



Full Length Research Article

**CULTURAL PRACTICES AND THE HEALTH OF 0-15 YEARS CHILDREN IN NIGERIA:
THE ROLE OF COMMUNITY HEALTH PRACTITIONERS**

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ABSTRACT

People's cultural practices do not only affect their health, but every other facet of life of the people including health and disease. People living in an environment are interactive with such environment and therefore, affected by what happens and how they react to occurrences. This implies that the deterrents and determinants of health and disease in a community cannot be completed unless the cultural practices of the people are considered. Many cultural practices have helped to promote and increase the prevalence of certain diseases and health problems in Nigeria. This is not to say all cultural practices and beliefs are bad. In this work, we have endeavored to bring out how the cultural practices of a people affects the health of children 0-15 years old in Nigeria. We have also highlighted some of the important cultural practices that affect their health positively or negatively in Nigeria. Most of these negative practices are due to ignorance and absence or near absence of better alternatives. Efforts should be made to encourage those practices that promote health and then, through the provision of appropriate information and better health care services, discourage those that harm human health (children 0-15yearsold).

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INTRODUCTION

Cultural practices, borne out of what people belief and see as part of their way of life have been an important determinant of health (O'Neil, 2006). All people, no matter the race, have their own beliefs and practices concerning health and disease (O'Neil, 2006). Each society or community has its peculiar way of doing their things and it is known that these practices and beliefs go a long way in influencing the people's perception, attitude and management of diseases and other health related problems that befall them (Center for Advance Research on Language Acquisition, 2014). Cultural practices in the context of this presentation come under customs, beliefs, taboos and practices that influence the health of children between 0-15 years. Some of these cultural practices, which have endured centuries of practice, have worked for the people who practice them (O'Neil, 2006). Unfortunately, it is not uncommon for our mind to think of something crude and bad whenever we talk about cultural practices as it concerns health.

Well, not all cultural/traditional practices are bad (Onyeabochukwu, 2007). Some have stood the test of time and have positive values, while others may be harmless, uncertain or negatively harmful. It is essential that we understand how and why each custom is practiced by any community if any meaningful impact is to be made towards implementing health program. This is because the practices a community adopts fulfill certain purposes for them (Onyeabochukwu, 2007). Health is a right of a citizen and seen as sacred, but may be compromised by cultural practices, and if such can occur, to what extent Community Health Practitioners can put measures in place to demystify the negative influence of such practices on health? Such a tripartite link between Health – Cultural practices – Mitigating measures by Community Health Practitioners is what this paper is intended to bring to fore. Let us quickly look at some definition of key terms and concepts related to our topic of discussion for better understanding and follow up.

Definition of Terms/Concepts

Health: There are various definitions of health, but the definition of health by WHO (1948), is seen as the ideal definition. It states health "as a state of complete physical,

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mental and social wellbeing and not merely the absence of disease or infirmity”.

Culture: Culture according to Edward Taylor in Odiase (2002) is that complex whole which includes knowledge, beliefs, arts, morals, law, custom and other capabilities acquired by man as a member of the society. In a nut shell, it could be seen as the principal ways of doing things common to a people within a definite geographical entity.

Customs: This is a particular way of doing things by a group of people, which have started over a long period, in which the people themselves cannot explain the origin (O’Neil, 2006). For instance in many rural setting of Nigeria, there is the custom of letting a woman go back to her paternal home after child-birth and remaining there until the child is placed on complimentary foods, with the intention of ensuring that the woman does not get pregnant until the baby is old enough to survive on table food (complimentary foods) (Onyeabochukwu, 2007).

Beliefs: These are thinking about various aspects of life which may have traditional or religious origin (Onyeabochukwu, 2007). For instance the beliefs that if a child eats egg he/she will steal.

Taboos: These are aspect of life of group of people where they forbid or regard certain things as an abomination. For instance a pregnant woman going out when it is dark is tabooed in some parts of Nigeria. They believe that the woman will meet evil spirits if she goes out at night. Generally speaking, in Nigerian context, many things that are tabooed are supposed to bring about punishment from the gods or ancestors if contravened (FMOH, 1990).

Practices: These refer to peculiar ways and manner a group of people do certain things. These may include cultural practices associated with child bearing, pregnancy, child rearing, refuse disposal etc. etc. The essential issue is that most of these practices are based on wrong premises and hence tend to be detrimental to health. For example, the practice of throwing away the yellow part of the breast milk (colostrums) which comes during the first 2 days after child birth (FMOH, 1990).

Health Behaviour: This is any activity or action undertaken by an individual or group of individuals which has the potential to influence health. For instance a man and woman deriving satisfaction in sexual intercourse without protective device, individual or group smoking habits, alcohol addiction, diet pattern etc.

0-15 Years Children: This is a composite of various age groups – neonate (0-28days); 0-11months (infants); 0-59 months (U 5years); 5-12 years (school age); 13 – 15 years (Early Adolescent).

Community Health Practitioners

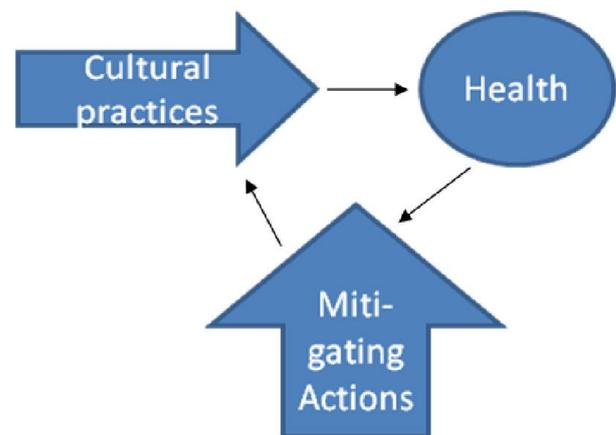
Community Health Practitioners are multi-skilled Primary Health Care Professionals who have undertaken a standard training programme and passed the examinations set by the training institution and national regulatory body meant for the cadre and licensed. According to Health Reform Foundation,

(2007), Community Health Practitioners are “core” polyvalent workers and these have remained the core Primary Health Care Workers in Nigerian Primary Health Care system (Community Health Practitioners’ Registration Board of Nigeria, 2010). It is a family comprising:

*Primary Health Care Tutors,
Community Health Officers,
Community Health Supervisors which training was stopped in 1990,
Community Health Assistants (now Community Health Extension Workers (CHEWs), and
Community Health Aides (now Junior Community Health Extension Workers (JCHEWs)*

The CHEWs and JCHEWs, the most important members of the Primary Health Care, are intended to be based in the community (50% and 80% of the time respectively), particularly, in the villages where they will motivate the community members to action in the provision of health services (Community Health Practitioners’ Registration Board of Nigeria, 2010). In this regards, they are seen as architects of Community participation- a prerequisite for transforming a community from its traditional past to the age of science (Community Health Practitioners’ Registration Board of Nigeria, 2010).

How are People’s Cultural Practices, Health and Mitigating Actions Linked?



People’s cultural practices affect their health either negatively or positively depending on what are being practiced and the extent at that time (Onyeabochukwu, 2007). On the other hand, the level of awareness about what to do to remain healthy a people commands determines to a large extent, the prevailing cultural practices among them (Onyeabochukwu, 2007). This is because when the desirable scientific information is not available, the available unscientific information most of the time becomes the desirable. This therefore, underscores the importance of the role of Community Health Practitioners in tirelessly disseminating mitigating actions (interventions in relation to the possible diseases) for cultural practices that affect the health of the people negatively so as to transform them from their traditional past to the age of modern science (Community Health Practitioners’ Registration Board of Nigeria, 2010).

Below are examples of various customs, beliefs, taboos and practices from different parts of Nigeria.

S/N	AREA OF NIGERIA	BELIEFS & PRACTICES WITH REASONS	EFFECTS GOOD/BAD	POSSIBLE EFFECTS ON HEALTH
1	Cross River State	Pregnant women wear special amulets around their waist to prevent abortion or foetal death	Neutral	It has not been shown that this affects the normal progress of pregnancy
2	Kabba- Kogi State	A pregnant woman should not eat monkeys or apes because she will deliver a monkey or child will be ugly	Bad	This practice deprives the mother of useful source of protein, that will be beneficial to the developing foetus
3	Yoruba- (Ondo State) and Benue State	A pregnant woman is not allowed to watch masquerades and ugly apparitions because she will deliver a moster	Neither harmful nor beneficial	It is not proved that looking at masquerades can cause the birth of a monster
4	Ayangba- Kogi State	A pregnant woman should not eat eggs because her baby will steal when he/she grows up	Bad	This deprives the mother and foetus of a good source of protein
5	Nupe- Kwara State	A pregnant woman should not eat too much to prevent having a big baby	Bad	This may lead to malnutrition in the mother and low birth weight in baby
6	Egba- Ogun State	A pregnant woman should eat for two	Good and Bad	Pregnant woman will eat enough to prevent malnutrition and low birth weight in baby, but if the pregnant woman eats more carbohydrates than necessary she will put on excessive weight and this can affect her heart and may lead to big baby
7	Kabba- Kogi State	Normal delivery should be carried out in a private dark room to prevent evil people from seeing the woman in labour	Good	Though they may not have enough light for procedures, this prevents visitors and infections which visitors may introduce
8	Nupe- Kwara State	Using hot knife to cut the umbilical cord	Good	This prevents neonatal tetanus
9	Nupe and Ijebu	Bathing with hot water for the first 40 days to encourage involution and prevent sepsis	Good and Bad	This aids the return of the reproductive organs to their normal states but may cause scalding if water is too hot
10	Cross River	They believe that the colostrums is not good for the baby and it should be expressed and thrown away	Bad	Colostrum is rich in protein and antibodies which are very good for the child
11	Ibadan- Egba Ijebu	Nursing mothers is to sleep separately from her husband to prevent sexual intercourse until the baby is weaned (introduced to table foods)	Good	This acts as a natural child spacing method and promote adequate breast feeding
12	Yoruba and Ibo Land	Nursing mothers should go and stay with her parents until child is weaned (introduced to table foods)	Bad	Mother and child will not be well catered for as the husband does not have to maintain them fully Also, the emotional needs of the man is not met and he might have extra-marital affairs that can lead to HIV/AIDS or marital problem and their secondary effects
13	Northern States	Cultural/religious practice of keeping women in puddah	Bad	Causes the children of such women to develop Rickets due to the fact that they are deprived of vitamin D which they could have got from sunshine.
14	Western Part of Nigeria	Common practice to use cow-dung to clear the umbilical cord	Bad	Can cause neonatal tetanus
15	Typical rural communities in Southern and Eastern Nigeria	Common practice to use toothpaste (Maclean/Close-up) to clear the umbilical cord	Good/Bad (uncertain)	Scientific evidence yet to establish how it works.

We shall now look at some of the practices in Nigeria that promote health, the ones that are harmless/neutral and those that affect health adversely. Nigeria is a multi ethnic and multicultural nation made up of over 250 ethnic groups. Even in the same ethnic group, different cultural practices exist. Most of these practices are based on trial and error and have endured centuries. Those that have worked for the people before the advent of orthodox medicine that came with western colonialism (Onyeabochukwu, 2007).

The role of community health practitioners in mitigating negative cultural practices on health of 0-15 years children

Community Health Practitioners should understand that in Nigeria, there are many cultural explanations given for disease causation. Such beliefs are more prevalent in the rural areas, and among people with no or low level of education which characterize the environment where Community Health Practitioners are commissioned to practice. People, inundated with deep sense of cultural practices and beliefs cannot easily

accept the scientific/modern disease causation theories. They will reflect these beliefs in their preventive and curative practices and being the custodians of our children 0-15 years in their tutelage, their health may be compromised. Such practices implied that modern techniques for disease prevention and management will not be in use. This can lead to easy spreading of diseases among the people and resulting in death more frequently (Onyeabochukwu, 2007). This is so because proper treatment may not be given. Even when modern treatment is available, these children may not benefit, because their caregivers may reject it and where the caregivers are forced to utilize modern health services, they may refuse to comply with treatment regime and this may further complicate the health of these children. Again, because of these cultural beliefs, the community may fail to acknowledge certain diseases as diseases because such diseases are accepted as normal in their belief system. Therefore, Community Health Practitioners in their mitigating actions in addressing cultural practices on health of 0-15 years children in Nigeria should carry out the following;

1. To study the culture of the people to find out about the people's knowledge, attitudes and practices about the diseases in their environment, particularly the diseases, children 0-15 years are vulnerable to.
2. To identify the cultural practices that are harmful to the health of the children within this age bracket in the community concerned.
3. To identify the cultural practices that is beneficial to the health of these children.
4. To identify the cultural practices that are neutral (neither harmful nor beneficial) to health of these children.
5. Plan mass sensitization programme with the community leadership through advocacy and mobilization to;
 - a). commend on the cultural practices that are beneficial to the health of these children and encourage them to continue.
 - b). discourage the harmful cultural practices on health of these children in the respective communities.
 - c). ensure that the cultural practices which effects are neutral to the health of these children are left alone until they are found otherwise.

Conclusion

So far we have endeavored to look at how the cultural practices of a people affects the health of children 0-15 years old in Nigeria. We have highlighted some of the cultural practices that affect their health positively or negatively in Nigeria. It is important to note that this is not a Nigerian or African thing alone. Even in the United States of America or some other developed nations there are some cultural practices that affect health adversely. What we should be talking about are the things we should do to encourage the propagation of the cultural practices that promote health and then discourage those that affect health on the negative aspect.

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