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Cultural Practices and Infant Mortality in Cross River State, Nigeria: A Sociological Perspective

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Abstract

One of the greatest challenges confronting the government in Nigeria today is the need to reduce infant and child morbidity and mortality in order to achieve the sustainable development goal 2030. Infant mortality is generally used to describe the death of infants or babies that were born alive but died before their first birthday. There is generally marked inequality in infant death between developed and developing nations but also within them. Culture has been found to influence the health of the people especially in developing countries where majority of the people are traditionally oriented and superstitious. Several cultural values, beliefs and practices have considerable influence on the health behaviour of Nigerians, which has been adopted by pregnant women, and carried over to their children resulting in infant mortality. These cultural beliefs and practices are some of the major reasons for the low patronage of antenatal health care and orthodox medicine. People have remained bound to cultural beliefs and values. People tend to view events of diseases and deaths from the cultural and supernatural perspective, thereby causing mothers to stick to traditional and cultural practices in health matters. The paper is purely theoretical and relied heavily on secondary data and relevant literature on the issue under consideration. The paper calls for adequate awareness and enlightenment especially in areas where cultural practices are very ingrained and where infant mortality is high due to these practices.

Keywords: Beliefs, culture, cultural practices, infant mortality, values

1. Introduction

Infant mortality is generally used to describe the death of infants or babies that were born alive but died before their first birthday. One of the accepted indicators used globally for the health and socio-economic status of a given population is the infant mortality rate (Sharifzadeh, Namakin and Mehrjoofard, 2008). Citing Mauser (1985) and Park etal (1997), Sharifzadeh etal (2008) stated that, a pointer to the unmet health care needs and unfavourable environmental factors is a high infant mortality rate. There is generally marked inequality in infant death proneness between developed and developing nations but also within them.

In general terms, the level of mortality depends upon the epidemiological situation of a given population. That is, on the prevalence and incidence of diseases, and susceptibility of the population to them. Ruzicka (1984:284) posits that, "the epidemiological situation itself has a correlation with cultural, social, economic, climatic, and with public health and personal medical

services, their efficacy and effective utilization".

Cultural beliefs and practices have a considerable influence on the health behaviour of Nigerians in spite of the numerous campaigns; awareness etc. carried out by government and other public and private organizations. Infant mortality is closely tied to several cultural practices inherent in Cross River State. According to Ekong (1988), in Nigeria life is regarded as a continuous interaction between the sacred and the profane. A number of cultural practices adopted by pregnant mothers and carried over to their children after deliveries, results in infant mortality. Supporting this assertion, Ihejiamaizu (2002) observed that maternal and child health are inseparable. Whatever affects the mother's health invariably affects the child.

According to the Central Intelligence Agency (2006), the infant mortality rate of Nigeria is 72.7 deaths per 1,000 live births and occupies the 10th position in Africa. Similarly, the World Children Report by United Nations International Children Emergency Fund (UNICEF) (2010) revealed that in 2009 in developing countries, 8.1 million child mortality was due to easily preventable and treatable diseases or both. One of the greatest challenges confronting the government in Nigeria today is the need to reduce infant and child morbidity and mortality. In spite of the efforts of government over the years to tackle the problem the results have been poor. In order to achieve the 2030 sustainable development goal 3 which aimed at ensuring healthy lives and promotion of the well-being for everyone irrespective of their ages particularly indicator 3.2 which aimed at ending all preventable infant and child mortality by 2030 and reduction in neonatal mortality by all countries to as low as 12 per 1,000 live births and child mortality to as low as 25 per 1,000 live births. Efforts by all stakeholders must doubled.

2. Objectives

The study seeks to identify the extent to which various cultural practices such as food taboos, traditional herbal treatment and traditional beliefs of diseases in Cross River State affects infant mortality rate.

3. Methodology

The paper is purely theoretical and relied heavily on secondary sources relating to the issues under discussion with particular reference to cultural practices affecting infant mortality especially in rural communities in Cross River State.

4. Study Area

Cross River State is located within the tropical rain forest belt of Nigeria and occupies 20,156 square kilometres. It lies between latitude $4^0 28'$ and $6^0 55'$ North of the equator and longitude $7^0 50'$ and $9^0 28'$ East of Greenwich Meridian. It is bounded in the East by Cameroun, North by Benue state, West by Abia and Ebonyi states, Southwest by Akwa Ibom State and in the South by the Atlantic Ocean. The State has three major ethnic groups, the Efik, Ejagham and Bekwarra and has eighteen local government areas.

5. Literature Review

5.1 The Concept of Culture

Edward B. Taylor (1871) defined Culture as that complex whole, which includes knowledge, beliefs, arts, law, customs, and any other capabilities and habits acquired by man as a member of society. Culture is the totality of the way of life of a group of people, which is learned, shared and transmitted through generations. Helman (2000:2-3) on his part sees culture "as a set of guide-lines both explicit and implicit, which individual's inherit as members of a particular society, and which tells them how to view the world, how to experience it emotionally, and how to behave in it in relations to other people, to supernatural forces or gods, and to the natural environment. It also

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provides them with a way of transmitting these guidelines to the next generation, by the use of symbols, language, art and ritual." Jervis (2006) on the other hand defines culture as the totality of what a group of people think, their behaviour pattern and what they produce that is transmitted through generations. Culture is dynamic; it is not static and is modified from generation to generation.

Hofstede (1980) defines culture as the collective programmings of the minds, which distinguishes one group from the others and are passed from one generation to the next and is dynamic because subsequent generations add to it before transmitting to the next. Culture varies from one society to another. A group's belief systems and values might be different from other groups. And it is ones cultural values acquired through socialization that shapes ones response to the environment. Ajiboye and Abimbola (2012) averred that a group of people are best understood and described by their culture. The way a people behave and their actions are best explained by their culture. Culture influences the way a people perceive various occurrences. Culture plays a huge part in understanding the health beliefs and practices of a group of people. Chin and Noor (2014:53) averred that "differential ascription exist in different cultural beliefs in tracing the cause of disease which may range from various causes".

Cross Riverians, especially those in the rural areas have continued to rely on traditional therapy in health situation. People have remained bound to cultural beliefs and values. People tend to view events of diseases and deaths from the cultural and supernatural perspective. Thus most mothers stick to cultural practices in health matters. These parents have more confidence in herbal remedies, homemade concoctions and even prefer magic or spiritual treatment to orthodox treatment.

5.2   The Concept of Infant Mortality

An infant dying between 0 and 1 year is known as infant mortality and it is measured by the infant mortality rate (IMR) indicating the number of deaths of infants between 0 and 1 year per 1,000 live births. The infant mortality rate is often used as an indicator to measure the health and well being of a nation (Centre for Disease Control and Prevention, 2016). The Centre stated further that almost six babies per 1,000 live births dies before celebrating their first birth day due to complications in pregnancy, birth defects, preterm birth and low birth weight, sudden infant death syndrome and injuries e.g. suffocation. According to Pharmanews (2014), though Nigeria is making relative progress in reducing infant and under-five mortality rates due to analyses of trends; the pace has to increase because the current pace is still too significantly slow. The infant mortality rate in the country has remained high with 115 deaths per 1,000 live births in 1990 and with little change of 96 infant deaths per 1,000 live births is an indicator of the bad state of the nation's health care system with little improvement in the last 20 years if not held up in the period in question (Imuesi, 2008).

Nigeria remain a major contributor to the global statistics on infant mortality with a rate of 71.2 deaths per 1000 live births and 76 and 66.2 deaths per 1000 live births, for male and females respectively (CIA World Fact book, 2016). A UNICEF (2016) report showed that children born in Sub-Saharan African countries compared to their counterparts in high-income countries were 12 times more likely to die before attending the age of five just as they were in 1990. Given this scenario, a lot still need to be done to reverse this ugly trend. According to UNICEF (2016), about one third of child mortality in Sub-Saharan Africa occurs among the new born. In 2015, Sub-Saharan Africa accounted for about 80 percent of under-five mortality. A projection by UNICEF (2016) indicated that if the current trend is not reversed, Nigeria would be among five countries that will account for half of the child mortality in 2030.

It is estimated that about 75 per cent of all under five deaths (4.5 million) in 2015 occurred between 0 and 1 year. The risk of a child dying before the first birthday was 55 per 1,000 live births in the African region, which was the highest and was over five times higher than that in the European Region, which were 10 per 1,000 live births (WHO, 2017). IBM (2011) reported that some of the worst preventable and treatable maternal, infant and child mortality within Africa occurs in Cross River State. The Mediatrix Development Foundation (2016) on their part reported that on a visit by the First Lady the wife of the President Aisha Buhari to Commission the Project Future

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Assured (PFA) programme in Ikom, Cross River State, Nigeria the wife of the Executive Governor of the State Mrs Linda Ayade lamented that women in the State still patronize unskilled birth attendants, prayer houses and churches in spite of the free health programme made available to them by the state. According to her "The ugly trend must be stopped in our society. Infant mortality rate is 75 in every 1000 live births. This high maternal and infant mortality rate contributes to the national picture and therefore is totally unacceptable."

According to the Cross River State Ministry of Health (2010), the state has poor health indicators, which reveals a maternal mortality rate of 2000 deaths per 100,000 live births, under five mortality rate of 176 deaths per 1,000 live births and an infant mortality rate of 120 deaths per 1,000 live births making the state amongst the states with the highest maternal and child deaths in the country. The Ministry further revealed that preventable diseases such as malaria, malnutrition, measles, diarrhoea and pneumonia are common causes of infant mortality in the state.

6. Theoretical Framework

6.1 Social Bond Theory

An American criminologist Hirschi Travis propounded the social bond theory in 1969. Travis believed that the socialisation in the society and the personal relationships people form with others are significant in keeping them from committing any criminal acts or to deviate from other social norms in the society. A society that has a strong social bond amongst its people, the rate of conformity will be high and deviance low. A weak or broken social bonds results in likely acts of deviant. Travis presented four elements that promote socialization and conformity to societal norms namely: attachment, commitment, involvement, and belief.

1) Attachment- This is the link or ties a person shares with the society. Travis postulated that an individual with strong attachment to other societal members would more likely conform to societal expectations and less likely to violate societal norms. An individual for instance who has a strong attachment to family, friends, and the community at large will not want to deliberately disobey or go against the culture of the society. The use and reliance on traditional medical practices is sustain because of the attachment and the bond people share with their culture and with others and they will not want to be seen as going against their cultural inclinations such as engaging in exclusive breastfeeding if directed by the mothers and other significant others in the community who may give a contrary opinion.

2) Commitment- A relationship or association exist between the level of commitment one has with the society and the propensity to deviate from the societal expectations. An individual who has invested heavily in commitment have more to lose when they deviate than someone who has not made an investment. The importance attached to the various relationships with other people that the individual values would make them committed to maintaining the societal expectations and to be less likely to deviate. If a pregnant woman knows she might lose her relationship with significant others by not conforming to the cultural practices expected of a pregnant and nursing mother, she will conform without going against them. In this instance, most women have failed to challenge unhealthy or unhygienic practices by the traditional birth attendants or with others attending to them in order not to be seen as misbehaving or going against long held traditions.

3) Involvement- A person who is highly involved with others and has formed strong attachment and commitments to societal values and norms will be a conformist. Pregnant and nursing mothers who have formed a strong attachment to their community will not go against societal expectations or what has been learnt through socialization.

4) Belief- Those who challenge or question the norm of the society have a greater propensity to deviate than those who believe in societal norms. In the light of the above, the more a woman is attached to her family, community and culture, the more likely she will submit herself to cultural practices pertaining to pregnancy and childbirth such as abstaining from certain foods, delivery by a traditional birth attendants, unhealthy practices concerning the umbilical cord, not giving the child certain food items proscribed by the culture. The

implication is that the women conform because of the strong bond existing between them, their family and society. In traditional Nigerian society deviance are usually ridiculed and punished and thus, there is much conformity to laid down patterns of behaviour in order to avoid shame and embarrassment.

The continuous reliance on cultural practices in spite of various best practices is due to the social bond people share with the society.

7. Cultural Practices and Infant Mortality: An Intertwined

Culture has an important influence in the health behaviour of the people especially in developing countries where majority of the people are traditionally oriented and superstitious. Among predominantly rural populace, ill health is commonly believed to be due to evil mechanization of witchcraft, magician, wizard, gods and ancestors and this influence the health seeking behaviour of the people.

Maternal and child health are inseparable (Ihejiamaizu, 2002). Studies have shown that whatever affects the health of the mother affects the child (WHO: 1994). It is observed that when a woman gets inadequate medical care, or none at all during pregnancy, childbirth, and postnatal period, her baby also receives little or no medical care. The WHO's guidelines for essential new born care include hygiene during delivery, keeping the new born warm, early initiation of breast-feeding, exclusive breast-feeding, care of the eyes, care during illness, immunization and care of low birth-weight new born (Chandrashekhar, Hari, Binu, Sabitri and Neena 2006). The leading causes of infant mortality in Nigeria are preventable which with the adoption of the WHO's guideline essential care for new born can reduce substantially the infant mortality rate in the country. The leading causes are birth asphyxia, pneumonia, pre-term birth, complications, diarrhoea, malaria, measles and malnutrition.

Childbirth and survival in traditional societies is determined by a number of forces that range from natural, supernatural to mystical (Oke, 1995). Federal Ministry of Health (2011) reported that over one million of 5.9 million births in Nigeria every year dies before celebrating their fifth birthday and a quarter of these are newborn. The Ministry further identified the three major causes accounting for three quarters of newborn deaths in Nigeria as: birth asphyxia (when the baby do not cry at birth), preterm birth complications, and infections. According to Utuk (2005), majority of deaths/ illnesses occurring in children aged 1-2 weeks are caused by neonatal tetanus, while the six immunizable diseases cause those occurring between 9-18 months.

7.1 Cultural Food Practices (Food Taboos)

"A baby's weight at birth is a strong indication of maternal and new born health and nutrition. Being undernourished in the womb increases the risk of deaths in the early months and years of a child's life. Those who survive tend to have impaired immune function and increased risk of disease; they are likely to remain undernourished, with reduced muscle strength and cognitive abilities" (UNICEF, 2016).

According to the WHO (2014:1) "it is estimated that 15% to 20% of all births worldwide are low birth weight representing more than 20 million births a year. Regional estimates of low birth weight include 28% in South Asia, 13% in Sub-Saharan Africa and 9% in Latin America". These estimates are quite worrisome because a large percentage of children within these regions are not weighed at births. The Nigeria Demographic and Health Survey (2013:122) "Data show that children who were small or very small at birth were more likely to die before their first birthday than those whose weight were average or above." The weight at birth of a child is a pointer to the vulnerability of the child to childhood illnesses and chances of survival (NDHS 2013). Since majority of the births in Nigeria takes place in a non-institutional setting and not in a health facility, chances of their being weighed is less likely and only 16 per cent of children born in the five year preceding the Nigerian Demographic and Health Survey 2013 was reported.

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Table 1: Table showing child size and weight at birth in the south-south zone of Nigeria

| | Per cent distribution of all live births by size of child at birth | | | | | Percentage of all births that have a reported birth weight | Number of births | Births with a reported birth weight | |
	Very Small	Smaller than average	Average or large	Don't Know / missing	Total			Percentage less than 2.5kg	Number of births
Background Characteristics									
South South									
Akwa Ibom	4.1	5.7	87.3	2.9	100.0	18.4	473	9.5	87
Bayelsa	5.4	10.5	83.2	0.9	100.0	11.6	233	11.5	27
Cross River	1.0	11.3	87.4	0.2	100.0	13.4	532	12.7	71
Delta	1.2	4.9	90.8	3.1	100.0	33.9	561	7.7	190
Edo	2.7	11.6	84.9	0.9	100.0	46.6	405	8.6	189
Rivers	2.7	12.1	82.9	2.3	100.0	31.9	730	17.5	233

Source: NDHS 2013:157

A child's birth weight and chances that he will celebrate his first birthday is affected by the quantity and quality of nutrients in the breast milk during lactation which is determined by the maternal diet during pregnancy. Due to cultural practices, pregnant women are given lesser quantity of food in a belief that it will result in a smaller size of baby in order to result in early delivery. Izugbara (1996) identified the prevalence of indigenous food taboos, especially shrimps, vegetables, milk, okro, nuts,eggs, fish, beef etc among Nigeria women. The lack of intake of these food items results in failure of women to meet the calorie and dietary requirement necessary for their health and that of their foetus. Consequently, babies are born with very low birth weights, which increase their chances of dying. The lack of such nutrients makes the infant vulnerable to diseases that kill the majority of babies in developing countries (Newland, 2001).

Breastfeeding practice and the nutritional state of the lactating mother is another major determinant of infant mortality. While a shorter breastfeeding period increases the risk of infant mortality, a nutritionally malnourish lactating mother will produce low quality breast milk thereby exposing the infant to health hazards as a result of poorly built immune system. Ogunjuyigbe & Ojofetimi (2005) explained that infant mortality due to food factors is because of the low and inferior status of women and practices associated with childbirth, the breast-feeding and weaning practices. In some communities, infants are usually deprived of colostrums due to delay in initiating breast-feeding, which is considered to enrich infants. In the traditional society of Cross River State, women are adviced to extract out the first part of milk (that looks yellowish), which is colostrum on the belief that it is not good for the child. The NDHS (2013:181) stipulates "colostrum is highly nutritious and contains antibodies that provide natural immunity to the infant. It is recommended that children be feed colostrum immediately after birth (within one hour) and that they continue to be exclusively breast fed even if the regular breast milk has not yet started to flow." Pre-lactation beverages are administered without hygienic practices thereby exposing the children to infections.

The NDHS (2013) reported that certain characteristics such as place of residence (urban residence 40 percent and rural residence 29 percent) determined that breast-feeding would commence within one hour of delivery. Similar trend is also found according to place of delivery, which shows 40 percent for those who deliver in a health facility compared to 29 percent of those who delivered at home.

Due to some cultural practices, children are prevented from eating eggs and meat. It is assumed that giving children meat and eggs will make them steal. Eating this is a taboo. Any child desiring to eat meat is looked upon as a witch and in most cases is scolded for asking for meat. As a result of deep-rooted cultural food practices, such nutritious food for the well being of infants are sparingly consumed or given to the infant.

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7.2 Traditional Herbal Treatment

The place of delivery is one of the determinants of maternal and child morbidity and mortality (UNICEF, 2001). One of the major reasons for the antenatal clinics and orthodox medicine having low patronage is the belief in many cultural practices. Majority of Nigerians including Cross Riverians are still found patronizing traditional birth attendants (TBAs). The resultant effect of patronage of traditional birth attendant is damaging to mother and child due to the fact that most traditional birth attendants are untrained and unprofessional in treatment offered. There have been several cases of delivery complications, over bleeding during labour, tetanus and other infections following circumcision, most times resulting to death of mother and child due to unprofessional methods and unsterilized instruments/tools employed, coupled with unhygienic surroundings. It is reported that over 58% of deliveries in Nigeria still take place at home in spite of the existence of modern health facilities in Nigeria with only 37% of deliveries taking place in hospitals (UNICEF 2001). According to the NDHS (2013:139-140)

> "In addition to place of birth, assistance during childbirth is an important variable influencing the birth outcome and the mother's and infant's health. The skills and performance of the person providing assistance during delivery determine whether complications are properly managed and hygienic practices are observed..... 38 per cent of all deliveries are assisted by a skilled provider, namely a doctor, nurse, or midwife. Traditional birth attendants assist 22 per cent of all deliveries. Twenty-three per cent of births are assisted by a relative or other person, and 13 per cent are unassisted..... In Cross River State, 5.5 per cent are assisted by a doctor, 31.1 per cent by a nurse/midwife, 8.0 per cent by community extension health worker, 20.3 per cent by traditional birth attendants, 27.9 per cent by relatives/ other and 2.2 per cent by no one. 59.8 per cent were delivered by a skilled provider."

In Cross River State, the practice of the use of enema (a kind of pumping local medicine through a pregnant woman's anus) to clean the stomach is common, the mixing of local herbs with palm wine or alcohol for the pregnant woman to drink is also common since they are assured that this practice has been on since the existence of their ancestors without any harm helps to allay any fear. Also, pregnant women are given alcohol for cleansing of the child's skin to enable the baby come out very neat. According to Noah (2011), alcohol consumption by pregnant women can result in physical and mental birth defects in the children. Each year, more than 50,000 babies are born with some degree of alcohol related damages.

The delivery of babies at home, churches or at unorthodox facilities is one of the factor resulting in infant mortality. Untrained person under unhygienic conditions conducts such deliveries. The umbilical cords are usually treated using traditional methods such as the use of animal dung, saliva, and soot and breast milk for quick healing. This practice provides excellent growth for infection. In a study on the method of treating new born at birth in India, Bhargava, Singh and Saxena (1991) reported that umbilical cords are cut with unsterile instrument, and ligated with hair thread. These practices can result in Neonatal tetanus which, according to the NDHS (2013) The deliveries of babies at home within unhygienic conditions is one of the major causes of neonatal deaths in developing countries coupled with the cutting of the umbilical cord using unsterile procedures. Statistics from the NDHS (2013:136) revealed further "34.0 and 6.4 per cent of deliveries in Cross River State occurred in public and private health facilities respectively. 59.1 per cent and 0.2 per cent respectively took place at home and other places." This statistics is worrisome given the fact that the new-borns are exposed and susceptible to infections within the environment where such deliveries take place as well as the fact that unskilled birth attendants are usually responsible for such deliveries
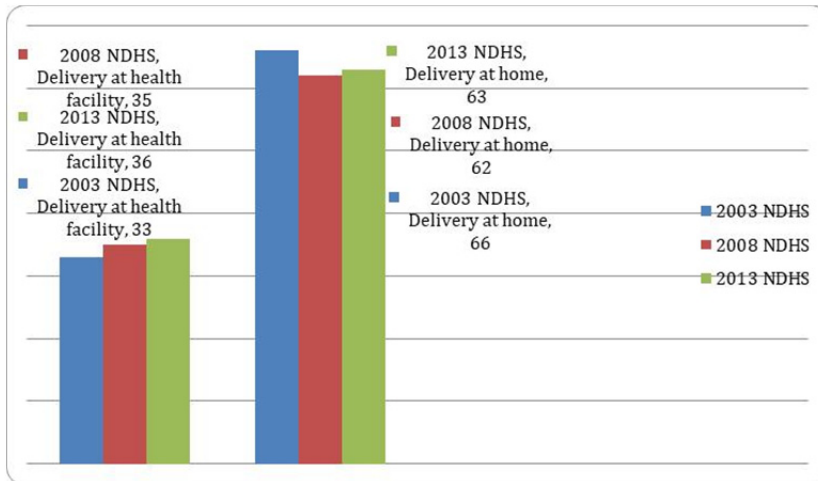
Figure 1: Trends in place of delivery in Nigeria. Source: NDHS 2013:137

The NDHS (2013) revealed that in the last ten years the proportion of skilled provider assisted births in Nigeria has remained stagnant with no improvement (33 per cent in 2003, 35 per cent in 2008 and 36 per cent in 2013). Place of delivery also determined the type of instruments used for the circumcision for both male and female babies as well as body tattooing to ward off evil spirit due to the use of unsterilized razor blade and ear piercing needles which ultimately influences the mortality rate.

7.3 Traditional Beliefs on Diseases

Majority of the people in most developing nations of the world are superstitious and traditionally oriented. Happenings to them and around them are usually attributed to the operation and mechanization of witches and wizards and also to the operation of the gods and this invariably influences the utilization of orthodox health facilities which has led to an increase in infant mortality since diseases are not treated but given traditional interpretation. According to Oke (1995), African societies perceive illness from three sources: natural, supernatural and mystic when infants fall ill instead of utilizing orthodox practitioners, attention will be directed at seeking supernatural interpretations of the illness and cure. Certain illnesses such as diarrhoea and teething are believed to be either consequence for wrongdoing, bad food, and sign of growth or bad weather. He further revealed that an individual's belief and attitude about the effectiveness of a particular health care influences one's choice on which health care to utilize. Nwaokoro, Ibe, Ihenacho, Emerole, Nwufo, Ebiriekwe and Onwuliri (2015) reported that a common belief among the Yoruba is that the enemies are the cause of measles attack. Also, when diarrhoea occurs, it is seen as a way of ridding the body of impurities, a sign of teething, stretching or crawling. These beliefs affect the people's attitude and behaviour towards childcare and health strategies. Studies by Offiong (1983) and Uwana (1996) cited by Udoh, Ebong and Undelikwo (2012) discovered that there exist a strong belief in witchcrafts (Ifot) and fate (essien –emana) among the Ibibio, and that such beliefs enhance the patronage of diviners, faith based facilities-herbalists and traditional birth attendants.

8. Conclusion

In spite of the efforts by government to reduce the high infant mortality rate in the country, the rate is still high. There is need for adequate awareness and enlightenment especially in areas where cultural practices are very ingrained and where infant mortality is high due to cultural practices so

that the country can achieve the sustainable development goals and the need for mothers to know that the death of their babies is due to adherence to cultural beliefs and practices.

9. Recommendations

From the foregoing, the study makes the following recommendation:
1. Awareness and enlightenment campaigns should deal with the identified cultural factors leading to high infant mortality.
2. The government should integrate people's belief, culture and tradition in to health intervention to bring out their negative consequences in order to curb the high infant mortality rate.
3. Health workers should be involved in house-to-house sensitization and mobilization of pregnant women for antenatal care.
4. Opinion leaders in the community especially women who are influencers in the community should be mobilized to help in getting the pregnant women and mothers to attend orthodox health facilities.
5. There should be continuous education on the harmful effects of using unsterilized instruments on the umbilical cords, circumcision and ear piercing and other body-tattooing instrument to reduce infection.
6. There should be continuous education to enhance knowledge and deter the people on the effect of the interpretation of happenings around them to the mechanization of witches and wizards and the operations of the gods to encourage the utilization of orthodox health facilities.
7. Pregnant women must be educated on the need for tetanus toxoid injection to prevent deaths due to infection resulting from the use of unhygienic instrument for delivery.

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