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**WOMEN AND HARMFUL TRADITIONAL HEALTH PRACTICES:
THE CASE OF TRAINING TRADITIONAL BIRTH ATTENDANTS (TBAs)
IN UYO, AKWA IBOM STATE**

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ABSTRACT

Recent by the government have identified what constitutes "harmful traditional practices" against women and girls. Areas identified were:

- (a) Reproductive Health Practices,*
- (b) Nutrition - Related Practices and,*
- (c) Human Rights Associated Practices.*

This necessitated the training of Traditional Birth Attendants (TBAs) in the Country and specifically Akwa Ibom State. This paper among others examines the methods adopted in the training as well as the necessity/effectiveness of such in

achieving the desired goals. The paper discovered that the training was good but that a few flaws were identified:

- (a) That most of the elderly Traditional Birth Attendants did not attend the training. This created some lapses especially when one realizes that bulk of the practising Traditional Birth Attendants are always the elderly.*
- (b) That the trainers adopted a formal approach rather than the community/village based method.*

It suggests that in subsequent training, the elderly Traditional Birth Attendants who are actually practising it should be brought in. Above all, that the methods used should be informal.

INTRODUCTION:

Recently a major concern of the government and elite women groups in Nigeria is the abolition of harmful traditional practices affecting women and girls in the Country. Consequently, the Federal Government of Nigeria in collaboration with the United Nations Development System (UNDS) commissioned the National Baseline Survey on positive and Harmful Traditional Practices Affecting Women and girls in Nigeria. The research was conducted by the Centre for Gender and Social Policy Studies, Obafemi Awolowo University Ile-Ife.

The researcher found that the commonest Harmful Traditional Practices (HTPS) in Nigeria fall into three categories. These are Reproductive Health Practices, Nutrition - related practices and Human Rights associated Practices. In this essay the emphasis is on the former - Reproductive Health Practices.

Among harmful reproductive health practices which the survey identified to be detrimental to the health of the mother and her child are the notorious female Genital Mutilation (FGM), hot bath in peuperium, early marriage and early pregnancy which cause Vesico Vagina Fistula (VVF), **total privacy during labour, the use of charms to control fertility, fatalistic and supernatural attitudes to childbirth.**

Thus, concerning the major findings on harmful reproductive health practices, the Guardian Newspaper (February 27, 1999 page 32) says:

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"Another set of harmful traditional practices was found to be centred around labour and childbirth. These have been identified as Harmful delivery Practices, and they include circumcision during pregnancy and at childbirth, hot bath, forced squatting during labour, Gishiri cut, Zurgu cut, Angriya cut, fattening, tying of wrapper, massaging the womb, taking alcohol daily, drinking local herbs, eating special local herbs, and foods, sacrifices for fertility. Others include incision on the womb with incantation, application of native medicine and charms, confession of affairs if labour is prolonged and bath with local medicinal soap"

The effect of harmful delivery practices was identified to be felt in complications during pregnancy and labour, the major risks being shortage of blood, infection, filting during labour and obstructed labour. The North East and North west were identified as major problem areas due to early marriage and pregnancy, as well as prevalence of home deliveries due to poor access to medical care, religion and culture, especially the practice of total isolation during labour, which was identified as a major risk.

As a result of these practices, between one fifth and one quarter of the women in the North were found to be at risk during pregnancy and childbirth (Guardian Newspaper February 27, 1999 pp 32). In south-west nearly 10 percent were found to be at risk and in the South East, 11.5 percent. The South-South had the highest rate in the South with 12.1 percent and the middle belt 10 percent.

It was suggested in the report that changes will come trough the promotion of hospital delivery, health education and enlightenment, and training of Traditional Birth Attendants (TBAs) to cope with new realities. Realizing the importance of these recommendations, this paper examines the training of Traditional Birth Attendants in Nigeria. Indeed, the government at different levels have organised training programmes for the TBAs. The paper focuses on the efforts made by the Government of Akwa Ibom State to train the traditional Birth Attendants in the State.

It looks at the methods used in training the TBAs with a view to determining the successes and failures. Suggestions for further improvement are made.

METHODOLOGY

The observation and interview methods were used in gathering the data for this paper. The researchers attended the training workshop organised by the Akwa Ibom State Ministry of health and Social Welfare for the TBAs. During the workshop certain observations were made while a number of trainers and trainees were interviewed. Furthermore, relevant literatures and Newspapers were consulted.

THE TRADITIONAL BIRTH ATTENDANTS

Traditional Birth Attendants are people who have the skills in the management of maternity issues and delivery of babies (Owumi, 1996). These practitioners (birth attendants) are usually women (Alti Mu 'Azu, 1992; Owumi, 1996) who adopt traditional methods in the practice of midwifery. Their activities cover pre-natal and post-natal services.

Traditional Birth Attendants (TBA) possess special skills in the management of women during and after birth and childhood diseases which they cure with the use of herbal medicine. Some of these services are administered orally or through laceration and other forms of prophylactics against evil machinations (Owumi, 1996). Although the Traditional Birth Attendants provide ant-natal and post-natal care services as well as some medicine for some childhood ailments, their main function is to assist during delivery and baby care (Alti-Mu'Azu, 1992).

The efficiency of Traditional Birth Attendants in the art of midwifery has been emphasised by researchers. Very often clients, especially those in the rural areas give credit to traditional doctors for saving lives. Oyeneye and Orubuloye (1985) noted that the Traditional Birth Attendants (TBA) were commended for the wonderful roles they perform in the delivery and care of babies and their mothers. Alti-Mu'Azu (1992) has noted that although women expressed little confidence in the Traditional Birth Attendants with regard to her ability in handling some childbirth complications, they still believe in her expertise in other aspects of childbirth. Asuquo et al (1992) observed in their study, that the Traditional Birth Attendant was considered the "first and often the only," port of call in the event of any problem associated with pregnancy and labour. We think this is so

because Traditional Birth Attendants are seen as experts in pregnancy care and child delivery.

In most cultures of Nigeria, Traditional Birth Attendants are women who are post-menopausal, usually over the age of 50 years (Oyebola, 1980, Alt,-Mu'Azu 1992). Advanced age is perceived as an asset for a midwife because she is thought to have accumulated experience and also because post-menopausal women are past-child-bearing and therefore have more free time to practice midwifery.

Traditional Birth Attendants take care of women with pregnancy through to delivery. They supply ante-natal medicines to their patients during pregnancy. This involves, in some places, the administration of leaves, roots and herbs as concoctions which could be given orally or as enema (Sargent, 1982). Traditional Birth Attendants also recommend certain foods to their clients and prohibit others. When a client is experiencing threatened abortion in the early months of pregnancy, the Traditional Birth Attendant resort to the use of magic (Henderson and Henderson, 1982). This is because they believe sorcery, witchcraft or supernatural forces and extra marital affairs (adultery) are the possible causes.

When a pregnant woman is in labour the Traditional Birth Attendant is often called to deliver her. While in some cases, the Traditional Birth Attendant is sent for, in others the woman in labour is carried to the home of the TBA (Sargent, 1982; Henderson and Henderson, 1982). To assist the woman in labour what the Traditional Birth Attendant does is to "supply her with the relevant medicines, keep her in the squatting position, hold her hands and massage her back while she is having contradictions" (Alti-Mu'Azu, 1992: 153). This vary (slightly) from one culture to another.

Traditional Birth Attendants often treat some childbirth complications. Examples of such complications are: haemorrhage (bleeding), retained placenta, obstructed labour and breech birth (Sargent, 1982; Henderson and Henderson, 1982, Alti-Mu'Azu, 1992). The method used in treating these complications vary from one culture to another. In some cases, roots, leaves and herbs are administered as concoctions (Sofowora, 1982). Generally, when there is complications, there is quick recourse to the supernatural. This is because it is believed that such complications are caused by evil machinations such as witchcraft and sorcery.

The work of the Traditional Birth Attendants do not stop at child delivery. They render post-partum and baby care services as well. In some cultures, it is the duty of the

Traditional Birth Attendant to bury the placenta and take care of the baby immediately after delivery. Generally, in most cultures the preparation and disposal of the placenta are very important to the people (Sargent, 1982; Henderson and Henderson, 1982, Alti-Mu'Azu, 1992). A series of precautions are taken when disposing the placenta. This vary from one culture to another. Post labour pains are also often treated by Traditional Birth Attendants. The Traditional Birth Attendant prescribes specific food to the mother of a new baby.

The method of acquisition of the skill (TBA) vary from one society to another. In most societies, the art is learnt by means of apprenticeship. This usually involves the process of learning as observation or watching as experience (Sargent, 1982; Henderson and Henderson, 1982, Alti-Mu'Azu, 1992; Owumi, 1993). Some claim the knowledge was imparted on them by the supernatural forces.

FINDINGS

The Akwa State Ministry of Health has organised training workshop for the Traditional Birth Attendants in the Local Government Areas of the State. One of such programme organised for the TBAs in Uyo Local Government Area took place at the School of Midwifery, St Luke's Hospital, Anua Uyo between the 25th and 26th March, 1999. The participants (TBAs) were drawn from the 3 main clans in Uyo. A total of 82 TBAs were in attendance. All the TBAs were women of between 30 and 70 years of age.

Judging from the number of TBAs that attended the workshop it may be said that the rate of attendance was very encouraging. This may not be unconnected with the method adopted by the organisers to inform the TBAs of the workshop. According to a few respondents who were trainers (resource persons), the traditional clan and village heads were used to inform the TBAs of the training programme. That is, the organisers contacted the traditional rulers who compiled the lists of the TBAs in their areas of jurisdiction. These chiefs used their town criers to summon the TBAs and inform them of the workshop. The chiefs made the TBAs to realise the importance of the training and the need for all of them to attend. This has helped a lot in properly informing and encouraging the TBAs to attend the training workshop. Another method used by the organisers was to announce on the radio and television a few days to the date of the workshop.

By each day of the training the participants (TBAs) normally arrived the training centre as early as 8.am and training began at a few minutes to 9.am.. One big classroom in the School of Midwifery, St. Luke's Hospital, Anua was used for the training. The sitting

arrangement was the normal school type: participants sitting while the trainer stood facing them. In fact, it was a normal formal classroom setting. The environment was very conducive for learning in the formal way. All the TBAs interviewed said that the classroom arrangement was very good.

The training was conducted with the use of the Ibibio Language. All the trainers used Ibibio for teaching the participants. This was the most appropriate judging from the fact that most (about 90%) of the TBAs were illiterates. With the use of a local language, the participants were able to comprehend the training easily. Most of the TBAs interviewed asserted that the use of Ibibio Language made the training most beneficial to them.

Also, the trainers used simple diagrams and pictures to teach where and when necessary. Sometimes simple toy objects specially made for the training were used to demonstrate certain things. This method of teaching and the use of teaching aids helped the participants to understand the lessons very well.

Two break periods were observed each day of the workshop. During the first break period participants were served some food. Participants had ample time to interact with one another during the break periods. The respondents claimed that their learning potentials were stimulated by the refreshment provided by the organisers of the training.

It was also observed that the trainers allowed the participants to ask questions and make comments during the teaching periods. Indeed, the trainees (TBAs) were allowed full participation in answering questions and also asking questions. In fact, the teaching sessions were very lively both for the trainers and the trainees.

Furthermore, a few of the trainers introduced Christian songs at short intervals during the teaching periods. The participants often quickly embraced the songs and sang together, even many got up and danced to the tune of the songs. At short intervals the trainers said, "praise the Lord" and the trainees responded by saying "Hallelujah".

The trainers gave loud clapping ovation to each trainer at the end of his/her teaching in appreciation for a job well done. Most respondents credited the trainers for training very well and promised to utilise the knowledge and experiences tapped during the training.

Also, the trainers credited the TBAs for having high spirit of learning and for quick assimilation of what they were taught.

CONCLUSION

From the findings, it is crystal clear that the methods used by the Akwa Ibom State Ministry of Health and Social Welfare for training the TBAs have been very effective. First the methods use for notifying the TBAs of the workshop was people-oriented. That is, the use of traditional rulers to inform the TBAs in their domains was responsible for the very impressive turn out for the workshop. Secondly, the classroom arrangement was conducive for learning. That is, the trainees were comfortably sitted during the workshop. Thirdly, the teaching tactics used by the trainers were very effective; these includes the use of the local language (Ibibio), the use of visual aids; asking questions and listening to comments made by the TBAs etc. These methods have contributed, a great deal to the success of the training exercise. Fourthly, the inclusion of break periods with light refreshments were good incentive and boost the ego of the participants.

In contemporary Nigerian society there is no doubt about the efficacy of traditional medicine of which the TBAs are a category of practitioners. The case for the integration of traditional medicine into our health care system had been established a few decades ago. In fact, the objectives of the Primary Health Care cannot be fully realised without herbal medicine. Some aspects of traditional medicine which are harmful should be discouraged.

The training as was conducted for Traditional Birth Attendants was timely considering the fact that there are aspects of traditional midwifery practices that are harmful particularly to women. Indeed, the Akwa Ibom State Ministry of Health and Social Welfare should be commended for the training.

RECOMMENDATIONS

The classroom used is the ideal for Western formal education but not the ideal for traditional form of education. Social anthropologists have revealed that African indigenous education was not conducted in any classroom or formal setting. There is the need to conduct subsequent training in the villages, at places like the village squares or at the village or clan head's houses. The participants (TBAs) should be allowed to sit freely as they used to do at village meetings. This may be under a big tree where there would be adequate fresh air. In this type of setting the learning ability of the TBAs can easily be enhanced. This is because they would find themselves learning in an environment they have been used to.

Very old practitioners (TBAs) who, because of old age, were not able to travel to the training centres were not taken into consideration by the organisers of the workshop. Coincidentally these aged TBAs are the most experienced in the art of child delivery. There are lots to be learnt from them. Also, in most cases they are the most ritualistic hence, they really needed to be made aware of harmful effects of certain aspects of their practices. Efforts should be made to really include this category of practitioners in subsequent training programmes.

There was the assumption that all the TBAs that participated were Christians whereas there were a few who were traditional worshippers. Since Christian songs were used during the workshop, the non-Christian TBAs just reluctantly sang. This category may find it hard to change their methods of practice. They may feel that since they were not Christians, they would not be obliged to adhere to what were taught during the workshop where Christian songs dominated. There is the likelihood that this category of TBAs are the adamant ones who will not practice what they learn during the workshop. There is the need to separate the traditional worshipper TBAs from the Christian TBAs so that the message of the training may be properly received by those who are really guilty of specific harmful methods.

All the trainers interviewed maintained that the essence of the training was to discourage the TBAs from using their age long traditional methods. Thus, a trainer said, "to show them how to practice in modern way." Another trainer said, "We really want to discourage them from traditional beliefs." To our minds this should not be the case. Judging from different research findings (Henderson and Henderson, 1982; Sergent, 1982; Alti-Mu'Azu, 1992; Owumi, 1996 etc.) the TBAs are very skilful in the management of maternity issues and delivery of babies. Since this is the case, the emphasis now should not be to discourage them totally from their age long traditional methods rather it should be to discourage them from aspects of their practice that are harmful.

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