

Traditional Birth Attendance Among The Maasai Of Kajiado

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Abstract: The study was designed to assess the transformation of Traditional Birth Attendance (TBA) by biomedicine among the Maasai of Central division, Kajiado County in Kenya. Data was collected through interviews with TBAs (through purposive sampling) and women in randomly selected households. Information was collected in three locations namely; Olobelibel, Ildamat, and Orinie. The results of this study shows that many aspects of TBA practice like birthing position and cultural beliefs on childbearing has been changed. This is due to the influence of Christianity, education and biomedicine. Consequently a lot of indigenous medical knowledge has been lost, especially due to the trainings of TBAs on biomedicine perspective of child delivery. This has led the TBAs to view it as a superior method, thus accepting it blindly. The worst part of it is misuse of some biomedicine, like pain killers and some stomach tablets as part of medication for pregnant women.

I. INTRODUCTION

African indigenous Medicine is an ancient form of health care which forms an integral part of the people's culture and it varies from one ethnic group to another. It forms part of the complex whole, which includes knowledge, beliefs, art, law, customs or other capabilities and habits acquired by man [or woman] as a member of society (Podonu). Indigenous health care being a part of the culture is thus affected by the structure of the society in which it is practiced in terms of disease etiology, diagnosis and treatment (different specialist). Indigenous healers have been categorized into four different groups on basis of their practice-herbalist, diviners/spiritualist, specialist and TBA (Calestous and Ojwang 1996). However, among the Maasai Sindiga(1992) divided healers into six major categories namely; spiritualist, herbalist, TBA, surgeons, bone setter, and dentist.

During the colonial period indigenous health care was suppressed and termed as superstitions and paganism and thus need to replace it, legally it was abolished and termed as witchcraft. The colonial rule brought new institutions and cultural formations to African communities; new technology and organization; new social relations and ideology in form of western medicine (Waite 1992). With this new medical institution, the existing ones were suppressed. Indigenous health care went underground as it was criminalized. For

example in Kenya the 'Witch Craft Act' was enacted in 1995 which outlawed public practice of indigenous health care. Although TBA unlike other indigenous health care practitioners was not openly condemned during the colonial period. It was only ignored and termed as unhygienic, unsafe and superstitious (Kanago 2005).

Recently World Health Organization (WHO) recognized the role of TBA in providing primary health care. According to WHO almost 70% of babies are aided by TBA in the developing countries (WHO Indigenous health care Strategy 2002-2005, 2002). In Kenya TBA plays an important role in delivery, assisting with 28 percent of births, friends and relatives assist in 22 percent and 42 percent are delivered by health 'professionals'. In antenatal care they assist 2 percent and in postnatal they assist most of uneducated women (Kenya Demographic Health Survey 2004). To ensure safe motherhood strategies were laid down by Nations to train TBA on hygiene, nutrition, safe delivery and family planning. WHO has advocated for training TBAs to ensure safety and hygiene during deliveries and improve health around the world (WHO 1978). This has had great influence on indigenous midwifery western medicine leading to its transformation.

Many studies on TBA have focused on their skills from a comparative approach with an intention of adapting skills like massage which are not present in biomedicine (Carlough and

McCall 2005). Others have focused on the negative side of TBA practice viewing it as unhygienic and unsafe—mainly focusing on the rates of maternal and infant mortality. This led to the need to replace or improve it with training on western midwifery and renaming as ‘skilled’ birth attendance. In addition others have looked at it as unchanging and static; thus celebrating it (R. Jeffery and M. Jeffery 1993). Thus there is need to study the transformation of TBA in the face of western medicine and other factors related to colonialism. The research explores the impact of historical and social events linked to changing of TBA knowledge and practice. The study was carried among the Maasai of Kenya in general and of Kajiado in particular. The study is a historical analysis of the transformation of TBA in practice, theory and knowledge.

II. THEORETICAL AND CONCEPTUAL ISSUES

The paper rests on the concept that medical knowledge is significantly influenced by general social factors. Medicine like other social activities is a product of specific historical and social events and varies according to time and place. The concept of change as expressed by Giddens is adapted to understand transformation. He argues that traditions are not static but evolve over time and can also be quite suddenly altered or transformed by circumstances. He states that it is a myth to think that traditions are impervious to change.

Modernization theory/concept is also used to analyze transformation. Modernization will provide a framework for a background analysis of the colonial government and Christian missionaries to develop Africa, that is create a “healthy Africa for progress”. Modernization concept is the fundamental proposition that people in traditional societies should adapt the characteristic of western societies in order to modernize their social, political, and economic institutions. This involved change in ideology and practices the western institutions were presented as better and superior. As a result system of health delivery in indigenous societies is affected leading to loss of indigenous knowledge.

III. TRADITIONAL BIRTH ATTENDANCE AMONG THE MAASAI

Child’s birth is an important cultural event among the family and general Maasai community a time of great joy and hope, a time of celebration for the continuation of the society. The traditional birth attendance (TBA) help the mothers to give birth hence form an integral part of the community. TBAs are indigenous midwives. They are mainly women who have given birth thrice or above that are recognized in the communities for their skills in child delivery. Traditionally, the role of TBAs starts immediately after a woman becomes pregnant. The TBAs are consulted for any health problems occurring among pregnant women until after delivery. TBAs have rich knowledge of herbal plants which are used for managing pregnancy and child delivery. They are skilled and assist in antenatal, prenatal and postnatal care. The TBAs acquire their knowledge from a relative or apprentice. The

training is informal and mostly done through observation and assisting during deliveries

TBAs are mainly within the community, 60% of the women interviewed admit to using indigenous health care as first priority and access biomedicine only when there is complication. Women cited several issues like cost of biomedicine, fear of nurses (most women claimed mistreatment in the hospitals), distance as well as the care during delivery. Customs and attached to child bearing makes hospital or dispensaries are not favorable, women love the warmth of family and community around which is not possible in biomedical centers. Most biomedical health centers are very far. For example in areas like Piliwa in central division people have to walk a distance of 23 km to the nearest hospital. Thus indigenous health care in general and midwifery in particular is the major source of health care among the Maasai. The cost of modern health facilities in comparison to TBA was relatively high women in some instances paid up to 3000 Kenya shillings yet there is a promise of free maternal care. Women claimed that the payment for TBAs is cheaper and flexible as it can be done later.

Among the Maasai TBA are directly involved in pregnancies, childbirth, and post delivery care. TBAs are usually knowledgeable on the above issues in terms of skills and cultural perspective (which is of great importance in most African societies). During pregnancy the TBA give advice on terms of diet and medication (herbs and roots of trees) in case of illness, but also offer medication meant to clean the stomach and blood system of the pregnant woman. Diet of a pregnant woman is highly controlled among the Maasai. To the Maasai a pregnant woman is to eat food in moderation. Food is progressively reduced while water quantity is increased during the pregnancy period. The Maasai believe that much food (milk and meat) causes the fetus to fatten consequently making the process of delivery difficult (Sankan 1971). The pregnant woman also received scheduled massage therapies that are meant to ease the delivery process but also allow of examining the development of the fetus and its position as a way of preparing for delivery.

The care by TBAs especially massage was stated by most women as the main reason for their choices. The massage was viewed as good way to relieve pain and discomfort during pregnancy and help in easing delivery. The womb was massaged in circular motions, feeling for the head of the baby and “the way” of the birth canal. The TBAs claimed that if the baby is felt to be in the wrong position, (for example breach or feet first) they are able to correct its placement through massage. For backaches, massage was also the go-to treatment. After birth, massage to remove the afterbirth coupled with other practices such as a hot bath with herbs to help in the healing process, a leather belt to tying around the mother’s stomach were among the most important things the women appreciated in TBAs help.

In childbearing, the TBA examines the laboring woman’s belly to assess the baby position if the baby is correctly positioned—inverted or obstructed and to ascertain that it is still moving to the right direction. Some TBAs claim to change the position of the baby if he/she is not correctly positioned. In case of a breech presentation they try to change the position of a baby but some TBAs claimed that they are capable of

delivering a breech. Mama Ngeleo of Olemurkat claimed that she has helped not only one but three women to deliver safely who had a breech birth. She vividly narrated how she used her hands to support the baby neck and prevent strangling. In some cases of prolonged labor, the TBAs claimed to fasten the process by use of certain traditional remedies; herbs (like orkinyie) are administered. The herbs mainly cause vomiting which is believed to hasten the process, due to contraction while vomiting.

Labor is monitored by involving the woman in labor and massaging the belly to open the way. When it is ready (way is open), the woman is made to sit in a semi-upright position with a woman supporting her shoulders. The TBA squats behind her to receive the baby; the umbilical cord is cut and the following words pronounced 'bunga otau lino maibunga olalai' (hold your heart as I hold mine). Meaning the child is now a different being. The mother is then fed with hot drinks, tea or animal fat or fresh blood taken from a bullock if the baby is a boy and from a heifer if it is a girl.

IV. MEDICATION

Pregnancy is "a very crucial moment for any Maasai woman". During this period the woman is well taken care of by the community especially by the husband. She is granted/given anything she requests to ensure the safety of the pregnancy. Any complications or ill feeling during this period is tackled by the TBAs. They manage to detect the problem. Then they give herbs and advice accordingly. More herbs are used during the birthing process. Herbs like Ngatetyia (Wandering Jew), Oseki and Orkinyie are used to cause vomiting which they believe to fasten the process. Most women 55% admitted to taking herbal concoctions during pregnancy and after delivery.

TBA also advice on herbs to use for cleaning the uterus if the woman is a young/first time mother, most herbs administered during this processes become a common knowledge to most Maasai women. Some of the herbs used after birth includes: Oseki, Ormirongiro, Oleturot and Oremit. Most of them are boiled and taken orally or sometimes mixed with tea. The TBAs were paid after the work mostly in kind. Traditionally the payments were made in form of animal fat from the animal slaughtered to the mother.

However most of these herbs are no longer used as the women wait for labor to take its natural process. There is a change in attitude and women now believe that nothing can fasten the baby comes at the right time. This can be accredited to TBA training by biomedicine practitioners. After birthing the woman (mother) were normally given some hot fat (animal) and herbs like Ormiro-ngiro and Oleturot. The herbs are meant to clean the stomach (uterus) of any left 'dirt' (blood clots). These herbs have been replaced by biomedicine (unidentified). The medicines are mostly bought in the pharmaceutical shops. Fat is also now mixed with alcohol to clean the stomach.

The influence of biomedicine is evident in the use of gloves. This has been adapted after attending TBA training organized by the government and some NGO's. The TBAs also use surgical blades or razors (which are used once) to cut

the umbilical cord before they used thumbnail or a sharpened piece of iron sheet.

V. BIRTHING POSITION

Like most communities in developing countries the birthing position among the Maasai was in a semi upright. The woman kneels in the bed; one woman supports her by holding her shoulders, while the TBA squats behind her to receive the baby. The baby is cleaned using old rags. Surprisingly most TBAs now advice the laboring woman to lie on the back, they argue that this position the woman has more strength to push the baby.

PAYMENTS

Treatment of illnesses using indigenous medicinal plants in the Maasai community had a price tag. The illnesses would be paid according to its severity and availability of the species for the desired cure. Among the TBA practice the payment also depended on the treatments offered if the pregnant woman had complications, but in normal cases the payment was standardized. However after the introduction of capitalism and money economy, payment for the TBA services was affected. Before the advent of colonialism TBA services were paid in kind in form of animal fat. The amount was determined by how much fat was obtained from the slaughtered sheep. However this has changed. The amount charged varies according to particular practitioners. For example, in Olemurkat sub-location some charge up to 1000 Kenya Shilings (Ksh), others charge 300 Ksh, while others are paid in kind – mostly a sheep. In some areas like Ildamat even massage during pregnancy is charged. Some charge up to 300 Ksh for a single massage.

VI. CONCLUSION

The introduction of biomedicine and European culture gave rise to 'cultural-ideological clash' which created an unequal power-relation that practically undermined the indigenous health care system in Africa because of the overriding power of the biomedicine. Using the laws like the Witchcraft Act to suppress, criminalize the use of indigenous health care. However despite the resistance indigenous health care in general and TBA in particular is still been used by the Maasai as the first line of care for pregnant women.

Though TBA practice has been influence by several factor it is still been utilized in most areas in Central Kajiado. TBA among the Maasai of central division of Kajiado District has been great influenced by introduction of alternative biomedicine and probably changes in economic conditions. Major aspects of child birthing event and most importantly some cultural practices have been totally dropped. Rituals performed after deliveries are no longer performed. Knowledge of medicinal plants is also dwindling away due to the adaptation of bio medicine. This is a tremendous loss to the community considering the poor availability and access to modern medical care and health facilities. Since women (rural)

are heavily depended on TBA there is need to protect the knowledge and encourage training of apprentice. Most of the TBAs interviewed were old women (trained). Thus the effect of training will therefore be short lived. The results demonstrate that integration of TBA with bio medicine is possible if a proper training program is designed. There is need to give a detailed information on medication used by biomedical obstetrics. In Kenya statistics show that women prefer to give birth at home than in health facilities (thus mostly assisted by TBAs). As a result efforts to promote TBA training should be balanced with support for delivery services based in health facilities. However the study failed to demonstrate a reduction in prenatal or infant mortality associated with TBA training. This is because the rate of infant mortality in Kenya has been unchanging despite the training and other programs implemented by the government.

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