

HEALTH CARE DELIVERY SYSTEM AMONG WOMEN IN IGBO TRADITION: PROBLEMS AND PROSPECTS

By
EMMANUEL IKENNA OKAFOR*

Abstract

Women in a general sense are regarded as the weak sex, therefore, for health reasons, cautions are taken in dealing with them. The Igbo are not an exemption in this worldview. At the birth of a girl-child, special care is taken among the Igbo. But the problem this study identifies is that while in some cases, the Igbo think they offer the female gender care health wise, they place them on higher health risks. For example, while they clitoridectomize or mutilate their genital organ (clitoris) to reduce the risk of contracting sexual transmitted diseases because of the belief that it reduces early pregnancy and excess sexual urge abortion, these children face more health dangers connected to infectious diseases. They are restricted from some physical and social engagements because of their biological or physiological features. Some of these physical and social restrictions also affect their lives negatively. It is found in this research that these traditional and cultural misconception and restrictions have scared modern women away from paying attention to positive health advantages in the Igbo traditional health care delivery system in women's lives. The research aims at closing the gap between the wrong perceptions and applications of traditional healthcare system among modern women with the traditional Igbo women. The study uses historical and phenomenological research method. Data were sourced from secondary and primary materials. Data gotten were analyzed with deceptive method of data analysis. It is finally recommended among other things that both traditional and modern women should harmonize the health discrepancies between old and new Igbo world.

Keywords: Healthcare Delivery System, Women, Igbo Tradition, Problems and Prospect

Introduction

In life, every living being struggles for survival putting matters concerning health at utmost priority. Even though the immediate environment may not afford to

* Department of Christian Religious Studies, Peaceland College Of Education
agbudugbu@gmail.com 08062384595s

provide for these living beings (both plants and animals/man) fascinating healthcare delivery system, human beings at that point in time, tries to subdue such challenge. This may lead man to the understanding that every healthcare delivery system possibly links itself with ethno-medicine, alternatively called traditional medicine or traditional healthcare delivery system. It is on this background that this study is designed to examine the healthcare delivery among women in Igbo tradition from two linked historical eras.

These periods are the pre-colonial era, and the colonial/post-colonial period. The Igbo had seen medical efficacy in some herbs, leaves, stems, roots etc. Other natural means of promoting health in form food and medicine are recognized. For example, some health issues are managed with sources of heat like hot water, fire/flame, charcoal, etc. some fruits and other crops like bitter kola, ginger, scent leaves are used for similar health management. But precautions are observed in applying these measures. For instance, when a women or young girl has problem of abnormal menstruation similar measures are adopted. According to Mr. Ekwu Eneje (Personal Communication, 20 October, 2011) he said that as a traditional gynecologist, they administered some herbs, persuaded patients to pour hot water in the local pottery bowl, then hang her vagina at the surface to enable the heat or steam from the hot water enter her uterus. He continued that they always advised parents and young girls respectively to always acknowledge marriage within the ages of 18 and 22 years to reduce the problem of menstruation difficulty. For these experts according to him, they suspected that there is something that develops in every woman which they called "Baby Obstracter" (*Ori Nwa*) in Igbo Language that can be paralyzed with sex and childbearing. The researcher suppose what the traditional gynecologists suspected was fibroid. The fact remains that this line of health management really worked for them. Mrs. Dilinyelum Obalu (Personal Communication, 28 December, 2014) points that at any moment a girl or women was suspected to be pregnant, they the traditional gynecologists advised that certain food, hot water, going close to heat, or herbs should be avoided. They are also advised to avoid heat and strenuous activities. In a situation where one did it especially with deliberate intention and there was miscarriage, such occasion is considered as deliberate abortion which is punishable by the gods of the land. These precautions are done to preserve the health of the women. In the pre-colonial era, women were not allowed to join warfront between villages and communities just for health reasons and their lives. But traditionally, healthcare delivery system in Africa, Nigeria or Igbo land

was spread among certain experts or professional and spiritualities. Scott-Emuakpor (2010:56) observes thus:

In pre-explorers and pre-western trader's Nigeria, traditional medicine was the system of the healthcare delivery. Traditional healing and medical practices included herbalists, divine healers, soothsayers, midwives, spiritualists, bone-setters, mental health therapists and surgeons. In spite of more than 150 years of introduction of Western style medicine to Nigeria, traditional healing and medical practices remain a viable part of the complex health care system in Nigeria today. In 1998, a casual survey of Benin City revealed that for every sign-post that indicated a Western-style clinic or office, there were 3 that indicated a traditional doctor. Although this traditional system of health evolved separately in different micro-cultures, there is a great deal of philosophical and conceptual similarities.

Scott-Emuakpor has thrown some light on the traditional medical and health care delivery experts, the nature of the traditional medicine and then great ethnographical similarities in African and Nigeria.

Among these traditional medical experts, the midwives are mostly attached to women health. More so, Scott-Emuakpor (2010:57) argues that: "It would seem from available accounts that the earliest form of Western-Style healthcare in Nigeria was provided doctors brought by explorers and traders to cater for their own wellbeing. The services were not available to the indigenes. It was the church missionaries that first established healthcare services for the people". This assertion indicates the period when Western healthcare system came to Nigeria, and that the church first extended the medical outreach to the local people. This could be seen as the era of colonial/post-colonial history of healthcare delivery system in Nigeria generally and the Igbo in Particular.

This research observes a problem whereby the Igbo struggle to provide a good health care system for the women while they in some cases, left the women prone to order health risks, like the case of genital mutilation, tying of sexual and anti-sexual charms and amulets etc. It is found that some traditional health and medical systems scare or make the modern women reject the traditional health care delivery system in its entirety. The study therefore aims at closing the discrepancy between traditional and modern women on their healthcare delivery system in Igbo tradition. Historical and phenomenological approaches are employed in this work. Data were gotten from both primary and secondary sources. Data sourced were analyzed with the use of descriptive analytical styles. It is recommended among other recommendations that

modern and traditional women should harmonize their difference on issues affecting traditional Igbo healthcare delivery system for the women in Igbo tradition.

Definition of Concepts

The terms that are clarified in this study are: Health care delivery system, women, Igbo tradition, problems and prospect. Health has to do with the state of one's body. Summers (2001:660) defines it as: "your physical condition and how healthy you are". Summer (2001:660) further defines health care as "the service of looking after the health of all the people in a country or an area". The World Health Organization (WHO), (2018) an agency of the UN (United Nations) has defined health care delivery system as "all the activities...to promote, restore or maintain health". This definition given by WHO – World Health Organization involves regulations and laws, policies, relating to the wellbeing of individuals or patients either directly or indirectly.

Healthcare delivery system from the definition given here has much to do with regulations, management and maintenance of one's physical condition. Its interest on physical condition includes mental health and so on. But the interest of this research is on women.

Women: is explained generally as the plural form of woman. The plural of woman (Summers, 2001: 1647). This implies that there arises the need to define who a woman is. Cambridge Advanced Learner's Dictionary and Thesaurus (2021:701) defines woman as: "an adult female human being. It further gives another meaning of the word woman as a wife or female sexual partner. Women as a plural form of woman are simply the adult female human beings.

The Igbo and her tradition on the other hand, is perceived by Isichei (1982: 101-102) thus:

One of the key themes in Igbo history undoubtedly concern "Nri", which an early missionary described as "a kind of Holy City, the Rome or Mecca of the Igbo's Nri traditions describe the invention of agriculture and iron working, and the introduction of the four- day week. The tell of an original focus of settlement in the Anambra valley, and a common historical heritage with Igboland's northern neighbor ; the kingdom of Igala...

The little historical background of the Igbo would aid the understanding of the people meant as the Igbo. Though the Nri origin of the Igbo has been countered in the recent time, but the interest of the study is basically to place an idea to a passerby who are seen as the Igbo and nature of their tradition. Nri is presently in Anambra State. The Igbo are the people of Abia, Anambra, Ebonyi,

Enugu and Imo States of Nigeria. Most of the traditional practices of the Igbo are from the Nri. Traditionally, agriculture is the major source of economic sustainability. The four-day week is the Igbo tradition which influences traditional activities of the aboriginals according to gender, social status and settings. The week days include: *Afo, Nkwo, Eke* and *Orie*.

Problem and Prospect have been very common terms used to express negativity and positivity, failure and success, etc. Summers (2001:1123) views problem as "A situation that causes difficulties". Prospect is a possibility that something which you hope for will happen soon (Summers, 2001: 1134). The terms are the opposite of each other.

Health Care Delivery among Women in Igbo Tradition between the Pre-Colonial and Colonial/Post-Colonial Eras

Among the diseases that man suffers, malaria, fever, cold, high body temperature, headache etc are seen as the most common illnesses among the Igbo people. They were unable to differentiate similarities and differences in symptoms of independent illness. The people originally treat women especially the child bearing age women differently in the administration of herbs, roots, leaves, oilment etc. There was no empirical validation or confirmation of the medicinal and bio-chemical effectiveness and contents of these herbs, roots etc. The question the healthcare experts often asked was when last did you experience your menstruation? The answer given guides the clients on the type of herb, roots, leaves etc to administer. While whichever type of treatment is on, this expert preferred the use of *Cymbopogon citratus* (Lemon grass) as mosquitocidal agent. They preferred to use it among women than men. This is because, mosquitoes were suspected as highly disturbtive insects, though they were not aware of which particular mosquitoes were responsible for transmission of diseases such as malaria or what causes yellow fever etc. what they did was that adult females mostly were not allowed to lay down outside their rooms at night. They laid in their designated rooms where *Cymbopogon citratus* were applied, while the male adults can lay outside their rooms at night. Blood feeding female mosquitoes are responsible for the transmission of a large number of diseases such as malaria, filariasis, Japanese encephalitis, West Nile fever, dengue, Chikugunya Zika, Mayaro and Yellow fever (WHO, 2017). Even though Igbo traditional health care experts could not confirm diseases caused by mosquitoes, they were able to guess right in the trials and errors considering the confirmations made by WHO on the health dangers of mosquitoes.

The Igbo cultivate this lemon grass very well. Agwu et al (2019:461) point that *Cymbopogon citratus* is: "a widely cultivated herb in tropical and subtropical gardens globally, to serve as biopesticide against mosquito vectors" Etta et al (2016:68) identify the medicinal values of *Cymbopogon citratus* thus:

Cymbopogon Citratus, produces many photochemical such as phenols, alkaloids, saponins, glycosides...and have been tested against key pests... *C. citratus* has various medicinal uses including the treatment for malaria, fever, nervousness, hypertension, eczema, colds, headache, stomachache, abdominal pain, rheumatic pain...

This may suggest while African traditional medicine has been subjected to the criticism that one herb cures so many diseases. Such critics will lose weight in a situation of this likelihood because herbs can have more than one medicinal efficacy, but the only problem here is that in the olden days there was no measure to test contents of herbs. In some cases, combination of herbs creates issues for women and teens, such as miscarriage, abnormal Virginia itches, etc.

Nonetheless, within the period of colonial visit and the post colonial era, herbs, leaves and diseases are tested for confirmation of exact treatment required. These tests have reduced health issues encountered by teenagers, and women within the child-bearing and post child-bearing ages. But today, a lot of harmful insecticides are applied at homes against mosquitoes and other harmful insects for the health of the women. Taking malaria as an example, health care experts today try to run confirmation test. Ugwu et al (2019) assert thus:

Accurate malaria diagnosis is very crucial to malaria control and prevention. Microscopic examination of stained blood films has until recently been the solid method of malaria diagnosis in developing nations. Although the main limitation of this method has been the difficulty in detecting very low levels of parasites, malaria, microscopy remains a major reference standard for both diagnosis and field trials when compared to other diagnostic test platforms. However, malaria rapid diagnosis tests (RDTs) have now become the central point of the malaria control programme, especially in the resource poor nations.

This is an insight of the historical development of the measures of diagnosing malaria in the developing countries where the Igbo nation belong. It is clear that these tests platforms also have their limitations. Therefore, at the advent of the White colonists and their exit, malaria seems to be a threat to African people's health. This threat has seen the women and their little babies in or outside the womb as the most vulnerable. With the modern tests, many women with the traditional knowledge of malaria control, prevention and management still use lemon grass and other traditional herbs and measures to

handle malaria. But the most important thing here is to run tests and confirm its level of development.

Apart from malaria and other diseases and tests discussed, there are other health challenges facing the women. In the tradition of the Igbo, women are seen as people that can suffer illnesses that are connected to their link with a particular spiritual world which are mostly influenced by fecundity god. This sort of health issue among women are traced through divination or extra-human forces. Iroegbu (2006:2) points that:

In Igbo land of south eastern Nigeria, when a person becomes critically unwell, it is the cause of a great deal of concern among his or her family and kin members. People become seriously worried. If a malady persists the burden becomes subject of public discuses. There is often a need to try to make sense of the wellness. The purpose of the illness will be subjected to scrutiny. Never is a serious illness allowed to rest without consultation with forces more powerful than those human have to offer in other to gain appropriate insight and ritualistic remedies.

It is in the consultation of the extra-human forces that certain illness, barrenness, etc among women are treated. In some cases, teens and women in a family are made to have carved female images that represent feminine spirits in charge of the women's health individually. It is mostly when sickness are of spiritual origin that traditional practitioners treat what really defying orthodox medicine (Gbenda, 2004:29). Therefore, it is ascertained among the Igbo, that some women's illnesses are to be treated with orthodox medicine while some are not, especially when they are linked with spirituality. This is practiced both in the pre-colonial and colonial/post-colonial times.

In addition, there are health and nutritional issues associated with climate change. Adverse conditions for the women triggered by climate change in Igboland are attentively managed. Africa is one of the continents prone to the effects of climate change. As the second largest continent with a population close to one billion people, and already suffering the scourge of escalating population in the midst of prevalent poverty, Africa is on the line for the catastrophic effects of climate change (Nnamene, 2020; 18). On the basis of climate change and its negative effects on human health, the Igbo uniquely manage the women. Certain natural food like dried meat, fish etc are especially reserved for them. Men break special woods for them from the dried breadfruit, oil bean trees. The pregnant ones are restricted from approaching excess heat from firewood; water etc, considering the weather and climate conditions.

There are items that have religious regard that are used for the women especially in harsh climates. They include: bitter kola- *akilu*, and kaolin- *Nzu*. Madukasi (2017:47) avers that. "Bitter kola "*Akuiilu*" as an aspect of sacred items in Igbo cosmology, is regarded in traditional African societies as most immediate expression of *tro*; a bridge between ideas and phenomena". Apart from this religious significance, they Igbo, medically use it as an alternative to application of excess heat among pregnant women. Dr. (Mrs) Chinenye Uzundu (personal communication, 1 May, 2020) was confirmed a COVID-19 patient in London. She said that as an Igbo lady, who was brought up in environment, she is aware of the danger of applying excess heat even as a Medical Doctor, that she used bitter kola, ginger and slightly warm water to treat herself. After two weeks, she was tested negative. Kaolin- *Nzu* on the other hand has its religious regard as a mark of solidarity and symbol of unity. Nwodogwu Augustine (personal communication, 17 July, 2018) states that Kaolin- *Nzu* has both religious and medicinal values in Igboland. He says that the marking or using of Kaolin – *Nzu* on teenager/girl symbolizes uniting her between two stages of passage in her life. That is a transition supplication from spinster to married life. But medically, it is used on girls that experiences painful menstruation and pregnant women to keep their bodies cool.

The women in Igboland attach so much importance to vegetables like: Garlic – *Alium sativum*, Spinach- *Spinachia oleracca*, Eggplant- *Solanum melongena*, Lettuce leaf- *Latuca sativa*, Amaranthus spp. and Cucumber – *Cucumis- sativus*. Some of these vegetables are the test of modern Igbo women while some are cherished by the traditional Igbo women. Vegetables have antioxidants. These ones listed here have oxygen radical absorbance capacities of 2000nm, 1300nm, 400nm, 250nm, 250nm and 100nm respectively. The most commonly used in Igboland among women is the plant Amaranthus spp. Aja and Titilayo (2016:3) examines the medicinal values of Amaranthus thus: "The plant Amaranthus has been of long time medicinal precursor in religious and traditional setting. Amaranthus is best used to treat stomach flu, diarrhea, and gastroenteritis. This herb is also useful in stopping menstruation and for contraception" In fact, there are so many other plants, vegetables etc that are applied for the health care of the women in Igboland, for numerous illnesses affecting women that the nature of this research would not accommodate herein. There are also other health care delivery measures for the Igbo women, time and tide would not absorb in this study.

Problems and Prospects among Women in Igbo Tradition

It is a known fact that there are areas of the practices where African culture does not promote healthy living for both men and women. But due to the physiological nature of the women, these cultural lives make them prone to those health dangers more than the men. Okafor (2019:69) posits that: "There are areas African culture does not promote healthy living, the cultural habit that encourage the use of local blade by more than one person without sterilizing it, having unprotected sexual intercourse, the female genital mutilation".

But at the same time, there are areas where modern medicine or health care delivery system fail to give expected health care delivery. Mr. Chizoba Eneji (personal communication, 20 September, 2019) observes that when charms or amulets are used to inflict illness on victim(s) in Africa, traditional healthcare remains a standard measure to save the life of victim. The medicine-men in Igboland are known for being good on issues of that nature. Women in Igbo tradition are often advised on things to always avoid in every relationship to escape such sorcery actions. They are directed on places they should not urinate or throw any item that contains excretions from their bodies. Spiritual health matters affecting women are better also handled with traditional medicine. Finally, traditional health care delivery system among women in Igboland are more natural while modern medicine or healthcare delivery system appears rather more artificial than the former. Although, there are problems facing Igbo health care delivery system among women, but its efficacy propels hope that African/Igbo healthcare delivery system will not go into extinction.

Recommendations

1. African traditional medicine should be given a sophisticated face of expertise by Africans/Igbo through extensive research especially those concerned with women health.
2. The efficacy of Igbo African healthcare delivery system in treating women unwellness should be appreciated by the Igbo/Africans rather than condemning or rejecting the medical essence in its totality.
3. Serious plans should be made by the academics who fall within the related disciplines to ensure that the young Africans in the rural settings learn those medical skills in their localities.
4. Government and Non-governmental organizations should aid African medical and pharmaceutical development. The new research discoveries should be projected to the International standard.

5. Women should rely more on natural diet and medication than the artificial/modern means for their healthy living.
6. Igbo women should try to harmonize the discrepancies that exist between the modern and traditional women via seminars, conferences, etc.

Conclusion

Summarily, Africans/Igbo had managed life effectively with the available human and health care resources. Later, the continent was colonized by the Western White. The advent or coming of the White brought into the hinterland a lot of changes where the traditional healthcare delivery system among women was affected. Be that as it may, the new medical and health management among women have extended its efficacy and recognition up to this post-colonial era, making some women to almost reject the traditional healthcare delivery.

It should be noted by African/Igbo women that some female illnesses can defy modern medicine. More so, traditional healthcare delivery system has opportunities of striving. It is also admitted in this research that modern health care delivery system is more sophisticated than the traditional health care delivery system at least at this present time.

References

- Agwu, E.J (2019). "Mosquitocidal potential of *Cymbopogon citratus* (lemon grass) on *Aedes acgyptilinn*". In U. Nzewi (Ed), *Journal of Liberal Studies (Special Edition)* – Vol. 17 No 3 December, 2019, pp. 460-475.
- Aja, N and Titilayo, S.T (2016) . "Analysis of the proximate and medicinal properties of extracts from leaves of four taxa of *Amaranthus* species". In C.E Nnolim and N.Chuma-Ude (Ed). *Journal of the Literati Philosophia* Vol.3 No 2 pp.1-19.
- Cambridge Advanced Learner's Dictionary & Thesaurus (2021). "The meaning of woman". dictionary. Cambridge.org.pp 311. Cambridge University Press. Retrieved 11/1/2021.
- Etta, H.E. (et.al) Ukpong, I.G., Iboh, C.I and Momoh, E.N(2016). "Preliminary investigations of the insecticidal effect of *Ocimum gratissimum* (L) on adult anopheles mosquitoes. *International Journal of Health and Pharmaceutical Research* 2 (i) 66-71

- Gbenda, J.S (2004). "Sacred personages and health development in Nigeria: A Tiv traditional society perspective". In M.I Okwueze (Ed) *Religion and Societal Development: Contemporary Nigeria Perspective*. Lagos: Merit International Publications.
- Iroegbu, P (2006). "Iga n'ajuju: Three Igbo modes of mobilizing extra human forces to heal illness in African societies". In M.Dukor (Ed) *Philosophy and African Medicine. Essence Interdisciplinary- International Journal of Philosophy*. Vol 3. No 3 pp 1-24. Lagos: Essence Library.
- Madukasi, F.C. (2017). "Symbolism and symbolic significance of bitter kola "Akiilu": Breaking mystical boundaries in culture and creation for solving human problems in Igbo traditional religion. In C.E Nnolim and Chuma-Udeh (Ed) *Journal of Literati Philosophia* Vol 4 No 2 PP. 42-53.
- Nnamene, E.C (2020). "Mediatizing migration disscience as challenges of climatic change escalate in Africa". In C.O Ele (Ed). *Sapientia Global Journal of Arts, Humanities and Development Studies*. Vol 3, No 3 September, 2020Pp. 11-26 Abakaliki: Platinum Communication Link Services.
- Okafor, E.I. (2019). "African religion, culture and health promotion". In E.J.O Ndubuisi (Ed): *Oracle of Wisdom Journal of Philosophy and Public Affairs*. Vol.3 No 1 2019 PP. 65-73.
- Scott-Emuakpor, A. (2010). "The evolution of health care systems in Nigeria: Which way forward in the twenty-first century. *Niger Med J* [serial online] 2010 [cited 201 Jan 23], 51 pp 53-65, from <https://www.nigeriamedj.com/text.asp?2010/51/2/53/70997>. Retrieved 4/4/2018.
- Summers, D (2001). *Longman dictionary of contemporary English*. England: Parson Education Limited.
- Ugwu, K.O et al (2019), "Performance evaluation of malaria rapid diagnostic test kits in Nsukka, Enugu State". In U. Nzewi (Ed). *Journal of Liberal Studies (Special Edition)*. Vol. 17 No 2. October, 2019 pp 219-226. World Health Organization (WHO) (2017). "Dengue and severe degree". https://www.who.int/mediacentre/factsheets/fs/117/en/pp_182 Retrieved 4/4/2018.

World Health Organization (WHO) (2018): "What is a Healthcare delivery system?" study. com video team pp 1-12. Retrieved 11/1/2021

Interview

- Mr. Ekwu Eneje, 84yrs, herbalist, Anambra State, 2010/2011
- Mrs. Dilinyelum Obalu 81yrs, traditional Midwife, Enugu State, 28/12/2014
- Mr. Chizoba Aneji, Imo State, 44yrs, traditional priest, 2019/2019
- Dr.(Mrs) Chinenye Uzundu, 34 years, medical doctor, Ebonyi State, 1/5/2020
- Mr. Nwodogwu Augustine, 53yrs, Bone Setter, Enugu State, 17/7/2018