

Traditional Reproductive Health Practices among Women in South-South Nigeria

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Received: 05 June 2017; Accepted: 28 June 2017

Citation: Mildred E. John, Ekpoanwan E. Esienmoh, Alberta D. Nsemo, et al. Traditional Reproductive Health Practices among Women in South- South Nigeria. Nur Primary Care. 2017; 1(2): 1-6.

ABSTRACT

Despite the development of orthodox health services in Nigeria, several traditional reproductive health practices for women still thrive in many indigenous populations. These practices relate to delayed menarche, delay in child bearing/infertility, during pregnancy and lactation. Mixed method design (descriptive and focused ethnographic) was utilized to explore and elicit traditional reproductive health practices for women of childbearing age, and perceptions about their use. Two hundred and fifty seven (257) women of child bearing age were purposively selected from four randomly selected communities in Southern Ijaw local government area of Bayelsa State and Akpabuyo local government area of Cross River State in South-South region of Nigeria. Results revealed that several traditional reproductive health practices were engaged in by women for several reasons for issues relating to menarche, pregnancy, childbirth, and infertility. Common practices include the use of enchanted amulets, traditional therapeutic massage, "womb setting", "womb massage", "womb locking", use of herbs (oral, enema), "sweat bath"/"steam bath" etc. One very popular practice was the utilization of the popular traditional midwives ("mamalettes" or "abia umaan"), who participants say are "experts at women matters", and "experts at womb setting and womb massage". Some of the traditional practices have scientific explanations and are beneficial while others may be harmful and have implications for community health education and reproductive health policy. However the participants stated that the benefits of the traditional reproductive health practices outweigh the harmful effects.

Keywords

Traditional practices, Women's reproductive health practices.

Introduction

Cultural beliefs and attitudes influence women's reproductive health preferences and practice. In the past, traditional medical practices were a way of life in indigenous societies like Nigeria. These societies had their own cultural practices for health and illness, and also had unique health care approaches. With scientific advancement and orthodox medical practice, many traditional practices were discarded especially by the educated. However certain traditional practices still flourish in Nigeria as many ethnic societies have retained some vital indigenous health practices, especially those relating to women's reproductive health. Some of these practices are seen as "cultural gems" and have persisted in many communities with the general belief that they are more efficacious than orthodox practices. In such communities, women

carry out certain traditional reproductive health practices when they are menstruating, or pregnant, or lactating, or experiencing delay in child bearing.

Studies in Nigeria [1,2] have reported several traditional women's reproductive health practices in communities in Nigeria. These include nutritional taboos during pregnancy and lactating period; preference for traditional birth attendants during pregnancy and delivery; and use of other traditional practices for women's problems. In the rural communities of South-South Nigeria, some of these practices include traditional massage, and the use of certain spices and herbs for prevention and treatment of illness. It has been documented that only 34.5% of births are attended by skilled health professionals in Nigeria [3,4]. This may imply that many women have had to recourse to traditional midwives during child birth and have utilized these traditional reproductive health practices at one time or another.

The aim of this study was to explore the cultural behaviours, and traditional reproductive health practices among women of reproductive age in two states in South-South region of Nigeria.

Methods

This study lasting between June and November 2015 utilized mixed method design involving descriptive (quantitative) and focused ethnographic (qualitative) approaches. Qualitative methods explored and elicited perceptions and traditional reproductive health practices during menarche, pregnancy, delivery among women of childbearing age. Quantitative methods (observation and researcher-assisted questionnaire) were used to confirm narratives and reports. The study was carried out in four rural communities selected through multi-stage sampling from Southern Ijaw local government area of Bayelsa State and Akpabuyo local government area of Cross River State in South-South region of Nigeria. The predominant ethnic groups in these communities are the Ijaws and the Efiks. Two hundred and fifty seven (257) women of child bearing age who have had at least one child were purposively selected from the selected communities. Participants consisted of 176 mothers and grandmothers and 81 traditional midwives ("mamalettes", "abia umaan"). Approval for the study was obtained from the University of Calabar and permission from Southern Ijaw and Akpabuyo Local Government Councils. Participants gave informed consent and participated willingly.

Qualitative data were collected through focus group discussion (FGD) and unstructured in-depth interview to explore and collect narratives on cultural behaviours regarding reproductive health and the traditional reproductive health practices in the predominant ethnic groups under study. There were six focus groups with ten members each from each state (4 groups for mother/grandmothers; and 2 groups for traditional midwives). Each focus group session lasted forty five minutes, and data were recorded on audiotapes and field notes. Traditional midwives served as key informants and some were observed when performing some traditional reproductive practices on women, and observations were recorded on field notes. Data from FGD and in-depth interview were manually checked for completeness, transcribed, coded and organized into categories and themes. Thereafter FGD was conducted again with 35 key informants among the participants (traditional midwives, grandmothers and women with more than 3 children) for identification and interpretation of essential contexts, and validation of data. Ethnographic content analysis was done to using NVivo 9.0. Rigor was ensured through prolonged engagement with participants, member-checking, validation of data by informants, and triangulation of data sources (interview, FGD and observation). Researcher-assisted questionnaire with six sections was used to collect quantitative data on traditional reproductive health practices to confirm the qualitative data, and data were analyzed using SPSS version 18.0.

Results

Socio-demographic characteristics of participants

Participants' characteristics (Table 1) reveal that 55.1% of mothers and grandmothers sample were aged 36 to 45 years; 46.0% had 3

to 5 children; highest education obtained was secondary education for 52.3% participants. With regards to occupation 39.2% were into fishing while 38.1% were farmers. Over half of the traditional midwives were above 45 years in age, 66.7% had between 3 and 5 children, and 53.1% had primary education.

Characteristics	Mothers/grandmothers (n= 176)		Traditional birth attendants (n = 81)	
	No.	%	No.	%
Age (in years)				
20 to 35	54	30.7	3	3.7
36 to 45	97	55.1	37	45.7
Above 45	25	14.2	41	50.6
Number of children				
1 to 2	36	20.5	6	7.4
3 to 5	81	46.0	54	66.7
Over 5	59	33.5	21	25.9
Educational status (highest attained)				
No formal education	13	7.4	18	22.2
Primary education	92	52.3	43	53.1
Secondary education	55	31.3	20	24.7
Tertiary education	16	9.1	0	0
Occupation				
Farming	67	38.1	-	
Fishing	69	39.2	-	
Trading	34	19.3	-	
Not working	6	3.4	-	
Traditional midwife	-		81	100
Ethnic group				
Ijaw	62	35.2	38	46.9
Efik	55	33.3	32	39.5
Ibibio, Annang	35	19.9	8	9.9
Others (Urhobo, Yoruba, Ibo)	24	13.6	3	3.7

Table 1: Socio-demographic characteristics of participants (n = 257).

Traditional reproductive practices

The most common traditional reproductive health practices for women and reasons for engaging in them are presented on table 2. These include the use of amulets on which incantation and divination had been made (to enhance conception or protect the pregnancy); traditional therapeutic massage ("angor-lor" or "angor-loly"), done for several reasons ranging from treating headache and abdominal/waist pain, to treating pregnancy-induced hypertension. During the prenatal period this massage is done to "work on the baby", change the position of baby with abnormal presentation, and "prepare the waist for labour" etc. During labour it is done to aid labour, and help the birth of the placenta. Other traditional reproductive health practices were traditional "womb setting" and "womb massage" (for delayed menarche, painful menstruation, irregular periods, and to correct uterine prolapse); and "womb locking" (done during pregnancy to prevent miscarriage). Use of herbs (oral, enema),

"sweat bath" and "steam bath" (forms of hydrotherapy) were also common practices. Respondents reported that sweat/steam bath involves the use of hot water with herbs and/or essential oils for treating women with waist pain, infections, and fever from diverse causes during pregnancy and puerperium. During labour it is used to enhance the process of labour and relieve labour pain, and after childbirth to reduce after-pain and ease the stress of labour and delivery. The perceptions, beliefs and reasons for these traditional practices were similar between cultures and ethnic groups.

Traditional women traditional reproductive practices	Number of respondents*	%
Use of herbs	235	91.4
Traditional massage	200	77.8
Sweat bath/steam bath	198	77.0
Use of enchanted amulets/charms	189	73.5
'Womb massage'	181	70.4
'Womb setting'	85	33.1
'Womb locking'	76	29.6

Table 2: Common traditional reproductive health practices (n =257). *Responses are not mutually exclusive.

Qualitative data yielded four themes: "traditional womb setting and womb massage"; "usefulness of traditional massage"; "the work of traditional midwives ("mamalettes") and "the use of herbs for prevention and treatment". These are presented on Table 3.

Categories and themes	Excerpts
Traditional "womb setting" and "womb massage"	<ul style="list-style-type: none"> "Ijaw womb setting works very well if you meet the "original" (right) mamalette. I used to have serious painful menstruation and the mamalette did womb setting and womb massage for me for one week. Since then the problem is history" (32 year-old mother of 2). "I have "set" many wombs many of them were lying backwards or in slanting position so the women could not take in (become pregnant). In one case it was even upside down and I had to turn it around. The women was infertile for 8 years but she took in (became pregnant) within 3 months of treatment" (64-year old TBA) "My sister had her womb set because she couldn't "take in" (get pregnant) in the first 2 years of marriage" (28 year-old mother of 2) "Some may call this a myth, but I tell you it is a reality. It took 6 years of treating myself medically, going from one hospital to another until someone recommended a "mamalette" to me. She treated me by setting my womb, and within 6 months I was pregnant. I now have 4 children" ...chukles(a 43 year-old mother of four)
The use of herbs for prevention and treatment	<ul style="list-style-type: none"> "My sister, herbs work very well for "woman palaver" (women's problems) more than "oyinbo" (white man's) medicine. I have taken them for painful menses, and for womb infection after the birth of my second baby, and I recommend herbal treatment for any woman with problem" (40-year old mother of 4). "There are different herbs for different things for women; from infertility to pregnancy problems to after delivery" (60 year-old traditional midwife)

Traditional massage ("angor-lor" or "angor-loly")	<ul style="list-style-type: none"> "We do massage for everything – headache, waist pain, bleeding, constipation etc. We do it for women and children mostly, and even for men who cannot perform (have weak erection)" (55-yr old TBA) "Traditional massage can be used to make the young mother gain weight, or make the baby supple; smoothen the skin, strengthen bones, reduce pain after child birth" (56 year old TBA) "My grandmother is a "mamalette" and she is teaching me the work. I have already learnt how to do "angor-lor" (massage)" (27-year old mother of 2).
The work of traditional midwives ("mamalettes")	<ul style="list-style-type: none"> "These women ("mamalettes") have magic fingers. They can heal any problem of women by just massaging. They use womb massage and womb setting for conception or contraception (to cure infertility, or to stop further pregnancy" (31-year old health worker and mother of 2) "Mamalettes" (traditional midwives) are expert womb setters. Just like traditional bone setters, they work with herbs to treat womb infections, and "set the womb" to enhance conception. They are very good at what they do, I am a beneficiary" (35 year-old mother of 3) "Some people believe so much in traditional birth attendants that although they come to our clinic for antenatal care, yet they go to deliver their babies with the traditional midwives" (40 year-old health worker and mother of 3)

Table 3: Themes and excerpts on traditional reproductive health practices.

Results from qualitative data are hereby presented in categories according to the period of life of women.

During adolescence

If menarche is delayed traditional practices include "womb setting", "womb massage", "waist massage" or "waist molding", and making incisions on lower abdomen with insertion of herbs into the incision marks. These were done to stimulate bleeding or "let out of bad blood". Womb massage was also the practice for menstrual cramps or painful periods and irregular menses, while womb setting was also used to treat excessive menstrual flow and reposition a mal-positioned womb by the "mamalettes". When asked how they would know that a womb is mal-positioned, a 68-year old traditional midwife ("mamalette") stated "the woman's posture from the back gives me the idea that the womb is not sitting well, so I observe the skin tone of the abdomen and do "womb checking" to confirm". When asked to describe the procedure, she retorted "Aah my pikin, nah my grand mama hand this thing over to me, I no fit leak the secret just like that" ("my daughter, my grandmother handed down the knowledge to me so I can't just tell you the secret").

During pregnancy

In some communities sexual intercourse is prohibited for some time (from second to seventh month) after pregnancy is confirmed, "so as not to poison the young foetus with sperm", "to allow the baby to form well", "to prevent miscarriage", and "to ensure that the baby's head is well formed". To ensure safe pregnancy till term, the pregnancy was said to be "locked" spiritually and traditionally through incantations on a padlock, and/or the wearing of enchanted waist charms and amulets (to prevent miscarriage

and premature labour). Pregnant women are also given herbal drinks and special herbal enema every month from the third month of pregnancy to protect their health and treat illnesses. Traditional general body massage ("angor-loly"; "unuak idem") focusing more on the waist, is also done in late pregnancy to "loosen up the waist in preparation for childbirth". Certain foods and cold drinks are generally prohibited during pregnancy and lactation.

For two to three days before labour starts, many communities practice "stimulating the womb" with hot herbal or saline enema, to help the baby descend and to relax the pelvic muscles and "prepare them for action." Some also burn spicy substances in a nearby open fire for three days "to ward off evil spirits in the vicinity."

Herbs in the form of drinks, enema, douche, topical application, hot fomentation, and massage substance etc. were used to treat problems during pregnancy, like excessive vomiting, swollen feet and ankles, waist and back pain, chronic constipation, vaginal discharge, threatened abortion, "too much water in the womb" (hydramnios) etc. Herbs were sometimes mixed with spices. Participants also reported that waist pain in early pregnancy is treated through "womb setting" in conjunction with herbal drinks; while convulsions in late pregnancy were treated by rubbing palm kernel oil on the feet and "foot roasting" (that is placing the feet near the fire – a form of radiant heat therapy).

For abnormal lie (mal-position) of foetus, the common practice was called "working on the baby" which included external manual rotation of the foetus in addition to use of special herbal enema "to prevent the baby from turning the wrong way again." Some traditional midwives added that after manual rotation they encourage the woman to lie on the side for some time.

If the pregnancy is post term, most traditional midwives reported that they do womb massage. "If pikin overstay for belle, nah rub I go rub the belle with palm kernel oil mixed with herbs, de pikin go run comot" ("if the pregnancy is post term, I just rub the abdomen with palm kernel oil mixed with herbs and the baby comes out"). Another one stated "I give the woman hot pepper enema and she go purge, fiam labour don start be dat" ("I give the woman hot peppery enema and immediately labour will start"). Some said that apart from massaging the womb to induce labour they also massage the waist, and vulva, while others said that they give special "chewing stick" to chew, or "special herbal enema" or herbal concoctions to drink. Some gave "traditional ogi or akamu" (corn starch with herbs), or traditional hot bath with special herbs for two days. Other practices include waist heating (radiant heat therapy to the lower back), and giving the woman special spicy herbs to sniff (some form of aromatherapy).

If baby is suspected to have died in-utero, traditional midwives said that they do several things. "If pikin no dey kick again for belle, we go rub the belle, put special medicine for the woman body make labour start" ("if the baby is suspected to have died in the uterus, we do womb massage then insert some herbs into the

vagina to induce labour"). The 57-year old traditional midwife also added, "When labour don go far, I put my hand inside the belle to bring the dead baby out" ("when labour has progressed, I insert my hand into the womb and bring the baby out").

During labour and childbirth

Women in many communities reported burning some spices (alligator pepper, dried cayenne pepper and local spices) in the fire and directing the smoke towards their vulva during labour to hasten delivery and "to open the way for the baby to come out easily." Birthing positions commonly encouraged and adopted were squatting, kneeling, standing, and sitting on a low stool. During labour, waist massage, abdominal massage, and application of heat on the abdomen and waist were commonly practiced. Herbal drinks were also given for energy. If there is delayed progress of labour and/or ceased contractions herbal drinks are given, or hot herbal enema, or womb massage, or "sweeping of the womb" (with two fingers inserted into the vagina to stretch and stimulate the perineal muscles), or use of "special chewing stick", and insertion of special herbs into the vagina etc. For excessive bleeding before or after child birth, herbal drinks are given or herbs inserted into the vagina.

During postnatal period

In the postnatal period, common traditional practices identified were "washing the womb" (with herbal sitz bath or sitting on a chair over a bowl/basin of steaming herbs, and taking hot herbal drinks), "sweat bath", "womb massage" with or without "pressing the waist, lower abdomen/uterine area with hot water". These practices were said to aid uterine drainage ("clear the womb of stale and bad blood"), prevent womb infection, assist involution, and also to reduce the bodily strain of labour. Other practices were waist massage, tying folded wrapper (cloth) around the abdomen, and standing or sitting or jumping on the woman's abdomen, back and waist etc. Any perineal tear is generally allowed to heal naturally by using hot fomentation, hot "herbal perineal wash", and use of "hot stone" (the practice of heating a special stone, sprinkling water on it to bring out steam and making the woman to squat over it so the hot steam is directed towards the perineal area).

After child birth women were traditionally encouraged to rest, eat hot, highly spiced liquid foods with low oil, and avoid cold foods. The new mother is also encouraged to rub native chalk (red, yellow or white) on the abdomen to tone the skin and reduce the hyperpigmentation of pregnancy. To stimulate and sustain lactation, the woman is encouraged to drink warm sweet palm wine, and hot herbal beverage. For problems like uterine prolapse, womb setting was also practiced.

Traditional practice for infertility

Because of the cultural expectation of conception within the first year of marriage, any delay results in frustration, anxiety and stigmatization for the woman and her parents. Therefore participants reported that traditional beliefs about the causes of infertility influenced practices embarked upon. Identified causes included mal-aligned or displaced uterus ("low-lying womb",

"tilted womb"), "hot womb", accumulation of "bad blood", excessive menstrual flow, internal heat, bewitchment, etc., and therefore traditional practices involved "womb setting" (for low-lying and/or tilted womb), and fertility "womb massage" (to unblock fallopian tubes and to "let out "bad blood" that prevents conception").

Some "mamalettes" used various natural oils like castor oil, palm kernel oil, shea butter and cotton seed oil for the massage. Other practices include incision on lower abdomen, herbal ("cooling") enemas, insertion of special herbs into the vagina, and herbal drinks (to treat internal heat, excessive menstrual flow, clear the womb of infections, and let out accumulated bad blood). Typical responses included: "If the womb is not positioned properly it will cause pain during intercourse, infertility and miscarriage, so we "set" the womb" (68 year-old TBA).

Available evidence showed that despite the availability of primary health care centres in the settings used for the study, most women patronize the traditional midwives for delivery.

Discussion

Some of the traditional practices identified in this study are similar to those in other cultures, like Turkey, Iran, and Ghana [5-7]. The traditional massage among the Ijaws is similar to the equally popular Maya abdominal massage which has been found to be efficacious [8]. Literature has shown that some of these traditional practices have scientific explanations and are beneficial. For instance, reports from natural fertility websites [9,10] have shown that fertility massage ("womb massage") is beneficial and can be used to support reproductive health and boost fertility by "helping to reposition a tilted uterus, promoting hormonal balance, helping to break up scar tissue, bringing fresh blood to the uterus, and reducing stress". It also increases circulation to the uterus and cervix, and helps the uterus to rid itself of old stagnant blood and tissues. Womb massage has also been reported to ease endometriosis, straighten the fallopian tubes, increase blood flow to the uterus and ovaries, break down adhesions, ease menstrual cramps and pain at coitus, and eliminate toxins, all of which enhance conception [9,10].

Some studies [7,11] have discussed the use of certain herbs and spices to support uterine health and enhance cleansing the uterus of old contents and stagnant blood, while reducing inflammation, promoting circulation as well as having a tonic effect on the uterus. Marino in her thesis also reported womb setting and the use of amulets and charms for female reproductive health [12], while other studies have reported "smoking of the vagina" and insertion of herbal substances into the vagina as traditional reproductive health practices to cleanse the vagina and treat for discharge or infection, or improve fertility, and also to reduce vaginal mal-odour [11].

Although many of these traditional reproductive health practices may be beneficial, some are definitely harmful [7,11], for example insertion of hot herbs into the vagina and "smoking of the vagina"

may cause abrasion, burns and excoriation of the vaginal lining. Jumping on or standing or sitting on the abdomen and waist of the woman during puerperium may cause uterine prolapse. Many of the participants stated that the benefits of the traditional reproductive health practices outweigh the harmful effects because they are cheap and effective.

These results have implications for health promotion and reproductive health policy. Traditional and cultural beliefs and practices are important factors that healthcare practitioners should focus on. Some indigenous practices are so deeply rooted in the local culture that even when found to cause some health problems, people still practice them. Such practices should be used as basis for health education and community health action. However there should be acknowledgment of culturally competent care, and consideration/sensitivity to women's preferences, in order to effectively engage women in safe reproductive health care.

Conclusion

Women in the communities of South-South region of Nigeria still carry out certain traditional practices during menarche, pregnancy, childbirth and treatment of "women's problems." These are based on cultural beliefs. Some of these are potentially harmful and should be focused on by midwives during antenatal health talks.

Acknowledgment

This study was fully funded by the researchers themselves, and the authors have no conflict of interest. We acknowledge Madam Ekanem Okon, Mama Esther Edem, Madam Ebiere Ebiowei, and Mrs. Tari Baratuiyre for serving as core community members. Nancy Etim, Preye, Ayiba, and Happiness Ekiyor assisted with data collection.

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