

Traditional Midwifery in the Balikumbat *Fondom* of the Bamenda Grassfields from Pre-Colonial To Post-Colonial Era

Nyongkah Rachel Tati, Ph.D.

Department of History and Archaeology
University of Bamenda,
Cameroon

Abstract

Prior to modernity, the Balikumbat people had developed means through which they handled birth related issues based on their conviction, perception and belief system which was characterized by superstition. Traditional midwifery was an ancient cultural practice that existed in Africa and other parts of the world. There existed men and women who had a greater knowledge in childbirth and the role played by mid-wives. Most mid-wives had spiritual gifts to commune with the spirits and the ancestors. Women were more comfortable to associate with a female mid-wife than that of the opposite sex. Among the Balikumbat people, birth related issues were accompanied by rituals, prayers, sacrifices, incantations and invocation which was an emblem of their traditional religion. The gods and the ancestors were considered the source of life and the prosperity of a family depended on their relationship with the spiritual realm. Despite the implantation of the Balikumbat Health Center in 1960, equipped with modern equipment, medicine and a trained staff, traditional mid-wives have not lost their place and function in this society. However, they have experienced a decline in the number of clients. With the presence of both traditional and modern child care facilities, most women have resulted to a combined use of the two dispensations since they cannot clearly distinguish which is more potent. This paper presents the issues related to pregnancy and child birth. The function of the traditional mid-wife is highlighted. The data for this study was largely derived from oral sources. This study concludes that, the traditional mid-wives acted and still act as gynecologists and pediatricians and the indigenes had absolute trust and confidence in them.

1. Introduction

Child birth related issues remains an essential aspect in the world which is facing lots of challenges. Despite the advance in modern medical technology and equipment, maternal mortality and neonatal mortality rate in sub Saharan Africa is high. Before modernity and foreign influences, Africans had developed diverse ways on handling births. These methods were later known as traditional midwifery and those who participated in child birth were called birth attendance, traditional midwives or lay midwives. In African societies in general and Balikumbat in particular, there existed both male and female birth attendants who took care of pregnant women till after birth and were equally in charge of handling infertility and other sexually related issues.

Many scholars have carried out profound research on the subject traditional midwifery in Africa which they concluded that traditional midwifery was an integral part of African cultural heritage and way of life which existed long before external contacts and influences. In recent years, this practice has greatly decline in urban areas while it is largely in practiced in remote areas which had little or no access to modern health services. Choguyu, focuses on the situational analysis of both traditional and skilled birth attendants in Zimbabwe. He attributed the reasons for the practice of traditional midwifery to a weak health care system, shortage of skilled professionals, high cost of medical care, geographic and economic inaccessibility of health care, cultural norms and religious beliefs (Choguyu, 2015). In the same light, the World Health Organization made a proclamation in 2018 that about half of all births registered in sub Saharan Africa were not assisted by trained medical midwives leading to very high maternal mortality rate (Global health observatory, (2018). Chi and Urdal carried out a quantitative study on Burundi and Northern Uganda. They assert that traditional midwives played an important role in child-birth related issues during conflict. They went further to say that, in post conflict times, in Burundi, traditional midwives have been integrated within the primary health care sector in rural areas.

They affirmed that this practice has been dwindling more especially in Uganda. Imogie et al (2002) carried out an extensive research in the western part of Nigeria, in Edo state which they uncovered that, traditional midwives provided care to pregnant mothers, during labour and in post-natal periods. They equally highlighted other functions played by these midwives in the domain of counselling, preservation and conservation of herbal plants and products in order to serve humanity. In the same thought, Eseke (2014) explains that, despite the dangers in traditional midwifery, many women reject trained medical help during child birth. This attitude was attributed to poverty, cultural practices and a shortage of primary healthcare services. Eseke equally pin pointed the fact that traditional midwifery has been responsible for high maternal mortality rate in Nigeria whose solution was to extend health facilities to remote areas. State intervention into this sector has forced most traditional midwives to go underground and perform in secret. Lastly, Inyang and Anucha (2015) examine traditional birth attendants in Nigeria in which they were of the opinion that maternal mortality was caused by the traditional practice of midwifery as child birth occurs at home. They associated the persistence of traditional midwifery to physical distance and financial limitation which prevail more in rural remote areas. This study will focus on midwifery in Balikumbat.

Balikumbat is one of the predominant Bali Chamba Fondoms in the Bamenda Grassfields of Cameroon in the North West Region. Balikumbat Fondom was established around the 1840s by Prince Galabe and his followers after the disintegration of Gawolbe's great confederation at Bafu Fondond after their defeat at the battle of Kolm¹. According to Nkwi and Warnier, Prince Galabe and his powerful and ambitious band migrated to the Ndop plain where they dislodged the Bamunkumbit people and imposed themselves as the warlords of the entire area. They constructed their palace on the Balikumbat plateau which gave them the appellation of *Nepkolubi* meaning people of the hill². The palace was the centre of political, economic, socio cultural activities. Socially speaking, within the Balikumbat community, there were specialized women and men who were traditional midwives but modern administration did not only slow their activity but also it brought in changes in the practice of traditional midwifery. The people's belief system was greatly associated to childbearing.

Religion was an important aspect of Balikumbat indigenous life which cuts across all the facets of life. The Supreme God known as *venep* was considered the giver of life and the creator of the universe. The Supreme God had no shrines or symbols but was reached through the spirits and ancestors. As noted by Fardon, the Supreme Being purportedly lived in the sky, the divinities and ancestors inhabited the world beneath the ground and humans on earth³. The divinities were believed to have assisted God in creation and thus, they continued to interfere in the activities of families⁴. It was common belief among the Balikumbat people that female divinities were responsible for issues related to women such as fertility, barrenness, reproduction and the fertility of the land which influence productivity. They had the potential to determine the number of children to be bore by a particular woman. In the same light, female ancestors performed specific functions in relation to their gender which was mainly the reproduction of women in their various families⁵. They ensured the continuity of the lineage through good health, pregnancies and safe deliveries. The divinities were worshiped in village shrines while ancestors were worshiped in different family shrines through various symbols and objects. Similar sacrifices were offered to the divinities and the ancestors, however, a he goat was used for the divinities and fowls for the ancestors.

¹H.G.Ngwochu, "The Bali Chamba: Between Warfare and Perception, 1830-2000", PhD Thesis, Department of History, University of Yaounde I, 2014, p. 7, E.M. Chilver and P.M. Kaberry, *Traditional Bamenda, The Pre-colonial History and Ethnography of Bamenda Grassfields*, Buea, Government Printer, Vol. I, 1967, p. 17, NW/Aa.1988/1, "The Bali Family History", 1988, p.21, M.Gwanfogbe et al, *An Introduction to the Study of Balinyonga from 1940-1984*, Yaounde, Stardust Printers, 1988, p.15.

² P.N. Nkwi and Z. Warnier, *Elements for a History of the Western Grassfields*, Yaounde, University of Yaounde, 1982, p.127).

³R.Fardon, *Between God and the Dead and the Wild, Chamba Interpretations of Ritual and Religion*, Edinburgh University Press, 1990, p.36,

⁴J.K.Esume, "The Secret Societies in the Bakweri Land from Pre-colonial Times to Present", Master Dissertation, Department of History, University of Yaounde I, 1997, p.63, V.O.Ibewuiké, "African women and religious change: A Study of the western Igbo of Nigeria", PhD Thesis, Department of Theology, University of Upsala, Sweden, 2006, p.91.

⁵H.D.Sabum, *Cultural Degradation and the Challenges to Cultural Preservation in Bali Nyonga: A Historical Analysis, 1903 to 2012*, Master Dissertation, Department of History, University of Yaounde I, 2013, p.13.

Other items offered to the divinities and ancestors included palm oil, salt, camwood, kola nut, alligatha pepper, palm wine and branches of a peace plant⁶. In most cases, traditional midwives were said to be diviners and traditional doctors. They had the ability to treat patients from certain illnesses and preserved the family shrine. Through divination, the unknown was ascertained and interpreted. Diviners had as objective to forecast and avert any pending calamity⁷.

2. Genesis

The act of traditional midwifery was associated with tradition, superstitions and practices which were transmitted from one generation to another generation of midwives. Each society in African and the world at large has its own birth attendance who delivered babies. Midwifery is one of the oldest profession of women which could be dated as far back as the existence of man. Midwives were in charge of women, births and sexuality⁸. As women gave birth, they became involved in the delivery processes. Women who had given birth at home during the traditional period began to assist other women during child birth. Their repeated participation, experience and observation in child birth gave them the required skills necessary for deliveries and they became the first generation of lay midwives. The Bible equally recounted the story of the birth of Baby Jesus in Bethlehem in Jerusalem in which, the role played by the traditional birth attendance was highlighted. They existed two categories of traditional midwives; lay midwives and midwives who purportedly had supernatural potentials. Our study will mostly focus on the latter. Through the art of midwifery, many women made their remarkable contribution to their society. Traditional midwifery was established as part of the health care structure among the indigenous population.

3. Traditional Practice of midwifery

In Balikumbat, same as in other parts of Africa, the birth of a child was regarded as the most important event in a couple's life. The birth of a child consolidated a marriage or a union as it was a bond that united the two families and it ensured the continuity of a lineage⁹. As recounted by Lang childlessness was a great problem in a marriage as it was commonly believed that, a man's ability to reprocreate greatly depended on the fertility of his woman. In effect, a childless woman was given insulting names in the study local and was accused of being responsible for her predicament which was as a result of her evil deeds¹⁰. In such a circumstance, the couple sought the assistance of a traditional midwife who acted as an intermediary between the patients and the ancestors and divinities. After a successful diagnose, she commenced with the treatment based on the prescription of the spirits. In most cases, the midwife performed certain sacrifices, the patient was given a ritual bath and fertility medicines or concoctions were administered. This process was done repeatedly until a satisfactory result was obtained. If not, the patient had the right to seek solutions from other midwives in or out of her community.

When a woman was pregnant, she visited a traditional midwife regularly for checkups. The midwife then performed certain rites on the pregnant woman purportedly to protect the woman and her pregnancy from evil spare or manipulation until the baby was born. Its worthy of note that, the methods employed by the midwives differed from the other but had a common goal which was the welfare of the mother and child. However, there was a common practice among pregnant women in Balikumbat, most of them had a twined fiber rope tied around the waist and ankle to prevent miscarriage. The belief associated to this was that, it had the potential of fastening the cervix of a pregnant woman in order to permit the womb to carry the fetus still it was due. The ropes were only untied on the instruction of the midwife. Child bearing was a vital issue and all pregnant women depended on the traditional midwife for their antenatal care.

⁶Drummond-Hay, Assessment Report on Bali Clan, Bamenda Division, 1925, p.41.

⁷N. Nyamndi, *The Making of a Fandom: Prominent Figures of the Bali Nyonga History from Fonyonga I to Galega II*, Yaounde, Mvomberg Publishers, 2007, p.53, Nkwi and Warnier, *Elements for a History of the Western Grassfields*, p.164.

⁸T.Troskie, The Importance of traditional midwives in the delivery of Health Care in the Republic of South Africa, University of South Africa, 1997, online Publication.

⁹L. Mair, *African Marriages and Social Changes*, England, Longman, 1969, p.4, D.C.CLaVoressi, "African Marriage Yesterday and Today" in *La Civilisation De la Femme Dans la Tradition Africaine*, Paris, Presence Africaine, 1972, p.511-525.

¹⁰M.K.Lang, "The fight Against Infertility Through Indigenous Religious Rituals in the Bamenda Grassfields, The Case Study of the Kenbeum in Weh Fandom Since Pre-colonial Times", in *Indigenous Political Hierarchy and Sustainable Collective Meaning in the Changing Cameroon Grassfields*, Edited by Mark Bolak Funteh, United Kingdom, Dignity Publishers, 2015, pp. 43-65.

The midwife employed the following means to achieve a safe delivery. She gave the expected mother traditional concoctions made from leaves and herbs in a calabash of water which she drank and refilled the calabash with water for a specific period of time. A prepared mixture of dried grind leaves, barks and roots of specific plants was given to the pregnant woman to mix with palm oil which was to be eaten twice or thrice a day. Some herbs were boiled which specific quantity was drank twice in a day depending on the prescriptions of the midwife in question.

Pregnancy in the traditional Balikumbat society was characterized by superstition surrounded by many restrictions (taboos). Pregnancy was viewed as a mystery. In this light, the midwife placed certain restrictions on the expected mother in order to promote her wellbeing and that of the fetus. A pregnant woman was exempted from the eating of certain animals such as monkeys and chimpanzees for fear that, the unborn baby might transform into such animal or could develop certain features pertaining to the animal in question. A pregnant woman was restricted from going out very early in the morning or late in the night for fear of evil influences. Darkness was considered evil as it was a period where evil spirits hovered and wandered around in the village in search of preys or people to inflict with diseases and pregnant women were their main target¹¹. It was believed that evil spirits could re-incarnate through a pregnant woman of his descendant. Re-incarnation was a popular belief in the study area and it was a vital element of their religion. When such a child was born, it portrayed certain character traits that could easily be identified with an evil relation who had died many years ago¹². Such children were termed wicket as they tormented their parents by being constantly sick while others lived for years without being able to walk. These children were known in Balikumbat as children with four eyes (*wah nudagwahbi*). With the birth of such a child, traditional midwives with spiritual powers were consulted for solutions. The midwife performed many rituals and sacrifices to the gods and the ancestors demanding for the restoration of the child's health. In most cases, such children died few years after birth while others were effectively treated from such afflictions. In the course of treatment, the midwife placed a mark on the forehead or jaw of the baby which was believed to prevent that same child or evil spirit from re-incarnating again for fear of being identified at first sight. When such a child died, the mid-wife performed final rituals to totally disconnect the family from such a misfortune. The child was buried at the boundary or deep into the bushes with all of its belongings with no mourning and funeral rites performed¹³. Also, the midwife instructed the pregnant woman not to eat termite. It was believed that termite could cause or trigger a miscarriage as termite bits the fetus to the extent that it cannot stay in the womb, thus, an eventual miscarriage. Equally, an expected mother was prohibited from eating honey especially at the first trimester of pregnancy as it was believed to cause miscarriage. They were restricted from eating any animal which when killed had a fetus in other to prevent a still birth. In addition to the above mentioned restrictions, she was not allowed to watch the performance of masquerades as it had the ability of deforming the unborn baby into a frightful creature. During the third trimester of pregnancy, the midwife advised the expected mother to avoid many strenuous activities such as the grinding of maize, carrying of heavy loads, not to climb the palace hill as it could endanger her life and that of the unborn child. It is important to note that a pregnant woman was not exempted from farm work for it was a sort of exercise necessary for her condition. Thus, women work on the farm with pregnancies until the day of delivery. This explains why some women even put to birth in the farm.

Midwives attended to patients based on the urgency of the case. They worked in collaboration with others through which they exchanged ideas to improve upon their services. Some midwives were more talented in redressing bridged pregnancies, others were more gifted in the prevention of miscarriages and still births. In Balikumbat, midwives constructed and owned a large hut with the assistance of family members and friends. This hut was equipped with bamboo beds, grass mattresses, few clay pots and a fire place for the cooking of food and medicine. This hut was used as an admission room for expectant mothers with serious health crisis who needed constant and special attention. The pregnant woman was equally assisted by a friend or relative. After receiving treatment, the expectant woman returned to her home where she was delivered of her baby. But with critical cases, the patient lived with the midwife until after she was delivered of the baby. Kuna Vivian of Mbakti quarter explains that: When I was pregnant with my second child, it was a very difficult pregnancy. I had a bridged pregnancy so I needed constant care and medicine.

¹¹ E.wakun, Age 77, Farmer, Ngoti Quarter, Balikumbat, 23-12-2017.

¹² T.S.Atobe, "Religion in Bakossi Traditional Society", D.E.A. Dissertation, Department of History, University of Yaounde, 1976, p.11, Ibewuiké, "African Woman and Religious Change", p.88, N.B.A., File No Ab23.1473/25: 1925)

¹³ V.Tafili, Age 81, Farmer, Nzambu Quarter, Balikumbat, 28-12-2017.

I stayed in the compound of a midwife near Ngoti market for over two months until I was delivered. The midwife massaged my stomach with medicine every morning and evening. She equally gave me some concoction which I drank thrice a day. Finally, she helped me to deliver my baby safely¹⁴.

Under normal conditions, a woman put to birth in her hut with the assistance of one or two elderly women who had knowledge of child birth. A midwife may be invited if nearby. Successes were registered as well as mortality rates were high. In this study area, births were considered either normal or abnormal. Normal births were babies born at the due time and came out with the head while abnormal births were pre-mature births, bridged babies or babies born with the hands or legs coming out first. It was the duty of the midwife to cater for a pre-mature baby. The midwife prepared a special warm place for the baby in order to facilitate its growth. This was achieved through the burning of firewood in the room to obtain and maintain the required temperature to save the pre-mature baby. The midwife accompanied by the family head offered sacrifices, poured libations and made incantations to the divinities and ancestors who were givers and protectors of life. The baby was rubbed with concoctions and some put into its mouth. At the end of a successful delivery, the midwife was happy and satisfied for such a great accomplishment. The family in which the baby was born paid a debt of gratitude to the midwife by offering gifts. These gifts included palm oil, salt, food stuffs, fowls, firewood or by providing unpaid labour on her farm. The family equally made prayers of thanks giving and requested the ancestors for protection¹⁵.

Our informants Ladji Celine, kah Angela, Muvah Deborah and Loma Frida postulated that, traditional midwives also cured women from illnesses like menstrual problems, constant miscarriages, waist and back pain, joint pains and venereal diseases such as gonorrhoea and syphilis. They were also concerned with children's health. When children were sick, they were taken to a midwife who treated them. They treated children who suffered from stomach ache, head ache, diarrhea, mumps, swollen body, side pain, fever, vomiting, fracture and general pains. They fortified and strengthened babies to make them healthy and strong. This fortification made babies to walk much earlier than normal. This was obtained through the use of lion bones to stretch the various joints of the baby. They used various methods to treat their patients such as the drinking of concoctions, rubbing and massaging of body parts. The most common form of treatment or protection among the Balikumbat people was the inducement of powder substances into the body through particular spots that had been cut open using a razor blade or a blade-liked object¹⁶.

The midwife made use of local equipment such as wooden spoons and bowls, calabashes, clay pots, stones, bones, skulls of animals, snail shells and knives. Flat stones were used for the grinding of medicine while mortar and pestle were used for the pounding of leaves, herbs and barks of trees. Leaves, especially plantain and cocoyam leaves were used to wrap medicines. Knives and cutlasses were used for the cutting of herbs, leaves and for the peeling of barks of trees. Human and animal bones were used in the treatment of fractures¹⁷.

Although the art of midwifery was a gift from the gods, the midwives educated and trained indigenes who were interested in this profession. They taught their apprentice how to identify herbs of medicinal value, trees and roots. They also taught the learners how to pound and preserve medicines and concoctions for future use. Learners were taught how to evoke, pray and to offer sacrifices in order to obtain protection and to avert evil manipulation. The midwives were promoters of their moral code. This was because morality was directly linked with good health and prosperity. They always advised their patients and members of their community to be morally upright as any violation of their cultural norms was equivalent to daring the spirits. Through good conduct, the affliction of the people was curbed. Midwives who possessed supernatural potentials were able to dictate causes of afflictions and thus applied practical solutions to them¹⁸.

¹⁴ V.Kuna, Age 70, Farmer, Mbakti Quarter, Balikumbat, 28-11-2017.

¹⁵ R.N.Monteh, "African Women in Social Observances: The Case of Women in the Bamenda Grassfields Before the Advent of Christianity", in *HABARU Revue Scientifique Pluridisciplinaire du Departement d'Histoire de la Faculte des Arts, Lettres et Sciences Humaines de l'Universite de Yaounde I*, Vol.I, Edition Melanges, ISBN:979-2-655547-24, University of Yaounde I, June 2014, pp

¹⁶ C.Ladji, Age 88, Farmer, Dalu Quarter, Balikumbat, Balikumbat, 27-12-2017, A. kah, Age 79, Farmer, Ngoti Quarter, Balikumbat, 29-12-2017, D.Muvah, Age 80, Farmer, Nyambu Quarter, Balikumbat, 29-12-2017, F.Loma, Age 86, Mbarrack Quarter, Balikumbat, 30-12-2017.

¹⁷ E.N.Lum, "Evolution of Traditional Medical Practices in Mankon from Pre-colonial Time to 2000", Master Dissertation, Department of History, University of Yaounde I, 2008, p. 26.

¹⁸ M.Niah, Age 80, Traditional midwife, Nyambu Quarter, Balikumbat, 02-01-2018.

The midwives sensitized the indigenes of their society on the prevention of illnesses. Good health was obtained through the respect of traditional laws and the performance of sacrifices and rituals when necessary and their relation with other members of their community. They protected newly born babies with protective charms which they wore on the waist and wrists. Grownups equally wore charms around their waist, neck and wrists. The art of traditional midwifery brought man back to nature, his environment where natural medicine was obtained. In the Balikumbat society, the midwives were viewed with respect and admiration. Every family sought their services as they were instrumental in ensuring the continuation of a lineage. Thus, the people believed in them, their method of diagnoses and treatment as being absolute and efficient.

4. Changing dynamics of traditional midwifery

The advent of colonialism had influenced the functions of the traditional midwifery and the lives of indigenous women¹⁹. During the colonial period, the indigenes of Balikumbat depended on Ndop hospital for their medical care²⁰. With the independence and reunification of Cameroon²¹, the government through the department of health created a health center in Balikumbat in 1961 to cater for the health needs of the people. The health centre in Balikumbat was staffed with a well-trained personnel which led to a decline in the practice of traditional midwifery. The health center served the population of Balikumbat, Bafanji, Bamunkumbit, Baligansin and Baligashu which today constituted the Balikumbat Sub Division. The first nurses to work in this health centre were non Balikumbat natives. It was until 1970 that the first indigenous nurse and midwife by name Margaret Sama Kanwoh Galabe popularly known as “Big Madam” was posted to work in the Balikumbat health centre. She worked in this health center for about 37 years uninterruptedly leaving an indelible mark in the domains of health care, nursing and midwifery in what became known as the Balikumbat health district in 2000²². Her posting to the study local was a catalyst of change as it attracted the indigenous women who were more comfortable expressing their health worries to her using their dialect than to strangers. Her profound professionalism attained its peak in the year 2000 when a medical doctor was appointed to take charge of the health centre. On the contrary, the indigenous population expressed their frustration toward the appointed medical doctor who was a non Balikumbat native as they claimed that “Big Madam” was more qualified, experienced and coupled with her age to handle health issues than any other worker. Thus, the public continued to depend on her during the period of her professional life and even during her retirement for medical assistance²³. Nonetheless, from the 1990s, more female nurses and midwives were recruited by the Balikumbat Rural Council to work in the health centre. Through this, the health centre was Balikumbatnised and Mubako became the main language of administration. The introduction of modern medicine and vaccines boosted the health sector as most illnesses that were attributed to witchcraft was now treated with modern medicine. This gradually changed the perception of indigenes who prior to the creation of health centres believed that steeling health depended on ones relation with the spirits and the public. In effect, educated Balikumbat indigenes started regarding traditional midwifery and their way of handling birth related issues as archaic, outdated, primitive and superstitious. This was because the trained nurses were able to give concrete explanations to the causes of diseases²⁴.

Since the period of decolonization of Africa, Gyimah F.O. stipulated that, Africans had been made to understand that certain traditional practices was an impediment to human development and the nation²⁵. During the Colonial period, the British colonial administration carried out sensitization campaigns against the practice of traditional medical practices. During the colonial period, there was no Health Centres in Balikumbat, but the department of health through Ndop extended their activities to remote areas in order to redress their health needs. The sanitary inspectors sensitized the public on hygiene and sanitation in order to prevent illnesses.

¹⁹ B.C.Ray., *African Religion: Symbols, Ritual and Community*, New Jersey, Prentice-Hall, 1976, p.5.

²⁰ N.A.B. File No. b.635, NW/Ea/1941/1, Annual Medical and Sanitary Report, 1941, p.4.

²¹ V.J. Ngoh, *History of Cameroon since 1800*, Press Book, Limbe, 1996.

²² M. Kemende, Age 70, Retired Nurse, Barrack Quarter, Balikumbat, 31-12-2017.

²³ A. Amina, Age 54, Nurse Balikumbat Health Centre, 02-01-2018.

²⁴ M. Kemende, Age 70, Retired Nurse, Barrack Quarter, Balikumbat, 31-12-2017.

²⁵ F.O. Gyimah, F.O., “The Traditional African Women Face a Face with the Modern World”, in *The Civilization of the Woman in African Tradition*, Abidjan, Presence Africain, Paris, 1975, 451-464.

The indigenes were provided free vaccination especially pregnant women and their children and this freed them from illnesses such as small pox and measles which affected many children in 1932²⁶. A similar public vaccination campaign was made in 1940 whereby school children in both public and mission schools were vaccinated and sick children were treated using European medicine²⁷. Prior to colonialism, sleeping sickness was a major challenge to midwives and traditional healers. It had a negative impact on women's fertility. Sleeping sickness had a negative effect on pregnancy as it reduced the number of pregnancies and new born babies and it equally reduced the economic input of those infected²⁸.

Among the nurses that were in charge of the Balikumbat Health Centre were specialized midwives who had modern knowledge on childbirth and better technical knowhow. They handled complicated cases of delivery. Antenatal lessons were given to pregnant women who attended their lectures and modern drugs were administered in place of traditional concoctions²⁹. The Health Centre under the supervision of the midwives admitted sick pregnant women for treatment. Women who attended antenatal sessions in the Health Centre most often delivered their babies in this Health Centre. Few of them arrived the Health Centre few days before the day of delivery while those who lived nearer only arrived upon labour. Pregnant women were given drugs such as vitamin C to protect them against miscarriages and stillbirths. In this Health Centre, nurses treated patients who had infectious diseases such as cholera, typhoid, chicken pox, small pox, measles and vaccines provided to stop their spread there by reducing infant mortality rate. This new dispensation went a long way to reduce the people's belief and reliance on traditional medicine³⁰.

Before colonialism, the Balikumbat people believed in the power of charms and magic. They also believed that death was either caused by natural or super natural forces³¹. The church was not against the practice of traditional midwifery, but they were against some of the methods employed by the practitioners which were considered fetish and diabolical. The Catholic Church was established in Balikumbat in 1922 with a resident priest by 1939³². The church through some of its sermons, criticized traditional practices which went a long way to revolutionize the mentality of the indigenes especially towards traditional diagnoses. This brought in a decline in the number of people seeking the services of traditional midwives.

5. The persistence of traditional midwifery

The art of traditional midwifery is one of the aged old cultural practices of the Balikumbat people which has resisted foreign influences. As elaborated by Pinkoane, traditional midwives form the essential core of primary health service for the rural population and a greater proportion of the indigenous population believe in its practice as it was deeply rooted in their cultural religion³³. The method of treatment differs from that of biomedicine. The indigenous perception of traditional medicine, healing and their demands has been the reasons behind their continuous belief in traditional midwives. The natives saw traditional midwifery as a part of their culture which preserved the dignity of a woman. As explained by Lega Esther, "It was against our culture for another man to see the nakedness of a married woman not to talk of touching and inserting medical instruments in it. In the Health Centre, we were exposed to male nurses during antenatal and child birth which is not appropriate. For this reason, my husband and I preferred a traditional birth attendant with whom I am comfortable"³⁴.

These worries were further expatiated by Voma Dorise who explained that:

My family members were always scared that I might die if I give birth in the Health Centre because the nurses working there were very wicked, inhuman and arrogant.

²⁶ R.A.B, File No B.41, NW/Sd/a.1932// small pox correspondence, 1932, p.36.

²⁷ R.A.B, NW/Sd/A,1940/1/ Memorandum on public vaccination, by Resident, Cameroons province, Buea, February, 1940, p.9.

²⁸ R.A.B, File No B.1626,NW/Sd/a.1938/2, sleeping sickness control, 1938,p 28.

²⁹ A .Amina, Age 54, Nurse Balikumbat Health Centre, 02-01-2018.

³⁰ N/WSald.2008/5.Bk Robert and Pat Ritzenthaler, Cameroons Village: An Ethnography of the Bafut, 2008, p.35.

³¹ J.N.Dah, Chieftaincy, Widowhood and Ngambi in Cameroon, Pforzheim, Hohenwart, 1995,p.3.

³² R.N.Tati, "The Bali Chamba of the Bamenda Grassfields and the Practice of Widowhood:The Case Study of Balikumbat 1830-2006", Master Dissertation, Department of History, University of Yaounde I, 2011, p.120).

³³ M.G.Pinkoane et al, "The Patient Relationship and Therapeutic Techniques of the South Sotho Traditional Healer", Potchefstroom Campus of the North West University, 2005.

³⁴ E.Lega, Age 85, Farmer, Nyambu Quarter, Balikumbat, 27-12-2017.

They do not understand the pain of child birth and so they abandoned pregnant woman to die in pain. On the contrary, traditional birth attendants were supportive, tolerative and more professional³⁵. Although there is a health centre in Balikumbat, most pregnant women continue to visit traditional midwives for their health needs. In the early decades of the creation of the Health Centre, indigenes timidly went there to be attended to. This was because, they were not familiar with the new method of treatment utilized by the trained nurses. The syringe that was used was very frightful to them. The Balikumbat women just as women in other areas of the Bamenda area believed in and equally circulated negative rumors against the colonial bio-medicine. According to Mary Niah, the nurses used colonial medicine to infect them with all sorts of diseases in order to render them weak and to reduce their population³⁶. The indigenous population and women in particular, boycotted health centres, injections, vaccines given to them and their babies. Women avoided meetings with medical personnels to regulate child-birth. Parents cautioned their children to equally boycott vaccines that were administered to school children in schools. Thus, trained nurses and their bio-medicine were termed disseminators of ill health, infertility and death³⁷.

Some Balikumbat men and women vehemently continued to rely on the services of traditional midwives and thus perceived their works as a treasure and legacy inherited from their ancestors. In this regard, traditional midwifery continues to maintain a privileged position in this society. According to Shostake Marjorie, traditional midwives were very essential in their society as their successes were evident in the number of cases brought to them and in the number of children they have delivered³⁸. Health being entwined with traditional religion, devoted Christians and the educated indigenes continue to seek the services of traditional midwives for two main reasons. Modern midwifery failed to provide an accurate solution to indigenous health problems. The Balikumbat Health Centre had no medical doctor until the year 2000 and lacked the necessary skills and apparatus to carry out a smooth functioning³⁹. The recruitment of nurses and doctors to work in remote areas like Balikumbat with no reliable source of portable water, electricity and lack of infrastructures, remains a major problem as most workers seek transfer to work in urban areas. The Balikumbat Health Center has no incubators to cater for pre-mature babies and to carry out surgical operation on pregnant women. In the absence of modern incubators, traditional method was employed in this health center. A lamp was lit and placed under a pre-mature baby's cot to keep it warm for a given period of time. Thus, it became almost insignificant to the indigenes who saw very little or nothing new in the new dispensation⁴⁰.

On the other hand, the indigenes find it inappropriate to drastically disassociate themselves from their original believed system. During this study, some informants (Bobga Terence, Kahbit Ana and Nyongpua Judith) disclosed that they saw nothing wrong with traditional midwifery especially in a community with limited health facilities and financial hardship. Thus, it was easier and cheaper to seek assistance from traditional midwives than from modern midwives⁴¹. Most indigenes lacked the money to pay for treatment in the Health Centre. Women were unable and unwilling to give birth in hospitals because they had to pay a maternity fee of five shillings. This was a fee paid to the mid-wife by any woman who gave birth in a Health Centre and was issued a receipt⁴².

Women who saw themselves wanting by the inefficiency of modern midwifery turn to traditional midwifery for solutions and vice versa. During this study, cases were mentioned of women who had fertility problem and bridged pregnancy that were redressed by traditional midwives. However, cases of unresolved issues were also pinpointed.

³⁵ D.Voma, Age 92, Farmer, Dalu Quarter, Balikumbat, 28-12-2017.

³⁶ M.Niah, Age 80, Traditional midwife, Nyambu Quarter, Balikumbat, 02-01-2018.

³⁷ M.A.Terreta, Miscarriage of Revolution: Cameroonian Women and Nationalism, Stichporben, Wiener Zeitschrift Fur Kristische Afrikastudien, 2007, p.76.

³⁸ M.Sostake, *Nisa: The Life and Words of a Kung Woman*, ISBN.O-674-00432-9, 2nd Edition, Harvard University Press, pp.77-81.

³⁹ Ibid.

⁴⁰ M. Kemende, Age 70, Retired Nurse, Barrack Quarter, Balikumbat, 31-12-2017.

⁴¹ T. Bobga, Age 84, Farmer, Dalu Quarter, Balikumbat, 29-12-2017, A. Kahbit, Age 55, Nurse, Wapu Quarter, Balikumbat, 30-12-2017, J.Nyongpua, Age 50, Nurse, Barrack Quarter, Balikumbat, 31-12-2017.

⁴² NW/sd/a. 1955/5, S.C.L.N.NO, Public Notice. The Native Authority Ordinance (Chapter 140), The Bamenda South Eastern Federation Native Authority (Maternity Fees) Rules, 1955, p.12.

Based on data from the study local, about 75% of the babies delivered between 1960-1980 were attended to by traditional midwives⁴³. Thus, women were in a dilemma as they had no effective compromise and so, the indigenes were between adhering to customs and trying to adjust to some modern ways of life. The lone Health Centre in Balikumbat was located in Barrack Quarter which was far away from most quarters. The distance between the health centre and other quarters discouraged many pregnant women or sick persons from attending modern services. This was further compounded by the lack of good transport network⁴⁴. In effect, most patients died before reaching the health centre while pregnant women were delivered of their babies before they could reach the health centre. Lastly, traditional midwifery was much cheaper when compared with modern midwifery, thus, affordable by the masses.

6. Conclusion

Prior to modernization, the contribution made by the traditional midwives was vital and essential to their society. They provided an effective and efficient health care to pregnant women and their babies. Traditional midwifery was an integral part of African traditional medicine. The Balikumbat people continued to fear and love the spirit and ancestors and so uphold the practice. From the above analysis, it has been proven that the services of traditional midwifery were very primordial to the rural community and so, ways or measures should be put in place to improve on their quality of services to render them more efficient. In this regard, they could be given some training in areas that need to be upgraded. This could be done in partnership with biomedical providers with each other learning with an open mind and appreciating the efforts of each other in providing health care to the people. This will go a long way to reduce maternal mortality in the rural areas as trained nurses and doctors are always limited.

Sources

- Chi, P.C and Urdal H., "The Evolving role of Traditional Birth Attendants in Maternal Health in Post-Conflict Africa: A Qualitative Study of Burundi and Northern Uganda" in *Sage Journals*, Sage Publications Ltd, ISSN:2050-3121, Online Publication, 2018.
- Chilver E.M. and Kaberry P.M., *Traditional Bamenda, The Pre-colonial History and Ethnography of Bamenda Grassfields*, Buea, Government Printer, Vol. I, 1967.
- Choguya, N.Z., "Traditional and Skilled Birth Attendants in Zimbabwe: A Situational Analysis and some policy Consideration, in *Journal of Anthropology, Volume 15*, 2015.
- Dah, J.N., *Chieftaincy, Widowhood and Ngambi in Cameroon*, Pforzheim, Hohenwart, 1995.
- Eseke C., Traditional Birthing Practices Still Flourish in Nigeria, in Institute for War and Peace Reporting, Global voices in Africa, Nigeria, 2014.
- Fardon, R., *Between God and the Dead and the Wild, Chamba Interpretations of Ritual and Religion*, Edinburgh University Press, 1990,
- Global Health Observatory (GHO) data on Maternal and Reproductive Health, Publication of WHO, 2018.
- Gwanfogbe, M. et al., *An Introduction to the Study of Balinyonga from 1940-1984*, Yaounde, Stardust Printers, 1988.
- Gyimah, F.O., "The Traditional African Women Face a Face with the Modern World", in *The Civilization of the Woman in African Tradition*, Abidjan, Presence Africain, Paris, 1975, 451-464.
- Imogie A.O and al" Assessing the Role of Traditional birth attendants (TBAs) in Health Care Delivery in Edo state, Nigeria", in *African Journal of Reproductive Health*, 6;94-100, Google Scholar, Cross river, Medline, 2002.
- Inyang, M.P. and Anucha O. U., Traditional Birth Attendants and maternal Mortality, in *Journal of Dental and Medical Science*, ISSN:2279-0861, Volume 14, 2015, pp21-26.

⁴³ M.Niah, Age 80, Traditional midwife, Nyambu Quarter, Balikumbat, 02-01-2018.

⁴⁴ L.A.Lawyer, "Female Missionary Activities and Change in the Bamenda Grassfields 1904-2006: A Historical Survey", PhD Thesis, Department of History, University of Yaounde I, 2011, P.89.

- Monteh,R.N., “African Women in Social Observances: The Case of Women in the Bamenda Grassfields Before the Advent of Christianity”, in *HABARU Revue Scientifique Pluridisciplinaire du Departement d’Histoire de la Faculte des Arts, Lettres et Sciences Humaines de l’Universite de Yaounde I*, Vol.I, Edition Melanges, ISBN:979-2-655547-24, University of Yaounde I, June 2014.
- Ngoh, V.J.,*History of Cameroon since 1800*, Press Book, Limbe, 1996.
- Nkwi P.N.and Z. Warnier., *Elements for a History of the Western Grassfields*, Yaounde, University of Yaounde, 1982.
- Nyamndi, N., *The Making of a Fondom: Prominent Figures of the Bali Nyonga History from Fonyonga I to Galega II*, Yaounde, Mvomberg Publishers, 2007.
- Pinkoane, M.G. et al., “The Patient Relationship and Therapeutic Techniques of the South Sotho Traditional Healer”, Potchefstroom Campus of the North West University, 2005.
- Ray, B.C., *African Religion: Symbols, Ritual and Community*, New Jersey, Prentice-Hall, 1976.
- Sostake, M.,*Nisa: The Life and Words of a Kung Woman*, ISBN.O-674-00432-9, 2nd Edition, Harvard University Press.
- Terreta, M.A., *Miscarriage of Revolution: Cameroonian Women and Nationalism*, Stichporben, Wiener Zeitschrift Fur Kristische Afrikastudien, 2007.
- Troskie, T.,*The Importance of Traditional Mid Wives in the Delivery of Health Care in the Republic of South Africa*, University of South Africa, 1997, online Publication.

Theses and dissertations

- Atabe, T.S., “Religion in Bakossi Traditional Society”, D.E.A. Dissertation, Department of History, University of Yaounde,1976.
- Tati,R.N., “The Bali Chamba of the Bamenda Grassfields and the Practice of Widowhood: The Case Study of Balikumbat 1830-2006”, Master Dissertation, Department of History, University of Yaounde I, 2011.
- Lawyer,L.A., “Female Missionary Activities and Change in the Bamenda Grassfields 1904-2006: A Historical Survey”, PhD Thesis, Department of History, University of Yaounde I, 20011.
- Ngwochu,H.G., “The Bali Chamba: Between Warfare and Perception, 1830-2000”, PhD Thesis, Department of History, University of Yaounde I, 2014.
- Esume,J.K., ”The Secret Societies in the Bakweri Land from Pre-colonial Times to Present”, Master Dissertation, Department of History, University of Yaounde I, 1997.
- Ibewuik., V.O. “African women and religious change: A Study of the western Igbo of Nigeria”, PhD Thesis, Department of Theology, University of Upsala, Sweden, 2006.
- Sabum,H.D.,“Cultural Degradation and the Challenges to Cultural Preservation in Bali Nyonga:A Historical Analysis, 1903 to 2012”, Master Dissertation, Department of History, University of Yaounde I, 2013.
- Lum,E.N., ”Evolution of Traditional Medical Practices in Mankon from Pre-colonial Time to 2000”, Master Dissertation, Department of History, University of Yaounde I,2008.

Archival sources

- R.A.B, File NoB.41, NW/Sd/a.1932// small pox correspondence, 1932.
- R.A.B, NW/Sd/A,1940/1/ Memorandum on public vaccination, by Resident, Cameroons province, Buea, February, 1940.
- R.A.B, File No B.1626,NW/Sd/a.1938/2, sleeping sickness control, 1938.
- N/WSald.2008/5.Bk Robert and Pat Ritzenthaler, Cameroons Village: An Ethnography of the Bafut, 2008.
- NW/sd/a. 1955/5, S.C.L.N.NO, Public Notice. The Native Authority Ordinance (Chapter 140), The Bamenda South Eastern Federation Native Authority (Maternity Fees) Rules, 1955.
- File No Ab23.1473/25: 1925), Drummond-Hay, Assessment Report on Bali Clan, Bamenda Division, 1925.
- NW/Aa.1988/1,”The Bali Family History”, 1988.
- N.A.B.File No.b.635, NW/Ea/1941/1, Annual Medical and Sanitary Report, 1941.

Informants

Wakun,E., Age 77, Farmer, Ngoti Quarter, Balikumbat, 23-12-2017.
Tafili,V., Age 81, Farmer, Nzambu Quarter, Balikumbat, 28-12-2017.
Bobga,T., Age84,Farmer, Dalu Quarter, Balikumbat, 29-12-2017.
Ladji,C., Age 88, Farmer, Dalu Quarter, Balikumbat, Balikumbat, 27-12-2017.
Kah,A., Age 79, Farmer, Ngoti Quarter, Balikumbat, 29-12-2017.
Muvah,D., Age 80, Farmer, Nyambu Quarter, Balikumbat, 29-12-2017.
Loma,F., Age 86, Mbarrack Quarter, Balikumbat, 30-12-2017.
Kuna,V., Age 70, Farmer, Mbakti Quarter, Balikumbat, 28-11-2017.
Lega,E., Age 85, Farmer, Nyambu Quarter, Balikumbat, 27-12-2017.
Voma,D., Age 92, Farmer, Dalu Quarter, Balikumbat, 28-12-2017.
Kahbit,A., Age 55, Nurse, Wapu Quarter, Balikumbat, 30-12-2017.
Nyongpua,J., Age 50, Nurse, Barrack Quarter, Balikumbat, 31-12-2017.
Kemende, M., Age 70, Retired Nurse, Barrack Quarter, Balikumbat, 31-12-2017.
Amina, A., Age 54, Nurse Balikumbat Health Centre, 02-01-2018.
Niah, M., Age 80, Traditional midwife, Nyambu Quarter, Balikumbat, 02-01-2018.