

Women's Understanding of Factors Affecting their Reproductive Health in a Rural Ngwa Community

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ABSTRACT

A great deal of what is currently known about maternal reproductive health worldwide is based on physicians' examinations and laboratory findings. Little work has been done in the area of understanding how women themselves perceive and conceptualise the essential factors that affect their reproductive health status. Yet insights gleaned from people directly affected by specific health issues are increasingly becoming critical in formulating sustainable health policies and building health partnerships. For this purpose the present study was designed to find out the notions and understanding of rural Ngwa women of reproductive health issues. Data for the study were collected from a rural Ngwa community using two separate surveys — a focus group discussion and an unstructured in-depth interview survey. It was found out that Ngwa women view reproductive health as vital to a woman's identity and role purpose; place emphasis on witchcraft, curses and oaths as the primary causes of maternal reproductive health disorders; classify maternal reproductive health problems on the basis of their perceived cause; and accord high value to herbal remedies in dealing with reproductive health ailments. The findings brought to focus the need to vigorously encourage the education of women and incorporate various health providers into primary health care delivery schemes. (*Afr J Reprod Health* 2000; 4[2]:62-68)

RÉSUMÉ

La compréhension chez les femmes des facteurs qui influent sur leur santé reproductive dans la communauté rurale de Ngwa. Une grande partie de ce qu'on connaît actuellement au sujet de la santé reproductive maternelle dans le monde entier est fondée sur les examens de médecins et les résultats de leurs recherches dans le laboratoire. Peu de recherche a été faite dans le domaine de comprendre comment les femmes elles-mêmes perçoivent et conceptualisent les facteurs importants qui influent sur le statut de leur santé reproductive. Pourtant, les aperçus obtenus de la part des gens qui sont directement touchés par les problèmes de santé particuliers deviennent de plus en plus critique quant il s'agit de l'élaboration des politiques de santé soutenables et de l'établissement des associations à l'égard de la santé. A cette fin, cette présente étude avait pour but d'identifier les notions et la compréhension chez les femmes de la communauté rurale de Ngwa des problèmes relatifs à la santé reproductive. Les données de l'étude ont été recueillies auprès d'une communauté rurale Ngwa à l'aide de deux enquêtes différentes — une discussion en groupe cible et une enquête à fond et non-structurée, basée sur l'interview. Il a été découvert que les femmes Ngwa perçoivent la santé reproductive comme étant essentielle à l'identité et au fonctionnement de la femme; elle soulignent que la sorcellerie, les malédictions et les jurons sont les causes primaires des désordres dans la santé reproductive maternelle; elle classe les problèmes de la santé reproductive maternelle selon les causes aperçues; elles accordent une grande valeur aux remèdes traditionnelles quand il s'agit de soigner les maladies de la santé reproductive. Les résultats ont mis au point la nécessité d'encourager énergiquement l'éducation des femmes et d'intégrer les différents pourvoyeurs de santé dans des programmes de prestation de soins primaires. (*Rev Afr Santé Reprod* 2000; 4[2]:62-68)

KEY WORDS: *Women, understanding, Ngwa, reproductive health, Nigeria*

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Introduction

For quite sometime now, and since after the late 1970s, maternal reproductive health has remained on top of the list of issues of international concern.¹⁻⁶ In many developing countries, e.g., Nigeria, maternal reproductive health has long been recognised as a most urgent public health and social policy priority.⁷⁻⁹ However, most of what is currently known about maternal reproductive health as well as intervention schemes for improving it are based on, and guided by laboratory tests and outsider-based interpretations and perspectives of the key factors that affect maternal reproductive health status. Little attempt has been made to investigate how women themselves perceive and understand the essential factors that affect their reproductive health status in various societies. Even less are attempts at interrogating the implications of such perceptions and understanding for sustainable health action. It is clear that for success and sustainability, health policies and interventions must gain from the perspectives and interpretations of both insiders and outsiders.¹⁰ Fillipi, et al⁶ posited that in areas (like Nigeria) where reports from physicians' examination and laboratory tests are scanty, insights gleaned from the people directly affected by specific health issues become critical in developing sustainable health schemes and building health partnerships.

With these objectives in mind, the present study was conducted to investigate the perceptions of factors affecting maternal reproductive health among women in a rural Ngwa community. The findings made are expected to increase current understanding of issues relating to human reproductive health and provide a basis for sustainable community health interventions.

The Ngwa: An Ethnographic Sketch

The Ngwa are an Igbo-speaking people who live in Abia State, Nigeria. They inhabit the area lying between latitude 50.30°N and longitude 90° and 70.30°E. The area has a landmass of about 1312.768 square kilometers and a population that is above 400,000. It was reported to be the largest clan in southeastern Nigeria. The Ngwa comprises six local government areas.

The true origin of the Ngwa, like their parent Igbo stock, is not known and it may be very diffi-

cult to trace; there are various speculations about their origin. One such speculation suggests a possible affinity with the Jews. There are speculations also that the name Igbo may well be an adulteration of the original and perhaps ancestral name 'Hebrew'.¹¹

The fact that the origin of the Ngwa is left to mere speculation does not, however, suggest that Ngwa has no known history. Recent archaeological activities in Ngwaland have unearthed invaluable remains pointing to a long rich cultural past dating back, at least, to the 9th Century BC. This may be construed to mean that the Ngwa have lived where they are presently for several centuries, if not, as Acholonu¹² suggests, since the beginning of times.

Bordering Ngwaland in the west is the Imo River. From the Imo River, its northern flank snakes fast through to join the Ali River, about two nautical miles east of the Oloko-Umuahia road. The eastern flank runs roughly northwards to link the 'No man's land' that separates the Ngwa from their Annang neighbours. Further northwards, adjacent to the Ngwa villages of Ntigha and Nsulu, are the Ubakala and Olokoro clans. Neighbouring the Ngwa on the northeastern flank are the Isiorgu, while westward the fabled Imo River separates them from the Mbaise and Etche-Omuma peoples. Their neighbours on the south are the Asa-Ndokka people.

The Ngwa are predominantly agriculturists and their most beloved deity is the venerable *Ala* – the goddess of fertility and agriculture. The Ngwa produce food crops such as yam, cocoyam, cassava, banana and plantain. Other agricultural products from Ngwaland include oil palm, okro and peas.

Traditionally, the Ngwa worship *Chukwu* – the great God; who they generally believe lives in the distant skies. *Chukwu* is held to be an omnipotent, vindictive and self-sufficient being. *Ala*, good ancestors and other lesser but active pantheon of gods, such as *Njoku*, *Mmaji* and *Ogwugwu*, are intermediaries of this great and vindictive *Chukwu*. In a strict but possibly natural sense of the word, the Ngwa are a truly and deeply religious people. Traditional religious beliefs and practices permeate their work, leisure and entire existence.¹³

The basis of the Ngwa social organisation is the family. The Ngwa view the family as a sacred

institution, and they seem to have problem with delineating where the family begins and ends. At one point the Ngwa see the family in its nuclear meaning, at the other it is extended to refer even to the whole of a lineage (*Onumara*) including the dead ancestors. In Ngwaland the household (*Ezi*) is the minimal family unit and it is headed by the father (*Nna*). A combination of households forms the compound (*Ezịkụwu*). A compound comprises households whose members have a common and obvious descent through a patrilineal ancestor (*Umunna*). The compounds exist as nucleated settlements within a lineage territory to form corporate patrilineal groups (*Onumara*). The *Onumara* is Ngwa's largest extended family unit.

Among the Ngwa, a wife is not regarded as a member of her husband's family. After marriage, she continues to be part of her father's family, as they continue to show much interest in her welfare. The husband is expected to have indemnified her family as a compensation for taking away a member of their family and a guarantee for good treatment.

The main purpose of marriage in Ngwaland is procreation. Childlessness could lead to a major marital problem among the Ngwa because it negates the purpose for which marriage is contracted. As one Ngwa ethnologist¹⁴ puts it, to be childless or to have difficulties in childbearing is the greatest calamity that can befall a woman. For the Ngwa, children are important gifts from the benevolent *Chukwu*. One woman lends support to this point by saying: "a fulfilled marriage is one which leaves the homestead bursting with children". Indeed, much emphasis is placed on children among the Ngwa and men consequently select their mates from families with proven history of good reproductive ability.

Materials and Methods

Study Site

The study was carried out on one rural Ngwa village, namely, Eziam. Eziam is located 23km northwest of Aba (the major town in Ngwaland, and Nigeria's third largest commercial town). Eziam is a village in Ntighazor Amairi autonomous community in Obi Ngwa Local Government Area of Abia State, Nigeria. Figures from the 1991 National Census puts the population of the commu-

nity at 530 persons per square kilometer. Four distinct and small patrilineal families make up the village.

Study Design

The information used in this study was gathered from two separate surveys, namely, focus group discussion (FGD) and unstructured interview survey. Separate FGDs were held with ever-married women aged 15 years and above in each of the four patrilineal families that make up the village. These women were sampled from the current register of the village's women council using the systematic random sampling technique.

Discussion with the various FGDs centered on what the women know and think about their reproductive health status. This included discussion on the perception of factors affecting their reproductive health practices, reproductive health-seeking behaviour, as well as a classification of maternal reproductive health ailments. On the whole, 21 women were present at the four FGDs that lasted for an average of 3¼ hours.

Issues raised in the FGDs were used to develop an in-depth interview schedule that was successfully administered with the help of field assistants to seventy-three other women comprising newly married women, traditional birth attendants, middle-aged women, pregnant and lactating mothers, and elderly women.

Gaining Entry

The principal researcher in the study is a native of the study area, hence there was no problem of gaining entry, no need to use interpreters, and this provided an insider's point of view to the problem under investigation. His awareness of local mores, norms and values facilitated acceptance among the people, making them free to voice their opinions. Also, throughout the FGD sessions, he kept addressing them as *ndi nnem* (my mothers), *ndi murum* (those who gave birth to me), etc. This greatly enhanced their willingness to co-operate.

Findings

Perceptions and Beliefs about Reproductive Health

Rural Ngwa women define reproductive health in a variety of ways. They describe it using such

phrases as “*ahuike gbasara itu ime na imu imu nwanyi*”, meaning health issues relating to women’s ability to conceive and reproduce. “*Ahuike umu nwanyi meta-tara idi ime na imu nwa*” – maternal health issues regarding conception and reproduction. The women agreed that reproductive health is an essential aspect of every woman’s life. They saw the pride of a woman as largely dependent on her ability to bear children. They said until a woman successfully fulfils this obligation, she cannot pride herself as a woman. The respondents maintained that failure to meet her reproductive obligation to the society by having children means failure on the part of the woman to perform her most unique and important role. The women agreed that societal continuity is a function of the ability of women to give birth to healthy children. One elderly woman drove home this point with a proverb: “*Ala na eweghi nwanyi gbaka echi*” (a land without women has no tomorrow). For the participants, however, reproductive health goes beyond the ability to conceive and bear children. It encompasses the entire issues involved in sustaining one’s ability to function as a woman. The discussants noted that the key to a woman’s identity and role purpose is a healthy reproductive life.

Understanding of Factors Affecting Maternal Reproductive Health Status

When told to enumerate the factors that affect maternal reproductive health status, the discussants gave a long list of factors. They emphasised the role of witchcraft, curses, especially by one’s parents and falsely sworn oaths, locally known as *nsi*, *ivu onu* and *idu isi* respectively. Regarding witchcraft (*nsi*), the women said certain people who are witches (*ndi nsi*) possess supernatural powers that can harm women. Such powers, they said, could be used to tie up the womb of women, afflict them with reproductive tract ailments, eat up fetuses, cause stillbirth, miscarriage, premature births and labour complications.

Among factors mentioned by the women that affect reproductive health are poverty, which they say impacts negatively on nutrition and well being of women; poor personal hygiene that may bring about infections; and ignorance, which they said prevents women from knowing what to do and what not to do. Other factors include restlessness,

excessive toiling, past health history, heredity, use/abuse of orthodox drugs (e.g, pills), accidents, childhood diseases, immoral sexual habits, and violence against women.

Classification of Reproductive System Ailments/Health Problems

The women have their own ways of classifying maternal reproductive health problems and ailments. They are generally based on the following classifications:

- (a) *Oria nwanyi sitere na onumara* (inherited lineage reproductive system problems). This category comprises all reproductive health problems resulting from heredity and familial inheritance. The women believe that certain reproductive health problems of women run in families and that they may be inherited by women born into such families, for example, painful labour, difficulty in conception and placenta retention, which are the most commonly inherited reproductive health defects and problems that the women mentioned.
- (b) *Oria nwanyi bu ovuru futa uwa* (congenital reproductive system problems). The women believe that these could be caused by fate, curses, sin, and atrocities committed by one’s parents, grandparents and great grandparents, or by oneself earlier in life. The women said if a woman that did not like children, committed abortions, or killed other people’s children, dies and reincarnates, she may come back without a womb, or have closed external genitalia, etc. The women also noted that witchcraft is responsible for a large proportion of congenital reproductive health defects. Witches, they said, have the power to bewitch or/and eat up the fetus in the womb.
- (c) *Oria nwanyi idi isi ugha kpatara* (maternal reproductive system diseases caused by false swearing). Oaths that are falsely sworn before strong deities are believed to be capable of causing reproductive health problems. These oaths, they said, are not necessarily those sworn by the women themselves. They may be oaths sworn by their husbands, fathers, mothers, distant ancestors, etc.
- (d) *Oria umunwanyi efu* (maternal reproductive health problems caused by ordinary factors).

The women mentioned yet another category of maternal reproductive health problems; those perceived to have resulted from 'ordinary' causes. They call them 'ordinary' because they are not caused by supernatural forces, heredity or congenital defects. Included among such factors are sexually transmitted diseases (STDs), locally called *nsi nwanyi* (women's poison) and reproductive system diseases resulting from poor nutrition, poor hygiene, accidents, earlier birth complications, ignorance, abuse of modern drugs and pills, violence against women, indiscriminate sexual activities, restlessness, careless lifestyles and illnesses (such as malaria, *Iba*).

However, discordant views were held over the implications of early marriage, high fertility, unspaced children and multiple births for maternal reproductive health status.

Respondents' Views on how the Causes of Reproductive Health Problems could be identified

When the question "If a woman in this community has reproductive health problem how would the cause be identified?" was asked, the following responses were given:

1. By checking out the family health history for familial reproductive system ailments.
2. By checking out the woman's history for past health problems, abortions, accidents, nutritional deficiencies, cleanliness, etc.
3. Through orthodox medical screening/check-up.
4. Through spiritual revelations, prophecies, visions, dreams in prayer houses, churches and spiritual homes. These will help identify reproductive problems caused by oaths, curses, witches, etc.
5. By oracular revelation, divination by *jujumen*, herbalists and traditional medical experts. Respondents maintained that maternal reproductive health problems caused by oaths, curses, witches and other supernatural factors will be identified through these means.

Reproductive Health-Seeking Notions of Respondents

On the issue of where to obtain cure for reproductive health problems, respondents said the treatment to be adopted would depend on the

cause/category of the reproductive ailment. They said if the ailment is inherited, treatment is best sought in herbal homes, spiritual centres, prayer houses and churches. The women placed much emphasis on treatment in herbal homes (*ulo dibia*). This, they said, would proceed with appropriate sacrifice to deliver the woman from ancestral and familial spirits. They said although some prayer houses also perform sacrifices, treatment is often achieved by means of tedious, marathon prayer sessions and rigorous fasting assignments.

The discussants were generally divided with regards to the ability to cure congenital reproductive health ailments. Some of the women said they are not curable. The majority said orthodox medical experts, very experienced spiritualists and tough traditional medical practitioners could cure them. This group of women agreed, however, that it is always difficult and expensive to cure congenital reproductive health problems.

The discussants said reproductive health problems caused by curses, oaths and witches are curable only by traditional medical experts and in prayer houses. Appropriate sacrifices and persistent prayers and intercession on behalf of patients are the essential tools for cure. Curses can also be broken by those who made them.

Participants explained that reproductive health ailments resulting from 'ordinary' causes could be treated in a variety of ways. Those who wish to utilise orthodox treatment could consult orthodox health providers or even purchase drugs from chemist shops for self-medication. Those who opt for local cures could obtain such from traditional healers. They can also rely on their personal general ethnomedical knowledge for cure. Discussants also said that some problems may simply require better nutrition, improved sanitary conditions, rest, and careful lifestyles to be cured. The women generally believed that cure takes place when the signs and symptoms of the ailment disappear and the patient is able to live a healthy reproductive life.

Discussion

Reproductive health is considered a very important issue among rural Ngwa women. They recognise it as the basis for a woman's self-actualisation and societal continuity. Their notions of the factors that determine maternal reproductive health reflect cul-

tural and environmental influences. They go beyond the 'germ theory' of diseases as they generally recognise the interface between a woman's reproductive health and her day-to-day living experiences in a cultural milieu. Health-seeking behaviour for maternal reproductive system ailments closely follows local notions and aetiologies. There is no one and only health-seeking behaviour; the cure to be sought would depend on the factor perceived to be responsible for the illness. However, the people still believe so much in ethnomedicine when seeking cure for most of their reproductive ailments.

Generally speaking, traditional beliefs and notions belie rural Ngwa women's perceptions of factors affecting their reproductive health. These also guide the social construction of reproductive health-seeking behaviour and notions among the people.

Conclusions and Policy Implications

The purpose for describing and analysing rural Ngwa women's perception of factors that affect their reproductive health is not merely to broaden literature base on the subject but also to provide scientific basis for sustainable health action. Evidence from the study shows that rural Ngwa women recognise maternal reproductive health as a priority issue. They view it as a critical determinant of a woman's identity and self-actualisation. This partly explains the willingness and openness they showed during the discussion sessions. It is an orientation that needs to be harnessed not just for the effective integration of grassroots women into modern maternal reproductive health schemes and campaign but also in fostering sustainable partnerships in community-based health actions.

The observed multiplicity of possible health-seeking behaviours indicates an important challenge — the need to incorporate indigenous and faith healers into rural primary health care delivery schemes. This is very important since the solution to some of the maternal reproductive health problems can best be found within a framework that recognises local cultures and knowledge systems.

Another issue that is implied in the findings of this study is the critical importance of women education. Indeed, the need to vigorously encourage women education in Nigeria cannot be overem-

phasised. Ibanga⁷ has shown that women who attain high level of education are likely to be more favourably disposed to understanding health issues and using appropriate treatment alternatives.

However, further research is still needed to spell out a number of other issues, e.g., the perceptions of men on the subject as well as how best to package maternal reproductive health programs to enable them to respond closely to the 'insider' perspective. Research is also needed to accurately document the extent, implications and weight of relevant parameters set by particular cultural organisations (that is, family systems, gender roles, kinship structure and household size), and other variables (such as income, spousal education, children's education, etc), on such issues as maternal reproductive health-seeking behaviour and perception of key determinants of maternal reproductive health status.

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