

## ***Abisinwin or Mareje?: Reducing Stigmatisation of Postpartum Disorder among the Yoruba of Southwestern Nigeria.***

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### **Abstract**

Although the opinion by many is that there is nothing in a name, hence, the popular saying or rhetorical question “what’s in a name? However, it is generally known and agreed that names are important as they not only show the identity of a person, object or thing but also define the characteristics that will be exhibited by such person or object hence, a major determinant of the perception of such person or thing. Name therefore defines a person or object. Postpartum depression among the Europeans has undergone various names transformation or change over the years. However, among the Yoruba of southwestern Nigeria, the name has remained the same since the disorder became known among them. Recently, some have opined that this name is derogatory for an ailment that affects an important segment of the human population, the female folks. Using the causal theory of names theory, this article attempts a reconstruction of the name *abisinwin* through examination of the impacts of the name on the patient both during and after the ailment and how it tends to stigmatise a person. In doing this, the study made use of both primary and secondary sources of data. Primary sources included oral interviews and archival materials while the secondary sources include books, journal articles and the internet. The article argues for a reconsideration of the name *abisinwin* given to Postpartum depression among the Yoruba of Southwestern Nigeria with a view to reducing the stigmatisation it causes among the affected people.

**Keywords:** *Abisinwin*, *Mareje*, Stigmatisation, Reconstruction, Postpartum Depression

### Introduction

The perception about the aphorism “what’s in a name”, notwithstanding, there is no denying the fact that names are important. They determine to a large extent the nature of a thing either living or non-living. They can make or mar a thing. They give meaning to an object. This is the reason it is seen as an aberration when people declare that “what’s in a name?” Names many times determine the respect that will be accorded a person or an object. Hence, it is important that conscious efforts are made to take cognisance of names given to people or objects.

Names also determine how a person or object is perceived or how things will eventually turn out. People most times exhibit names given to them and this is the reason most societies attach importance to names of a person or an object. The Yoruba of Southwestern Nigeria have a saying that “*oruko a ma ro omo*” interpreted as a child usually acts or behaves according to the name given to it.

For instance, Olola Sir John Rankine was the Governor of Western Nigerian on the eve of Nigeria’s independence(Kehinde, 2020). Olola in Yoruba means honourable which most times is used to describe a wealthy or important personality in the society. During this period, the appellation Olola was attached to the name of John Rankine by Yoruba people to drive home the importance of the honourable Governor even to the less literate in the society. Hence, rather than say Honourable, many Westerners referred to the Governor as Sir Olola John Rankine. Since then, this appellation most times has been used to describe a respectable person in the Yoruba society with the name of John Rankine attached to it regardless of whether the person is black or not. It is common place to see Yoruba people calling or describing someone they see as a wealthy or honourable person as Olola John Rankine.

Post-partum disorder generally known as *abisinwin* among the Yoruba of Southwestern Nigeria is not a new disease. The disease is as old as the society itself. Owolabi postulates that postpartum depression (PPD) is definitely not new to the Nigerian, nay Yoruba tradition (Owolabi, 2022). Quoting Mrs. Hameed, a traditional medicine attendant, Owolabi (2022) says depression after childbirth is not a new phenomenon, however, conversation about it are not common because society sees it as an abnormality that should not be discussed in the open.

In an apparent allusion to its existence in precolonial and colonial Nigeria,(Marwick, 1956) a World Health Organisation (WHO) Maternal and Child Consultant in one of her reports after a working visit to the colony of Lagos in 1955 reports thus:

...I was interested to find that although there is a growing interest in scientific medicine and in education, nevertheless psychological difficulties, emotional problems and matters concerning marital discord tend to be taken to the local “native doctor”. I had the opportunity of seeing the “nursing home” of one of these practitioners, and nearly every case was one of MENTAL DISORDER (emphasis ours).

While postpartum mental disorder is not expressly mentioned in the report, however, by saying mental disorder in a nursing home, it can easily be deduced or inferred that the writer is talking about mental disorder to nursing mothers which invariably is postpartum mental disorder. This is to confirm that the disease is not new to the Yoruba people who inhabit the Southwestern part of Nigeria.

Whereas, there are several other features such as causes of the disorder and features of the disorder among others which can be adopted in referring to it which will make the name sound less derogatory or impart less on the social status of the patient, the Yoruba of southwestern Nigeria for centuries have stuck to the derogatory name, *abisinwin* prompting the need to re-examine or reconceptualise the disorder to a less derogatory or more amenable name. The need to reconceptualise post-partum disorder and suggest a new and less derogatory name for the disorder among the Yoruba of southwestern Nigeria forms the fulcrum of this paper.

### **What's in a Name: Understanding, Contextualising and Situating *Abisinwin***

For centuries, postpartum depression has been derogatorily referred to as *Abisinwin* among the Yoruba of Southwestern Nigeria literally translated as “becoming mad after giving birth”. Most times, this has put a lot of stigma on women who have at one time or another experienced such ailment in the society. In spite of transition in the western world regarding the name of the disease, (*Ibid.*). Yoruba people of Southwestern Nigeria have failed to evolve thereby showing

the rigidity and stereotyping of the Yoruba populace towards the disorder. The question remains why a mere disorder that affects women can be so derogatorily named to the extent that it affects the social status of such women long after they have overcome the disorder. Moreover, since, the disorder is triggered by certain factors and it cannot be categorised among serious mental ailment or derangement that take long to be healed, why then is it so derogatorily referred to or called to the extent that it imparts on the social standing or acceptability of the affected person long after childbirth in spite of such patient not exhibiting the symptoms of the disorder again.

Chike-Nwanmah (2022) has observed that it is not uncommon for most women to experience blues after delivery, the degree of blues is what is different from women to women. postpartum depression although common remains the most unrecognized and often undiagnosed complications of childbirth globally affecting about 10-15 percent of postnatal women globally.

Chike-Nwanmah (2022) posits that PPD is caused by a combination of social, chemical and psychological changes that occur in women after childbirth. He says it is a complex mix of physical, emotional and behavioural changes that women experience after childbirth (*Ibid.*). Although, he observes that the chemical changes involve a rapid drop in hormones after delivery yet he cannot pinpoint the actual link between this drop and depression but he maintains that what is known is that the levels of estrogen and progesterone in the female reproductive hormone increase tenfold during pregnancy while they drop sharply immediately after delivery (*Ibid.*). The position is relevant to the present study because of its emphasis on the causes of postpartum disorder. By emphasising the causes of postpartum disorder, the contribution diverts focus from the symptom of the disorder which has previously been the basis for its naming and which has been counterproductive as it has led to stigmatisation of patients, rather, it follows the proposition by the causal theory of name theorists to focus on the causes which may eventually instigate a change in name and perception of the disorder.

Obioha et al., (2021) in a study conducted in Surulere area of Lagos observes that apart from the inability to cope with the emotional upsurge during postnatal period which may result to depression, poor knowledge of postpartum depression and that it rarely exists in Nigeria are other reasons for its prevalence. The authors therefore recommend education of the general public and pregnant women by government organisation and health workers as the only panacea to finding solution to the problem of postpartum disorder among women

(*Ibid.*). In addition, mental health policy implementation is considered as a way to reduce the burden of postpartum depression(*Ibid.*).

While the submission about the rarity of postpartum depression in Nigeria is contestable as there are ample evidences to show that the disease is not new in the Nigerian society, however, it cannot be disputed that introducing education on the ailment and sensitisation about the danger it poses to the society will go a long way in reducing its prevalence. Nonetheless, the idea of mental health policy as a way out of the quagmire may not be a bad idea even though this may not be the only panacea as postulated by the authors. Also, recommending mental health policy as a way out will go a long way in creating awareness and correcting the wrong perception about it thereby helping in reducing stigmatisation.

Hahyeon Cho et al.,(2022) explain that the level of social support determines the rate of postpartum disorder among Korean women. According to them, women with moderate or low social support were more likely to have postpartum depression after child birth while those with high social support are less likely to experience it after childbirth(*Ibid.*). Whereas, availability of social support is not the only predisposing factor of the ailment, nonetheless, The study is relevant because it shows that social support and acceptability has a huge role to play in determining the rate of postpartum depression in a society, however, how such social support will be achieved in a society like that of the Yoruba where the depression or disorder is referred to derogatorily to the extent that it makes it impossible for people to identify with patients of such disorder remains the big question.

While admitting that the incidence of puerperal psychosis among post-caesarean section patients is very high, Ajibade et al.,(2018) observes that this may be due to history of bipolar disorder, schizophrenia, prior episode of postpartum psychosis, a family history of postpartum psychosis, mutations in chromosome and in specific genes involved in serotonergic hormonal and inflammatory pathways, giving birth for the first time, depression or anxiety during pregnancy, stressful recent life events, poor social support and a previous history of depression. All these causes have to do with psychological issues, no wonder the constant reference to the illness as mental illness by the Yoruba. Still, this study believes that there should be better nomenclature for the disease in such a way that will reduce stigmatization on the patients.

#### **Theoretical Framework: The Causal Theory of Names**

The causal theory of names is a direct attack on the descriptive theory of names. The theory states that the descriptive theory of names ignores the social character of naming(Evans and Altham, 1973). The theory propounded by American Philosophers Saul Kripke and Hilary Putnam states that whether currently used name names a certain object depends on whether present or current use of the name causally depend on its use by people who originally dubbed the object with that name(HKT Consultant). Using example of water, Kripke and Putnam observes that water refers to whatever stuff it was first applied and does not necessarily refer to H<sub>2</sub>O or colourless tasteless liquid(*Ibid.*). This implies therefore that the original name given to an object may not necessarily describe the object.

Citing Devitt and Sterenly, Al-Sayeed (2021) posits that causal theory of names states that names are socially inherited or borrowed implying that a name is given to a person during a formal ceremony and there is a kind of causal relationship between the use of the name and the name itself. Since names are socially inherited or borrowed, it implies that people can give whatever name they like to an object or a person by merely looking at the person or object or the characteristic such person or object exhibit at that material time. This does not

mean that other object or person given that name will inherit or exhibit similar characteristic like initial owner of the name. Hence, there should be a reconsideration of names at every point in time.

However, the causal theory of names has been criticized on the basis that the theory as propounded by Kripke produces unintuitive results when faced with two problems of “qua-problem” and the problem of “incorrect causal source”(Yang, 2017). Devitt in his critic of the causal theory believes that there is nothing more to the meaning of a word than its property of referring to something. In essence, concluding that a name is so adopted because it has been so called from inception regardless of whether its present meaning is the same as what it was when it was so named is fallacious.

The theory is relevant to the present study because of its emphasis in understanding the meaning of an object beyond the fact that it was so named from beginning whether the name given is a true representation of the object or not.

### **From *Abisinwin* to *Mareje*: Reconceptualising Post-partum Depression in Yorubaland**

There has been discussion in various quarters on the need to reconsider and reconceptualise *abisinwin* given to postpartum depression among the Yoruba of southwestern Nigeria. This according to causal theory of names means that current use of the name may no longer be applicable as dubbed by previous users of the name. As previously stated, the name has been used for centuries in Yorubaland. The contestation is that the name is not only derogatory but it is also stigmatizing especially when considered within the prism that the symptoms exhibited by patients of postpartum depression are less similar or not the same as those exhibited by patients of mental illness or derangement. For instance, while it is common knowledge that most patients of postpartum depression or what is derogatorily refer to as *abisinwin* among the Yoruba of southwestern Nigeria exhibit mild traces of mental disorder, yet they are categorised among those suffering from mental derangement. Thus, as suggested by causal theory of names there is a need for a reconsideration of the name to a less derogatory and stigmatizing name.

In his analysis of the various categories of postpartum depression, (Ogunlaja, personal communication, September 19,2023) identifies different types or categories of post-partum depression. There is one known as maternal blues which is just a mild depression that may involve struggle with acceptance of the baby and other mild reactions. There is another one that involves depression where the new mother may get into unnecessary fight with people and the highest level known as psychosis in which situation the baby is taken away from the mother for fear of the baby being harmed by the mother.

Given that the illness always occur at various levels and categories and it is only considered psychosis when it reaches the highest level which in many cases most women do not get to, it therefore begs serious explanation why Yoruba people refer to women affected by even the milder form of the ailment, postpartum depression as mental derangement as inferred from or explained by the name *abisinwin*.

What is *Abisinwin*? *Abisinwin* is a combination of two Yoruba words, “*Abi*” which means to give birth and “*sinwin*” which literarily translates as mental derangement, madness or running mad. It is a stage of showing or exhibiting real madness that may among others include exhibiting symptoms such as misbehaviour, abnormal or irrational behaviours. Therefore, *Abisinwin* simply means “give birth and run mad”. However, there are ample evidences to show that women who undergo puerperal psychosis or postpartum depression do not degenerate into full madness as implied by the name. Moreso, since it has been proved that symptoms of the illness manifest in many forms such as high mood and racing thoughts, depression, severe confusion, loss of inhibition, paranoia, hallucination and delusion (Ajibade et al.,2018) and not necessarily running mad

or amok like people with real mental derangement, it smacks of insensitivity for them to be categorised as mad people as coined by the Yoruba people thereby negating the postulation by the causal theory of name.

For instance, while it cannot be denied that it is a mental disorder, however, unlike patients with serious mental illness, postpartum depression is more or less like hormonal disorder. Indeed, puerperal psychosis is more or less hormonal. Evidence has shown that most patients of postpartum depression get well few days after giving birth and exhibiting the signs and traces of the illness even with little or no medication. This is different from cases relating to patients with mental illness or derangement, hence, postpartum depression cannot be within the category of illnesses recognised or classified as mental derangement either by aetiological or symptomatic factors by scholars (See Odejide, 1978) to warrant being given such name.

Similarly, it is better understood that postpartum depression (PPD) does not result to psychosis immediately. Experts have observed that at the initial stage it comes as blues and it is only when it reaches critical stage that it becomes psychosis and in most cases, majority of such women get out of the disorder without necessarily degenerating to psychosis. (Ogunwobi, personal communication, September 15, 2023). Therefore, referring to the disorder as *abisinwin* suggesting a severe psychosis from the onset is misleading. Quoting Dr. Maymunah Kadiri, a Mental health advocate, Psychiatrist and Psychotherapist who is also the Medical Director of Pinnacle Medical Services, Lekki, Lagos, (Owolabi, 2022) observes thus:

Studies have shown that one out of every 10 women suffers postpartum depression. What most women experience is postpartum blues within the first three days of delivery and over 80 percent of women experience blues. But if a woman is still repulsive of her child after one week, then it grows into postpartum depression, and if not managed well, can lead to psychosis even after the baby has grown older.

Further quoting another expert, a gynaecologist at the Lagos University Teaching Hospital (LUTH), Idi-Araba, Dr. Adebayo Awoniyi, (Owolabi, 2022) says:

The diversity in the moods experienced by new mothers varies. The spectrum starts with baby pink, baby blues, depression and the extreme, which is psychosis. Postpartum pink occurs a few days after a woman gives birth and this happens to all women. The new mother has elevated hormones, excitement, happiness, is hyperactive, and is sometimes unable to sleep.

This position is confirmed by majority of the medical personnels interviewed suggesting two important inferences. One is that the disorder affects majority of women since about 80 percent of women experience blues after childbirth, hence, it is not a strange ailment to warrant a name that can be stigmatising like that given by the Yoruba. Secondly, it is mild or mere psychological trauma at the initial stage perhaps due to the stress of childbirth and can only be regarded as psychosis if not managed well. Therefore, it is improper for the disorder to be referred to as psychosis immediately a woman experiences it *moreso*, since such name will complicate the woman's condition during the period and even after.

Indeed, many affected women are able to work on themselves to come out of the depression especially those who have heard of the disorder prior to giving birth. Omotola Uti, a mother of one in her interview with the *Nation* newspaper admits that the fact that she had heard of the disorder at her ante natal clinic weeks before delivering her babies helped her to work on herself to come out of the disorder (*Ibid.*).

Apparently, when considered within the ambit of the predisposing conditions of puerperal psychosis such as social, cultural and preternal factors on the one hand and the belief that the original name given to the ailment may not be relevant in the present time as postulated by the causal theory of name, there is need for reconsideration of the name. These factors are quite peculiar and are not enough to result to madness as derived from the coinage of the name.

Given that the paper proposes a reconsideration of the name, *abisinwin* given to postpartum disorder among the Yoruba of southwestern Nigeria, it is not enough to propose name reconsideration or change without suggesting an alternative. The attempt here is to suggest a less derogatory and less-stigmatising name for the disorder. The name "*Mareje*" has been suggested to be less stigmatising and derogatory.

Apart from the fact that *mareje* is less stigmatising, it has also been used interchangeably with *abisinwin* by many Yoruba communities (Omoehinde, personal communication, April 15,2023). As stated previously, the name has been used interchangeably with *abisinwin*. While some are fixated on *abisinwin*, others in order to make the illness look less derogatory have continued to refer to it as *mareje*.

*Mareje* is a Yoruba word implying "don't see or perceive a blood." It arises from the belief that child delivery is always accompanied by the issue of blood. It is a subtle way of referring to an ailment or disorder that is considered to be bad. Furthermore, it is believed such name is less derogatory and less stigmatising. This is because as the causal theory of names suggests, the dubbing of the ailment as *abisinwin* ignores the social character of naming. Hence, a new name is suggested after careful study of the immediate causes of the disorder and the social character in women which in most cases are not similar to those of mental illness.

However, many believed the name *mareje* may not be appropriate based on the argument that the illness affects women even during pregnancy not necessarily during child birth alone which makes the name unsuitable. The contestation among these set of critics is that if the disease is referred to as *mareje* because of the belief that it happened as a result of the woman sighting blood upon delivery, how about those who experience the ailment during pregnancy who perhaps have not gone into delivery not to talk of sighting blood.

However, the blood being referred to may not necessarily be blood during delivery of the baby as many have suggested. It is claimed in some quarters that sighting any form of blood may trigger the depression in a woman who is already predispose to it. For instance, an interviewee says of a pregnant woman who got triggered after returning from the abattoir (Ojuolape, personal communication, April 15, 2023). Therefore, mere sighting of blood of animal at the abattoir was enough to trigger the ailment in the woman.

Although, this might be seen as Yoruba superstitious belief as far as the immediate cause of the ailment is concerned just the same way the Yoruba have their belief or worldview regarding the remote cause, yet until proven otherwise, the claim cannot be overlooked.

### Conclusion

The study examined the implication of the name *abisinwin* given to postpartum disorder among the Yoruba of southwestern Nigeria. It attempted to trace the trajectory of the name or the ailment and found that the disease or ailment is as old as the society itself. Using the causal theory of name theory, the study found that the construction of the word or name *abisinwin* was based on human perception of the disease not necessarily on current reality, hence, the name may not be a true reflection of the ailment based on the predisposing factors and the symptoms exhibited by the patients.

It concluded that the name is not only derogatory but also stigmatising and there is a need for the reconsideration of the name to a less derogatory and less-stigmatising one. In doing this, the study based on the immediate predisposing factor that normally trigger the ailment arrived at and suggested a name *Mareje* literally interpreted as “do not sight blood”. Apart from the nomenclature satisfying some conditions such as being less-stigmatising, the study further noted that the name is not totally strange among the Yoruba of Southwestern Nigeria and will be generally accepted as a replacement for the derogatory *abisinwin*.

Hence, based on the immediate predisposing factor of the ailment gather from field work and the postulation by the causal theory of name, this study maintains that the nomenclature of postpartum depression among the Yoruba is not and cannot be *abisinwin*, hence, there is need for reconsideration of the name through proper reconceptualising of the disorder.

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#### **Ethical Standards**

#### **Declaration of Conflict of Interest**

Olusegun O.Olaniyi has declared no conflict of interest

Abimbola O.Adesoji has declared no conflict of interest

Timothy Alabi has declared no conflict of interest

Iyanuoluwa A.Ayodele has declared no conflict of interest.

#### **Ethical Approval**

All procedures performed in studies involving human participants were in accordance with the ethical standards of the Bowen University Teaching Hospital (BUTH) Research Ethics Committee.

#### **Informed Consent**

Informed consent was obtained from all individual participant included in the study.

#### **Data Availability Statement**

The data that support the findings of this study are available from the corresponding author upon request.



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