’s village, when she will dance at the festival ending her long period of seclusion.

Page 87: Traditional dance (nsambo i makolo) during the festival that ends the period of seclusion of a primiparous mother. She is ostentatiously displaying the shape of a fat—but not obese—woman, as evidence of the care she received during her period of seclusion, and of the nutritional value of her diet. The short red loincloth she wears, adorned by skins of spotted carnivores, reveals her thick skinfolds.

Facing page: A primiparous mother who has not yet finished her seclusion period is attending a festival, accompanied by her three-year old daughter. Her body is covered with red ngola wood powder and her plaits are adorned with cowries. The brass anklets and bracelets that she wears show, as well as the age of her child, that the celebration ending her own period of seclusion will take place soon (photos by H. Pagezy).
A Ntomba primiparous mother (Twa Pygmy) weaving a basket during her period of seclusion. After several months of total inactivity, the young woman can at last spend her days making the baskets she will need to handle foodstuffs when she rejoins her husband’s household and assumes her duties as provisioner of the daily fare (photo by H. Pagezy).

The Ntomba consist of two distinct populations settled in the same villages, the Oto and the Twa Pygmies (see chapter 2, page 37). They speak the same language and respect the same traditions. With reference to practices surrounding primiparity, a slow evolution can be observed among the Oto whereas the Twa behave as keepers of the tradition.

The prescriptions followed by the young mother meet nutritional, psychological and social needs. It seems so important to conform to such traditions that a Ntomba family whose daughter has married a foreigner, or who are engaged towards a modern lifestyle, goes on with these practices although the duration of the seclusion period is shortened.

The energy intake of the primiparous mother far exceeds her biological needs. The surplus allows her to build up body fat stores even while she is a nursing mother. This seems paradoxical, since milk production requires high amounts of energy that exhaust fat stores. A Ntomba woman will never again, during her life, be as fat as when she was primiparous (3).

Indeed, with the birth of her successive children, the nursing mother will periodically suffer a negative energy balance, especially during the rainy season. Expending more energy than she obtains from her diet, she will draw upon the body fat she stored during her seclusion. Hence, this initial period of inactivity, coupled with the overfeeding taking place at the start of her reproductive life, becomes crucial in subsequent years.

The first-born also profits from his/her mother’s seclusion by being fed large amounts of highly nutritive milk. Although in a low birth-weight category at first, the primiparous’ infant catches up and overtakes, within three months, the mean weight of rural Ntomba infants of similar sex and age (see page 74).

Among the Ntomba, cultural practices related to primiparity have obvious adaptive implications. They appear as a long-term strategy for regulating the energy provided by food. They confer upon the mother a special status and focus attention and care on her. Thus rules surrounding primiparity contribute to the well-being of a biologically at-risk group.

References: