



Cultural Beliefs in Treatment of Common Diseases of Infants Among Mothers In Abia State, Nigeria.

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ABSTRACT

Age-long traditional practices believed to have worked in treatment of infant diseases are still been held unto by those who believe in them. Some of those practices can cause complications and death in infants. It is therefore necessary for health workers to have knowledge of some beliefs within their practice locality so as to apply professionalism when attending to their clients-patients. This study therefore sought to know those beliefs underlying treatment of infant illnesses in Abia state. Study was a cross-sectional descriptive design carried out among mothers in Umungasi village in Amasato ward of Osisioma Ngwa Local Government Area of Abia state, Nigeria. Data was collected qualitatively using semi-structured interviews. Information on interpretation of child's illness, first line of treatment and reasons for choice of treatment was collected. Data was coded using ATLAS.ti v.6.1.1 and text of codes relevant to study objectives were retrieved. The retrieved codes were organised under different themes, and inferences drawn. Results revealed that mothers are able to recognise symptoms such as fever, diarrhoea, convulsions, body rashes and respiratory symptoms as being abnormal in children. Treatment remedies in forms of herbal mixtures, sand bath, razor blade cuts were used in treatment of infant illnesses. Mothers said they used traditional remedies because it worked for their parents and thus approved by the family. In conclusion, this study showed the importance attached to cultural beliefs in child health and indeed a valued approach in treating children by residents of Osisioma Ngwa. Therefore, health workers are encouraged to ask about cultural beliefs guiding the community where they practice for a clear understanding of medical approach to take in their care plan. In this way, they are able to include behaviours that promote safe cultural belief practice in care of children in their community.

KEYWORDS: Cultural beliefs, Infants' diseases, Treatment, Mothers, Abia state.

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I. INTRODUCTION

Treatment of common diseases of children under the age of one reduces infant mortality. Infant mortality rate is an indicator of a country's level of health and development [1]. Improving infant mortality has been a growing concern globally. Advancements in improving sanitation, improving access to healthcare, improving education, and the development of medicine are some strategies employed in the eighteenth centuries to reduce infant mortality [2]. In Nigeria, the Federal Ministry of Health initiated the Child survival strategies aimed at reducing infant mortality. The strategies involved programs like growth monitoring, oral rehydration, breastfeeding, immunization, female education, family planning and food fortification targeting mothers and their children [3]. The programs gained wide coverage and acceptability accounting for the successes recorded. Main causes of infant mortality in Nigeria include neonatal disorders (22.9%), lower respiratory infections (19.4%), diarrhoea (13.2%), malaria (13.9%), meningitis (2.5%), HIV/AIDS (2%), tuberculosis (1.4%) [4]. Recently, attention has been drawn to the role of culture in influencing treatment and management of common diseases of children under the age of one [5,6]. Mothers prefer to treat their children at home rather than have them treated in hospitals [7]. Cultural beliefs are highly placed in some parts of Nigeria. Most have been in existence before the introduction of orthodox medicine and as such are still being held unto by families and tribes that practice them [8]. Some traditional beliefs applied in the management of infant illnesses have resulted in complications leading to high death rates among infants [9,10]. Nigeria is made up of multiple

ethnic groups having different cultures, beliefs and traditional practices related to care of children. In southern Nigeria, some illnesses are linked to growth and development of the child. For instance, a child between 6-8 months who develops fever is assumed to be as a result of teething and may not seek care from a hospital [11,12]. In parts of the Niger Delta, mothers used white ash mixed in some local herbs and salt to treat the umbilical stump [13]. This practice could be a source of infection to an infant. In northern parts of Nigeria, mothers are not allowed to take their children for vaccination on the belief that vaccines cause infertility [14]. Diseases of children under the age of one are preventable and entirely treatable when diagnosed early. The integrated management of childhood infections (IMCI) designed by the World Health Organisation is intended to improve access and quality of care for new born and children [15].

Community practices, beliefs and traditions are very difficult to abandon. Given the relevance of infant-related illnesses and death, it is necessary to understand the weight attached to culture and beliefs by mothers for the treatment and management of infant illnesses. Hence, this study. It is therefore necessary for health professionals to have knowledge of the traditions, beliefs and cultures behind child care so they can combine professionalism in handling these cultural norms and traditions [16]. This study was thus undertaken to explore the cultural beliefs and traditions in treatment of common diseases of children less than one-year-old in Osisioma Ngwa Abia State, Nigeria.

II. MATERIALS AND METHODS

Study Area

This study was carried out in Umungasi village in Amasato ward of Osisioma Ngwa Local Government Area of Abia state, Nigeria. The community is made of families that rely on trading for a living. Other sources of livelihood include farming, craftsmen and various skilled professions. The people of Umungasi are culture loving. They believe in the supremacy of one God known and addressed as 'Chukwu-Okike'. Other gods which they address as lesser gods include Njoku, Mmaji, Ogwugwu and Amadioha [17]. They hold in high esteem the spirit of the dead and believe the dead still communicate with the living. Most of the beliefs and traditions practiced are perceived to be handed down from their ancestors.

Study Population

This study was conducted among mothers who have children under the age of one.

Inclusion criteria

Mothers of children under the age of one and have at least an older child within 5 years of age. The reason is to have participants who have experienced child care.

Exclusion criteria

Mothers of children under the age of one but don't have an older child within 5 years of age.

Study design

This was a descriptive cross-sectional study conducted among 200 consenting mothers of infants in Umungasi village in Osisioma Ngwa L.G.A of Abia State, Nigeria.

Study duration

Study was carried out from October 2021 to December, 2021.

Participants selection

The community was divided into clusters made up of 10 clans, each clan was composed of 20 households. From each household, eligible mothers were selected based on the eligibility criteria. A total of 200 mothers were selected from the 10 clans.

Data collection

Data was collected qualitatively using semi-structured interviews. Information on interpretation of child's illness, first line of treatment and reasons for choice of treatment were obtained. Interview format was adopted from Spradley [18] and Lengeler et al [19].

Data analysis

Interviews were recorded with participants' consent. Data was coded using ATLAS.ti v.6.1.1 and text of codes relevant to study objectives were retrieved. The retrieved codes were organised under different themes, and inferences drawn.

ETHICAL CLEARANCE

Ethical clearance was sought and obtained from the research and ethics committee of the College of Medicine and Health Sciences of Abia state University Teaching Hospital. informed consent was also obtained from the participants after explaining the study objectives to them.

III. RESULTS

Age range of mothers were from 20-44 years. Majority of the participants, 87 (43.5%) were between 25-29 years. All the respondents were married, 200 (100%). More than half of the mothers, 109 (54.5%) attained at least primary level of education. Results show that mothers are able to recognise symptoms such as fever, diarrhoea, convulsions, body rashes and respiratory symptoms as being abnormal in children. Variations in treatment on each of the symptoms were documented as follows

Fever

Regarding fever, mothers easily recognised fever as one of the commonest problems in children. Fever is perceived by feeling of body with their palm. Other symptoms recognised by mothers that could be associated with fever include convulsions, vomiting, stooling, cough and catarrh. On treatment of fever, mothers tepid sponged their children, give water to drink while waiting for symptoms to subside. On further questions regarding treatment beliefs and taking children to hospital for treatment, the responses were;

'When my child is sick, the first thing I do is to check if the body is hot by touching the skin. I don't usually take the child to the hospital because most times it might be as a result of excess play the previous day..... you know children play a lot in the sand'. I will give the child cold water to drink and pour water on the body to cool him down. Most times the fever stops by itself.

From another responder 'when my child has fever, the first thing that goes through my mind is that the child is teething and in that case, we give herbal mixtures made from different local plants and roots. These mixtures also abort convulsions because most times fever leads to convulsion in my children'.

'When asked if they knew that malaria could present with fever as the commonest symptom'. All the women agreed that malaria causes fever in children.

Respiratory illnesses

Mothers were quick to identify symptoms suggestive of respiratory diseases as cough, catarrh, fast breathing, noisy breathing and fever. Treatment varied with hot bath, drinking of hot water, covering the child with blanket, application with hot balm, shea' butter and palm kernel oil. Symptoms of respiratory diseases were often associated with exposure to cold. None of the mothers associated the symptoms to a possible infection which might result to pneumonia, tuberculosis or a background of bronchiolitis or asthma.

'I know my child has caught a cold when she starts coughing and having running nose. I give paracetamol and cover her with thick clothes and blanket. I buy her cough syrups too to take'.

On further queries on who prescribes the drugs; *'No one does; I already have the experience from my older children on how to treat cough and catarrh' I also apply 'okwuma' and 'elu aki' on their body and nose and sometimes give them to drink'. Most times in 4-5 days they get better'.*

Another mother responded; *'There is really no need going to hospital to spend the money we will use to buy food when I can handle simple cough and catarrh with natural remedies'. I give my children honey infused in hot water to drink and it relieves the cough and catarrh within days'. This has been our family practice from when I was younger- my parents treated us with honey and hot water whenever we have cold'.*

Diarrhoea

All participants admitted managing their infants of diarrhoea. Child was said to be stooling when there is loose stool that is more than normal. Mothers also noticed change in consistency and colour of child's faeces during the stooling episode. Diarrhoea was often associated with vomiting, fever (sometimes) and weakness. Diarrhoea was assessed to be serious by some mothers while some felt it was a way of cleansing the body and didn't require medications. Remedies given to children as mentioned by mothers were; increase in water intake, salt- sugar-solution. Others were hard crunchy biscuits and bread. Some mothers gave their children native herbs and concoctions. On diarrhoea the following responses were recorded; *'when I notice an increased passage of faeces from my child, I begin to suspect that something is wrong'. I usually watch my child for a day before giving him anything to stop the stooling. When the stooling doesn't stop, I give salt-sugar-solution. I learnt that during antenatal and when we go for immunisation. If the stooling is not serious, it stops in 2 days.' I don't go to the hospital until its serious. Another mother said 'when my daughter starts stooling, I give her 'nchuanwu and utazi' water to drink because it is possible the body is getting rid of some germs so the native herbal mixture assists in the cleansing process'. However, when the diarrhoea doesn't stop after 3 days and my child gets worse, I go to the hospital'*

Measles

Redness of the skin with rashes was a pointer to measles according to the participants. Mothers admitted presence of fever and stooling when rashes appear on the skin. According to a mother *'when I suspect measles rash on my baby's skin, I use calamine lotion to apply on the body two times a day'. I give paracetamol if there is fever'. Another respondent said 'I bathe my son with sand water once a day to clear off the rash. I use 'nzu' on the body which cools the body and the rashes begin to clear with time. This has been the practice in our community for years. Even when we take the children to hospital, we still maintain the practice.*

Seizures

Result revealed that mothers accorded more seriousness to seizures in children more than any other childhood illness. Beliefs linked to spiritual attacks, ancestral oppression, 'ogbanje' were linked to convulsions in infants. Treatment of children with convulsions involve use the of razor blades to cut different parts of the body to allow bad blood to flow out, giving the child some herbal concoctions, giving the child crude oil, olive oil and palm kernel oil to drink, going to spiritual houses for prayers. Only a minority admitted seeking care in a hospital. The perception about convulsions in infants is shown in the interview with one of the mothers whose children frequently have convulsions:

'My children always suffer from convulsions. In fact, two of my children have died from convulsions. The last one died in the hospital and that is why we believe it's a spiritual attack. My husband and I take them to spiritual houses and give them native medicine to drink. Those that will get well will get well while those destined to die will definitely die even if you take them to hospital. Convulsion is not treated in hospital'.

'I treat convulsions with crude oil. I give my baby crude oil to drink and apply it all over her body too. This relieves the convulsions and the child immediately sleep off.' Another mother's response.

Seeking care in hospital

Seeking care in hospital according to respondents depend on type of sickness, availability of funds, approval of husbands and worsening of child's condition.

'I take my child to the hospital when her condition starts getting bad and not responding to home remedies given'. Another mother responds: *'Going to the hospital depends on if I have money. Even if the child is not responding to treatment and I don't have money, then I can't go to the hospital'.* Another respondent expressed a different view: *We are of the faith tabernacle church and don't believe in orthodox medicine. We believe that God will heal the child if it's His will otherwise, the child will not recover and might die. That is also the will of God Almighty'.* From another respondent..... *'I take my child to the hospital when I have money and depending on the type of sickness. Sometimes children get well even without medications'.*

'Ever experienced complications as a result of practice'

Some complications mentioned by participants in care of their children's illnesses included; convulsions, worsening of illness, excessive weakness, unconsciousness, infection, swollen abdomen, tearing, Redness of the eyes, death. According to the responses..... *'yes.... I have experienced my child's sickness get worse when I treat at home. The symptoms become worse like fever will not stop for weeks'.* When asked if they knew other mothers whose children died from child's illness..... *'my neighbor child died last year responded the mother. By the time they got to the hospital, the child was dead.'*

Complications were not believed to be associated with home treatments.

'Whether you treat the child in the hospital or at home, there could still be complications. Complications are even seen more in hospitals due to the level of care and attention given to the child. I have at one time discharged myself from the hospital after several days of non-improvement of my child, so its not about where the child is treated.'

'Some complications are not linked to home treatments or hospital treatment. Though I haven't experienced worsening of my child's sickness during treatment but I know of a woman in my church whose child developed terrible problems and is even tagged an imbecile now because of high fever.'

Reasons for practice of home treatments of childhood diseases

Treatment of infant illnesses was found to have some cultural background. Participants beliefs were borne out of their parents' pattern of treatment where they grew up to imbibe the culture. Others were founded on religion while some were from personal experience.

'Like I mentioned before, I grew up in a family where my parents believed so much in the use of herbs to treat children. We rarely went to hospital when sick. So I learnt that practice and it is working for me.' I want my children to also learn the practice.'

'My personal experience in treating children is what I 'stick' to. Sometimes, I tell the doctors what to give my children. They often ask me if I was a doctor.'

'In my church, we don't go to hospital because we are of the faith tabernacle so we have over the years adapted to local and alternative means of treating children.'

IV. DISCUSSION

The result of this study showed the various cultural beliefs in the treatment of infants. This finding is consistent with many studies on treatment of infants in Nigeria and other African countries [20-23]. Respondents in this study treated their children based on some belief cultures passed on to them from their parents. This study showed that mothers treated their children both in the hospitals and at home. They took their children to hospital when the illness was out of their control. These findings are similar to a study carried out in Ebonyi and Kogi states, Nigeria [11]. Knowledge of reasons behind some practices in treatment of children can

be a tool for health workers to engage families and communities to overcome cultural norms that negatively affect care of infants. Mothers in this study recognized symptoms of common childhood diseases. This is a point that could be leveraged upon to properly educate mothers on the right care for their infants.

Respondents in this study recognised symptoms and signs associated with each infant disease studied. Associated symptoms with fever mentioned by participants as vomiting, weakness, catarrh, cough was consistent with other studies done elsewhere in Sub-Saharan Africa [24,25]. The first success to treatment of infant illness is identification of signs and symptoms as this has been reported to be confusing among caregivers [(26, 27]. Though the respondents in this study identified correctly symptoms associated with fever, however, their impression of the causes as mentioned included malaria and teething. This was similar to previous studies in Nigeria [11,28, 29]. Wrong impression of symptoms leads to poor illness seeking behaviours [11]. This was the case in this study as some mothers who felt fever was caused by teething resorted to the use of herbal concussions in treating their children. We also found out from this study that mothers attributed symptoms of respiratory diseases to weather with the belief their children caught a cold from exposure. The respondents did not consider pneumonia as a differential and this affected their choice of care as most of them applied hot balm, increased covering of the children as remedies to respiratory symptoms. This is similar to previous studies [30,31]. There is therefore need for health workers to understand some cultural beliefs so as to develop programs to stop harmful practices against children. Beliefs associated with diagnosis and treatment of diarrhea were found from this study to be related to natural process by which the body cleanses itself. Mothers in this study were able to identify when the consistency of their child's stool changes to loose or watery. Some mothers admitted the use of salt-sugar solution for treatment while those who believed it was for cleansing did not treat. Some respondents gave herbs to reduce the stooling. Hospitals were only sought when diarrhea did not stop. These findings were also reported by other researchers in Nigeria [32]. Measles rashes and associated symptoms were easily recognised by mothers in this study. Treatment of measles were based on perception, beliefs and cultures prevalent in the community [33, 34]. When wrongly linked with beliefs such as mosquito bites, spiritual attacks, teething, dirty environment, the treatment was use of non-orthodox practices. Mothers in this study bath their children with sand as a way to clear the rashes as well as give them mixtures of herbal medications. Only few admitted seeking care from medical practitioners in the advent of measles rashes. Mothers in this study attached so much seriousness to seizures in children. Spiritual and ancestral attacks were reasons given for seizures in children. This belief therefore affected their choice of treatment. Palm oil, crude oil and other native mixtures were applied on the children's bodies and also given them to drink. Some mothers cut their child's skin with razor. These practices are common in other parts of Nigeria and Africa [35]. Some cultures abhor married women to take decisions without the consent of their husbands. In this study, some mothers did not take their children to hospital because they needed their husband's consent. Delays in accessing health care might lead to death of infants. It is therefore noteworthy that policies aimed at ensuring male partners gave women equal opportunities in care of children in the home are promoted [36- 38]. Financial barriers influenced care seeking behaviours of the mothers in this study. The mothers believed their families needed to be fed before spending money in hospitals since they could handle the illnesses at home. In such instances the symptoms of the children are not given the desired priority for treatment [39]. Also according to responses from mothers in this study, lack of attention and recurrent delays in attending to their children deter their use of hospitals in treating their children. Previous studies are well documented on these views [39-40]. Complications arise when children are not adequately treated when they fall ill. Some complication may lead to death of children. This study revealed mothers' responses to be affirmative of developing complications in their children after attempts to treat at home. The UNICEF identified killer diseases in children entirely preventable but can often be complicated when ignored [41]. These include malaria, pneumonia, diarrhea, HIV and tuberculosis. It therefore recommends strengthening of health systems to reverse the trend of infant mortality.

Reasons for use of traditional herbs in treatment of children included age-long practice handed down from parents and family. Practice of use of traditional herbs in Africa can be said to have very strong root that might be difficult to let go. Going by this, it is worth noting that health practitioners should apply professionalism in ensuring the integration of these practices where safe and applicable [42]. By this, health workers will be knowledgeable of existing cultural beliefs in their communities and thus better armed to develop enriched process of care and interpersonal relationships with clients-patients.

V. CONCLUSION

The results of this study showed the importance attached to cultural beliefs in child health and indeed a valued approach in treating children by residents of Osisioma Ngwa . Accepting a people's culture may be a secure link to accepting orthodox medicine through establishing better communication with clients-patients. When such cultural aspects are unknown, or ignored by health professionals during consultations, adherence to treatment plan and general medical care leading to child's recovery may be hindered.

Therefore, health workers are encouraged to ask about cultural beliefs guiding the community where they practice for a clear understanding of medical approach to take in patient's care plan. In this way, they are able to include behaviours that promote safe cultural belief practice in care of children in their community.

STUDY LIMITATIONS

Being a qualitative study, the findings from this study cannot be generalised because of inability to carry out statistical analysis. However, there was in-depth understanding of the subject matter as the researchers had one on one communication with respondents.

AUTHORS' CONTRIBUTION

Nduka Ijeoma designed the study and developed study guides. Nduka Enyinnaya. C conducted and supervised data collection. All authors provided input into manuscript writing and review. The authors read and approved the final manuscript.

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COMPETING INTERESTS

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