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N432 Clinical Cultural Report

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African Tribal Birthing Traditions

Different cultures follow different methods and traditions concerning pregnancy and birth. Within the African tribal cultures, traditional medicine is practiced more than standardized national practices. This is for several reasons; the main being the harsh reality that many of these mothers-to-be lack access to medical treatment either due to minimal resources or location (Thipanyane et al., 2022). With these limitations, many women abide with the utilization of current traditional medicine practices (Honkavuo, 2021).

Additionally, religion and spirituality are key factors that impact and determine medical treatment capitalized by the tribes during pregnancy. Pregnancy and birth in the African culture stem from multiple traditions and beliefs. These beliefs, practices, and superstitions differ between tribes as well as between families in these tribes. However, the primary theme recognized by the vast majority of tribes across Africa is the emphasis and priority placed upon protecting the mother and baby harm, be that physical or spiritual (Ohaja et al., 2019). Core values of African tribes' stem from religion, healing and belief practices, family life, communication, and diet influence the pregnancy process and birthing experience.

The most crucial and essential among these values include religion and spirituality. Traditions and practices associated with fertility and birth within African tribal cultures are

influenced by various superstitions; primarily that of witchcraft, evil spirits, and angering the gods or ancestors (Ohaja & Anyim, 2021). African tribal culture believes in procreation where gravidity is highly revered, going as far as to consider couples without children to be avaricious and selfish. This concept derives from the idea that reproduction leads to the continuation of future generations as well as the rebirth of ancestors through reincarnation that can only be achieved through the process of pregnancy and birth (Ohaja et al., 2019).

In African tribal culture, pregnancies are not announced until a close friend or family member identifies or mentions the possibility. Additionally, pregnancy is not celebrated nor are expectant mothers allowed to accept any gifts prior to the birth of the child(ren). These traditions stem from the doctrine that early announcement or celebration could influence the inspiration to instill a pernicious curse upon the expectant mother or child. There is the additional risk of offending and angering the gods/ancestors thus instigating motive to inflict harm, illness, or death to the mother or babe (Ohaja et al., 2019). Women are encouraged to pray frequently for blessings, protection, and good luck to be bestowed upon them by their gods (Ohaja & Anyim, 2021).

Healing beliefs and practices within this cultural group primarily involves the use of traditional methods and medicine mainly due to the fact that resources tend to be few and far between (Mawoza et al., 2019). Roughly 80% or of African cultures partake in traditional medicine. This includes the use of herbal medications to treat labor pains, postnatal care, experience quick labor, have a hassle-free pregnancy, and to improve breastfeeding (Hajj & Holst, 2020). Allotment of herbal remedies varied with location on where the mother-to-be lived and what their ethnicity, cultural customs, and socioeconomic status was (Mawoza et al., 2019). Women that do seek out treatment from national healthcare systems often did not mention what

traditional methods they were also using to treat their pregnancy, most importantly, the medicinal herbs as they could interact negatively with medications or treatments prescribed by the provider. Some herbs are also associated with hemorrhage, puerperal infections, obstructed labor, gestational hypertension, maternal sepsis, toxicity, and illegal abortions (Peprah et al., 2019).

Family structure and the role of elders was reversed in these cultural practices. In most tribes, men did not participate or have any say in the pregnancy process. In others, the mother-in-law has complete and total authority over the care that the daughter-in-law receives. This can range from determining what kind of treatments to use, when treatment can be sought out, and how treatment can be administered (Honkavuo, 2021). After delivering the baby, the new mother would then go to live with the husband's family for three months where the mother-in-law would take total care of the new mother. The notion of this role-reversal is based upon the belief that these new mothers need to rest and heal as much as possible and to protect the mother and infant from evil spirits (Ohaja & Anyim, 2021).

Men were still the head of the household and pregnancy outside of wedlock was viewed as shameful. This could lead to the pregnant woman to be ridiculed or ostracized. These births were not often celebrated and typically led to the child being sent to an orphanage or left to die. The family could disown the pregnant female in order to avoid any stigmas associated with these pregnancies or they could force the unmarried pregnant mother into a marriage with the father, with an old, decrepit man, or into a polygamous marriage (Ohaja & Anyim, 2021).

Because pregnancy in marriage was seen as an honor and a blessing, these women were given only the best. Should their family have a high socioeconomical status, the mother was encouraged to rest and eat. She was given the highest quality foods and was expected to eat well in preparation for the new addition. If the mother happened to be in a polygamous marriage, then

the husband would provide her with her wants/needs first as she had higher priority and standing than the other wives due to her pregnant state (Ohaja & Anyim, 2021).

The core values on healthcare related to childbearing experiences shows that the majority of Africa use traditional medicine as their primary method of treatment and typically will not seek out medical assistance from an actual provider unless they are in extreme pain. If they do participate in national healthcare systems, providers need to understand that the insertion of any intravaginal products or procedures are perceived as unacceptable and forbidden during pregnancy. Women in these cultures often state that they want “big babies” but did not have the education regarding the dangers associated with large for gestational age infants.

Three recommendations I would provide to my fellow coworkers would be to always reconcile their medications and specifically inquire about the use of any herbs or supplements as well as any traditional methods being practiced during the pregnancy. Medical staff need to understand how important religion is within this culture as some things are seen as major no-noes. Lastly, healthcare providers need to be able to decide when the facilitating exchanges of treatment methods used in traditional medicine, and national healthcare systems to allow the health of the mother and baby more efficient.

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