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Biopolitics of Care and Epistemic Disjunction: Indigenous and Biomedical Healthcare Systems in Buchi Emecheta's *The Joys of Motherhood*

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Abstract
This study examines the representation of motherhood in Buchi Emecheta's *The Joys of Motherhood* through the conceptual lens of epistemic disjunction in maternal healthcare. It argues that motherhood in the novel is shaped by the coexistence of non-integrated epistemologies of care**,** specifically Indigenous Knowledge Systems (IKS) of healthcare and biomedical rationality introduced through colonial modernity. Rather than functioning as a seamless synthesis, these systems operate in parallel yet remain structurally and conceptually inadequate, producing contradictory regimes of meaning, authority, and maternal experience. The study is primarily grounded in feminist theory, particularly its postcolonial and reproductive dimensions, while concepts such as biopolitics, social reproduction, and epistemic disjunction are employed as analytical categories for examining maternal healthcare and reproductive experience. The analysis demonstrates that the interaction between these systems does not produce hybrid epistemology but rather epistemic fragmentation, in which maternal subjectivity is shaped by conflicting interpretive logics of the body, fertility, and illness. This fragmentation is further intensified by patriarchal structures and the political economy of reproductive labour, which position motherhood as both socially obligatory and materially unsupported. By reframing motherhood as a space of epistemic disjunction rather than cultural conflict alone, the study contributes to feminist literary criticism and postcolonial health humanities by offering a more precise account of how African women's reproductive experiences are structured through non-integrated systems of care. The study in the end argues that *The Joys of Motherhood* exposes the instability of maternal subjectivity under conditions where multiple epistemologies of healthcare coexist without conceptual or institutional reconciliation.
Keywords: Epistemic disjunction; Motherhood; Biomedical healthcare; Non-integrated epistemologies of care; Buchi Emecheta; Postcolonial African literature;

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Introduction

Motherhood in African literary contexts, is a socially constructed reproductive institution shaped by intersecting cultural, economic, and epistemological systems of care. It extends beyond biological reproduction to include socially regulated expectations, institutional practices, and symbolic meanings that define women's bodies and reproductive roles. Within many Indigenous African contexts, maternal experience is historically governed by Indigenous Knowledge Systems (IKS) of healthcare, which interpret fertility, illness, and childbirth through spiritual causality, ancestral authority, and communal responsibility. In these systems, health is not reducible to biological functioning but is understood as a relational condition embedded in social and metaphysical networks.

The introduction of colonial modernity significantly reconfigured these indigenous epistemologies through the establishment of biomedical healthcare systems grounded in clinical rationality, institutional authority, and empirical diagnosis. While biomedical medicine presents itself as universal and scientific, it often abstracts the body from its cultural and relational environment, producing tensions in contexts where Indigenous Knowledge Systems remain active. This study is anchored in the argument that motherhood in African literature is shaped not simply by cultural transition or medical pluralism, but by the structural non-integration of competing epistemologies of care**.**

Despite extensive scholarship on motherhood in African literature, colonial modernity, and gendered identity formation, there remains limited sustained theorisation of how maternal experience is structured through non-integrated healthcare epistemologies. Existing studies tend to treat Indigenous Knowledge Systems as cultural background and biomedical systems as institutional context, without fully theorising their simultaneous but disjointed operation as epistemological systems of care. This gap is particularly evident in literary analyses of maternal experience in postcolonial African fiction, where healthcare is often discussed descriptively rather than as an organising epistemic structure.

This study therefore conceptualises motherhood through the outlook of epistemic disjunction, referring to the structural condition in which Indigenous and biomedical systems of care coexist without conceptual, institutional, or experiential integration. Rather than producing hybridised or seamless medical cultures, this disjunction generates fragmented regimes of meaning in which maternal bodies are interpreted through competing and often incompatible logics. The study draws on feminist theory as its supporting analytical framework, particularly within the colonial and postcolonial contexts represented in the novel. However, its primary conceptual anchor is the notion of epistemologies of care, which allows for the analysis of healthcare not just as service provision but as structured systems of knowledge that govern the interpretation and regulation of reproductive life.

Methodologically, the study adopts a qualitative close reading of Buchi Emecheta's *The Joys of Motherhood*, employing feminist discourse analysis to examine how maternal experience is constructed through competing epistemological frameworks. The novel is treated as a cultural text through which broader questions of knowledge, power, and reproductive governance are articulated. This study focuses on Buchi Emecheta's *The Joys of Motherhood*, using the

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experiences of the protagonist Nnu Ego to examine how motherhood is shaped through intersecting but non-integrated systems of care. It argues that maternal subjectivity in the novel emerges within a field of epistemic tension between Indigenous Knowledge Systems and biomedical rationality, producing a condition of structural disjunction rather than synthesis. By positioning motherhood within the framework of epistemic disjunction, this study contributes to feminist literary criticism, postcolonial health humanities, and African literary studies by offering a more precise account of how reproductive experience is structured through competing systems of knowledge. It ultimately argues that the novel exposes motherhood as a biopolitical condition in which women's bodies become locations of epistemological conflict, institutional failure, and uneven regimes of care.

Literature Review

Scholarly engagement with motherhood in African literature has developed through intersecting but often unevenly integrated strands of feminist theory, postcolonial criticism, socio-economic analysis, and indigenous knowledge studies. While these approaches have significantly shaped interpretations of African women's writing, they remain fragmented in their treatment of motherhood as a site where competing epistemologies of healthcare intersect. This fragmentation is particularly evident in critical readings of *The Joys of Motherhood* by Buchi Emecheta.

Feminist Theorisation of Motherhood: Between Oppression and Agency

Feminist scholarship on motherhood is marked by a persistent theoretical tension between criticism of motherhood as a patriarchal institution and efforts to reclaim it as a place of agency. Tatjana (2018) identifies this ambivalence as central to motherhood studies, noting that feminist discourse oscillates between radical criticism that frames motherhood as structurally oppressive and more recent interventions that seek to revalue maternal experience without romanticisation. Within African feminist literary studies, Zulfiqar (2014) and Enukora (2025) demonstrate that women writers consistently position motherhood within broader struggles over gender inequality, cultural authority, and social transformation. However, these works diverge in emphasis: while some readings foreground motherhood as a location of resistance, others underscore its role in reproducing patriarchal control, revealing an unresolved tension within feminist interpretive frameworks themselves. Ogbeide-Ihama (2025) extends this debate through the concept of matrescence, identifying motherhood as a developmental and psychologically complex transition influenced by cultural expectations and patriarchal regulation. Still, even here, the emphasis remains primarily on identity formation rather than the epistemological structures, particularly healthcare systems, which mediate maternal experience.

Motherhood as Social Performance: Institutional and Cultural Regulation

A growing body of sociological literature challenges essentialist understandings of motherhood by emphasising its performative and institutionally regulated nature. Machirori (2021) demonstrates that new mothers navigate conflicting institutional, cultural, and social expectations, producing maternal identities through continuous negotiation, self-surveillance, and social comparison. Rather than a stable identity, motherhood emerges as a socially contested performance influenced by normative pressures. Similarly, Slamat et al. (2026) extend Butlerian performativity to contexts of infertility, showing that even childless women are compelled to enact maternal behaviours in pronatalist societies to validate their social identity. This body of

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work reveals that motherhood is not only experienced but actively performed under institutional and cultural scrutiny. However, while these studies illuminate the social construction of motherhood, they remain largely detached from the material and epistemological structures of healthcare that determine reproductive experience, particularly in non-Western literary contexts.

Indigenous Knowledge Systems and Epistemologies of Care: Between Structure and Contestation

Indigenous Knowledge Systems (IKS) have increasingly been recognised as structured epistemologies of care rather than residual cultural practices. Megbowon and Uwah (2020) argue that indigenous systems constitute long-standing institutional frameworks that organise moral behaviour, social cohesion, and communal wellbeing. Within this view, health is not an isolated biomedical condition but a relational state embedded in spiritual, ancestral, and communal logics. However, scholarship on IKS is not without tension. While some studies emphasise their coherence and social utility, others caution against romanticising indigenous systems or detaching them from the patriarchal and hierarchical structures in which they operate. This unresolved tension is particularly relevant to literary analysis, where indigenous systems are often simultaneously represented as culturally meaningful and socially restrictive. In the context of African literature, these systems function as alternative epistemologies of healthcare that challenge Western biomedical dominance while also complicating simplistic oppositions between tradition and modernity.

Colonial Modernity, Literary Formation, and Biomedical Rationality

Postcolonial scholarship consistently emphasises the constitutive role of colonialism in shaping African literary and epistemic traditions. Gikandi (2000) argues that modern African literature emerged within colonial institutions that structured its language, intellectual orientation, and thematic preoccupations. Colonialism, in this view, is not only historical background but also a foundational condition of African literary production. Tandon (2018) further demonstrates that colonial disruption produced hybrid cultural and linguistic formations, enabling both cultural erosion and creative reinvention. Within this context, biomedical rationality enters African social space as part of a broader colonial epistemic restructuring, displacing indigenous systems while failing to fully replace them. However, despite extensive postcolonial analysis, biomedical systems are often treated as background institutional structures rather than as epistemologies of healthcare with direct implications for embodied experiences such as childbirth, infertility, and maternal mortality.

Reproductive Labour, Capitalism, and the Political Economy of Care

Feminist political economy expands the analysis of motherhood by positioning it within systems of labour, extraction, and capital accumulation. Wright and Forsyth (2026) demonstrate that women's labour, both paid and unpaid, constitutes a foundational area of capitalist reproduction, where care work is systematically undervalued even as it sustains economic systems. Bedell (2023), through social reproduction theory, further argues that capitalist systems depend structurally on unpaid reproductive labour, including caregiving, domestic work, and biological reproduction. Importantly, this labour is not peripheral but central to economic and social continuity, producing what can be described as a structural dependency on feminised labour. These perspectives significantly deepen feminist readings of motherhood by shifting attention

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from identity and culture to the political economy of reproduction. However, their application to African literary texts remains underdeveloped, particularly in relation to healthcare epistemologies.

Scholarship on *The Joys of Motherhood*: Consensus and Limitations

Critical interpretations of *The Joys of Motherhood* largely converge on its criticism of patriarchy, gender inequality, and maternal suffering. Jegede and Adesina (2019) identify systemic ideological structures such as bride price, male dominance, reproductive control, and gender violence as central thematic concerns. Barfi and Alaei (2015) similarly emphasise the novel's critique of intersecting colonial and feminist discourses that render African women socially invisible. Kamankura (2025) extends this discourse by analysing motherhood in relation to aging and disillusionment, arguing that maternal fulfillment is unstable and socially contingent. Ereke and Njoku (2025) foreground marriage and patriarchal structures as key determinants of maternal suffering, reinforcing the view of motherhood as socially imposed obligation rather than autonomous identity. Despite this convergence, critical divergence emerges in what remains under-theorised. While these studies robustly address patriarchy, identity, and social oppression, they do not systematically conceptualise motherhood as a place where competing epistemologies of healthcare, Indigenous Knowledge Systems and biomedical rationality intersect and produce contradictory regimes of care. Healthcare appears in the scholarship primarily as contextual backdrop rather than as an analytical structure in its own right.

Repositioning the Field

The literature reveals a field that is theoretically rich but structurally fragmented. Feminist theory, postcolonial criticism, indigenous knowledge studies, and political economy approaches, each offer partial insights into motherhood in African literature. However, their analytical separation has limited the development of a unified framework capable of explaining how motherhood operates simultaneously as a cultural institution, a location of labour, and a healthcare epistemology. This study repositions motherhood in *The Joys of Motherhood* not ordinarily as a cultural or domestic experience but as a biopolitical setting shaped by competing systems of healthcare knowledge. The term *biopolitical* is used in this study to describe the ways social institutions, cultural systems, and healthcare structures regulate women's reproductive bodies and maternal roles. In the novel, motherhood becomes a space where fertility, childbirth, maternal labour, and women's bodily experiences are socially monitored and ideologically controlled through both patriarchal expectations and colonial healthcare structures. The study also employs the concept of Indigenous Knowledge Systems (IKS) of healthcare to refer to traditional African systems of healing, fertility management, and maternal care grounded in spirituality, communal knowledge, herbal medicine, ancestral belief systems, and ritual practices. In *The Joys of Motherhood*, these systems are represented through the consultation of dibias, fertility rituals, symbolic objects such as eggs, spiritual interpretations of infertility, and belief in chi and ancestral influence. Within these systems, reproductive health is understood not only as biological function but also as spiritual and communal balance.

In contrast, biomedical rationality refers to the Western scientific model of healthcare introduced through colonial modernity. This system privileges clinical diagnosis, institutional medicine, empirical observation, and biological explanations of illness and reproduction. Unlike

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Indigenous systems that connect health to spirituality and communal relationships, biomedical rationality tends to separate the body from its cultural and metaphysical contexts. In the novel, this rationality is reflected in the urban colonial healthcare environment of Lagos, where maternal care becomes increasingly institutionalised but emotionally detached and inaccessible to poor women such as Nnu Ego. The study argues that these systems do not operate in integrated ways within the novel. Instead, they coexist in tension, producing what this paper conceptualises as *epistemic disjunction*, a condition in which Indigenous and biomedical healthcare systems function simultaneously but remain structurally and conceptually disconnected. This disjunction produces fragmented maternal experiences in which women are compelled to navigate conflicting understandings of fertility, illness, care, and reproductive identity

Methodology

This study adopts a qualitative interpretive approach grounded in literary textual analysis. Using close reading as its primary analytical method, the research examines Buchi Emecheta's *The Joys of Motherhood* with particular attention to representations of reproductive labour, healthcare practices, and competing systems of maternal care within colonial and postcolonial African contexts. Close reading is particularly suitable for this study because it enables detailed engagement with narrative structure, symbolism, characterisation, and ideological formations through which systems of knowledge are constructed in the text. The study is primarily grounded in feminist theory, particularly its postcolonial and reproductive dimensions, as the overarching theoretical framework for examining motherhood, healthcare, and women's reproductive experiences in the novel. Within this framework, concepts such as biopolitics, social reproduction, Indigenous healthcare epistemologies, and epistemic disjunction are employed as analytical categories for interpreting maternal care, bodily regulation, and competing systems of healthcare knowledge in *The Joys of Motherhood*. The concept of epistemic disjunction specifically refers to the structural non-integration of Indigenous healthcare systems and biomedical rationality within the novel's representation of maternal life. This framework enables the study to interrogate how reproductive experience is shaped by competing but unresolved regimes of care.

Feminist theory provides the basis for examining the gendered regulation of women's reproductive identities within patriarchal structures, particularly within the colonial and postcolonial contexts represented in the novel. Through its postcolonial dimensions, the study analyses the disruptions produced by colonial modernity on Indigenous epistemologies of health, healing, and motherhood, while its reproductive dimensions enable an examination of motherhood as gendered labour embedded within broader social, cultural, and economic systems. The primary text for analysis, Buchi Emecheta's *The Joys of Motherhood* (1979), is selected because of its sustained engagement with fertility, healthcare, colonial transformation, and the socio-cultural construction of motherhood in colonial Nigeria. The novel provides a productive location for examining tensions between Indigenous systems of care and Western biomedical structures within an urban colonial setting. The analytical procedure involves identifying and interpreting narrative moments, symbols, dialogues, and embodied experiences that reflect the interaction between Indigenous and biomedical healthcare epistemologies. Particular attention is given to representations of fertility, childbirth, illness, spiritual healing, maternal suffering, and

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access to care. These textual elements are examined in relation to broader questions of biopolitics, gendered labour, epistemological authority, and the governance of reproductive bodies. Secondary scholarly materials on African literature, motherhood studies, feminist theory, postcolonial discourse, and healthcare humanities are used to contextualise the analysis and position the study within existing academic conversations. The study does not aim at empirical generalisation but at interpretive depth. Its objective is to demonstrate how literary texts function as critical settings for interrogating the relationship between knowledge, power, healthcare, and reproductive experience in postcolonial societies.

Textual Analysis

Buchi Emecheta's *The Joys of Motherhood* is a famous work of Nigerian literature that explores the intersection of traditional and modern scientific discourses in motherhood and healthcare. Published in 1979, the novel is a powerful criticism of the ways in which traditional and modern medical paradigms connect to build the experiences of mothers and healthcare providers in Nigeria. Through the story of Nnu Ego, a woman torn between ancestral expectations and colonial modernity, Emecheta exposes how science, culture, and gender intersect in complex, often contradictory ways to communicate relevant ideas on motherhood.

Traditional Scientific Discourses

The novel highlights the importance of traditional scientific discourses in shaping the experiences of mothers and healthcare providers in Nigeria. The protagonist, Nnu Ego, is a young Igbo woman who is expected to conform to traditional Igbo norms and practices surrounding motherhood and healthcare. These include belief systems rooted in *chi* (personal deities), herbal healing, ancestral veneration, and symbolic fertility rites. Emecheta's portrayal of traditional scientific discourses is richly woven with references to spiritual and cultural understandings of the female body and reproductive health. Nnu Ego's struggle with infertility is interpreted through the outlook of her spiritual lineage:

> She went from one *dibia* to another in secret, and was told the same thing, that the slave woman who was her *chi* would not give her a child because she had been dedicated to a river goddess before Agbadi took her away in slavery (*The Joys of Motherhood*, p. 31).

This perspective positions fertility within a spiritual genealogy rather than a biomedical pathology, thereby emphasising the weight of ancestral relationships on a woman's reproductive life.

In the same manner, Emecheta describes the use of fertility rituals involving symbols such as eggs to seek healing:

> At home, Nnu Ego would take an egg, symbol of fertility, and kneel and pray to this woman to change her mind (p. 31).

Through these passages, Emecheta presents traditional scientific approaches as intimately tied to spiritual authority, community expectations, and ritual healing practices.

Modern Scientific Discourses

The novel also explores the intersection of modern scientific methods and traditional practices surrounding motherhood and healthcare. In colonial Lagos, where Nnu Ego relocates after marriage, her experience with modernity is identified by detachment, alienation, and the

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impersonal nature of Western medicine. Despite the introduction of modern medical knowledge, maternal health remains precarious, especially for poor women like Nnu Ego. For instance, during a premature birth, Nnu Ego is left to manage it alone without support from traditional midwives or biomedical professionals:

> ...with her teeth dug right into her lower lip to prevent herself from screaming, she gave birth to a baby not bigger than a kitten... The child, a girl, was lifeless (p. 90).

This passage not only reflects the inadequacy of healthcare facility but also the discontinuation of the communal support that traditional practices often provided. It points to a failure of modern medicine to fill the gap left by the erosion of indigenous maternal care systems.

Intersection of Traditional and Modern Scientific Discourses

The novel highlights the complex and often faulty combination of traditional and modern scientific methods in motherhood and healthcare. Nnu Ego's experiences are marked by a tension between ancestral expectations and urban realities. While tradition emphasises fertility as womanhood's major achievement, the modern setting challenges the usefulness and efficacy of such values. Emecheta draws attention to the woman's struggle to reconcile these paradigms: "She had been trying to be traditional in a modern urban setting" (p. 42). The result is a fragmented self, caught between honouring the wisdom of her ancestors and surviving in a rapidly changing, colonially influenced environment. Even motherhood, which is exalted in traditional society, becomes economically burdensome and emotionally isolating in the modern city. The clash is not ordinarily cultural but epistemological. Western medicine seeks quantifiable symptoms, while traditional beliefs invoke unseen forces like *chi* and ancestral curses.

Feminist Analysis

A feminist analysis of the novel reveals the ways in which women's bodies and experiences are shaped by both traditional and modern scientific discourses. Nnu Ego's life is one of continuous reproductive labour without reward or dignity. Her identity is defined by childbearing, yet she possesses little agency over her own body or reproductive choices. She is publicly shamed for infertility: "Do you think I don't suffer too?" … "I have no time to waste my precious male seed on a woman who is infertile" (p. 33). This moment reveals the patriarchal logic embedded in both traditional and modern systems where a woman's value is conditional upon her ability to reproduce. Further, her anguish is portrayed as a bodily disintegration: "She knew that soft liquid feeling of motherhood was lacking. 'O my *chi*, why do you have to bring me so low?'" (p. 32).

Here, Emecheta expresses how deeply women's sense of self-worth is tied to reproductive success, a condition sustained by both cultural myths and biomedical neglect. Moreover, modernity offers little refuge. The urban economy demands so much labour from women, yet offers them no support in managing motherhood: "She had been in Lagos now for more than seven years, and one could not change the habits of so many years in two minutes" (p. 203).

This quote highlights how colonial urban life denies women the social networks and healing traditions that once anchored their maternal roles. *The Joys of Motherhood* is a powerful criticism of the ways in which traditional and modern scientific approaches connect to build the experiences of mothers and healthcare providers in Nigeria. Emecheta shows how these overlapping methods both support and constrain women like Nnu Ego, subjecting them to

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contradictory practices while offering little emotional or structural support. The novel in the final analysis, is a feminist meditation on the double bind of African women caught between the weight of tradition and the alienation of modernity with their bodies given a kind of legitimacy only through the agencies of fertility, pain, and sacrifice

Discussion

The analysis of *The Joys of Motherhood* demonstrates that motherhood is constructed as a biopolitical setting in which Indigenous healthcare epistemologies and colonial biomedical rationality operate as competing systems of maternal care. Indigenous healthcare systems in the novel are grounded in spirituality, ancestral belief, ritual healing, and communal maternal support, while biomedical rationality is associated with clinical logic, institutional medicine, and the colonial reorganisation of healthcare practices. This epistemic tension becomes evident through Nnu Ego's reproductive experiences, particularly in relation to infertility, childbirth, and maternal suffering. Her infertility, for instance, is interpreted within Indigenous cosmology as a spiritual crisis connected to chi, ancestral displeasure, and metaphysical imbalance, leading her to consult dibias and participate in fertility rituals. Reproductive health is therefore understood not as a purely physiological condition but as a spiritual and communal phenomenon requiring ritual intervention.

However, after Nnu Ego relocates to colonial Lagos, the novel presents the growing influence of biomedical modernity alongside the weakening of communal maternal care systems. During her premature childbirth experience, she endures labour in severe pain and without adequate support, eventually giving birth to a lifeless child. Although biomedical institutions exist within the colonial city, they remain materially inaccessible and emotionally detached from the realities of poor African women. The novel therefore reveals a condition of epistemic disjunction in which Indigenous and biomedical systems coexist without conceptual or institutional integration. While Indigenous healthcare frameworks explain fertility and illness through spiritual and communal categories, biomedical rationality increasingly redefines reproduction through clinical and economic structures detached from ancestral and communal relations. Consequently, women such as Nnu Ego are compelled to navigate conflicting interpretations of the body, motherhood, and care within systems that fail to provide coherent maternal support. Motherhood thus becomes a site where patriarchal expectations, colonial modernity, reproductive labour, and healthcare ideologies converge to regulate women's bodies and social value.

A key finding emerging from the analysis is that Indigenous Knowledge Systems (IKS) of healthcare in *The Joys of Motherhood* cannot be reduced solely to cultural artifacts or symbolic tradition. Instead, they function as structured and socially indigenous epistemologies of care grounded in ancestral authority, spiritual causality, ritual practice, and communal responsibility. Emecheta illustrates this through repeated instances in which reproductive decisions and maternal experiences are mediated through spiritual consultation and ritual healing. Nnu Ego's infertility, for example, is interpreted through Indigenous cosmological frameworks rather than biomedical explanations. Her consultations with dibias attribute her inability to conceive to the influence of her chi and unresolved ancestral obligations linked to the slave woman believed to govern her spiritual destiny. Fertility within the novel is therefore understood not as a purely

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physiological condition but as a relational and metaphysical state shaped by communal memory and spiritual balance.

Similarly, fertility rituals involving symbolic objects such as eggs further demonstrate the operational role of Indigenous healthcare epistemologies. Nnu Ego kneels with an egg, described as a "symbol of fertility," praying for spiritual intervention in her reproductive life. The ritual functions not merely as symbolic cultural performance but as a recognised therapeutic process through which healing and maternal fulfilment are sought. The communal organisation of maternal care in Ibuza also reflects the structured nature of Indigenous healthcare systems, where reproductive experiences are collectively managed through networks of older women, traditional birth support practices, communal childcare, and shared cultural knowledge surrounding pregnancy and motherhood. These systems contrast sharply with the fragmentation and maternal isolation Nnu Ego later experiences in colonial Lagos. Through these representations, Emecheta presents Indigenous healthcare systems as organised epistemologies with their own authority, interpretive logic, and methods of intervention. This supports existing scholarship on Indigenous systems in African societies (Megbowon & Uwah, 2020) but extends it by demonstrating that such systems are not merely cultural resources or residual traditions; rather, they actively organise reproductive decision-making and shape maternal interpretations of bodily experience.

However, consistent with tensions identified in feminist scholarship (Tatjana, 2018; Ogbeide-Ihama, 2025), the novel also reveals that Indigenous systems are not neutral structures of care. They are embedded within patriarchal logics that regulate women's bodies through normative expectations of fertility and maternal productivity. Motherhood is therefore simultaneously valorised and constrained: it is a source of identity and social recognition, but also a mechanism of gendered discipline that defines womanhood primarily through reproductive capacity.

In contrast, biomedical healthcare systems introduced through colonial modernity appear in the novel as institutionalised forms of clinical rationality that reorganise the meaning of health, childbirth, and maternal care. However, their presence is marked less by therapeutic effectiveness than by structural detachment. As the Literature Review has shown, postcolonial scholarship has emphasised the disruptive effects of colonial modernity on Indigenous epistemic systems (Gikandi, 2000; Tandon, 2018). In *The Joys of Motherhood*, this disruption becomes materially visible through Nnu Ego's experiences in colonial Lagos, where traditional communal systems of maternal support gradually weaken under the pressures of urbanisation, wage labour, and colonial social organisation. After relocating to Lagos, Nnu Ego experiences pregnancy and childbirth in conditions marked by isolation and inadequate care. During one of her premature deliveries, she endures intense labour pain alone and gives birth to a lifeless child "not bigger than a kitten" (90). Unlike the communal maternal structures in Ibuza, where childbirth and reproductive crises are collectively managed through networks of women and traditional healers, the colonial urban environment provides neither sustaining communal support nor accessible biomedical care. Although Western medical institutions exist within the colonial city, they remain materially inaccessible and emotionally detached from the realities of poor African women.

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The novel further shows how biomedical rationality repositions childbirth as an individualised physiological condition detached from Indigenous spiritual and communal understandings of care. Colonial modernity therefore reorganises maternal healthcare through clinical and economic structures that separate reproductive experience from ancestral relations, ritual healing, and communal responsibility. Consequently, biomedical systems in the novel function less as integrated structures of maternal wellbeing than as fragmented institutional forms that fail to address the emotional, social, and reproductive vulnerabilities of women such as Nnu Ego. This produces what can be theorised as epistemic disjunction in maternal healthcare, where Indigenous and biomedical systems operate simultaneously but without conceptual or institutional integration. The novel illustrates this disjunction through Nnu Ego's movement between traditional Igbo society and colonial urban Lagos. In Ibuza, reproductive challenges are interpreted through Indigenous healthcare epistemologies grounded in chi, ancestral influence, ritual healing, and communal maternal support. Nnu Ego's infertility, for instance, is explained by dibias as the consequence of spiritual imbalance associated with the slave woman believed to inhabit her chi, and the proposed remedies are ritualistic rather than clinical. Reproductive health is therefore understood through spiritual causality and communal cosmology.

However, after relocating to Lagos, the structures surrounding maternal care shift significantly. Urban colonial life weakens the communal systems that previously organised reproductive support, yet the emerging biomedical order does not integrate Indigenous understandings of fertility and healing. Instead, both systems coexist in parallel without meaningful interaction. This disjunction becomes particularly visible during Nnu Ego's traumatic premature childbirth in Lagos, where she undergoes labour in severe pain and isolation despite the institutional presence of colonial medical structures. Traditional maternal networks are absent, while biomedical systems remain inaccessible and emotionally detached from the realities of poor African women. Consequently, neither system adequately responds to her material and emotional vulnerability.
The novel further demonstrates that the disjunction is conceptual as well as institutional. Indigenous healthcare epistemologies interpret fertility and illness through ancestral continuity, spiritual imbalance, and communal responsibility, whereas biomedical rationality approaches the body through physiological and clinical explanations detached from metaphysical relations. Emecheta does not present these systems as reconciled within a unified framework of care. Rather, women such as Nnu Ego are compelled to navigate contradictory understandings of motherhood, illness, healing, and reproductive identity. The result is not productive hybridity but fragmentation in the lived experience of maternal care.

From the perspective of feminist political economy, the novel further confirms arguments advanced by Wright and Forsyth (2026) and Bedell (2023) that reproductive labour is a structurally exploited form of social reproduction. Nnu Ego's maternal experience is defined by continuous reproductive, emotional, and domestic labour that sustains familial and social structures but produces no corresponding economic or institutional security. Motherhood thus operates as unpaid labour embedded within both indigenous and colonial systems of value, where care is demanded but not adequately supported. Importantly, the analysis refines existing feminist readings of the novel (Jegede & Adesina, 2019; Barfi & Alaei, 2015) by shifting emphasis from motherhood as ideological oppression alone to motherhood as an epistemologically mediated condition. Patriarchy is not only a social structure in the novel; it is

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reinforced through both Indigenous Knowledge Systems and biomedical modernity, each of which defines, regulates, and limits women's reproductive agency in different but intersecting ways.

The psychological dimension of this epistemic and material burden is also significant. The novel represents maternal subjectivity as increasingly fragmented under the pressure of conflicting expectations: cultural obligation, economic survival, and institutional neglect. This aligns with Machirori (2021) and Slamat et al. (2026), who demonstrate that motherhood is continuously performed under social surveillance. In Emecheta's narrative, however, this performativity is intensified by the absence of coherent systems of care capable of reconciling competing epistemologies. Overall, the discussion demonstrates that *The Joys of Motherhood* does not simply criticise patriarchy or colonialism as separate systems. Rather, it exposes the deeper epistemological rupture produced when Indigenous Knowledge Systems of healthcare and biomedical rationality coexist without integration. Motherhood emerges as a biopolitical condition shaped by this epistemic tension, where women's bodies become locations of contested knowledge, labour, and survival

Conclusion

This study has examined the representation of motherhood and healthcare in Buchi Emecheta's *The Joys of Motherhood* through the lens of feminist theory, with particular attention to the interaction between Indigenous Knowledge Systems (IKS) of healthcare and biomedical rationality. The analysis demonstrates that the novel presents motherhood not simply as a cultural or domestic experience but as a biopolitical site where competing systems of knowledge, care, and authority shape women's reproductive lives. Through the experiences of Nnu Ego, Emecheta reveals how fertility, childbirth, illness, and maternal suffering are interpreted and regulated through multiple frameworks that carry different assumptions about the body, health, and womanhood. A central finding of the study is that Indigenous and biomedical healthcare systems in the novel do not function as integrated modes of maternal care. Indigenous healthcare epistemologies grounded in spirituality, ancestral authority, ritual practice, and communal responsibility continue to shape understandings of fertility and reproductive wellbeing, while biomedical rationality introduced through colonial modernity increasingly structures healthcare institutions and social life. However, these systems coexist without meaningful conceptual or institutional integration. The result is what this study conceptualises as epistemic disjunction, a condition in which women are required to navigate competing explanations of illness, fertility, and healing without access to a coherent framework of care.

The study further demonstrates that this epistemic disjunction has profound implications for maternal experience. As communal structures of support weaken within the colonial urban environment, biomedical institutions fail to provide adequate emotional, social, or material alternatives for women such as Nnu Ego. Consequently, motherhood becomes a site of fragmentation, where reproductive labour is demanded and valued, yet maternal wellbeing remains insufficiently supported. Emecheta's portrayal of Nnu Ego therefore exposes the limitations of both patriarchal cultural expectations and colonial healthcare modernity in addressing the realities of women's lives.

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At the end, *The Joys of Motherhood* offers a powerful critique of the structures that govern reproduction and maternal identity in colonial Africa. By revealing the tensions between Indigenous and biomedical epistemologies of care, the novel illuminates the complex relationship between knowledge, power, healthcare, and gender. The study contributes to African literary scholarship, motherhood studies, and feminist literary criticism by demonstrating how literary texts can serve as critical sites for understanding the consequences of non-integrated systems of care and the lived realities of women negotiating multiple regimes of knowledge and authority.

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