

7

BELIEFS, TRADITIONS AND TABOOS

SESSION 7

BELIEFS, TRADITIONS AND TABOOS

Aims

- To enable students to understand how the social role and status of women, determine their overall health and well-being, and how traditional beliefs, practices and taboos affect women's health during the prenatal, childbirth and postnatal period.

Objectives

On completion of Session 7, students will be able to:

- Identify the roles and responsibilities of women within the community and write up a woman's "job description".
- Identify traditional beliefs, practices and taboos which are associated with the prenatal, childbirth and postnatal period.
- Identify and describe traditional beliefs, practices and taboos which specifically relate to postpartum haemorrhage, puerperal sepsis, obstructed labour, eclampsia and abortion.
- Explain how beliefs, practices and taboos may influence safe motherhood.
- Prepare an action plan which will begin to tackle important issues with regard to traditional beliefs, practices and taboos.

Plan

Briefing (½ hour).

Community visit (1 day).

Discussion (2 hours).

Resources

Instructions for Students.

INTRODUCTION

In preparation for the community visit in this session, review the information related to community visits, included at the beginning of the introduction to Session 2. In addition, consider the following points.

1. *Make sure students understand that the purpose of the visit is:*
 - *to discover what women's roles and responsibilities are in the community*
 - *to identify what are traditional beliefs, practices and taboos related to the prenatal, childbirth and postnatal periods in the community, especially those that relate to postpartum haemorrhage, puerperal sepsis, obstructed labour, eclampsia and abortion*
 - *to discover what TBAs, mothers-in-law, community leaders and religious leaders know about traditional beliefs, practices and taboos related to the prenatal, childbirth and postnatal periods.*

2. *During the briefing, divide the students into pairs and into Group A and Group B. Explain that those in Group A will interview women in the community in order to gather information on women's roles and responsibilities and on traditional beliefs, practices and taboos related to pregnancy and childbirth. Most women interviewed should have personal experience of pregnancy and childbirth.*

The other pairs in Group B will interview TBAs, leaders of religious groups, women's groups and community groups, school teachers, adolescent boys and girls, and community health workers, in order to gather information on traditional beliefs, practices and taboos related to pregnancy and childbirth, including sexual and gender-based violence and its effect on pregnancy and childbirth.

3. *Before the community visit, give the students the two sets of instructions provided at the end of this session.*

4. *After the community visit, give students time to prepare their women's job description or their presentation on beliefs, practices and taboos. Then take discussion.*

PRESENTATION AND DISCUSSION AFTER THE COMMUNITY VISIT

Tradition and taboos

In their presentation, each group should:

1. *Share the information obtained in the community about traditional beliefs, practices and taboos.*
2. *Discuss how midwives could help communities reinforce the practices beneficial to safe motherhood.*
3. *Discuss how midwives could help communities change the practices that are harmful to safe motherhood.*

Begin the discussion by classifying each of the practices and taboos described by students as:

- *beneficial*
- *neutral (i.e. not making any difference to safety or health)*
- *uncertain (effects not known/understood), or*
- *harmful.*

Below is an example of the analysis of traditional practices and taboos.

Practice	Beneficial	Neutral	Uncertain	Harmful
Avoid eating eggs				+
Avoid eating food left over from the previous day	+			
Packing the vagina with cow dung				+
Sit with legs crossed		+		
Herbal remedy for controlling haemorrhage, treating or preventing fever or other condition*			+	

* *Discussion here should reveal what is known about the pharmaceutical properties of the remedy, and its possible benefits or hazards.*

Women's role in society

Each pair in group A should present some aspects of the woman's job description. The teacher then compiles a "typical" woman's job description on the blackboard, using the students' input.

Begin the discussion by asking how the elements of the job description may have a negative impact on the woman's health.

ACTION PLAN

Based on the information obtained during the community visits, agree an action plan with students aimed at answering the following questions:

- *what can we do to help women, families and other community members change traditional beliefs, practices and taboos that are harmful to safe motherhood?*
- *what can we do to help women, families and other community members reinforce traditional beliefs, practices and taboos that are beneficial to safe motherhood?*
- *what can we do to help women, families and other community members improve the situation of women?*

Identify with the students:

- *the best approach to changing the situation in your particular community*
- *key people who influence attitudes and beliefs.*

Ask if there are any questions.

Summarize.

This exercise was designed to teach students about the impact of social attitudes and traditional beliefs on women's health. However, the students should take the opportunity, during future visits, to follow up on their action plan in relation to the community they visited.

INSTRUCTIONS FOR STUDENTS IN GROUPS A

1. Make a visit to a woman in her own home. If possible, it would be good to visit a woman:
 - with whom you already have some contact, and
 - who spends most of her time as a “housewife”.

2. Discuss with the woman her role and responsibilities, collecting information on:
 - duties and responsibilities
 - hours of work
 - pay or reward
 - who is she accountable to (e.g. husband, mother-in-law)
 - who is accountable to her (e.g. children, husband)
 - her level of education
 - arrangements for when she is pregnant or breastfeeding
 - arrangements for when she is sick
 - arrangements for old age
 - how she gains credit and status (e.g. by having children, sons)
 - how she gains “promotion” in the household (e.g. when sons bring their wives into the home)
 - any rules and regulations she has to obey
 - consequences of not doing her job well
 - to whom she can appeal in a situation which she considers is unfair (village elders, no one)
 - any other facts considered important.

3. Discuss with the woman her beliefs and practices that relate to pregnancy, childbirth and the postnatal period. Make sure you cover the following points:
 - food intake during pregnancy
 - activity during pregnancy
 - local remedies to problems arising during pregnancy, such as swelling, vaginal bleeding, fever, pain
 - how delivery is conducted (instruments used, cleanliness/hygiene, cord care, delivery of placenta)
 - who conducts the delivery and where
 - how complications are managed (prolonged labour, excessive vaginal bleeding, fits, fever, premature rupture of the membranes, retained placenta)
 - who makes decisions at the household level about when and where to seek care if a complication arises
 - postnatal care of woman and baby (nutrition of woman, breastfeeding, hygiene, cord care, who looks after her)
 - family planning (is advice available, and how soon after birth)
 - who makes decisions at the household level about family planning.

INSTRUCTIONS FOR STUDENTS IN GROUPS B

Make a visit to TBAs, mothers-in-law, community leaders, religious leaders, leaders of women's groups, school teachers, adolescent boys and girls, and community health workers. Ask questions about traditional beliefs, practices and taboos related to pregnancy, childbirth and the postnatal period.

Make sure you cover the following points:

- food intake during pregnancy
- activity during pregnancy
- sexual and gender-based violence affecting pregnancy and childbirth
- local remedies to problems arising during pregnancy, such as swelling, vaginal bleeding, fever, pain
- how delivery is conducted (instruments used, cleanliness/hygiene, cord care, delivery of placenta)
- who conducts the delivery and where
- how complications are managed (prolonged labour, excessive vaginal bleeding, fits, fever, premature rupture of the membranes, retained placenta)
- who makes decisions at the household level about when and where to seek care if a complication arises
- postnatal care of woman and baby (nutrition of woman, breastfeeding, hygiene, cord care, who is looking after the woman)
- family planning (is advice available, and how soon after birth)
- who takes decisions at the household level about family planning.

