

## Kiganda concepts of pregnancy

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### Summary

This paper discusses the conceptual categories used by the Baganda, to describe the events of normal and abnormal pregnancies.

Kiganda knowledge of obstetrics is based upon observations of uterine size, foetal movements, amenorrhoea, vaginal bleeding and the delivery of the dead or alive foetus itself.

This paper shows the relationship between Western obstetric categories, and those of the Baganda, and how, although the classification of the latter differs from that of the former in the terms used, it comprehensively describes all the types of normal and abnormal pregnancy that Western obstetrics recognizes.

### Résumé

Le but de cet article est de discuter les catégories conceptuelles dont se servent les Baganda pour décrire les événements relatifs aux grossesses normales et anormales.

La connaissance que possèdent les Baganda dans le domaine de l'obstétrique se fonde sur les observations suivantes: grosseur de l'utérus, mouvements du foetus, aménorrhée, hémorragie, vaginale et naissance même du foetus, mort ou vivant.

Cet article établit d'une part, les rapports existant entre les catégories, obstétriques occidentales et celles des Baganda, et d'autre part, malgré la différence des classifications entre les dernières au niveau de la terminologie, la façon dont elle décrit, fort intelligiblement, tous les types de grossesses normales et anormales que reconnaissent les obstétriciens occidentaux.

This short paper is the result of a combination of

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talks with mothers, midwives, students and doctors in and around the Department of Obstetrics and Gynaecology, at Mulago Hospital, Kampala, Uganda, and a study of the available literature.

I have tried to arrange the information that I have gathered into a system which shows how the Baganda categorize and interpret, in their own terms, the events of normal and abnormal pregnancies, and how this classification is related to our own Western scientific knowledge of obstetrics.

I hope that this paper may be of some use both to the social anthropologist and the doctor working in Buganda.\*

### Introduction

The Baganda, a Bantu-speaking people, are patrilineal agriculturalists, living in Buganda, formerly a kingdom under the rule of the Kabaka, and now a district of the republic of Uganda. They are the largest tribe in Uganda, numbering over one and a quarter million, and their traditional way of life has probably been more modified by contact with Europeans, than has that of other Ugandan peoples, because the modern town of Kampala has grown up around the site of their own capital.

The Baganda divide themselves up into clans, which are groups of people who regard themselves as related by descent through males, from a common ancestor. Traditionally, the members of a clan are bound together by the rule of exogamy, but now, more especially among the urban-dwelling Baganda, this rule is not rigidly observed. Likewise, marriage is traditionally virilocal, but not strictly so nowadays. However, polygamy is still common, and children take the clan of their physiological father (genitor).

\* Buganda is the name of the country where the Baganda live, one individual of whom is a Muganda. Kiganda is the adjectival form of these words and Luganda their language.

### Conception

The Baganda recognize the connection between sexual intercourse and pregnancy, and understand the necessary part that semen plays in the production of children. It is thought that the foetus is formed by the union of blood from the mother and semen from the man, and this explains why the woman ceases to menstruate during pregnancy. Furthermore, it has been observed that a fertilized chicken's egg may contain a drop of blood.

According to Roscoe (1911), the woman's body was thought to contain a mould in which the child was formed, as a potter shapes his clay, and barrenness occurred if the mould were turned upside down.

The active part that the man plays in procreation, and the likening of the woman's role to a mould, are thought to be good reasons for the child's belonging to its father's clan. Also, when a woman is pregnant, her husband may refer to his pregnancy, in rather the same way in which we use the word *beget*.

Mair (1934) was told that the embryo is 'nothing but blood' for the first month, after which it 'falls together' or 'becomes solid'. She also reports being told. 'God creates children. It is as if you took clay. The water of the man joins with that of the woman. God moulds these liquids, The blood meets the man's water and then the Lord mixes it and sets in his mould.'

Different parts of the foetus are not thought to derive from either parent, but a child's bad habits are supposed to come from its mother, and its good ones from its father. Orley (1970) says that if a child behaves well, the father is thanked, and if it does wrong then the mother is blamed! He adds that this is not so much a serious belief, as an indication of the position of the wife in the household.

### Types of pregnancy

It would be too dogmatic to say that the Baganda conceive of four types of pregnancy. However, four types can be distinguished which together describe all the forms of normal and abnormal pregnancy which Western obstetrics recognizes. These four refer to different conditions, and are conceived in such different terms, that it is doubtful if they stand together as a classification in the minds of the Baganda, whose knowledge of what happens in pregnancy is derived purely from externally perceived signs and symptoms—amenorrhoea, foetal

movements, uterine size, bleeding and the delivery of the dead or alive foetus itself.

This is in contrast to Western obstetric knowledge, which includes physiological information about what happens inside the woman during pregnancy, as well as the above facts.

#### (1) *Ettutumba—Embryo*

This type of pregnancy is characterized by the late occurrence of the foetal movements, which may not be felt until as late as the twenty-eighth week. It is believed that there is only blood in the womb up to this time, and if a miscarriage occurs early on in pregnancy, then only blood clots are passed. However, if the woman is treated properly after such a miscarriage, the pregnancy will continue quite normally, and produce a healthy child.

#### (2) *Ekkonkome—Lizard*

Early foetal movements characterize this type of pregnancy, and if a miscarriage occurs within a few months of conception, a small foetus is seen. *Ekkonkome* means a lizard, and this word is used because of the rapidity of the foetal movements. It may also be that the very immature human foetus bears a resemblance to a lizard, and that casual examination of the aborted products has led to this belief.

*Nabbuguma* is the name given to abortions which occur between 2 and 5 months, and these are thought to be due to excessive heat in the womb.

#### (3) *Enkongolo—Papyrus root*

In this type of pregnancy foetal movements are never felt, and the pregnancy stops developing between the twelfth and twenty-fourth week. The foetus 'withers away and forms a solid thing', 'passes into the back' and 'goes rotten'. Sometimes there is swelling of the abdomen, as if the woman were pregnant, whereas no child is believed to be there (*Okubula*). Formerly, traditional medicines were usually given to remove this type of foetus, but now operations and injections are administered in hospital.

This type of pregnancy may be caused by ancestor spirits (*Mizimu*) called *Bigalanga*, which also cause women to be barren. The Baganda call barrenness *Ekigalanga*, a syndrome characterized by sterility and periodic abdominal pains associated with weakness, poor vision and a small, thin voice. Bennett

(1965) says that the spirit may either be sent malevolently by someone else, or may be the spirit of a dead relative offended by the lack of care of their grave or failure to appoint a suitable heir. In children, Bigalanga can produce convulsions, diarrhoea, loss of appetite and abdominal pains. Men are never affected by Bigalanga.

Moller (1961) also reports that among the Bahaya of Tanzania, if a woman has a sister who dies before having children, the spirit of the dead sister may cause sterility of the living one. Should the woman, nevertheless become pregnant, the spirit may cause her disease, abortion and mental disturbance.

#### (4) Animal pregnancies

It is believed that a woman can sometimes give birth to an animal. Those most commonly men-

tioned are a lizard, a snake, a leopard, and even an elephant. This can occur in two circumstances.

(i) Twins—Such an animal may be born as the twin of a child. If this happens, the child must be treated like a twin and all the ritual that follows a twin birth must be performed, or else, the animal, which slips away very quickly after birth, will return and kill the child. The animal is probably never seen (as it vanishes so rapidly) and the first indication of its presence is when the child begins to die. Consequently, a diviner may find that a sick child is the 'twin of an animal' and advise that twin ceremonies be performed as part of the treatment.

(ii) Monstrous births—stillbirths due to congenital abnormalities, and monsters that die soon after birth, are occasionally regarded as animals. They are thought to occur if the mother has been charmed and the delivery of such an abnormal foetus is thought to be a sign of her bewitchment.

TABLE 1. The symptoms and signs, causes and treatment of the four types of Kiganda pregnancy, and their Western obstetric equivalents

Kiganda name	Kiganda symptoms and signs	Kiganda cause	Western obstetric equivalent	Kiganda treatment
Ettutumba (embryo)	1. Late foetal movements 2. If miscarriage early on → blood passed	Excessive heat in the womb— Nabbuguma	(1) Normal pregnancy (if no bleeding) (2) Antepartum haemorrhage (threatened abortion or placenta praeva)	Preventive 1. Avoid salt 2. Take Emmumbwa Curative 1. Conservative (leave alone and treat woman properly)
Ekkokome (lizard)	1. Early foetal movements 2. If miscarriage early on → small foetus passed	Excessive heat in the womb— Nabbuguma	(1) Normal pregnancy (if no foetus is passed) (2) Complete abortion	Preventive 1. Avoid salt 2. Take Emmumbwa
Enkogolo (papyrus-root)	(A) 1. No foetal movements 2. Pregnancy ceases at 4-6 months and menstruation resumes 3. Foetus 'goes into the back' (B) 1. No foetal movements 2. Abdomen swells—Okubula 3. Foetus 'goes into the back'	Ancestor spirits— Bigalanga (Mizimu)	(A) Secondary amenorrhoea  (B) 1. Missed abortion 2. Pelvic tumours 3. Ectopic pregnancy 4. Hysterical pregnancy	(A) Preventive Take Emmumbwa  (B) 1. Traditional native medicines (formerly) 2. Surgical treatment in hospital
Animal pregnancies	(A) Newborn child becomes sick (B) Congenital abnormalities and monsters	Witchcraft and sorcery	(A) Neonatal illnesses (B) Congenital abnormalities and monsters	(A) Consult diviner (B) Consult diviner

## Discussion

Table I shows the characteristics of the four types of pregnancy described, their causes, scientific equivalents as Western obstetrics sees them, and their traditional management.

When they progress uneventfully to term, Ettutumba and Ekkonkome represent normal pregnancies. No woman has a disposition to one type of pregnancy, and may have either or both during her reproductive life, although a pregnancy of the Ekkonkome type is preferred. A miscarriage in the Ettutumba type of pregnancy represents an antepartum haemorrhage, as only blood is passed early on in pregnancy, but if the woman is treated properly during such a miscarriage, the child will remain in the womb and develop normally, although the duration of the pregnancy may be lengthened.

A miscarriage in the Ekkonkome type of pregnancy represents a complete abortion, and the pregnancy ceases, following the passage of a small foetus in the aborted products.

A woman's body is said to be hot during pregnancy, and as already mentioned, excessive heat in the womb is thought to be the cause of a miscarriage in both the Ettutumba and Ekkonkome types of pregnancy (Nabbuguma). The consumption of too much salt during pregnancy is said to be the cause of the heat, and if the heat does not precipitate an abortion of the Ettutumba or Ekkonkome types, it may cause a disease of the newborn called Ennoga, or even affect other of a woman's children, especially one whom she is suckling.

Ennoga is characterized by sores and swellings on the head which may break out at any time during the child's life. Bennett (1963) says that the name of this disease refers to the thumb imprint in the handful of Matoke (steamed bananas), which was used as a spoon for the salt-containing sauce. The salt is not transmitted to the baby via the umbilicus, but goes straight into its mouth as it sits with up-turned face in the womb. The foetus sits in an upright position in the abdomen of the mother, with its arms folded across its chest, and as the mother's food passes down, it takes some to feed itself. Billington (1963) says that a pregnant woman always kneels down while eating her meals, because if she sits with her feet drawn up beside her in the customary way, with her trunk twisted sideways, the baby may come to lie transversely. This idea is also consistent with the mould theory, mentioned

earlier in connection with conception, where barrenness is considered to be due to the mould being turned upside down and the foetus falling out.

We can recognize here the sequence:

salt → heat → disease.

In the light of this we might expect the avoidance of salt to be desirable during pregnancy. This is, in fact, the case and there are medicines that a woman can take, early on in pregnancy, which both neutralize the malign action of salt, and diminish the heat in the womb.

Emmumbwa is a medicine made of clay mixed with various herbs and earths, which is sold in the market as a grey, sausage-shaped lump about 9 in long. It is also effective against Bigalanga, which, it will be remembered, are spirits that may cause barrenness and the foetus to 'pass into the back' (papyrus root pregnancy). This medicine, which is crumbled and dissolved in water and either drunk as a solution or smeared over the abdomen, makes it safe for a woman to eat salt during pregnancy.

Furthermore, pregnant woman in the past were encouraged to go out at dawn and stand in the morning air with few clothes on, to cool the body and lessen the effect of heat in the womb.

Figure 1 illustrates the actual course of each pregnancy in Western obstetrical terms. In the cases of the Ettutumba and Ekkonkome types of pregnancy, the period of amenorrhoea is due to conception and pregnancy. But in the Enkongolo type of pregnancy this is not always so. This type of pregnancy may be divided into two sorts. In both no foetal movements are felt, although there is a period of amenorrhoea following sexual intercourse and supposed conception. In the first sort, however, the pregnancy ceases after a few months, when the foetus 'withers away' and 'goes into the back', and normal menstruation resumes.

This sort of Enkongolo type of pregnancy may be explained by the sequence of sexual intercourse, without conception, closely followed by a period of secondary amenorrhoea, which lasts for a few months and then subsides with the return of normal menstrual periods. This secondary amenorrhoea may be due to pelvic infection or disturbance of hormonal function. Perlman (1959), writing about what seems to be the same type of pregnancy amongst the Batoro of western Uganda, says that she was told by C. W. Rendle Short, then Professor of Obstetrics and Gynaecology at Makerere College,

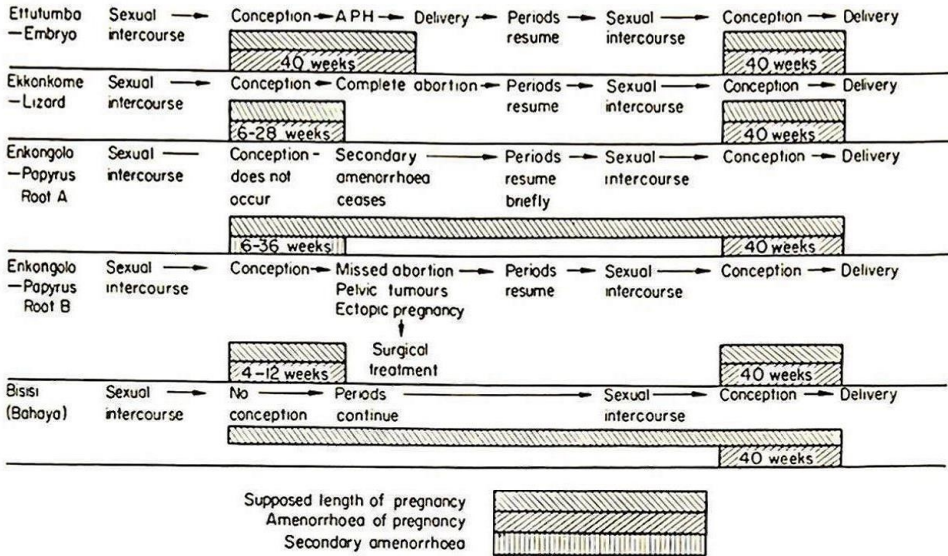


FIG. 1. Course of pregnancies in relation to amenorrhoea of pregnancy and secondary amenorrhoea.

that secondary amenorrhoea, lasting for a few months to several years, is very common in Uganda, and that it is probably hormonal in origin but of unknown cause. So, in this first sort of Enkongolo type of pregnancy, it is coincidental that the period of secondary amenorrhoea should follow sexual intercourse and, therefore, be regarded as a pregnancy.

In the second sort of Enkongolo type of pregnancy there is, likewise, a period of amenorrhoea with no foetal movements, but in this case the abdomen swells, as in a normal pregnancy, but at 1-3 months the foetus is thought to 'go into the back'. This sort of pregnancy, which is sometimes called Okubula, accounts for a missed abortion, pelvic tumours such as an ovarian cyst causing swelling of the abdomen and secondary amenorrhoea, chorion carcinoma and hydatiform mole, an ectopic pregnancy and the rare condition of pseudocyesis or hysterical pregnancy. Formerly, traditional native medicines were given to cure this condition, but now many women go to hospital for surgical treatment.

Perlman (1959), in describing a similar sort of pregnancy among the Batoro says, 'when a woman is 3-4 months pregnant, she may feel a very great pain in her abdomen, and the baby will 'go into the back'. Pregnancy stops and the monthly periods reappear, and the apparent cause is just bad luck. The woman

drinks cow's blood, and after a few months, or even a few years, the baby comes back to its original and normal place, and will be born after nine months'.

Perlman (1959) suggests that this is a case of complete abortion which occurs unnoticed, and is taken as the return of normal menstruation. This would certainly account for the abdominal pain. She also mentions the possibility of secondary amenorrhoea due to an ovarian cyst, and cancer, both of which might produce this picture.

Therefore, amongst the Baganda, two sorts of Enkongolo type of pregnancy can be recognized. In both sorts menstruation ceases, no foetal movements are felt, and the foetus is believed to 'pass into the back'. In the first sort the periods resume spontaneously after several months without pain or treatment, but in the second sort, the abdomen swells, and after a few months, there may be severe abdominal pain, and if the menstrual periods do not begin again, hospital treatment is necessary.

The Bahaya, Bantu-speaking neighbours of the Baganda, who lives across the lake in Tanzania, have a related belief reported by Moller (1961). The man who has the first sexual intercourse with a woman is the physiological father of the first child that the woman bears. This is so, even if, from a medical point of view, intercourse did not result in pregnancy and the woman does not have her first child until

years later. The first intercourse did produce a pregnancy, but this 'broke off' and the child is 'hiding in the back' to be born perhaps several years later. This is called the 'long pregnancy' or Bisi, and such a child is a Bisi child.

In this case, no conception follows the first act of sexual intercourse, and presumably there is no period of amenorrhoea, until, after a later act of sexual intercourse, conception occurs with the true amenorrhoea of pregnancy.

The Baganda, too, mention that a child that is 'hiding in the back' may sometimes be born after a period of months or even years. In this case there must be an act of sexual intercourse between the subsidence of the secondary amenorrhoea, or the removal of the foetus by abortion or surgical treatment, and a fresh pregnancy resulting in the birth of a child.

From this discussion it appears that the idea of the foetus 'hiding' or 'going into the back' is common to several East African peoples. But it does not always refer to the same sort of pregnancy: sometimes it applies to pregnancies that go on for longer than 40 weeks (the first sort of Enkongolo type, the Bisi type and the Batoro type), while at other times it refers to abnormal pregnancies which require surgical removal of the foetus that has 'gone into the back' (the second sort of the Enkongolo type).

What is common, however, to all these sorts of pregnancy, is that the idea of the child 'hiding in the back' ensures the legitimacy of the next child that is eventually born, in respect of the first man with whom the mother of that child had sexual intercourse.

Animal pregnancies provide, in the first case, an explanation of certain diseases of the newborn, and in the second case, of congenital foetal abnormalities. Not all diseases of the newborn are thought to be due to a failure of the parents to regard the newborn as the brother or sister of a vanished twin. Heat from the mother's womb has already been mentioned as a cause of neonatal disease, and further discussion of the aetiology of neonatal illnesses can be found in Bennett's article, 'Concepts of Disease' (1963).

In the first case, the newborn child suffers because its parents have neglected to observe the correct ceremonies that should follow the birth of twins. The Baganda have ambivalent feelings towards

twins. On the one hand, the birth of twins is a matter for rejoicing, but on the other, it is thought to bring about a state of grave ritual danger which demands a series of ceremonial obligations on the part of the parents. It is the failure to observe these prescribed rites that leads to the disease of the newborn. Consequently, it is essential to determine whether a sick baby is in fact one of a twin, and if so, to perform the required twin ceremonies. A diviner may be consulted to discover if this is the case.

In the second sort of animal pregnancy, witchcraft and sorcery provide explanations of these unusual events. The birth of an abnormal baby is thought to be evidence that the mother has been bewitched, and, following the birth of such a child, steps may be taken to discover who is responsible.

Different cultures use different categories to describe the same phenomena, and this group of pregnancy types is a good example of an alternative classification of normal and abnormal pregnancies which describes all the varieties that Western obstetrics recognizes.

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