

## The Role of Nigerian Women in the Development of the Health Sector: The Case of Tiv Women of Benue State, Nigeria

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### Abstract

*The paper examines the role of Nigerian women in the development of the health sector, focusing on Tiv women of Benue state, Nigeria. Women assist in the provision of healthcare; they play roles which complement those of men. Some women are physicians' i.e medical doctors, nurses and top hospital administrators. Women however are mostly concentrated in the low status health-related occupations such as hospital maids, nurses, and other paramedical jobs. The paper begins by conceptualising some basic concepts such as health, women and development for a better understanding. This is followed by the geographical location of the Tiv of Benue state. This study also assesses the roles of Tiv women in the health sector during the pre-colonial, colonial and post colonial eras respectively. The paper analyses the obstacles Tiv women encountered in carrying out their roles in the health sector. And they are identified at two major levels: First, are obstacles which are located within the socio-cultural milieu and the second, are the present occupational segregation and the sex-typing of jobs in the health sector. The paper provides some recommendations on how best these obstacles can be ameliorated. These include: there should be supportive systems to help women realise their professional or career goals, the government and private individuals need to get more involved with the provision of day care centres, so that child care itself is not seen as a hindrance to female career development in the health sector, there should be increased participation of women in the policy and decision –making levels of the health profession, the government should also initiate new policies which can help to improve activities in the sector, etc. The paper finally concludes that women should be empowered by the government, individuals, parents and Non-governmental Organizations (NGOs) to improve on the roles they are playing in the health sector educationally, financially as well as morally.*

**Keywords:** Health, Development, Women

### Introduction

Tiv women occupy a special position in terms of their roles in the health sector. This includes women participation in many activities which affect the health and well being of their families in particular and their society at large. Furthermore, the role of Tiv women as key actors in the health care system are well known with regard to the prevention, cure, rehabilitation and health education dimensions of health care. The Tiv health care system comprises of the traditional and Western orthodox medicine and the relevant health facilities such as maternity homes, dispensaries and hospitals. In fact, the development and expansion of these facilities is usually considered as a sign of development of any country, community and society. Despite the role women in the health sector play, some of them play roles that are different and subservient to those of the men. Most men dominate in positions of high status like physicians, and top hospital administrators. Some women are mostly found in the low status health related occupations such as hospital ward attendants, nurses, dieticians and other paramedical jobs.

In this paper, efforts are made to define the basic concepts such as health, development and women. The geographical features and location of Tiv land is also to be examined. The roles of women in the health sector during the pre-colonial, colonial and post colonial eras respectively are discussed. The obstacles that obstruct the efficient performance of women in the health sector are assessed. The paper also gives some recommendations on how these obstacles can be reduced to its barest minimum and a conclusion is drawn

### ***Conceptual Clarifications***

Trying to define health is like reaching for a bar of soap in a bathtub-just as you think you have it in your hand, it manages to slip away. The World Health Organization in Kirby (1997:511), which monitors health matters throughout the world for the United Nations, defines health in a more positive way as:

...not the mere absence of disease but total physical, mental and social well-being and not merely the absence of infirmity. Health is a dynamic condition resulting from a body's constant adjustment and adaptation in response to stresses and changes in the environment for maintaining an inner equilibrium called homeostatic

It could be argued that this definition means that most people are unwell for most of the time, since it is an extremely wide definition particularly in relation to its notion of social well-being. It is also the case that this definition is difficult to work with and therefore apply in considering changing levels of health.

In defining health, Trowler (1996:2) asserts that: in practice the medical profession and the population at large tend to define health in different ways. Nevertheless, some definitions of health tend to stress the objective lack of disease, but this suggests that we should not feel ill unless people have a physical ailment. Aggleton (1990:12) argues that "this is problematic as we do not always feel pain when we are unwell. It is also the case that such general notions of health ignore the way in which we differ as individuals and the enormously different expectations of health among social groups .

For the purpose of this research, health would be viewed as being much more issue than just a biological matter. Health would be examined as intimately related to society- to such matters as cultural beliefs, stage of development, lifestyle, and social class. Health is a state of complete physical, mental, and social well being, and not merely the absence of disease and infirmity. Thus, health involves not only the absence of disease, but also a positive sense of wellness. In other words, health is a multidimensional phenomenon: it includes physical, social, and psychological factors.

### ***Development***

The concept development is as difficult as any other concept when one attempts to define it. There is no agreement as to what development means. However, Seers in Gana (1988:1) conceives it as a condition in which people in a country have adequate food and jobs and the inequality among them is greatly reduced. He puts it categorically:

The questions to ask about a country's development are three: What has been happening to poverty? What has been happening to inequality and unemployment? If all three of these have declined from high levels, then beyond this has been a period of development concern.

This would have been a good working definition for this research, but for the fact that it has not elaborated much on this concept as it relates to this research. It is based on this that we subscribe to Okpaga's (2005:138) definition here:

Development must be human, economic, political and social. Thus, when development is human it involves a process whereby an individual develops self-respect and becomes more self-confident, self-reliant, co-operative and consciously disposed to national economic and political values. When it is economic, it becomes a process through which people own individual and/ or joint efforts to boost production through the mobilization of some combinations of all factors of production. When development is political, it involves a change in which people increase their capabilities, their rights and .their responsibilities, and use this knowledge to organize themselves so as to acquire real political power in order to participate in decision making, plan and share power democratically and create and allocate resources equitably and efficiently among individual groups. In this way, it is possible to avoid corruption and exploitation, realize social and economic development and political stability and create a politicized population within the context of their own culture and political system.

In summary therefore, and within the context of this study, development refers to a change process characterized by increased skills, capacity, productivity and equality in the distribution of social products within the society. It also involves a process whereby an individual develops self-respect and becomes more self confident, self-reliant, co-operative and consciously disposed to national economic and political values. And the active participation of human beings in the health sector for good health care provision.

## **Women**

In every society of the world there are basically two groups of human beings namely men and women. Thus, for the purpose of this research who are women? While this may at first seem like a silly question, Kirby (1997:166) asserts:

A physical being with certain distinguishing biological characteristics but it is difficult to make any further assertions which are not open to questions. Does the fact that some women can give birth indicate that all women have a natural inclination to care for children and carry out associated domestic tasks? Do women have particular mental processes which lead them to favour certain modes of behaviour?

Kirby (1997: 168) further holds it that:

One is not born, but rather becomes woman. It was not the case that women were naturally inclined to house work or to child care, as had been previously supposed, but rather that social and economic circumstances had tended to channel women into occupying such roles.

In pursuance of a better definition of the word 'women', Ikoni (2003:62) conceives thus: "Full grown human females and also it is the adult female of human beings physically weaker than the male and exhibiting feminine characteristics quite distinctive from the opposite sex". That women are weak makes the definition improper to be used in this work. What makes a woman weak when so many of them are taking very good care of their families instead of the husbands who in so many cases may be alive but doing nothing?

In pursuance of this study, the concept women mean the female human category. They are our mothers, sisters, aunts, wives, daughters, friends and confidants; they are the blocks, economists, decorators, care givers upon which the foundation of happy homes, families, communities, societies and countries rests. They are physically healthy, exhibiting feminine characteristics quite distinctive from the opposite sex and contributing to developmental processes just like the men.

## **Who are Tiv Women**

The origin of Tiv women is not known beyond the fact that they are the multiplication and continuation of that womanhood that was created from man. The oral recorded genealogical history of Tiv people speaks of 'Ayaaya' as having engendered a son called Tiv. The man, Tiv, married 'Aliwe' who begot two sons who were named 'Ipusu' and 'Ichongo', and whose off-springs have grown into a race called Tiv. The Tiv race, it is assumed, became more aware of their Tiv nature when they broke away from the Bantu race in Central Africa, in search of fertile land for farming, following the population explosion in that region. The exact time of this awareness among the Tiv cannot be stated. (Torkula 2009:6)

It is therefore difficult to say at what point this awareness took place. But oral history and recorded account of the Tiv as a race emerged only during the colonial era in the early 19<sup>th</sup> century. It was only then that the colonial anthropologists, historians, administrators, archaeologists, etc started to reconstruct the history of the Tiv through available information at the disposal of the Whiteman. Perhaps this situation is applicable also to other ethnic groups in Nigeria and not limited to the Tiv race alone. (Torkula 2009:7)

In pre-modern time, Tiv people were a virile race of farmers, singers', dancers and fighters. Their two great aims in life were to fill their store and granaries with food and their homes with children. Despite the inescapable influence of Western civilization, they still practice and exhibit their rich culture. They are essentially charming, cheerful, boisterous and expressive. A very courageous tribe, they are never afraid of tangible foes but always cautious of others. Tiv people are easily identified by their deep cut tribal marks, their bantiod language so full of expletive and their natural inclination to collectivism and communalism. Muslim fundamentalists of early 19<sup>th</sup> century were never able to penetrate Tiv land during the jihad to propagate Islam (Dzurgba 2007:18). The Tiv people are republican in nature and can be over expressive and aggressive especially when natural justice and the rule of law threaten and when their interest is at stake. A very friendly group, they can pay meticulous attention to appearance, good cooking, and they like clean and neat surroundings. The Tiv also have distinctive qualities, including outstanding strength, mental prowess, moral courage and transparent behaviour. A combination of these noble and descent, natural, innate and intrinsic qualities present a great contrast between the Tiv and other African racial nations. This is why the Tiv have been legitimately and truly famous for excellent performance in the military forces of Nigeria.

The Tiv won victories against their enemies in the wars of survival, self defence, migration and settlement in the Benue Trough or Benue Valley, the most suitable land for the most competent agrarians or farmers (Yough et al 2012:4).

### ***Geographical Features and Location of Tiv Land***

Tivland spans Benue, Taraba, Plateau, Nasarawa and Cross-River states. It is situated in the central region of Nigeria and falls within the geographical region referred to as the middle belt. Tivland extends on both sides of the River Benue 244 km from its confluence with the Niger and occupies an area of about 30,000 sq km. It stretches about 6° 30' to 8° 10' north latitude and 8° to 10° east longitude. Most of Tivland is 2440 meters above sea level. The land lies within the Guinea Savannah with distinguishable belts of vegetation. The vegetations cover comprises of giant grasses (the cow and the elephant grasses) which support the breeding of animals and hunting expeditions on a small scale. Economic trees also exist and these include the oil bean, shea butter, oranges, and locust beans trees. Along the shores lines of the various streams can also be found oleaginous trees and oil palm as well as raffia palms (Dzeka 2003:30).

Dzeka in Yecho (2012:81) emphasizes that:

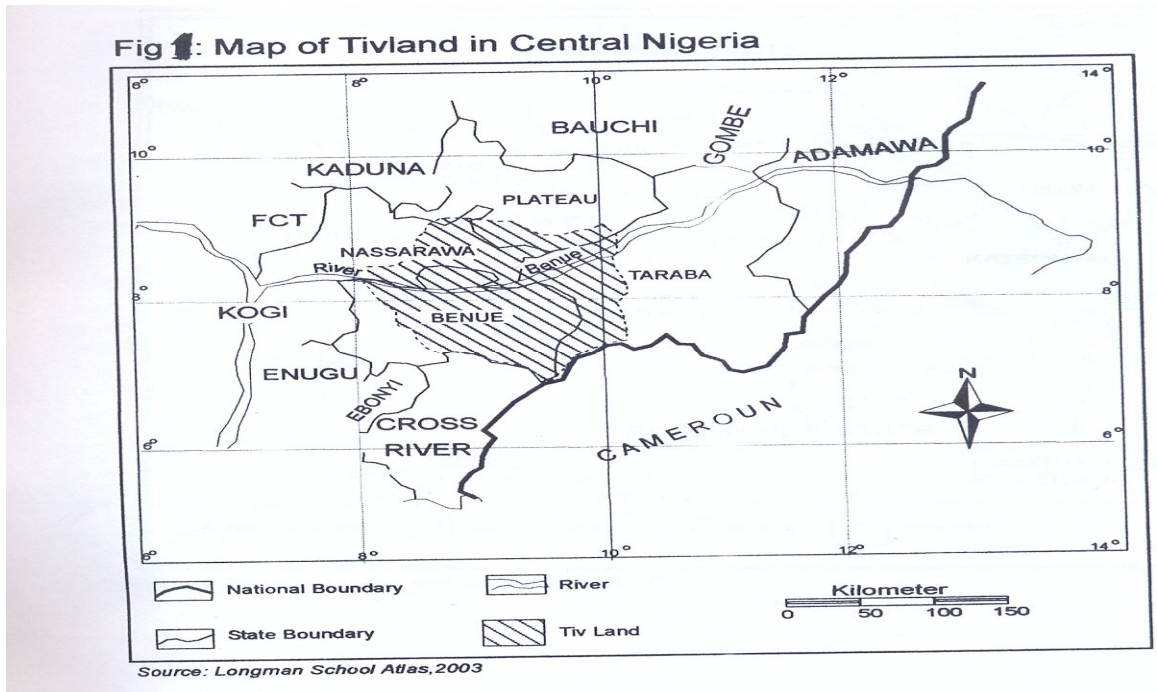
Soils become less sandy generally and more fertile near the coast of Benue and Katsina-Ala rivers. Alluvial soils can be found along the river and stream basins especially on the southern bank of River Katsina-Ala. The north of Tiv land lies in the basin of the Benue River, and the soil type is light alluvial. Tivland is also characterized by ferruginous tropical soils (laterite) which are derived from crystalline and other rocks with appreciable ferromagnesium minerals, sandy deposits and other halomorph characteristics.

The whole area lies in a low land, interspersed with mountains; that is to say the area lies within the lower Benue trough, separating the north-central high lands from the south east scarp land and the Cross River plain. The land is generally denuded by the River Benue and its tributaries, River Katsina -Ala being the most important. Intermittent rocky outcrops like Mkar, Selagi and Ngokugh hills punctuate the terrain. There is a lower intermediate level of 100- 200 meters in altitude and the south eastern parts of Tiv land are relatively high, being part of the Cameroun high lands. These are the Vandeikya and Kwande areas, Kwande particularly which shares boundary with Cameroun. These high lands serve as natural border lines between Nigeria and Cameroun and are probably granite (Yecho 2012:82).

Dzeka (2003:30) assiduously espouses that:

Temperatures average between 80°F and 90°F. Tivland area has a topical climate with two marked seasons the wet season lasts from April to early October and the dry season from late October to March. The wet season comes under the influence of the south westerly winds from the equatorial rain forest belt, while the dry season is characterized by dust laden harmattan winds from across the Sahara desert. The dominant rainfall in Tivland is conventional, which falls within 508-1016 mm and 0-25cm ranges in the wet and dry seasons respectively. The great River Benue dominates the drainage pattern with over 100 natural ponds. Other rivers in Tivland include: Konshisha, Mu, Gwer, Ambighir, Amile-Tamen, Amile-Kiliki, Aya, Be etc

## Maps of Study Area



According to the (Federal Office of Statistics 1999: 33) the Tiv people whose population has been estimated to be above 4 million are bordered on the east by the Jukun and Chamba of Taraba state. To the north, the Tiv share boundary with Alago, Angwe, Koro etc of Nasarawa state. To the south they are bordered by a congeries of ethnic groups comprising the Utugwang Boki, Obudu, Ngakom, Bekwarra, Yala, etc which the Tiv collectively refer to as Udam while to the West are the Idoma. The general level of population distribution reveals a high population density in the south and lower densities to the north (Dzeka 2000:1).

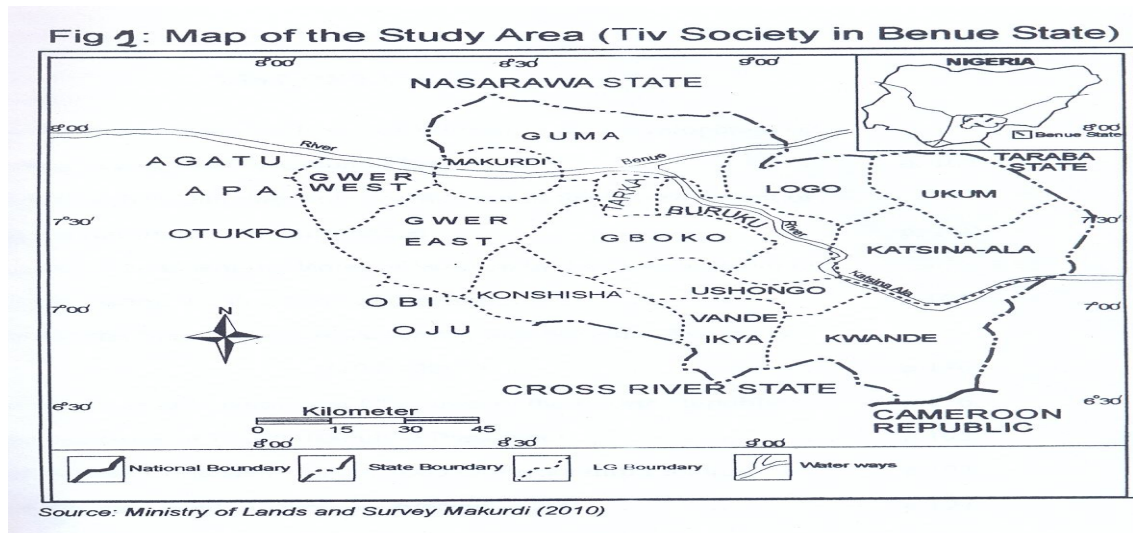
According to Avav in Ahire (1993:34) The Tiv of North Central Nigeria occupy more than:

24 Local Government Areas (L. G. As) in four states. The L. G. As are: Gboko, Guma, Gwer, Logo, Tarkaa, Katsina-Ala, Konshisha, Kwande, Makurdi, Ushongo, Vandeikya, Buruku, Gwer-West, and Ukum in Benue state; Lafia, Doma, Awe, Obi, and Quan Pan in Plateau state and Obudu in Cross River State. The Territorial spread of the Tiv is comparable to that of the so –called major ethnic groups namely Igbo, Hausa and the Yoruba.

In view of their territorial spread, Avav in Ahire (1993:34) asserts that the Tiv have many neighbours. Among them are the:

Idoma, Jukun, Alago, and Udam. In Benue state the Tiv share borders with the Idoma, while they co-exist with the Jukun in Makurdi, Abinsi, and Gbajimba. The Jukun are also neighbours of the Tiv in Taraba state. The Alago of Plateau State are the main Tiv neighbours north of the Benue River. The Udam from Cross River State are the age-old neighbours of the Tiv in the southern Tivland.

Apart from the above, they also share their settlement area with people like Etulo, Naji fon, and Iordaa in Katsina-Ala, and Buruku L. G. As, and the Utange in Ushongo and Kwande L. G. As.



### ***Tiv Women and Their Roles in the Health Sector during the Pre-colonial Era***

Tiv women in the pre-colonial era made a lot of impact in the health sector especially in traditional medicine. In an attempt to discuss the role of women in the health sector during the pre-colonial era, it is pertinent to discuss types of illnesses obtainable in Tiv society which Tiv women take care of. Some of the illnesses are categorised into:

Mental illnesses such as madness, craziness, mental derange and epilepsy. Others are illnesses like back ache, constipation, convulsion. Cough, dizziness, fainting, pains head ache, stomach ache, dysentery, small pox, respiratory illness, malaria, gonorrhoea, worms, leprosy, eye trouble, tooth ache, rheumatism etc.

Illnesses associated with child bearing such as barrenness, miscarriage and impotency in men are in this category. Again the causes of these ailments in Tiv society are: Bewitchment- it is a common cause of ill-health in traditional Tiv society. The bewitched person may be a rich farmer who refuses to share his wealth with less privileged members of his community. African value may be a consequence of violating the accepted cultural norms and values (Ityavyar 1990:234). The problem which first started as abdominal pain is now traced to a cultural folkway and the medicine woman advices the patient on the appropriate line of action. The victim may, on the advice of the healer, decide to host a big party for his relatives where a goat or cow will be slaughtered for merry making. When this is combined with herbal medicine, the person is fully recovered. Ityavyar (1990:234) holds it that:

Broken taboos- In secret or in public, knowingly or unknowingly a member of a community is supposed to keep away from doing certain things. He or she breaks a taboo if the abominable is done. The consequences in forms of death or diseases are on the violator or his relatives. Among the Tiv of central Nigeria there are several taboos. A woman cannot eat meat, partly used for sacrifice, she cannot see a grave while it is been dug until a person is buried, worse even, she does not see a corpse on its way for burial. There are several sicknesses associated with violation of these; it is the duty of the healer or diviner to reach out, find if the patient has broken a taboo and to recommend appropriate therapy.

Offending the gods and ancestral spirits- when gods and ancestral spirits are offended by an individual or individuals, the annoyance may be expressed in forms of serious epidemics. The healer who has a way of understanding the spirits will communicate with them and know the appropriate therapy. Usually the culture prescribes the most acceptable sacrifices required of victims to appease the gods before recovery is attained.

Debts- long overdue and unpaid debts may cause disease to the debtor. Tiv sense of justice does not allow unpaid debtor. When a person wakes up with a swollen leg or other spontaneous ailments, the root cause may not be biological malfunction; it may be that the victim has not paid his debts, owed to a neighbour. When paid, and herbs are given to the sick, he or she recovered.

Other issues- In very rare cases one's illness is considered natural. The healer, after her professional consultation with gods says that the sickness does not lead to death. Other sicknesses are just to show discipline in society.

Causes of illness in Tiv society may also include lack of respect for elders, adultery with a neighbour's wife, incest, quarrels, jealousy and culturally unacceptable marriages. These occasionally bring health hazards to the violators.

Beside the use of herbs and medicines, diagnosis in Tiv medicine include socio-cultural analysis of the patient's situation so that therapy is occasionally administered only as an avenue of cementing fragmented relationships between individuals or between individuals and offended spirits. By reducing inter-personal friction and stress, the balance is probably tipped in favour of the patient's recovery and opposing parties are once again at peace and recovery obtained (Itvavyar 1990:234).

In pre-colonial Tiv society, the agrarian economy enabled and sustained the growth and development of medicine. A variety of health specialists emerged within the Tiv health care system, ranging from public health to surgery specialists. There were specialist diviners, midwives, bone-setters, magicians and healers. Yet some Tiv women specialize in charms and amulets forwarding of evil spirits. There are health specialists in each village and city, on a variety of cases such as child birth, child care, bewitchment, diarrhoea and arthritis. Not all medicine women practiced full time. There is however, a part-time healer of some kind in every Tiv home attending to simple every day ailments such as colds and headaches.

Among the Tiv of Benue state, there used to be special treatment rooms in the woman's home where patients were accommodated. Patients may also be accommodated in the large sitting room of the woman called *Ate* especially when guest and treatment rooms were all occupied. Treatment of many ailments is done publically in or outside the woman's sitting room, perhaps to let all including witches know that the person is now treated and his disease should be removed from him or her.

For acute and non-incapacitating sicknesses, healers were often called to the patients' home. Sometimes, it was normal too, for patients themselves to walk over to the healer's home to seek treatment. Problems such as stomach ache, child birth, colds, and accidents belong to this category. Ailments considered by members of the community to be simple and non-mortal ones never needed the attention of a specialist. The healer may not even be required to examine the patient. Mere prescriptions earlier given to a neighbour for similar symptoms may be passed on another. Most of these simple cures were administered by women.

During the pre-colonial era, women were medical practitioners in Tiv land. They were very knowledgeable about childhood diseases such as measles, whooping cough, neo- natal tetanus, polio and tuberculosis. These diseases were the major causes of infant death in the period. Women generally knew how to observe health problems and examine children's eyes, tongues, and complexions and sometimes even their urine and stool. Indeed, physical diagnostic techniques were popular among these healers who had gender restriction.

Tiv female medical practitioners showed considerable interest in the well being of women and helped to promote their fertility by managing gynaecological problems. Such gynaecological problems include: inability to become pregnant, watery menstruation, barrenness, and fever among other related health problems. In treating infertility related problems, female practitioners prepared particular soups for barren women and pregnant mothers to take before and throughout the period of pregnancy. Among the Tiv, the type of medicine used for procreation by women was known as *Akombo Ikyoor*. In this ritual, the female ritual healer dealt with the fertility problems of women and sometimes the potency problems of men. She initiated a healing process, which cleansed the woman against evil attacks and machinations that prevented pregnancy. This ritual was a widespread practise. Wegh et al (2001:12) further strengthen this view by saying that:

When a woman after being married for some years fails to become pregnant she visits the *Kwase usorun Ikyoor* who may give her some medicine. After taking the medicine if the woman is still unable to conceive she then returns for another treatment.

Women understand their clients' cultural beliefs relating to pregnancy and birth. They believed that pregnancy is a natural phenomenon that, under normal conditions, should pose no problems except as a result of witches and sorcerers.

Consequently, prolonged labour was usually handled through rituals in order to ease the delivering of babies and to promote the mother's health. The traditional midwives recognized the cultural significance of the cord by preserving it in covered pots or calabashes and burying it near the mother's home or at the doorstep of her room.

This was to ensure that bad people who may wish to use it to cause barrenness or stoppage of menstruation do not have access to it.

In an interview with Msur Alaaga emphasizes that medical practitioners, who played the roles of midwives were responsible for bathing the babies and putting their heads, noses, and eyes into proper shapes. They also ensured the mother's well being after delivery by giving her a hot bath and properly massaging her body in order to get rid of unwanted blood as well as to put the body back to its former shape. They also kept the women in warm rooms during the first months of delivery to reduce labour pains and proven future episodes of rheumatism arising from black veins and advised lactating mothers to eat blood enriching traditional foods like vegetables cooked with melon seeds, beans, and guinea corn pap etc. Lactating mothers were advised to abstain from sex in order to avoid unwanted pregnancy. In fact, women's role as midwives was very important.

Kahanmga Adoove in an interview states that women were advised to look attractive to their husbands during breast feeding until the weaning period when another pregnancy was desirable. They encouraged enough time for breast feeding, which was a form of family planning.

According to Manega Luga, circumcision was believed to ensure women's chastity and make them less promiscuous. Some women in areas where it was practised also claimed that clitoridectomy made delivering of babies' easier.

In the area of traditional pharmacy, women collected the ingredients, which they turned into medicines. They were often engaged in drying, grinding, and/or pounding of herbs. However, only older women who had passed menopause could prepare spiritual medicines in the various communities visited in Tiv society. These women, as pointed out by Mbakaan Iorakpera, were actively involved in the sale of medical powers and medicinal tea. They competed favourably with their male counterparts in the distribution of medicinal products. Remedy cure and prevention of fever in all its forms, pile, eye trouble, and skin diseases attracted much patronage. Women had knowledge of basic first aid they prescribed appropriate dosages of medicine and provided information on the side effects. Women usually took care of local clinics. They saw to the cleaning of clinic premises at regular intervals, particularly after the preparation of medicine. They kept all utensils used in the preparation and packaging of remedies or drugs clean.

Women naturally were closer to their families than men. They were particularly more sensitive to any societal ill that could have aggravated the anger of their deities and brought down illnesses on them and their families. Women were the first to detect any evil that befell the society. They often consulted diviners who prescribed sacrifices to appease the anger of the gods.

How were these women called to be providers of health care to their societies during the pre colonial period? When the researcher interviewed some of their relatives such as Hembadoon Bem she said her mother who was a health care provider got her calling to be treating pyre ailment through inheritance from her father. It was seen as a gift from God to the family that every female daughter from the family should inherit and practice it. Dooter Chubu in the same vain said her mother received her own gift of healing over night at the waterside from spirits. Sewuese Gobi holds it that her mother received her call to the health sector through the process of training from health providers such as Iya Dooser who in turn got her healing power from the chief priest of Korinya land. Terdoo Shima, asserts that her sister also got her healing power from the spirit world. She said that she once fell sick and some believed she was to die and were discussing her by the river side some spirits overheard it and came to her aid by carrying her underground to spend seven months with them. It was after then that they gave her the power to divine and use any kind of herbs or make incantations as desired by the spirit forces to heal her patients and advice the community on certain laws, that will keep the people pure and free from diseases. That is why she was regarded as a priestess, diviner and a medicine woman.

### ***The Changing Roles of Tiv Women in the Health Sector during the Colonial Period***

Among the Tiv the traditional health worker retains his or her place side by side with scientific western medicine. The Tiv believes each has its own place and use, depending on the nature of the problem to be treated. The woman in charge of health issues is a public figure whose functions show her as combining the work of a priest, diviner and an herbalist in the society. During this era she continued with her role of healing all kinds of sicknesses. This is through the use of herbs, rituals, prayers and incantations.



The health worker performs the role of relieving tension where it exists, people accused of sorcery, bewitchment and other evils and witchcraft activities came to her in order to declare their innocence. The health worker judges through oath taking known as ordeal (*Swem*). It is believed that those who swear forcedly make their down fall. In this, justice is sought from God, spirit, magic witches and elders. In this way both individuals and families and the society rights are protected and justice are ensured for all. However one may be wrongly accused or vindicated by the health woman.

Some important changes occurred in the provision of health services during the colonial period. The colonial administrators and Christian missionaries provided health services to Nigerians generally and Tiv people of Benue state in particular. The Catholic, Anglican, Methodist, and Baptist missions established clinics and hospitals in Tiv society. The primary objective of these missions was to gain converts and healing to the people by establishing clinics, dispensaries, and maternity centres in rural areas. The various colonial governments built hospitals in urban and rural centres in order to maintain the health of the work force. Given the growth of population in industrial centres, the prevention of the spread of diseases, the promotion of sanitary behaviour, and the establishment of clinics where the sick could be treated became important considerations. Western medicine to some extent replaced traditional healing methods. Even though the number of hospitals and clinics did not adequately serve the Tiv population, the British had introduced Nigerians to Western medicine.

During the colonial era, Tiv women continued with their pre-colonial roles in the health sector as they participated in health care delivery, older women particularly provided maternal and child care services. Tiv women provided medicines for barren women and treated babies born with defects. They also cared for other people in the society. Women bore a greater proportion of health hazards associated with reproduction than men.

Thus, it can be said that Tiv women continued with their roles in the health sector during the colonial era in hospitals, clinics, dispensaries were very few and inadequate.

### ***The Changing Roles of Women in the Health Sector during the Post-Colonial era***

With the advent of post colonialism, capitalism and Christianity, the role of women in health care delivery changed. The change clearly reflects in the overall health sector. The Tiv indigenous medical care system prevailed along side with the Whiteman's medication. Now, many women patronize orthodox medicine which equally reflects the capitalist system. Hospitals and clinics have replaced some shrines and therapeutic areas. Traditional midwives gave way to modern midwives and nurses, and famous traditional healers like Orhembaga Iorwase, Hembazan Ihwaka, Grace Nomhwange and Mozeh Adakwu were replaced by trained medical doctors. Women's role in the health sector during this era was more visible. Many Tiv women are trained medical doctors, pharmacists, nurses, midwives and other para-medicals. Christian hospitals at Mkar, Mbaakon, Adikpo and Ihugh all have maternity sections which are totally controlled by women. General hospitals and government clinics located at various parts of Tiv society also employ Tiv women who work in different sections. Women also take charge of the various family planning units in Tiv society.

Though Tiv women are valued in health sector, their roles still reflect the class and gender discrimination in society. Many of them occupy the lower and at best middle cadre of the health sector. There are fewer female doctors and pharmacists, and more female nurses and cleaners. However, there is remarkable change, at least in comparable terms between what used to be the role of women in the health sector in Tiv traditional society and what pertains now in the post colonial period. It is however expected that more Tiv women will become doctors, pharmacists and hospital administrators. Already each town in Tiv society has several public and private maternity clinics which are owned and directed by women.

The upsurge of midwives and nurses is an indication, that the role of women in the health sector in pre-capitalist and capitalist Tiv society takes the same patterns with present trend. It is still mostly tilted towards maternity and child care. It is pertinent to emphasize that Tiv women have seen a lot of changes in every sphere of life, especially in the health sector (Ityavyar 1992:66). This is traced to the education and religion which they have embraced from the West. These roles are further influenced by the socio-economic changes in Nigeria as a Nation.

Aina in Sesay (1998:119) points out that to increase the full participation of women in the health sector of development, some of these obstacles which are identified below are located within the socio-cultural milieu, such as obnoxious traditional practices which are detrimental to women's health; and traditional ideological values which continue to allocate superiority to the male gender, and his unquestionable rights over the health of wives and children.

Most women are not empowered especially through education. Access to education will not only provide them with greater life choices such as better employment, but will also expose them to health education, and the importance of maintaining a healthy life pattern including their fertility status and childcare practices. If these women are also given economic autonomy, they are more likely to be able to take decisions about their health especially if they are able to meet the needed financial obligation without recourse to their husbands.

There are no positive societal attitudes towards gender role relations which may only be achieved through government processes, such that both the male and the female children are socialized into non-sex biased functions. Second, the present occupational segregation and the sex-typing of jobs in the health field worsen the position of women in the health sector. School curricula are still not guided by sex-stereotypes, while women are restricted in getting access to leadership positions in the health field. School programmes do not encourage girls in science education. There are no supportive systems to help women realise their professional or career goals. Such supportive systems include making households self-sufficient by government, through provision of basic social facilities such as pipe born water, good transportation, hospitals and other health centres, good housing schemes, improved technology, etc. If these facilities were provided they would have gone a long way in easing women's domestic workload, among others (Aina in Sesay 1998:119).

The government and wealthy individuals have not provided enough and affordable day care centres so that child care itself is not seen as a hindrance to women's career development. Furthermore, there is no increase participation of women in policy and decision making levels of the health profession.

The Health sector in Benue is plagued by further obstacles which tend to make the roles of Tiv women in the health sector less effective; the mal distribution of facilities, poor management, poor referral systems, and the neglect of the rural areas where a larger proportion of the population resides. Effectively, only 30% of the population have access to modern health care system in Tiv society, while the remaining 60% depend on the services of the traditional healers, the implication is that women are a formidable force in health care provision in Benue state, as far as the dual medical health care systems are concerned.

### ***Recommendations***

To improve the health of women, and to increase their contribution in the health sector, the above obstacles which inhibit women carrying out their roles in the health sector must be eliminated. There should be equality of the sexes, and mutual respect within the health profession. Women must be empowered academically and other wise. Women's education should become a prime factor in improving women's health status. Women should be given more economic autonomy with this they will be able to take decisions about their health. There should be changes in the traditional biases and practices, both men and women should be targets of health intervention programmes. For example, family planning programmes should not be a women's affair alone. Men should also be involved in it. School programmes should be developed to encourage girls in science education.

There should be supportive systems to help women realise their professional or career goals. Such supportive measures may include making households self sufficient by government, through provision of basic social facilities such as the ones mentioned above. The provision of these facilities will help women to spend less time on fetching water, cooking, and visiting the health centres, so that they can spend more time on careers. The government needs to get more involved with the provision of day care centres and improvement of already established ones so that child care itself is not a hindrance to female career progress.

There should be increased participation of women in the making of decisions and policies that have to do with the health sector. This should involve exposing women to more leadership training and allowing them to take more responsibilities in the health sector of development. To effectively do this, there should be bridge in the gap existing in the employment and training of women.

The government should initiate policies such as legislating against sexual abuse of girls under the age of 16 and below, and imposing long jail terms for their sex partners, bridging the gap in the medical profession, there should be policies to encourage women to involve in research: priority in working, financing, procedures of approval etc. Women in health sector need to strengthen their research activities both in quality and quantity, in scientific and practical values of research findings. They also need to build capacity by self-learning, training, report writing etc.

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## Glossary

<b>Tiv</b>	<b>English</b>
<i>Ate</i>	Sitting room
<i>Akombo ikyoor</i>	Magic used in treating infertility in women
<i>Kwase usorun ikyoor</i>	Woman in charge of treating infertility in women
Swem	Ordeal
<i>Aondo</i>	God
<i>Adzov</i>	Spirits
<i>Akombo</i>	Magic
<i>Mbatsav</i>	Witches
<i>Mbavesen</i>	Elders