INDIGENOUS MATERNITY CARE-GIVING PRACTICE: IMPLICATIONS FOR MATERNAL, FOETAL AND NEONATAL HEALTH IN NORTHERN GHANA

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ABSTRACT

The study aimed at government efforts in making maternal and child healthcare services more available to rural women, many of whom who still seek care from traditional practitioners during the postpartum period after childbirth. In this research, we explored the role of traditional practitioners, such as Traditional Birth Attendants (TBAs), herbalists and spiritualists, in traditional maternity care and the implications for the health of the expectant mother, foetus or baby. This qualitative inquiry used purposive sampling and snowballing to select the respondents in their various localities. It was observed that the traditional practitioners performed both spiritual and medical roles during pregnancy and childbirth.

In the study, we discovered that both mothers and babies were exposed to health risks, as administration of the herbal medicines and assistance at deliveries were carried out under unhygienic conditions. The techniques used in labour management were not in compliance with the recommendations of the World Health Organisation. The stages of maternity were characterised with the application of herbal concoctions with spirituality attached.

The study recommends re-examination of mediating socio-cultural factors to professional health care. There is a need for the Ghana Health Service to ensure the efficacy and safety of herbal drugs as well as to monitor the production and application of such medicines.

Keywords: *Healthcare, Practitioners, Postpartum, Concoctions, Expectant mother*

Introduction

Human reproduction is a function of the biological and cultural make-up of the partners. Hence, religious beliefs and customs relate to birthing practices of indigenous people (1; 2; 3, 4). This forms the basis for the continuous patronage of Traditional Practitioners (TPs), especially Traditional Birth Attendants (TBAs), in rural settings (5, 6, 7, 8). The activities of the TPs, involve the use of herbal concoctions with spirituality attached (1, 9, 10, 8). Therefore, in rural areas, the various stages of maternity are characterised with the use of herbal medicines for treatment of complications and for facilitating delivery (5, 1, 8). It has been noticed that traumatic birth injuries are usually the outcome of unsafe indigenous birthing practices. For instance, it is reported that the use of *kalugotim* (herbal concoction for inducing delivery) in the Upper West. Region of Ghana enhances contractions without a corresponding dilation of the cervix and thereby, results in ruptured uterus (10). Similar practices are carried out in most African countries, as observed in Zambia and Gambia where traditional medicines and magic water are used for pain relief and rapid expulsion of babies or placentas (1, 6). Usually, the usage of these herbal substances goes concurrently with ritual performances when the woman is in labour (11, 1, 9, 10, 8, 12).

Medicinal plants may play a crucial role during the postpartum period when used in rural settings, but some herbal products are sources of hazardous substances and have both direct and indirect health risks resulting in serious illness, aggravation of existing health complications or death (13, 15, 14). This is where publicly funded health system, the interplay between policy making (macro level), healthcare organisations and the clinical encounter and technical procedures assume particular significance (16).