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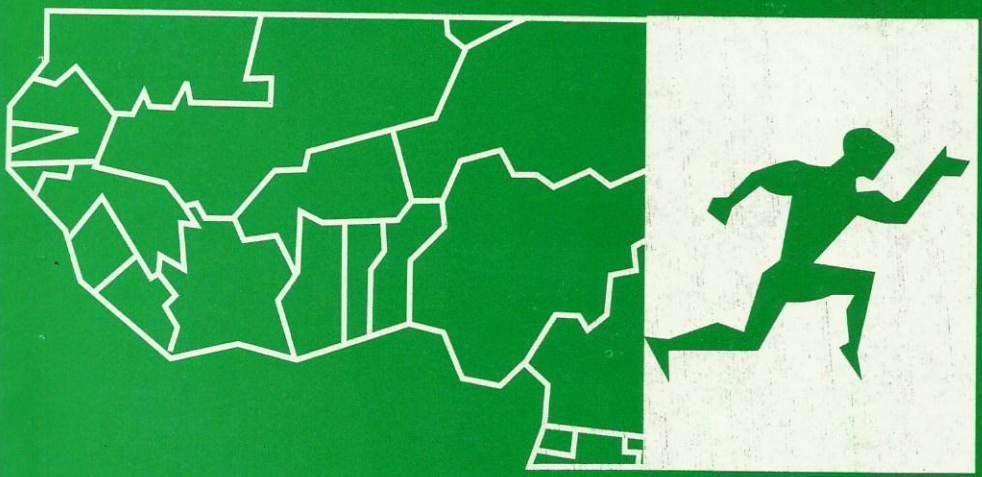

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Implication of Selected Socio-Cultural Practices on Reproductive Health of Women of Childbearing Age in Rural Areas of Oyo Town, Oyo State

Baba Dare A.,* Oguntunji I.O.,* Onifade O.A.* and Ajadi M.T.**

Abstract

This study examined the implication of some socio-cultural practices on the reproductive health of women of childbearing age in rural areas. Stratified random sampling was employed to select 368 respondents for the study; the instrument used was a self-structured and developed questionnaire, validated by experts in the field of community health, health education and reproductive health. The instrument was then pilot-tested twice with the use of split half method and a reliability coefficient .88r was obtained. Three research hypotheses were tested at 0.05 alpha level of significance and the data collected were analyzed by the use of chi-square statistics. The findings showed that early marriage and female genital mutilation have serious implications on reproductive health of respondents. It was therefore recommended that government and non-government organizations should embark on enlightenment campaigns and invest in reproductive health education for rural women.

Introduction

Women between the ages of 13 and 49 years are regarded as being of reproductive age. Most often, traditional practice is interchange-

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ably used as cultural practice in rural Nigerian communities but in different forms. In this study, harmful traditional practices means all behaviour, attitude, or practices negatively affecting the fundamental rights of women and girls, such as their rights to life, dignity, health, education and physical integrity (Okuwa, 2009). Traditional practices, according to Okuwa (2009), are viewed as harmful if they adversely affect women's right and/or contrary to recognized international standards.

Two regional seminars on traditional practices affecting the health of women and children, organized by the United Nations in Africa (1991) and Sri Lanka (1994), revealed that female genital mutilation (FGM) and traditional birth practices are predominant issues in Africa (Els, Ann and Marleen, 2003). Okuwa (2009) identified FGM, early child marriage, traditional ways of carrying pregnancy, quack traditional birth attendance, transfer of a woman after her husband's death to his brother or relative, gender discrimination and domestic violence as common harmful traditional practices affecting the reproductive health of women.

In Oyo town, most especially in remote areas of the town, there are observed harmful traditional practices include, food taboos for pregnant and lactating women, infant force feeding, early weaning, early marriage, food restriction for infants, menstrual taboos and high preference for traditional medicine. In view of the above, this study investigated the knowledge of reproductive age women on the health implications of selected traditional practices in rural areas of Oyo town.

Moronkola and Okanlawon (2003) had posited that the United Nations Convention on the rights of the child defines the union of children or adolescents under the age of 18 as child marriage. In Africa, women are married off at a young age, resulting in early maternity, which affects the health, nutrition and employment opportunity of such women and lowers their life expectancy (Human Rights Watch Women's Rights Project, 1995). In Nigeria, most females contract their marriage at the average age of 17.5. In Ethiopia, 34.1 percent of the girls marry before they are 15 years and 78 percent before they are 18. Similarly, in Sierra Leone, approximately 20 percent of girls are married off by the age of 16,

while in Ghana and Kenya, 10 percent get married before they are 15 and 50 percent at the age of 18.5 years (Monoja, 1997).

Moreover, available data have revealed four prevalent types of early marriage in developing countries. These are: *Promissory marriage* (a marriage arranged by parents before the child was born); *Child marriage* (a marriage arranged for a girl under 10 and the bride is put under the custody of her in-laws or remains with her parents); *Early adolescent marriage* (this is directed by parents rather than by the couple, from 10 to 14 years for girls and from 15 to 19 years for boys); and *Late adolescent marriage* (contracted about the age of 15-19 years for girls and 20 or more for boys) (Els, Ann and Marleen, 2003). According to Okuwa (2009) and Inter-African Committee (1997), miscarriages, vesico-vaginal fistula (VVF), recto-vaginal fistula (RVF) and birth trauma are linked to early marriage. One complication for young mothers, according to Els et al. (1999), is obstructed labour, which leads to VVF, incontinence and, ultimately, the death of the mother, the baby or both.

Worldwide, people use different terms (such as female genital cutting (FGC) female genital surgery (FGS) and female circumcision (FC)) to denote female genital mutilation (FGM). But FGM has been adopted by many women's health organizations, such as the Inter-African Committee on Traditional Practices affecting the health of women and children, and inter-governmental organizations, such as the World Health Organization as a concept denoting harmful effect of the practice on reproductive health of women. Cook, Bernard and Mahmoud (2003) asserted that most genital mutilation is performed on the girl child at a very tender age. The age at which girls undergo genital cutting varies between and within cultures, mostly between ages 4 and 8 (Okuwa, 2009). At this age, there is no room for individual's consent or approval. Adekeye (2003) and Olotu (2001) asserted that what was seen as a passage into womanhood is now seen in many African societies as a form of torture, abuse of female human rights and harmful traditional practices against women.

FGM is widespread among traditional communities in many countries despite considerable medical opposition and laws prohibiting the practice; and this practice infringes on the reproductive right of women because of its reproductive health

implications (Okuwa, 2009). In the course of the current study, some respondents revealed various reasons they still engage in FGM. These include the fact that it reduces sexual promiscuity, it is a family ritual that must be performed, and violation of it can cause the baby to be harmed by ancestors. John (2005) and Okuwa (2009) added that some cultures see FGM as a celebration of womanhood, preservation of culture and tradition, a symbol of ethnic or tribal identity, a means of decreasing women's libido, or a form of medical treatment.

Classification of FGM, according to Els et al. (2003) and John (2005), briefly include type 1 (Sunna type/clitoridectomy), type II (intermediate type/help's circumcision/excision), type III (Pharaonic type/infibulation) and type IV (unclassified). The health consequences (immediate and long-term) of FGM include death through shock from immense pain or excessive bleeding, risk of reproductive and urinary tracts infections, difficult and painful penetration during sexual intercourse, septicaemia (blood poisoning), obstruction or retention of menstrual blood, tetanus, risk of acquiring blood-borne pathogens, VVF, RVF, demoid cyst and keloids (CIRP, 2007; Olotu, 2001).

Diet is an essential factor in pregnancy, keenly emphasized during antenatal clinics in various cosmopolitan health institutions by health caregivers. Adequate diet during pregnancy is one of the key factors determining pregnancy outcome. Food taboos that make pregnant women deficient in required vitamins pose risks to the status of the women and the foetus (WHO, 1997). Many children of such mothers who are themselves deficient in vitamin A and iodine are more likely to be born blind or develop xerophthalmia, and suffer mental retardation, respectively (WHO, 2002; Ibukun-Olu, 2001).

Thus, the study was carried out in order to investigate the knowledge of respondents on the health implication of early marriage on the reproductive health of women; examine knowledge of respondents on the implication of FGM on reproductive health; and determine the knowledge of respondents on the implication of food taboos in pregnancy on women's reproductive health.

Research Hypotheses

2. The practice of early marriage will not have significant implication on reproductive health of women in rural areas of Oyo town.
3. The practice of female genital mutilation will not have significant implication on reproductive health of women in rural areas of Oyo town.
4. The practice of food taboos during pregnancy will not have significant implication on reproductive health of women in rural areas of Oyo town.

Methodology

The descriptive research design of survey type was adopted for the study. The population comprised all reproductive age women residing in rural communities of Oyo town. Eight (8) villages from the three (3) local government areas (making 24 villages) in Oyo town were randomly selected by balloting. Thus the estimated population was 3,680 women. Stratified random sampling technique was used to select 368 respondents (ie, 10 percent of the population) as sample for the study.

A structured questionnaire was the instrument used and it was validated by two jurors in the field of community health and health education from the University of Ilorin, Nigeria. The split-half method was used to establish the reliability of the instrument, using a sample of n=30 (from two communities outside the study area), to obtain a reliability index of -.81r.

With regard to food taboos in pregnancy, focus group discussion (FGDs) was set up (ten women per group in each local government). This provided an array of rich qualitative data, such as pregnant women should not eat banana or plantain for the baby not to have sunken anterior fontanelle; they must not drink milk or Bournvita® (beverage drink) to guide against having an overweight baby, which may lead to complications during delivery; they should not eat snail, to prevent excessive salivation of baby after birth; they should not eat much quantities of meat, to avoid having underweight babies, or intra-uterine malnutrition resulting in intra-uterine growth retardation (IUGR) or a shorter gestation period,

which may result in congenital malformation, low birth weight infants period (either small for gestational age or premature), neonatal deaths and infants who have low survival chance.

The validated questionnaire was administered to the respondents by the principal investigators and six trained research assistants (2 from each local government areas) directly to the respondents at their various localities. The data collected were analyzed with the use of inferential statistics of chi-square.

Results

Table 1: Early marriage and reproductive health of respondents

S/N	Items	SA	A	D	SD	X^2 cal	Df	Crit. val	Remks
1.	Early marriage leads to obstructed labour which may lead to cesarean section or death	101 (94.7)	108 (90)	70 (85)	89 (98.3)				
2	Vesico-vaginal fistula emanates through early marriage	117 (94.7)	71 (90)	92 (85)	88 (98.3)				
3	Early marriage prone females to birth trauma like recto-vaginal fistula	66 (94.7)	91 (90)	93 (85)	118 (98.3)				
	Column Total	284	270	255	295				

x^2 cal = 31.9; Df = 6; P < 0.05 alpha level; x^2 table value = 12.59

The analysis in table 1 shows calculated chi-square value of 31.9 against the critical value of 12.59 with a degree of freedom of 6 at 0.05 alpha level of significance. Since the calculated value is greater than the critical value, hypothesis one is rejected. This means that early marriage has significant implication on the reproductive health of the respondents.

The analysis in table 2 shows calculated chi-square value of 64.07 against the critical value of 16.92 with a degree of freedom of 9 at 0.05 alpha level of significance. Since the calculated value is greater than the critical value, hypothesis two, is also rejected. This means that female genital mutilation (FGM) has serious implication on the reproductive health of women of childbearing age in the study area.

Table 2: Implication of FGM on reproductive health of respondents

Sn	*Item*	*SA*	*A*	*D*	*SD*	*X^2 cal*	*Df*	*Crit. val*	*Remks*
1	Victims of FGM risk reproductive tract infection					64.07	9	16.92	Hypoth. rejected
2	Excessive bleeding may arise during/ after FGM								
3	FGM is a risk factor of blood- borne diseases like HIV, hepatitis B								
4	Victims of FGM risk urinary tract infection								
	Column Total	165	905	234	168				

x2 cal = 5.0, Df= 9; p<0.05 alpha level; x2 table value=16.92

Table 3: Food taboos in pregnancy and reprod health of respondents

Item	*SA*	*A*	*D*	*SD*	*X^2 cal*	*Df*	*Crit. val*	*Remks*
Poor diet results in intra-uterine growth retardation	34	282	29	23	57.31	9	16.92	Hypothesis Rejected
Neonatal death may result from food restriction	31	298	27	12				
Child can be born blind if mother lacks sufficient nutrients	57	232	49	30				
Food restriction poses risk to birthing low birth weight infant	15	306	33	14				
Column Total	165	905	234	168				

x^2 cal = 5.0, Df= 9; p<0.05 alpha level; x^2 table value=16.92

The analysis of hypothesis 3 shows a calculated chi-square value of 57.31, as against the critical value of 16.92 with degree of freedom of 9 at 0.05 alpha level of significance (table 3). Since the calculated value is greater than the critical value, the hypothesis is rejected. This means that food taboos have implication on the reproductive health of women of childbearing age in the study area.

Discussion of Findings

The data in table 1 showed that reproductive age women living in the rural areas of Oyo town agreed that early marriage has serious implication on their reproductive health. There was a consensus on how this could obstruct labour and lead to cesarean section, death and vesico-vaginal fistula. A significant number of them knew that early marriage exposes a woman to birth traumas like recto-vaginal fistula. This finding was supported by Okuwa (2009) and Inter-African Committee (1997), who had linked miscarriage, vesico-vaginal fistula, recto-vaginal fistula and other traumas to early marriage of women.

The results on hypothesis 2 showed that the practice of female genital mutilation has implication on the reproductive health of women of childbearing age. The respondent identified the risks of mutilation to reproductive health as reproductive tract infection, blood-borne diseases (such as HIV, hepatitis B), and infection of the urinary tract. A few of the respondents claimed to understand excessive bleeding from FGM can lead to shock and death. This finding has been corroborated by Okuwa (2009), who concluded that female genital mutilation infringes on the reproductive health and right of women.

Furthermore, the analysis of hypothesis 3 showed that appreciable number of reproductive age women in the study area knew that food taboos in pregnancy have implication on the reproductive health of women of childbearing age. They identified the consequences of such taboos to include intra-uterine growth retardation, neonatal death, children born blind and underweight. This was affirmed by Ibukun-Olu (2001) that restricted diet during pregnancy may lead to intra-uterine growth retardation, resulting in congenital malformation, low body weight infants and neonatal

deaths. Also, children of women who are themselves deficient in vitamins are more likely to be born blind.

Conclusion and Recommendations

This study has revealed that early marriage, female genital mutilation and food taboos have implication on the reproductive health of women of childbearing age. In view of the findings, the following recommendations are made:

1. Government and relevant non-government organizations should endeavour to create enlightenment campaigns on the subject matter and invest in heath education for rural women.
2. The health sector should embark on media public enlightenment programmes geared towards revealing the dangers of child marriage, FGM and food taboos in pregnancy.
3. Pregnant women attending antenatal clinics and should be taught to adhere to nutritional prescriptions. Health workers should also endeavour to clarify issues with them, especially in the area of diet during pregnancy.

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