

# Female human's physio-psycho-social health variables as factors of birth of defects children in sub-urban Nigeria

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Accepted 18<sup>th</sup> June, 2015

**Abstract.** This research paper titled female human's emotional health variables as factors of birth defects of children in sub-urban Nigeria, was undertaken. The descriptive survey research method was used. The population for the study was two hundred (200) women of child bearing age. The instrument used for data collection was a researcher structured questionnaire "women of child bearing age" that was subjected to both face and content validity and has a reliability value of .85r. The data gathered was by the researcher's personal effort. The data collected was analyzed using  $X^2$  statistical method at 0.05 alpha level of significance and at  $df = 199$ . Based on the results of data analysis and the discussions, it could be concluded that: (i) 75% (150) of the women of child bearing ages surveyed do not cook food for their husband because they always fall ill and are sickly during pregnancy; they do not like to do anything in the matrimonial home, they do not eat and they sleep a lot; (ii) 73.5% (147) dodge medical care; as waiting to be attended to in the maternity wards are considered to be waste of time; (iii) 70% (140) WOCBA attend traditional birth homes to save their pregnancy and themselves from taboos, witches and wizards powers. It was recommended that: (i) pregnant women's husbands should be lectured to love their wives and assist them to cook, desist from quarrelling with them and also support them at home and make peace with their wives. (ii) Orthodox maternities within Oke Onigbins should be adequately staffed with sociably qualified doctors and nurses to treat native women with dignity.

**Keywords:** Female, human, emotional health, birth defects, children.

## INTRODUCTION

Birth of deformed babies are conceived to be the handwork of the gods; the magnanimity of mystical powers (witches, wizardry, ogbange-spirited children) today in Nigeria, certain set of ethnic groups still conceived the idea that babies can be given to childless mothers by the gods of waters (yeye osun, iyemoja) (Nwachukwu, 1994). With these bizarre conception, one can aver that the educators, especially the health educators, nurses, doctors, health technologist, the religious sectors have not thoroughly preached, educated and sensitized the people of this sample area on these notion that is why people still visit *Babalawos* in Nigerians in the year 2014. Or it could be said that health education

"knowledge" acquired by these ethnical reformers had not been disseminated adequately enough as to penetrate into the fabric of the indigenous Nigerians. Culturally, it has been observed that women succumb to visitation at god's shrines such as Osun Oshogbo Living Spring and Yeyelamo Olomo Were in Egbe Town. These gods give children that are mystical like a child could be born mongoloid, cleft palate, crippled, one eye or even with Down syndrome (Ogbe, 2009; Nwachukwu, 1994).

Since women always wish to give birth to a male child, they ply these bizarre gods even women who already had several female children. They do not care how it is produced. As averred by Ogbe (2009), African women

have the notion that as long as they have children, whatever hardship they pass through in their husband's house, it is temporal since they would get their compensation when the child grows up especially if it is a male child. Women viewed violence against them as an experience, and more importantly as another "cross to bear". Women experience shock; numbness and disbelief; battery, traumatic infantilism melting into depression, sense of low self-esteem, helplessness, isolation and withdrawal, poor or non-existence of social-support network; multiple health problems, sex difficulties and emotional problems (Stammer, 1996; Aremu et al., 1999; Ogbe, 2009). With these non-social, psychological, physical and moral satisfaction with African women, they give birth to defective (morally, psychological, and socially instable and even physically deformed) children. Infant mortality and maternal fatality rate are on the increase. The problems are thought to be prevalent in Nigeria only with 100% (One Hundred Percent Incidence; but several nations in Africa are found to be almost parallel in maternal and infant growth and develop (Stammers, 1996).

Culturally induced violence against women despite 30 years of activism against gender-based abuse, violence against woman remains a significant threat to women's health and well being in Mexico (Adelstein et al., 2001). Partner abuse (culturally induced violence between husbands and wives) persist within North Americans too (Shapiro et al., 2001). "The private violence" (culturally induced) is referred in China and called "the private violence", private family matter or dirty laundry not to be washed in the public. In fact Ogbe (2009) affirmed that in Chile, just like Nigeria, the culture permits violence on woman and it is legitimate. Also, Aremu et al. (1999) confirmed that violence is accepted by women because it is intertwined with female identity.

In Nigeria, abuse at battering does not give credence to the pregnant women; some sadist masochists beat pregnant women too, this incidence of inhuman treatment predicate the matrimony calamity, debased and less sexual involvement urge; women are confused, with psychological malaise. Pregnant women plagued with domestic violence are induced to make preference to loving whichever male gender that is blessed with money, patience, meekness of mind. Unfortunately, such privileged wealthy males are more often than not plagued by some communicable diseases (leprosy, cerebral palsy, short lives, diabetes, hypertensive, speech problems and physical deformities).

The cultural inclination of Nigerians concerning delayed pregnancy among women and the abstinence of the husbands from sexual intercourse when the mothers are breastfeeding carries positive health benefits (baby friendly-baby to suck breast up to two (2) years, woman to take care of herself, baby benefits great immunity providing antibacterial and antiviral substances and supplies the correct mix and density of nutrients. The

immature infants gut adapted to the nutrition and protection of breast milk; antibodies from colostrums and breast milk the gut and provide some immunity against other infections. Breast milk protects against septicemia, uncontrolled epidemics of *E. coil*, diarrhea, acute respiratory tract infections (Ibeagha and Uwafor, 1999; Rao and Golpan, 1981; Dezoysa and Martins, 1991). But are the women properly nourished by their husbands with balanced diet? Do women of child bearing ages attend the orthodox medical care center (maternity) to check themselves and be educated on the right types of nutrients to consume from the period of pregnancies; and how to treat their husbands when they are pregnant and when they give birth to their babies?

This study is undertaken to: (i) sensitize health educators, nurses, and medical doctors on the persistence of some pregnant women and their insistence on giving birth at home, patronage at Mama Abiye' Homes called Native/Traditional Maternity. (ii) Awaken the African husbands and indeed Nigerian husbands' responsibility at caring for their wives at all times and especially when these wives are pregnant. (iii) Engineer the government to build orthodox maternities free in the sub urban settlement in Nigeria. (iv) Create trado-medical maternity in each ward of the 36 states in Nigeria.

### Research hypothesis

1. Women of child ages are significantly attending traditional birth homes to safeguard their babies' health.
2. Women of child bearing ages are not significantly attending the orthodox clinics where qualified medial doctors should attend to their babies at birth.
3. Women of child bearing ages are significantly striving to achieve peaceful home for their emotional and psychological health.

### MATERIALS AND METHODS

The research method used for study was a descriptive survey method. The population for the study was two hundred (200) women of child bearing age purposively selected from Oke-Opin, in Irepodun Local Government Area, Kwara State. The instrument used for the data collection was researcher structured Female Health Questionnaire. The instrument was subjected to both face and content validity as 4 (four) Ph.D. Health Education Lecturer (1 sex educator, 1 Environmental health Lecturer, 1 sports Administration lecturer and 1 health information lecturer) read through and ascertained the comprehensiveness of the Questionnaire as measuring the variables of the study. The reliability was carried out via a test-re-test method of a pilot study. Data gathered was by the personal effort of the researcher.

Data collected was analyzed using frequency count, percentages and chi-square statistical method at alpha 0.05 level of significance and 199 degree of freedom.

## RESULTS

**H<sub>1</sub>:** Women of child bearing ages are significantly attending the traditional birth homes to safety and babies' health.

Table 1 presents women of child bearing ages reasons for attending traditional birth homes; where they produced handicapped children.  $df = 199$ ;  $X^2$  calculated = 300.2,  $X^2$  critical = 234. The stated null hypothesis is rejected at alpha level 0.05 of significance. It signified that not all women in child bearing ages attend traditional birth homes. 70% (140) mothers said that they attended traditional birth homes to protect their pregnancy from taboos, witches and wizardry. The Yoruba's (indeed the people of Oke-Opin are mystically and metaphysically inclined, so some of the women believe that mystical forces follow them when they are pregnant; this is why they do not eat all sorts' of meat (monkey, gorilla and even snail) proteins that can aid the growth of their babies. But Myles (1993) wished that pregnant mothers could eat plenty of meat and vegetable proteins for total child formation.

**H<sub>2</sub>:** Women of child bearing ages are not significantly attending orthodox clinics where qualified medical doctors attend to their babies (child) births.

Table 2 presents mother's psychology reasons for non-attendance of orthodox clinics, where qualified medical doctors can attend to birth of babies.  $df = 199$ ;  $X^2$  calculated = 299.9;  $X^2$  critical = 234.0 ( $X^2$  calculated >  $X^2$  critical) (299.9 > 234.0). The stated null hypothesis is rejected at alpha 0.05 level of significance; and at 199 degrees of freedom. Some mothers attended orthodox clinics for the birth of their babies too. This discovery however negates the view of Ogbe (2009) who described the women who attended orthodox maternity hospitals or clinics as the only women that are safeguarding their health and birth process. Nwachukwu (1994) further described maternity as center for immunization for both mothers and children.

**H<sub>3</sub>:** Women of child bearing age are significantly striving to achieve peaceful home for emotional and psychological health.

Table 3 presents mothers' reasons for striving to achieve peaceful home for emotional and physiological health. The  $X^2$  calculated value = 299.9,  $X^2$  critical (table) value = 234.0,  $df = 199$ , the  $X^2$  cal >  $X^2$  cn (299.9 > 234.0). The stated null hypothesis is rejected at alpha 0.05 level of

significant. 75.5 (147) women of child bearing ages only confirmed that they are always ill, hence they do not cook food for the family. Also, 69% of the pregnant women asserted that their husbands never wanted to see them whenever they were pregnant; that their husbands were not staying at home and sometimes beat them. If these families quarrel, even when mothers are pregnant, these pregnant women do not have peaceful homes; and maternity care, especially special love from husbands. Ogbe (2009) wished that marriage should be enjoyable for good siblings' productions.

## DISCUSSION

The 82.5% (one hundred and sixty-five) women of child bearing ages that confirmed that they attended traditional birth homes to safe their pregnancy from taboos, witches and wizard have complied with the African's mystical belief; which Nigerian women and especially women in Oke-Opin have internalized. In fact this unorthodox belief had created undue fear into pregnant women (educated women inclusive) so much so that keys, small stone, safety pins are tied to their clothes for fear of deformed child, mystical child, ogbange entering their womb, when they have to trek or go out at night or in the sun. Nwachukwu (1994) had earlier reiterated that childless mothers are used to soliciting children from the "gods" (Yeye Osun, Iyemoja, Elure, Otumo the Egbe Town "gods"). The results obtained from this study correlate with Stammer (1996) and Aremu et al. (1999). Witchcraft and the births of deformed babies are viewed to be the handiwork of the devil, whereas non-attendance at the orthodox maternity during prenatal and antenatal cum non-consumption of balanced diet, plus lack of adequate rest, and hard labour of menial jobs, psychological malaise and endocrine raise are not considered.

Further still, the majority of the women of child bearing ages (73.5%) do not prefer to attend medical maternity homes (orthodox medical care) and government clinics because it is a waste of time staying for a long time before they are attended to. Might it not be necessary that nurses and doctor are adequately sensitized on prompt attendance to these women? The liaises-faire attitude of medical practitioners in Nigeria has become embarrassing judging from the slowness in searching for maternity cards, blood pressure taking, height and weight taking of these pregnant women, which exhibit a contrasting scenario between the fast, placating and concerned attitude of the Iya Abiyes' (maternity home native doctors, nurses). It is agreed that these cultural birth homes lack scientific measurement for their drugs; but the health dispensing strategy always present an embellishment of the professional ethnics. It is observed then that the earlier the traditional birth homes are developed to international standards in Nigeria, the better. If some African women and indeed Nigerian

**Table 1.** Mothers physiological reasons for attending traditional birth homes.

Statement variable	Response inferences					X <sup>2</sup> cal	X <sup>2</sup> cri
	SA	A	N	D	SD		
1. I attend traditional birth homes to safe my pregnancy from taboos, witches and wizardry.	98 (49.0%)	42 (21%)	2 (1%)	17 (8.5%)	41 (70.5%)		
2. I do not need to check myself. I have a charm that Iya Abiye gave to me to tie round my waist and my clothes. I cannot avoid mama Abiye.	123 (61.5%)	42 (21%)	59 (29.5%)	15 (7.5%)	15 (75.0%)	300.1	234.0
3. Mama Abiye's instruction on what type of food to avoid is good for the unborn child not to die. I cannot avoid mama Abiye.	94 (47%)	41 (20.5%)	7 (3.5%)	41 (20.5%)	17 (8.5%)		

**Table 2.** Mothers' psychological reasons for non-attendant at orthodox clinics.

Statement variables	Response inferences					X <sup>2</sup> cal	X <sup>2</sup> cri
	SA	A	N	D	SD		
1. Doctors take money too much. Nurses abuse people during child birth. I prefer to give birth at home	122 (61%)	31 (15.5%)	7 (3.5%)	23 (11%)	17 (8.5%)		
2. Small boys and girls to deliver me; I cannot allow them to see my vagina; what the nurses in town are saying about birth passage is bad.	116 (58%)	35 (17.5%)	9 (4.5%)	17 (8.5%)	23 (11.5%)	299.9	234.0
3. I do not need to attend the clinic It is a waste of time staying for a long time before one is attended to.	106 (53%)	41 (20.5%)	11 (5.5%)	23 (11%)	19 (9.5%)		

**Table 3.** Mother's psychological/social reasons for striving to achieve peaceful homes.

Statement variable	Response inferences					X <sup>2</sup> cal	X <sup>2</sup> cri
	SA	A	N	D	SD		
1. Once I am pregnant, I do not allow my husband to have sex with me	109 (54.5%)	47 (23.5%)	7 (1.0%)	17 (8.5%)	25 (12.5%)		
2. Once I am pregnant my husband does not want to see me. He does not stay at home we quarrel a lot. He beats me sometimes	110 (55%)	29 (14.5%)	6 (3%)	36 (18%)	19 (9.5%)	299.9	234.0
3. Once I am pregnant, I always fall sick a lot I cannot eat, so I do not cook.	147 (75.5%)	23 (11.5%)	6 (3%)	9 (4.5%)	15 (7.5)		

women always find succor with the native birth homes, when will the *agbo* (concoctions) used to blur the brain of children cease? How can women learn to tackle their emotional and psycho-somatic and indeed social problems during pregnancy?

As it has been submitted in this study, seventy-seven percent (77%) cumulating into 150 women of child bearing ages agreed that their husbands detested seeing them when they are pregnant; that these husbands hardly stay at home; and when they (husband) are at home, these husbands quarrel with them (pregnant women) and these husbands beat them sometimes. These may result in forced abortion; injury to the fetus occur; development of anorexia in pregnant women; some also have dysmenorrhea; some become sickly; why wouldn't Nigeria women produce deformed children (Ogbe, 2009). Also, 80% of the women would not want their husbands to have sex with them when they are pregnant; is sex during pregnancy a taboo? You will say no, but the women would not want because mama Abiye detests sex; and these women do not attend medical maternities. Shouldn't there be Tradio-Medico-Maternity in Nigeria? 75% (150) of these women (the majority of them) always fall ill and sick, they never wanted to do anything, they sleep a lot, they cannot eat, so most of them do not like to cook when they are pregnant. It is imminent the production of deformed children could be measure at almost 95% within this society. Should the women of child bearing ages be so focused in Nigeria then women will produce healthy and physically fit citizens before 2020 A.D?

## Conclusion

Based on the results and discussion, it can be concluded that women of child bearing ages in Oke-Opin, Kwara State, Nigeria could be liable to production of deformed children because they attend mama Abiye for pre-natal, peri-natal and even post natal. And these maternities are not medically certified; these women do not eat adequately; the women in attendance at traditional birth homes cannot proffer solution to women's physio-social-psychological trauma during pregnancy and during child delivery. Husbands of these women quarrel a lot with them. Furthermore, women of child bearing ages would make preference for orthodox (medical) maternities if these maternities are made free. In the same vein, the mothers' medical belief in traditional birth homes are that these homes could give them safe delivery from witches and evil spirits, an age long notions that had not been moderated by the mama Abiye birth homes doctors and attendants (all unorthodox).

## RECOMMENDATIONS

Based on the conclusions drawn, it might be recommended that:

1. There should be Trado-Medico-Maternity in each of the 8810 wards of the Federal Republic of Nigeria. Such TMM must be developed into international standards.
2. All women of child bearing ages must be introduced, motivated to attend the Trado-Medico-Maternities.
3. All TMM staffs should be trained in line with the mama Abiye professional ethics.
4. The mystic surrounding pregnancy and child birth cum child weaning should be made human, explained in plain termed to allay the fears of women.
5. Pregnant women's husbands must be co-opted into prenatal, peri-natal and post-natal briefing at the trado medico-maternities

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