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POPULAR KNOWLEDGE AND COLLECTIVE MEMORY OF CARE-GIVING GRANDMOTHERS REGARDING THE UMBILICAL STUMP

*¹Eliane Fonseca Linhares, ²Felipe Eduardo Ferreira Marta, ¹Ninalva de Andrade Santos, ¹Joana Angélica Andrade Dias, ¹Rita Narriman Silva de Oliveira Boery and ¹Rosalia Teixeira Luz

¹Department of Health II, Southwestern State University of Bahia, Brazil

²State University of Santa Cruz, Bahia, Brazil

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*Corresponding author:
Eliane Fonseca Linhares

ABSTRACT

This study aimed to investigate the memory of grandmothers in the care of the umbilical stump, establishing a parallel between scientific and popular knowledge. It is a part of the thesis entitled "I have kept the belly button of all my grandchildren: memory of grandmothers in the care of the umbilical stump". It is an exploratory study, with a qualitative approach, developed in a municipality of the Brazilian state of Bahia, with 13 grandmothers registered in a coexistence group. We used interviews as information collecting technique, based on Thematic Oral History and Collective Memory. We identified that the care of the newborns' stumps is permeated by local popular beliefs through the use of chicken feathers, potassium alum, oils (castor-oil, castor bean-oil and almond-oil). In addition, mummified stump tea has been used for the treatment of intestinal and ocular infections. These results evidenced the importance of educational actions in the umbilical stump care, making it essential for the health professionals to dialogue with popular knowledge and seek strategies to demystify rituals, beliefs and myths that could put the life of newborns at risk.

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INTRODUCTION

The care to the newborn child at home, as it is exercised by lay people, is associated with the wisdom of common sense, that needs to be merged with the scientific knowledge. Moreover, one cannot overlook the fact that home care practices based on false beliefs may put the life and health of this little being at risk, such as in the fable comprising the existence of a witch sucking the child's umbilical stump in the seventh day of life, leading people not to allow the reception of visitors, the elimination of the newborn's bath and their withdrawal from the room on this day in order to protect them from the dreaded seventh day evil. Besides, there is the ritual to put open scissors under their pillow to "cut" this evil by the root. These beliefs are passed on from generation to generation, usually in the relationship between elderly (grandmothers) and younger people (mothers), showing a memory that keeps alive the

collective identity, as reported by Álvaro (2005) and Namer (2004). Collective memory, according to Halbwachs (2015), is the defining locus of group identity, considered as a social process of reconstructing the past lived in the family, in religious groups, community or society. As it is a collective representation, it is understood from the individual's inclusion in a group, since man is a social creature who uses signs and symbols to dialogue and interact with other individuals from different social strata, allowing us to correlate language to memory. In this interface, it is noted that memories are always built in the social dealings and interactions between the group, in various spaces, without which memories could not be easily recalled. Thus, Rapoport (2006) states that the affection expressed by grandmothers, caregivers in a special way and therefore considered as a reference in the family group and other groups of their relationships, certainly gives consistency to these memories, given that, according to Halbwachs (2015) to remember, the aid of other memories is needed. Thus, we used Maurice Halbwachs' Theory of Collective Memory, for the tenet of this research, since we considered that the care of the umbilical stump is influenced by

*Corresponding author: Eliane Fonseca Linhares,
Department of Health II, Southwestern State University of Bahia,
Brazil

a generational memory, valued in the domiciliary setting. It must be considered that memory “is a continuous stream of thought [...]” and “peace of mind, of the past, only that which is alive, or is capable of living in the consciousness of the group that maintains it (Halbwachs, 2015). Thus, according to Nascimento *et al.* (2011), it is paramount to understand that “in memory, present and past are not jettisoned as two distinct historical periods”. Therefore, we believe that there is a folding between memory and care in the process of human existence, since memory plays a fundamental role in the life of people, for contributing to the perpetuation of a tradition, which, in this research, refers to the knowledge and experiences of grandmothers dealing with the care of the umbilical stump of their grandchildren. The opportunity to coordinate, for over 20 years in a public university, the extension project nowadays entitled “Educational Program: Health of the umbilical stump” made it possible to ascertain how the umbilical stumps of newborns are cared for at home. This task is, for the most part, under the responsibility of the grandmothers, who develop a care grounded in culture/tradition solidified in a collective memory inherited from their ancestors and almost always show resistance to changes of behavior. In this context, the relevance of this study is justified, in the sense that health professionals, especially nurses, approach the collective memory inherited from the caregiver to recognize the “know-how” that may or may not compromise the health of the newborn. Thus, this study, part of the thesis “I have kept the belly button of all my grandchildren: memory of grandmothers in the care of the umbilical stump” aimed to verify the memory of grandmothers on the umbilical stump care, establishing a parallel between scientific and popular knowledge that mediate this care.

MATERIALS AND METHODS

It is an exploratory study with a qualitative approach, developed in a city in the interior of Bahia, during the year 2017. For the sample selection, we proceeded to identify the target community, colony and network, allowing the setting of a group that shares a common trajectory, in order to ensure the homogeneity of group of belonging (Meihy, 1990). The “colony” is the part divided to enable the understanding of the intended whole, and the network is understood as the subdivision of the colony, i.e., the smallest part of a target community, which seeks to highlight strategies to define who will be the participants (Mery *et al.*, 2015). As such, the network was constituted by 13 grandmothers, starting from a zero point – i.e., from the participant who knew the group's history, indicated by the nurse, local coordinator of the elderly group. The inclusion criteria were: grandmothers with age from 60 years old; registered in the Friends' Association and Coexistence and Open University for the Third Age Groups; who experienced the care of the umbilical stump of their grandchildren. As collection technique, we used the interview, founded in the light of the Thematic Oral History and Collective Memory, which made it possible to uncover the collective memory of the participants as well as the information analysis. The interviews lasted 60 minutes on average, and the information was recorded for posterior transcription. As it is a study with support in the popular culture, the dialogues were maintained in a colloquial way. The research complied with Resolution 466/12 of the National Health Council and the project was approved by the Ethics in Research Committee of the State University of Southwest Bahia (opinion n° 1,593,016, CAAE n° 55757116.

0.0000.0055). In order to preserve their anonymity, the grandmothers/participants were identified with names of precious stones, revealing their value as guardians of the collective memory. The discussion of the results was grounded in Oral Thematic History and Collective Memory, considering that their approach contributes to the knowledge of the experiences of the grandmothers for the umbilical stump care.

RESULTS

Human care, besides covering the relations between oneself and the other, extends to the environment, to nature and the space with which one interacts. In this context, the family is considered, in any society, a fundamental element in the process of care and protection of its members. The reference to the care of the umbilical stump assume that they will be performed in a qualified manner, so as to meet the newborn's needs, which are mediated by specific environmental conditions.

This assertion can be seen in the narratives of Rubi and Tourmaline.

“I bathed, then dried the belly button [...] then I wetted it with warm almond oil and put on the cloth [...] placed it on the belly button to avoid dryness, to avoid inflammation [...] Then, I put the merthiolate over it... and the belly band and tied it up. It fell (the umbilical stump), with three, four days, of everyone. I put the band to tighten the belly, to avoid stomachache” (Rubi).

“I rolled the belly band [...]. if the child cried a lot, I put a coin [...] I put a coin in the navel of some children; When I put the coin, the pushed-out belly button soon disappeared” (Tourmaline).

The narrative of Diamond also has to be highlighted, since she takes care of the umbilical stumps of various family members and neighbors using substances that, although not having scientific support, are part of the cultural care.

“At that time, we cured with castor oil. Put it there, put the band, and tied it, and put it, and when it fell, we got along. Sometimes [...] we took grit, that fine powder and put it and it healed (laughs) [...] Another time [...] we took a chicken's feather and burned it, when it was over, there was that powder, we put it, it healed, suddenly and... I have no boy, no son with a great belly button and have no boy I caught to have a great belly button thanks to God [...] All of them used a band” (Diamond).

The different ways of caring for the umbilical stump, used by the study participants and underpinned by knowledge intergenerationally transmitted allow us to understand their life stories and culturally based care practices. In this interface, the discharge from the umbilical stump, after its fall, follows the ritual that leads to its “burial” in an appropriate place, due to a belief that relates the final destination of the stump to the future of the newborn. And, by waiting for the right time of the “proper disposal”, many caregivers choose to guard it carefully for years or decades.

“You take it, roll it up, well rolled and tie it to a piece of paper; and you bury it, you want to bury it near a church door, a farm gate, so your child will get rich, or become a

farmer[laughs], then you bury it[...]. When you bury it at the church door, they say they're blessed there, right? [...] My mother taught me; my grandmother, who taught me not to leave the belly button astray.[...] Till today, we believe because it already came from centuries and centuries ago, right?" (Opal).

"Oh, I have everything guarded, yes, I will take it for you to see.[...] Of the grandchildren, you see? [...] This is to bury on a farm, but I've never been to a farm thus, here it is [...]. To give luck to the child. My grandmother[laughs] she taught me; you see? They say it that gives luck to the child, it happens to have a quiet life, right? Financially good. You cannot throw it away[...] because it can happen that the life of the child gets decontrolled; I have everything guarded" (Quartz).

My mother used to say: you cannot leave the belly button of a child because if a rat gnaws it, they become a thief (Esmeralda).

Entering the fantastic world of popular knowledge, one discovers that the umbilical stump, kept after its fall, is used to treat intestinal colic and eye problems.

"I kept it, look, it even served as a remedy[...]. This boy has stomachache, you boil water in a pot, boiled water[...] when it was cold, you would put it on the neck, and it resolved colic. I did so with all of them, but it only served if it was the proper, only the proper infusion from the navel" (Tourmaline).

"We also kept it when the boy had sick eyes, we washed that belly button, gave it, bathed the eye, gave it to drink. Hey, gave it to drink, and it avoided colic. Put it in the boiling water, put the water to boil, put the belly button in it, [...] I already did it, it worked. It stopped; it stopped the pain of the belly" (Diamond).

DISCUSSION

It is noted that, in the domiciliary space, the care of the umbilical stump is permeated by beliefs, therefore, based on popular knowledge. Thus, participant Rubi, when taking care of her grandson's umbilical stump, talks about the use of warm almond oil and merthiolate, substances that are not in accordance with the recommendations of the Ministry of Health's protocol, but are strengthened in ancestral roots, namely, recorded by an inherited collective memory, since it is not a recent knowledge, but a knowledge that is part of a past that is present in the memory of the caregivers of the newborn. It is worth emphasizing that almond oil is a risk factor for umbilical infection, whose odor can be masked and confused with the odor of the oil. In addition, its use may predispose to putrefaction, generating the false impression of a natural process of accelerated fall, an ideal evolution desired by the caregivers. Besides this praxis, Ruby believes that if the newborn's abdomen would stay discovered without the use of a diaper or umbilical band to serve as protection, they would be more vulnerable to intestinal colic and colds in general, which shows the concern of the caregiver with the health-disease process. One must consider that the lack of knowledge about the care of the umbilical stump and the correct way to bathe the newborn constitutes a determining factor for the care of the new family member to be entrusted to their grandmothers, women who are at the core of the provision of support and care for their families. It appears that the healthcare guidelines and

practices performed by the grandmothers reflect their experiences and memories, based on their culture, which are consolidated in their private environment, when the grandmothers go to the house of the newborn or when the puerperal women go to the residence of their mothers in the postpartum period, with their newborn, in search of help. Generally, it is at this time that the values, beliefs and superstitions emerge, are reinforced and transmitted to the new generation that are influenced and incorporate the knowledge received by their ancestors, continuing these practices because they consider the grandmothers wise and responsible in the context of the care for the newborn (Angelo, 2014) and that they preserve a caring tradition and an appreciation of their inherited memory. Thus, these beliefs and myths, which direct the actions related to the care of the umbilical stump, are often transmitted between the generations that make up the family nucleus. However, the knowledge emanating from common sense can interfere in the health-disease process, as many actions of popular healthcare praxis represent risks for the infant's health, since they "favor the triggering of omphalitis" (Almeida *et al.*, 2016, p. 4384), making it necessary for the health professionals to pay attention to the home care of the umbilical stump. The use of substances in the popular practice of the umbilical stump care, as noted in the narrative of Diamond, retrieves a culture generationally transmitted which deals with the knowledge and habits acquired in a social and family context. The crystallization of this knowledge preoccupies some health researchers who search to understand the symbolic meaning that these people attribute to the health-disease process (Linhares *et al.*, 2017; Almeida *et al.*, 2016). It should be borne in mind that "the cultural aspects of people should be considered as determinant factors in the balance of the health-disease process" (Silva, 1996, p. 80). In this line of thought, it is reiterated that "the historical manifestations of the health-disease binomial and the health actions developed as social practices are historically conditioned" (Rezende, 1986, p. 85). This process is mediated by cultural factors and by the parental relationships between mothers, daughters, grandmothers and other family caregivers, being related to the generational life history, as well as the objective and subjective conditions of living (Silva, 2006).

It is perceived that the "burial" ritual of the mummified umbilical stump has a "noble" purpose, being its discard perceived as something that could interfere, in a negative or positive way, in the future of the individual. Nevertheless, by being stored to await this moment, caregivers end up mistakenly using the stump as a therapeutic resource, making tea for the purpose of treating eye infections and intestinal colic. It is important to reflect that this conception of health and illness is rooted in popular knowledge in which, culturally, beliefs and superstitions are prevalent factors that appear to be above scientism, thereby demonstrating how difficult it is for them to change (Torres *et al.*, 2014). Faced with this duality, the fact that the considerable advances experienced in the scientific and technological field, in the healthcare context, is questioned, since it is not part of the daily lives of the caregivers, as they value and use the knowledge acquired in the interaction groups, sustained in a tradition that permeates generations, denoting "the force that memory has in the daily life" (Figueiredo, 2010). Thus, it is considered that the weakness of the internalization of care, whose expansion is one of the recommendations of the current health policy in Brazil, acts as a trigger for the perpetuation of popular practices, which often constitute the only treatment possibility

for health problems. It is noteworthy that the reasons for the increase in the use of the popular methods for the healthcare are independent of social aspects, such as education levels and social classes, since they are also practiced in developed urban centers (Avila-Pires, 1995). In this perspective, it follows that the form of taking care of the umbilical stump, practiced by the newborns' grandmothers, is mediated by cultural, social and emotional values. The knowledge that they have, despite being mostly permeated by beliefs and myths, gives meaning to recognition, trust, respect and gratitude visible in their group and local community. These acquired and continually shared knowledges ensure that the group's cultural characteristics are maintained, reproduced and transmitted. It is understood that this form of care expressed by the participants is linked to the collective memory of the individuals constituting the group of belonging responsible for maintaining this memory which has the selective feature of remembering only what interests the group (Halbwachs, 2015). Thus, through the inherited collective memory, the caregivers remember learnings, tendencies and experiences inherent to the practice that moves the care process with the stump in the family context.

Final considerations

The care for the umbilical stump, since the beginning of colonization in Brazil, has always been a practice driven by superstitions. With the results of our research, we conclude that nowadays popular practices for the care of the umbilical stump still remain in the social environment, consolidated in private environments and developed by elderly people who generationally share life stories related to the popular art of caring, being the diffusers of knowledge, recognized as wise and of great value in the group of belonging. Thus, when analyzing the narratives of the participants of this study on the care of the umbilical stump, we believe that the subjective universe of grandmothers who care for newborns, especially the umbilical stump, is permeated by myths/beliefs of the most diverse forms of care, involving family members and the community. These are symbolic rituals that guide the caregiving praxis in the family, which are established by older people, the grandmothers, who share their memories of caring for the umbilical stump, thus building an inherited collective memory that perpetuates itself as long as the family groups exist, since this memory is related to personal experiences and the experiences of others in the group. In this perspective, the approach to the popular knowledge made possible by this study reiterates the importance of educational actions in the care of the umbilical stump, given that the necessary guidance on this care, which should start in prenatal care and continue in the joint accommodation, do not seem to fully comply with the recommendations of the Ministry of Health, which provides for their development in these spaces, in order to ensure the health of the mother-child binomial. Faced with this reality and respecting the culture of the community, it becomes essential for the health professionals to dialogue with popular knowledge, seeking strategies to demystify the myths, rituals and beliefs that can put the life of the newborn at risk.

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