DEVELOPMENT OF TRADITIONAL MATERNITY; BIRTH COMPLICATIONS OF CHALLENGED CHILDREN FOR FEMALE GENDER ENTREPRENEURIAL ABILITY FOR MILLENNIUM DEVELOPMENT GOALS IN NIGERIA

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Abstract

This paper presents "Development of Traditional Maternity; Birth complications, of Challenged Children for Female Gender Entrepreneurial ability for Millennium Development Goals" in Nigeria. The survey research method was used. Two hundred (200) women of child bearing age were stratified and randomly selected from 4 (four) wards of Irepodun L.G.A, Kwara State, Nigeria. The instrument used for data collection was a researcher structured validated and reliable .85r Sexual Health Education inventory Data analyzed was gathered by the researcher personally. Data collected was analyzed using X^2 @ 0.05 alpha level of significance & @ 198df. Based on the result of data analyzed and the discussion, it could be concluded that: 1 seventy – four point five (74.5) percent, the majority of the women are addicted to Mama Abiye's clinics; as they (women of child bearing age) confirmed that the Mama Abiye's are expert birth delivery women that give medicine, concoctive for safe delivery (2). Seventy – five point five (775.5) (155), almost all of the women of child bearing age do not worry, they do not fall sick or ill, because they felt that they are strong, and do their jobs by themselves including farm work. Based on the conclusions drawn, it could be recommended among others that (1) Attendance at orthodox (medical maternity) should be make compulsory for pregnant women; and should be free. (2) All traditional maternities should be developed into international standard, the concoctions developed by international drugs manufactures.

The implication of early childbearing predicates the still birth and the birth of deformed babies, incomplete babies (babies without eyes, hands, legs, fingers or toes); due to non-attendance at the orthodox medical care. According to the report of a national survey, childbearing begins among adolescent at a very early age as 10 to 12 percent give birth 15 years and 21-28 percent give between 15-17 years. And about 50% become mothers before the age of 20 years. (Oladimeji; 1999) and Okonofua; 1992). These ages 15-20 years are years that ladies should be in school (secondary to university). But the issue is not like that within Nigerian environment. The ladies are poor, uneducated, lack the understanding of childbirth. Several of these babies are taken at home with the birth attendants (traditional maternity).

More implicative, most of these ladies would have had one or two abortions from the quack medical doctors; or plus the local concoction; the abortive; (kaunt + blue dye + lime + coke). The destructive patterns of these concortion more often than not damage the foetus and even the uterus; thereby causing the incomplete or deformities for the unborn child. Further to these, Odunjinrin and Akinkuade (1991) posited that prostitution, pre-marital sex, teenage pregnancy, illegal abortion and incomplete treatment of sexually transmitted Infections (STIS), taboos and abnormal sexual practices (Nwachukwu; 1994) endanger the safety of birth of young female adults in Nigeria.

While there may be volunteered medical services for pregnant females in American and United kingdom; and females are guided to avoid sexual practices; through freely programmed sex education; sincere talks of sexual intercourse in the home, free counseling on sexual affairs from

counselors, research recommendations on adolescent sexualities utilized and follow-up through surveillance; the Nigerian Government cared less on teenage
Pregnancy, abortion and do not utilize researcher inferred recommendations (FMHSS; 1994. UN; 1989 and Odunjinrin; 1991).

More to the problems of child bearing amongst Nigerian female is the harmful practices of female genital mutilation (FGM) for cultural or any other non-therapeutic reasons (that females should not be promiscuous, that the child's head-touching the clitoris may cause child's death, that the clitoris may become so big as to impede females' movement) (WHO 1996; IAC 1997) is practiced in Nigeria. About 40% (forty percent) of female population in Nigeria have been mutilated in the following degrees as Olaogun (1997) submitted:

Degree i. The prepuce with or without the clitoris is removed;

Degree ii. The prepuce, clitoris and part or all the labia minora are removed;

Degree iii. The clitoris, labia minora and part or all labia major are removed.

The two sides are stitched together leaving an opening for the passage of urine and menstrual flow;

Degree iv. The unclassified include pricking, piercing or incions of the clitoris, cauterization or burning of the clitoris, scarping Anaguaya cut) of the vagina orifice or the cutting (Girshiri cuts) of the vagina; that includes the introduction of corrosives into the vagina.

Of the health gentital multilation hazards, Kiragu (1995) and Althausa (1997) observed that hemorrhage, sock, infections of tetanus, septicemia and gangrene constitute physiological and anatomical destructions. There arise urinary retention, injury to adjacent tissues, cyst formation, keloids, or failure of wound to heal. Failure of wound to heal could result in infertility, virus abscess, severe dysmenorrheal and obstructed delivery that can result into Vescico Vagina Fistula (VVF). There could be sexual dysfunction resulting in dyspareunia, frigidity and depression.

Further to these violence against the female gender, the pregnant woman engaged in hard labour and become stressed-up through trading and / or hawking, farm works activities that had be found to cause stress among women in Nigeria (UNICEF 1981, Oladapo (1993 and Federal Ministry of women Affairs and social development 1995). Pregnant women in Nigeria despite their condition wake up early in the morning, prepare meal, take care of children, leave early for Office, close from work, go for shopping thereby being tired, juggling with job at home duties house chosers and may not have enough energy for herself. She may have to result to, seeking aids from house helps in order to meet up with the responsibility of the home. Despite the workload she may still feel guilty over her not doing enough or not being a good mother (Fajodu & Fajodu; 1999 & Cook; 1995 and Atolagbe; 1997). Apart from these, there are also abusive violence from the pregnant mother's husband: physical, sexual and psychological maltreatment; due to gender chauvinism (Aremu, Adepoju & Fayombo 1999 and American psychological Association 1996). With the menace of hard labour, stress and non-attendant at Orthodox medical care, how wouldn't the pregnant mother/woman of child bearing ages produce handicapped children? The development of the traditional maternity however proffers education on child births (Tejumola 2001).

Research Hypothesis

1. Women of child bearing ages are significantly attending maternity homes where they are advised on healthy measures to safeguard mother & child's health to avoid production of challenged children.
2. Women of child bearing ages are significantly avoiding hard labour to avoid stress towards giving birth to challenged children.

Purpose of the Study

This study is undertaken to:

I. Sensitize women on the necessity to avoid stress, psychological trauma during pregnancy, as they attend the developed traditional maternity (Ogundele 2001).
II. Educate the Planned Parenthood Federation of Nigeria on the level of stress reduction strategies that could be fashioned for the Nigeria Women.
III. Elucidate on the intricacies of health of pregnant women in Nigerian environment; with a view of reducing health practices that could impede feotal and mothers survival.
IV. Encourage women of child bearing ages to concate the idea of visiting the developed and standardized Native Mama Abiye's Maternity homes. For the purpose of gaining proper education on maternal and child survival in Nigerian environment in the traditional ways, to avoid still births and loose of blood (Tejumola 2001).
V. Enable women of child bearing ages to consume adequate balanced diet with the view of production of healthy children; physically, psychologically and socially developed.

Research Methodology

This study was undertaken using a descriptive survey research method. Two hundred (200) women of child bearing age was purposively stratified randomly selected from five (5) wards from Irepodun Local Government Area, Kwara State, Nigeria. The instrument used for data collection was a researcher's self-structured and validated questionnaire with 6 items. Its reliability was ascertained using Pearson Product Moment correlation coefficient, coefficient of .85 was obtained.

This attested to the reliability of the instrument. The data gathered was by the researcher's personal involvement. The information received through the structured maternity Health Knowledge Inventory was analyzed using X^2 @ .05 level of significance and at a df of 198 ($N_1 + N_2 - 2 = 200 - 2 = 198$).

The Main Basic Assumptions

In the Yoruba ethnic and several other ethnic groups in Nigerian setting, pregnant women are not exempted from hard labour; most of them make preference for attending the local child birth (Maternity homes); for the mystical witchcraft, local medical concortion consumption. Most pregnant woman are debarred by taboos, traditional ethnics and the traditional religions inclinations from consuming the proteinous ingredients (some animals like monkey, certain rats, snakes, snail, pigs, dog) that could produce the myosin, fibrinogen that the unborn foetus required. The majority of pregnant women make exceptional preference for their food to be bulky. Well, that is the native belief style Of eating. What they termed as bulky food must have been a huge plate of amala, pounded yam, eba, pap, fufu, akpu with or without meat but with ponmo (cooked animal skin) due to poverty. Though Olanegan (1999) recommended blood producing foods like beans, vegetables, eggs, ewedu. All the food nutrients that have albumin, globulin, fibrinogen, prothrombin and heparin.

Armstrong (1993) would prefer liver, meat, cray fish, melon (egusi). The "E" products produce plasma protein in the blood that produce all the named blood giving nutrients. Incomplete blood could injure or cause incomplete formation to the fetus. This incompleteness as Rajagopel (1995). Arstrong (1999) and Myles (1993) observed could lead to Mongolism, dwarfism, hydrocephaly and mirocephaly in children. Adequate feeding makes fetus grow properly and the fetus survival too. Are women of child bearing ages attending maternity for check up during pregnancy?

Results and Discussions

Research Hypothesis 1: Women of child bearing ages are significantly attending the maternity homes to check their (mother) and child health.

Table 1: X^2 Summary on Mother's Awareness of Hard Labour & Attendance at Maternity.

		Responses					Inferences				
	MPATIOBOHCAWOC B A Statement variables	**SA**	**A**	**N**	**D**	**SD**	X^2 cal	X^2 cri	Hypo e. 0.05	Result	Discussion
1	Mothers (women) awareness of sea delivery and safe pregnancy carriage. The money for the maternity is too much I cannot get so much money	117 58.5	32 16.0	7 3.5	25 12.5	19 9.5	Calculated = 300.3 chi - square	Table = 234.0 chi - square	Chi – square table (300.3 > 234.0) chi - square	The null hypothesis is rejected	Mothers are not significantly attending maternity
2	I do give birth at home. I clean up before I call people to hear the news of the birth of my child.	115 54.0	35 17.5	8 4.0	17 8.5	25 12.5					
3	I attend Mama Abiye's clinic. The woman is an expert birth delivery woman. She gives medicine (concortion) for safe delivery.	108 54.0	41 20.5	9 4.5	17 8.5	25 12.5					

* df = 198
* X^2 calculated = 300.3
* X^2 critical (table) = 234.0
* X^2 calculated > X^2 critical
* 300.3 > 234.0
* Hypothesis = Rejected.

Table 1 above presents X^2 summary on mothers' awareness of hard labour & attendant at maternity hospitals. The df = 198, X^2 calculated = 300.3, X^2 critical = 234.0. The X^2 cal. > X^2 cri. (300.3 > 234.0). The stated null hypothesis is rejected at alpha .05 level of significance and a df 198. Mothers are not significantly attending maternity and they also indulge in hard labour. 64.5 (129) mothers Confessed that the money for the maternity is too much and they cannot get so much money. Most women in (Irepodun L.G.A) do not attend government maternity; most of them say that they cannot stand the treatment that nurses meted on them; that attendance to maternity hospitals is problematic; that some hospitals are too far away from their homes Though these discoveries are not in line with what Armstrong (1997) noted that pregnant mothers should attend clinic to (i) ascertain the position of the fetus (ii) enable nurses and medical officer to check the heart beat of the fetus (iii) assure the medical practitioners of the weight of the mother and fetus; whether under weight or overweight (iv) check the feeding status of mothers.

Research Hypothesis 2: Women of child bearing ages are significantly avoiding hard labor to avoid giving birth to handicap children.

Table 2: X^2 Summary on Mothers of Avoidance of Hard Labor and Stress

		Responses					Inferences				
	MPATIOBOHCAWOCB A Statement variables	**SA**	**A**	**N**	**D**	**SD**	X^2 cal	X^2 Cri	Hypo e. 0.05	Discussio n	Result
1	Women awareness of labor (hard work) affecting children; I do not worry, I do not fall sick or ill. I am strong. I do my job myself	112 56.0	43 20.5	5 2.5	23 11.5	17 8.5	X^2 Calculated = 300.3	X^2 critical = 234.0	X^2 calculated > X^2 critical	Rejected. There is significant influences	Women are not significantly aware of hard labour.
2	Pregnancy is not sickness. I should go about my business as if nothing has happened.	108 54.0	47 23.5	3 1.5	24 12.0	18 9.0					
3	I have a farm work. I still attend to the farm. My pregnancy does not disturb.	121 60.0	37 18.5	2 1.0	25 12.5	15 7.5					

* df = 198
* X^2 calculated = 300.3
* X^2 critical (table) = 234.0
* X^2 calculated > X^2 critical
* 300.3 > 234.0
* Hypothesis = Rejected.

Table 2 above presents X^2 women of child bearing ages' avoidance of hard labour and stress during pregnancy. The df = 198; X^2 calculated = 300.3; X^2 critical = 234.0.

The X^2 critical. (300.3 > 234.0). The stated null hypothesis is rejected at alpha .05 level of significance and 198 degree of freedom. Pregnancy mothers are not significantly avoiding hard labor and stress. 79% (158) mothers said that they had farm work. They confirmed that pregnancy did not disturb them from working hard. This discovery supports the fact in African culture, pregnant women are not exempted from hard labor. Onwama (2000) discovered that there had been even cases of rape of pregnant women and most of non pregnant women raped resorted to unwanted pregnancy and therefore the birth of fetus that are not cared for and that could have been deformed or handicapped from the womb. Developed traditional birth homes can teach women the art of avoidance of raping, prostitution and adultery.

Conclusions

Based on the results of data analysis and the discussions, it could be concluded that:

1. Majority of the women of child bearing ages 74.5% (149) asserted that they have chosen to attend Mama Abiye's clinic for delivery of their babies because these confidence bestowed Mama Abiye's is because mama Abiye give medicine (Local Concortion) to drive away evil spirits. And also protect baby and mother's health.

2. The process of local medicine (concortion) could cause damages; lack of proper formation of fetus; damage of mother's health and improper formation of organs in the woman's uterus, except the traditional birth maternity are developed. Women of child bearing ages would continue to suffer maternal ill – health.
3. Most local herbs consumed by some Nigerian pregnant women are not screened; diagnose, sterilized and so some of the African herbs are so corrosive to the normal formation of babies.

4 77.5% (seventy – seven point five percent) of the women of child bearing ages considered pregnancy not as illness or sickness; and so they go about their usual business (farm work, trading, making soup, making palm oil) as if nothing has happened. But the trained Mama Abiye's can correct this notion.

5 The fetus may be endangered by restlessness, lack of consumption of balance diet; as majority of fetus under stressful condition and lack of balanced diet may be born with irregularly formed or underdeveloped parts of the body.

Recommendations

Based on the forgoings it was recommended that:

1. The traditional birth homes (Mama Abiye's Clinic) could be built and annexed to the Orthodox Hospitals (Maternity wards); so that complications relating to spirituality could be tackled.
2. All traditional medicine mode of operation should be censored, re-organized to evoke adequate drug dispensing, treatment procedures that conform with current trends in medicine.
3. Attendance at orthodox maternity (medical maternity) should be made compulsory for pregnant women and should be made free.

4. All traditional maternities should be developed into international standards by international drugs manufacturer.
5. The traditional maternity homes must be developed, built with the intent to create employment for women.
6. At each ward level in Nigeria, traditional maternity must be built to conform with the religious and ethnical beliefs.

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