

# Promoting African Indigenous Knowledge in the Management of Pregnancy Related Complications: Perceptions and Treatment Regimens: Case of Eclampsia in Yaounde II, Center Region, Cameroon

Antia Carene (MA)<sup>1\*</sup><sup>1</sup>Department of Anthropology, University of Yaounde 1, P.O Box 755, Yaounde-CameroonDOI: [10.36348/sijtc.2023.v06i11.002](https://doi.org/10.36348/sijtc.2023.v06i11.002)

| Received: 14.11.2023 | Accepted: 20.12.2023 | Published: 28.12.2023

\*Corresponding author: Antia Carene (MA)

Department of Anthropology, University of Yaounde 1, P.O Box 755, Yaounde-Cameroon

## Abstract

Promoting African indigenous knowledge which is being neglected to some extent is pivotal in the management and treatment routines of pregnancy related complications especially the case of eclampsia. Indigenous perceptions, treatment routines of eclampsia are complex and diverse reflective of different religious and cultural beliefs. Most often, pregnant women go for conventional options in handling the disease while neglecting the natural and cultural ways. This study argues that promoting indigenous knowledge especially in the management of eclampsia is substantial rather than over dependence on conventional supremacies. Data for this study was gotten through secondary and primary sources. Secondary data were gleaned from soft and hard copies of published and unpublished documents relevant to the study. Primary data were qualitative sourced from a sample of 341 respondents having different religious and cultural backgrounds using interviews, FGDs and observations. Data was processed using the Straus coding method and analysed using content analysis. Results revealed that while others sees eclampsia as; common complications of pregnancy, others perceive it to spirituality and hereditary. Prevention strategies involved; sufficient rest and good feeding habits while others believe in performing traditional rites and tying charms around their waist against all forms of witchcraft. As concerns treatment regimens, herbs were proven to be very effective, as some women prefer such during their pregnancy periods. Nature and culture were more effective in the management process as ascertained by our respondents. A stand-in cultural and natural ways of management to decolonise conventional myths and supremacy regimen of eclampsia are recommended.

**Keywords:** Eclampsia, perceptions, prevention, management and Yaounde II.

**Copyright © 2023 The Author(s):** This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

## INTRODUCTION

Eclampsia is a serious hypertensive complication of pregnancy which increases the risk of cardiovascular disease in later life [1]. Pregnancy-related hypertension complications predispose to chronic hypertension and premature heart attacks. Moreover, increase in bleeding episodes frequently increased in severe pre-eclampsia, even though average clotting tests such as prothrombin time and partial thromboplastin stage may be normal [2]. Another scholar underscored that the cause of this above mentioned over bleeding is uncertain and its unknown substances may be implicated [3]. However, a significant proportion of women with eclampsia does not reach out to formal healthcare systems or may arrive late [1]. Eclampsia is linked to inaccessibility to health care units or limited finances to access hospitals. However, this goes beyond poverty and inaccessibility to healthcare units. It is simply explained

by the fact that eclampsia has different perceptions and beliefs among socio-cultural customs of the people. This explains why some pregnant women do not border attaining to conventional antenatal care or adhere to recommendations from established health units.

It should be noted that hypertensive disorder of pregnancy (HDP) are among the most common medical complications of pregnancy that affect about 7-10% of all pregnant women, and they are a significant cause of maternal and perinatal morbidity globally especially the rural poor in the sub-Saharan Africa [4]. In many developing African countries Cameroon inclusive, eclampsia remains a significant contributor to adverse maternal and perinatal outcomes despite all conventional measures to reduce its incidence and impact among pregnant women. Despite the significant declines in maternal mortality rates around the world, sub-Saharan Africa continue to face the burden of maternal deaths due

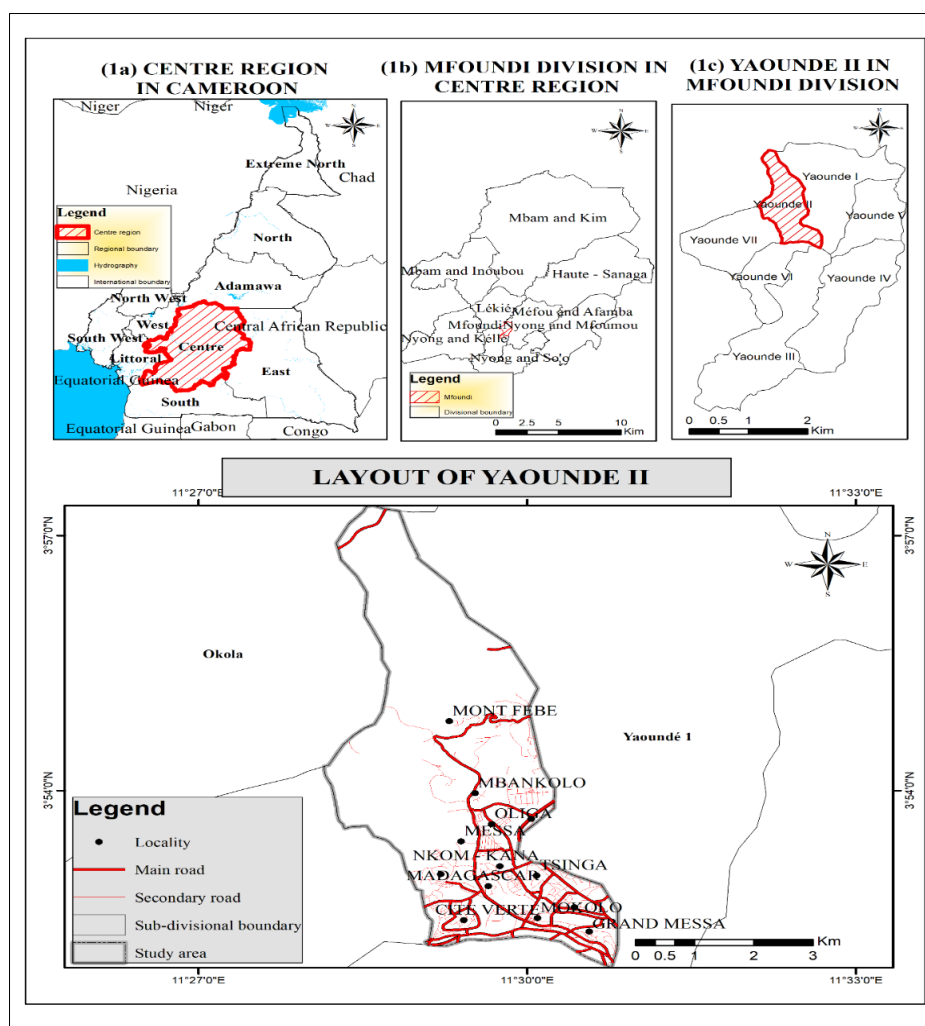
to pregnancy related complications [5]. In Nigeria, approximately 34% of pregnant women receive no antenatal care, putting them at higher risk of maternal mortality [6]. In reality, it's not all about antenatal care but also what the pregnant women know as concerns eclampsia in most African societies. Indigenous Africa knowledge, perceptions and approaches in the management of pregnancy related complications are well known and understood by them in their various complex structures and diverse cultures. As a matter of fact, pregnancy in African culture and traditions is about a shared experience which simply means that the senior women or those with experience caters for others which are aspects in African culture that are gradually being smeared off to the advantage of conventional ways.

The World Health Organisation (WHO) and other related international health institutions and partners' advocates for the promotion of conventional ways in the management of eclampsia based of their research [7]. Their recommendations do not however,

reflect the proper African customs and traditions, beliefs systems and their health systems to some extent. This discourse paves the way to evaluate and examine African perceptions, beliefs and management routines of eclampsia vis à vis conventional approaches which can also be optional ways which can stand the test of time. While most studies on eclampsia uses bio-medical approaches, this study considers the socio-cultural approach to eclampsia bringing out relevant indigenous knowledge about eclampsia and how it is being managed.

### Location of the Study Area

Sited in the Centre Region, Yaounde II Sub-division has a plethora of diverse cultures from various parts of the country. This Sub-division at the heart of the political capital is located in Mfoundi Division. The Yaounde II Sub-division has a population of 238,927 habitants on a surface area of 2,300 hectares density/habitants which is calculated at 10.388 habitants/km<sup>2</sup>.



**Figure 1: Location of the Study area**  
Source: National Institute of Cartography, (2023)

The Sub-division is composed of 24 quarters: Tsinga, Briqueterie, Madagascar, Nkomkana I, II and III, Ntougou I and II, Mokolo Marché, Ekoudou, Febe, Oliga, Messa-carriere, Azegue Messa, Mezala, Messa plateau, Angono, Doumassi, Ekouazon, Cité-verte, Etetack Abobo, and Grand Mess. Geographically, it is found between longitude 03° 07' 11" and 03° 29' 0" east of Greenwich Meridian and latitude 11°15'17" and 11° 25' 22" north of the Equator (National Institute of Cartography, 2023). It is bounded to the north and east by Yaounde I and to the west by Okola and to the south by Yaounde VII and VI (Figure 1).

Target sites for this study were, Yaounde Central Hospital, the Cite Vert Hospital and some local protestant and Pentecostal churches around Yaounde II. Some herbal homes were also identified by the help of key field informants. The rationale for targeting these areas were to easily identify pregnant women, key informants, to get perceptions and indigenous knowledge about eclampsia and how the treatment regimen is being handled. This paved a way to design and adapt a design for the study, methods and tools for data collection, treatment and analysis.

### Study Design

This study was a cross-sectional qualitative study piloted using interviews, Focus Group Discussions (FGDs) and observations. We interviewed older and senior women, nurses, local herbalists, clergies, pregnant women and other relevant personnel and documented their perceptions on eclampsia, indigenous knowledge and management of the disease.

## RESEARCH METHODOLOGY

### • Socio-cultural and religious background of the study site

This study was conducted in Yaounde II Sub-division with the dominant ethnic group being the Ewondo people followed by the Hausa, Mbororos and a minimal individuals from various tribes of Cameroon. In terms of religion, Christians were dominant followed by Muslims and then, traditional faith. Targeted sites for the study were the Cite Vert, Hospital, Yaounde Central Hospital, Centre Pasteur Health centre, local herbalist homes, local clinics, churches and four quarter heads residences.

### • Data Collection

This study focused on a qualitative approach of data sourcing. The data was garnered from both secondary and primary sources. Secondary data was obtained from review of related literature on eclampsia; perceptions, indigenous knowledge, and the management of the disease among pregnant women and communities. Public texts, pregnancy related health reports, and archives were exploited. Oral histories and testimonies on the indigenous knowledge and management of eclampsia in Yaounde II were all sources

of our secondary data. Complementary data were sourced from field inquiries using methods such as;

- FGDs; Four FGDs were held in the study site. These focus group discussions made up of participants from diverse cultural and religious backgrounds. The first two of the FGDs were where held in the Yaounde Central Hospital in an antenatal care day involving pregnant women and nurses. The third was held in Briqueterie in a local traditional clinic with some pregnant women and two herbalist. In all, sufficient data was gathered in to meet the research objectives in the indigenous knowledge in the management of eclampsia. It is important to note that each FGDs lasted for 40-50 minutes.
- In-depth interviews also constituted an important technique of data collection. Targeted resource persons were; traditional herbalists, medical nurses, pregnant women, clergies, community heads and some senior women since pregnancy in Yaounde II is more of a shared experience.
- Observations were anthropological in nature where the researcher got involved in hospital maternal activities by way of a two months internship. Pregnant women were observed to antenatal, received sensitisation campaigns etc. Also, observations were carried out in herbalist homes and traditional clinics on how women with pregnancy related diseases were handled. Prayers and deliverance sessions in churches were attained and observed to perceive how prayers were conducted especially on issues related to pregnancy.

In a whole, the study had a sample frame of 341 participants drawn from the 24 communities in Yaounde II. This was done using snow ball sampling technique where we were able to identify key resource personnel such as; women who have once been affected by eclampsia, those affected in time, traditional doctors and other important resource who could give use sufficient data on our subject matter.

### Data Processing and Analysis

The qualitative data collected was processed using *in vivo* data coding approach whereby categories of responses were identified, classified and then recorded on a prepared sheet as per research objective. The themes were drawn from the different categories of codes identified such as treatment, perception and eclampsia which is an approach commonly used in qualitative data analysis and social sciences. Testimonies gathered from interviews, FGDs, oral histories and key informants were transcribed using Microsoft Word and interpreted to derived meaning using *in vivo* codes and an analytic coding framework; indigenous knowledge, perception, treatment regimen, eclampsia, pregnant women etc. This also contributed to the emerging of new themes that were

all embedded and discussed in the finding of this research. Using content analysis themes were extrapolated and cross-validated as far as treatment and indigenous knowledge of eclampsia [10]. The data processing phase paved the way for the presentation of the result, discussions and then, conclusion.

### Ethical Considerations

Key participants received oral and written information in English, French and local languages as concerns the nature and the purpose of the study. Informants were reminded and reassured that they were not obliged to partake in the exercise and that refusing to partake will not affect them in anyway. This was to give them a free will to participate in the exercise. They were informed that they could refuse to comment on any issue raised or withdraw from the exercise at any moment they so desired without having to necessarily offer any explanations. A hand-written consent was obtained from all the participants who met the inclusion criteria before the study process began. Confidentiality of all information and inconspicuousness of all statements/persons were upheld by removing the participants' names and replacing them with codes. Soft data was stored in a password-locked computer and hard copies were kept in a secured box to which only the researcher had access. By these, from start to finish, no

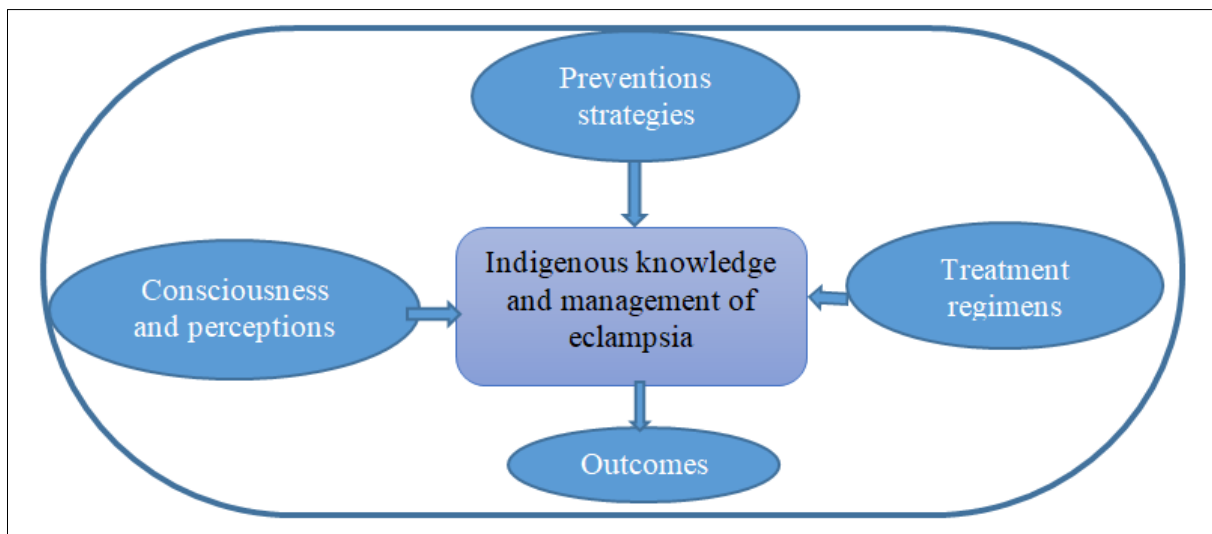
participant was hurt or complained about any miss handled information.

## RESULTS AND FINDINGS

Africans in general and particularly the sub-Saharan African countries have a particular way that they perceive the management, treatment and understanding of the local diseases especially common ones like eclampsia which is very common among pregnant women. Their know-how provokes local research on herbs and items that could be used to handle such diseases within the shortest possible time.

### Indigenous Perceptions and Knowledge on Eclampsia

Field findings revealed diverse indigenous perceptions on eclampsia reflective of their customs and traditions and socio-cultural beliefs. Among the Hausa, Ewondo, Eton, Mbororo and other minorities found in the study site had various perception and knowledge ranges on eclampsia management, treatment and even prevention strategies which are specific and original to their day-to-day life and experiences. This represents great knowledge among the indigenes and local management strategies of this disease among the pregnant women that must be brought to a lamp light.



**Figure 2: Thematic categories on indigenous knowledge and management of eclampsia**

Source: Author's conception, 2023.

From figure 2, it is established that the indigenous people are conscious, understand outcomes, treatment regimen and preventions strategies of eclampsia within their given socio-cultural spheres reflective of their epistemologies about the disease and management.

### Consciousness and Epistemological Perceptions of Eclampsia

Field investigations revealed that among the pregnant women, the level of consciousness about

eclampsia was very high though a few proved ignorant about it. According to FGDs, participants unanimously ascertained that they were aware about eclampsia. Even though they had various tags and connotations to eclampsia and its origins, the interesting thing about it was that most of them especially the Hausa of Briquerie did not see it as a normal disease but as a disease associated with witchcraft and sorceries. Among the Muslim communities interviews conducted revealed that eclampsia is not a normal illness that attacks pregnant women. According to respondents' information



gathered, it was observed that most of the respondents perceive eclampsia to emanate from curses, witchcraft or unfaithfulness of husbands to their wives. Some even noted during FGDs that it occurs naturally if the wife cheats on the during her pregnancy period. In an interview with a senior woman in Briqueterie on the local perception of eclampsia, it was underpinned in a quote;

*“Not everyone maybe happy for you when you get pregnant, for a reason or the other, someone can bewitch you, a co-wife for example could wish you dead. When you are pregnant, she is already imagining that your child will compete for property with her children”* A 45-year-old Muslim woman and a mother of 5 in Briqueterie, 12/07/2022

This is an eloquent testimony to say that eclampsia has spiritual tags and that the locals are aware of the disease and even has an idea of where it can originate from. Witchcraft as well as polygamous families in African societies are very common. It is therefore possible that wives of a given person can exercise witchcraft on another woman especially if she is barren and cannot put to birth. Informant reliably informed that these are very common issues among polygamous marriages.

In some cases, eclampsia was tagged with curses and inheritance bondages on some families. This simply means that, it can be trans-generational. Curses could result in situations where one fails to perform certain traditional rites or commits an abomination in the community. In an interview with a senior woman at Nkomkana, it was underscored that,

*When you get married here and do not complete all the marriage rites, your wife maybe levied some curses because you have not followed the normal way of doing things. I know of about three women who have had certain experiences. When they finally finish their marriage rites they put to birth.* A senior woman, 52 years, Nkomkana, mother of 6. 19/10/2022

This further shows that, eclampsia is not a mere health disorder but transcends to socio-cultural rites and customs of the people. It reveals that within the African cultural norms, eclampsia is far from being a normal illness as the conventional world perceives it. It further means, concentrating on conventional ways to handle such a disease may not yield valuable fruits. It becomes therefore paramount that mastering cultures behaviours, live styles within African societies can make a better society and a way forward.

As concerns inheritance of the disease, participants during FGDs and interviews testified that eclampsia among certain families is very common which is a clear prove that in such families, it moves from one generation to another. It is in this light that one can ascertain that the indigenes have sufficient deep rooted knowledge on ecampsia and its dynamics.

Remote origins about eclampsia were noted to be stress provoked by the attitude of the husband such as cheating, taking less care of the wife during pregnancy and poverty which can lead to poor feeding habits amongst others. However, in some areas like Febe Village, these were not very applicable because most of the inhabitant there were poor and low income earners dependent on subsistence agriculture. Haven got sufficiency in consciousness and epistemologies of eclampsia, the indigenous people also have several ways of managing the disease proper to them.

### **Indigenous Management and Treatment Regimens**

Having knowledge and being conscious about a disease is also knowing is also knowing how to manage it. This is common and true among the indigenous people of Yaounde II council area. In the similar way to epistemological perceptions of eclampsia, so too management and treatment regimens are many, diverse and complex. The treatment of the disease is well known to the local people within their specific cultures and involves many stakeholders.

### **Traditional Doctors**

The role of traditional doctors is paramount to the management of eclampsia in Yaounde II especially among the Hausa people who carless about antenatal and conventional approaches as identified in Briqueterie largely populated by them. During field surveys, we identified a number of semi-modern traditional clinics that host many people including pregnant women. Interviews conducted with a traditional doctor in this quarter revealed that so many cases of eclampsia have already arrived at his clinic and he has handle adequately. The respondent unpinned,

*Just that some people do not know like pregnant women. Here we offer good health care services especially pregnancy complicated cases and the women are ok. In cases of hypertensive disorders which is the main cause of eclampsia, we have medicines prepared and kept which are effective and trusted. These two women you see here came and received some medicines and they delivered very safely without complication.* A traditional doctor, Briqueterie, 51 years, 12/12/2022.

This affirms the effectiveness of traditional medicines which are even cheaper compared to conventional drugs which are very somehow expensive. Most importantly such medicines becomes very important in rural areas where access to conventional health facilities are rare and inaccessible. Another cultural group we have found in Yaounde II is *Bamileke* from West Region. *Bagangte* culture defines Eclampsia with their local name *wooc*, as a form of epilepsy, with strong onset of seizure during pregnancy that can lead to death of the pregnant woman and the foetus. The traditional healers can be both men and women, mostly elders, full of experience. During consultation they will notice some symptoms which will confirm the sickness;

stomach-ache, convulsion, headache, swelling of the legs, hands, feet. Some of the causes they mentioned are marital stress, tension, curses, inherit, affliction by witches.

This therefore shows to need to promote indigenous knowledge on eclampsia and management regimen than over dependence on conventional ways which are in some cases lacking and inaccessible to the rural poor. Having a proper knowledge on hypertensive

disorders arising from pregnant women by traditional doctors is a great applause and deserve to be promoted as an alternative way of managing pregnancy related complications. Observations in a traditional doctor's residence showed some herbs being prepared to be administered to a pregnant woman who has preeclampsia.

**Plate 1: A traditional doctor preparing herbs for a pregnant woman**



*A traditional doctor with some herbs and a banana flower and bags of trees to prepare high blood pressure to a pregnant woman in Nkomkana*

**Source:** Photo by Antia, C. 11/09/2022



*The preparation process of the medicine to be administered to a pregnant woman*

**Source:** Photo by Antia, C. 11/09/2022

It is therefore wise to uphold some of these cultural practices in enhancing pregnancy related diseases and many other illnesses. Key informants reliably informed to study that, even before conventional ways in managing pregnancy complications, our forefathers were using these local ways and they were effective. Today, most women prefer to rush to antenatal care services because they consider traditional ways to be local and outdated. In this light we can see clearly that western cultures of globalisation, and way of life have infiltrated African cultural behaviours and they are at the verge of diminishing. It is therefore significantly important within our socio-cultural context to promote indigenous knowledge in the management of common diseases within the African context which is possible.

Setting our mind-sets right and decolonising western ideologies and epistemologies in the

management of common African disease is pivotal. Field investigations, revealed that some pregnant women do not consider traditional management strategies of eclampsia of they consider it as being local and unfit while others largely depend on it for their pregnancy period till delivery. According to a nurse in the Central Hospital,

*Some pregnant women came here to deliver with their traditional medicines that they have been taking and according to them, the medicines are very effective. Some of them do not even border coming here for antenatal care. A female nurse, Central Hospital, 49 years, a mother of 5, 14/10/2022.*

Effective use of traditional medicines can be of help and an alternative to conventional medicines especially in cases of inadequacies or lack.

### Prayers and Deliverance and Other Spiritual Concerns

The proliferations of Pentecostal churches and believes has come to handle most spiritual issues. Prayers and deliverance are not left out as management strategies of eclampsia among pregnant women. During some prayers and deliverance programs in certain churches that we attained, such cases of pregnancies came up for prayers. Culturally, when one is affected with eclampsia in some traditions, it is believed that the women needs to be washed in particular rivers and some incantations made so that she can deliver safely. These were aspects identified among the *ewondo* people and the *eton* of the Yaounde II. All these are management and treatment strategies of eclampsia that were identified in the study site. However, they are specific to certain cultures because certain cultures may have slight differences.

### Prevention Strategies

Prevention strategies were also many and diverse but works together to stay free from eclampsia. These strategies were proper and different from those recommended by the World Health Organisation which are rather conventional and do not reflect the customs and traditions of the people in Africa in their perspective cultures. The WHO as a mechanism to promoting western ideologists and epistemologies designs their health recommendation policies without considering the African stand point in terms of culture and what they have as medicines. It is important to note that Africa even before the coming of the western powers had existed and had their own way of doing thing which were effective to them.

In terms of spirituality, some pregnant women explained to the study that, they have their charms that they tie round their waist to fight against any form of spiritual attack from the enemy that could cause eclampsia. During observations in the Cite Verte Hospital, some women came for delivery with certain charms tied around their waist for fear of any form of attack of their pregnancy. A Hausa pregnant woman underlined that.

*My husband gave me this to tie around my waist whenever am pregnant, to prevent any form of attack on my pregnancy. As it is like this, I cannot remove it, I only have to put to birth with it like this.* A Hausa pregnant woman, Cite Verte Hospital, 39 years and a mother of 3. 27/08/2022.

This shows that the issue of spirituality in eclampsia is paramount and cannot be managed in hospital. In fact, African via their cultures and knowledge about eclampsia can better manage the disease.

In some cases, some senior women contacted explained to the study that staying at home and letting so many people see you is important during pregnancy

because some can bewitched you. It also goes ahead to stay out of stress and have good nutritional patterns necessary to keep fit. Sporting activities were also noted to be important during pregnancy.

Drinking of sufficient water and taking local blood medicines to be anaemic was an important prevention strategy against eclampsia. Performing some traditional rites and being at peace with all were other measures to be taken during pregnancy.

Seeking advice from senior women who have given birth before is also important and paramount way of preventing eclampsia during pregnancy among pregnant women since pregnancy and putting to birth is a shared experience in the study area. According to participants, all these can go a long way to help prevent eclampsia.

### Perceived Outcomes of Eclampsia

Participants were aware of the potential consequences of the symptoms of eclampsia. They mentioned that the condition could lead to death of the baby in utero or even the mother. These potential adverse outcomes were ascertained by the majority of participants.

*The person may die if not referred to a health unit. If the woman does not die, her baby may die in the womb. How can the baby survive with a mother that has no blood?'* (FGD, Central Hospital 18/05/2022).

Other participants thought that women with symptoms of preeclampsia/eclampsia become very weak; fail to push the babies necessitating surgical operations to deliver their babies.

*No, it's not that they get all that well, they remain weak and at the time of giving birth they may still be weak, they may fail to push the baby and are delivered by caesarian section.*(FGD, Central Hospital 25/05/2022)

Participants acknowledged that eclampsia is a serious and life-threatening illness. They agreed that if not attended to, the disease had some grave consequences including the potential to cause death. The general perception that psychological distress could be an underlying cause of clampsia requires further exploration. Sadly, relevant policies, like the Health Policy in Cameroon, do not take into account community perspectives in framing such policies. As such, these policies are generally disconnected from peoples' experiences, beliefs and local realities which are very important in the management of the disease among pregnant women. These are aspects that we cannot relegate to the footnotes.

## DISCUSSIONS

Indigenous African knowledge on pregnancy related diseases is optimal and worth promoting. Optimising such knowledge gives an excellent way to

handle and manage eclampsia and other pregnancy related diseases. This can be done by simply promoting traditional medicines that have been tested and trusted to handle pregnancy related issues. This is because the indigenous people have sufficient knowledge about eclampsia and for the fact that they have been dealing with the situation for over the years even before the coming of conventional ways.

Some pregnant women still shy away from traditional medicines or their cultural ways of lives to embrace the western culture which they consider as being modern. This plays negatively on African customs and tradition through knowledge regression especially on African medicines which ought to be promoted. Africans generally depend on culture and nature especially the rural poor for their wellbeing without which they will face enormous challenges. So, promoting indigenous knowledge on the management of common disease especially among pregnant women becomes very important. By promoting such indigenous knowledge, it may help to boost the traditional medicine sector.

Over dependence on conventional medicines without developing out proper medicines which we have already as alternatives is problematic. Problematic because supply is limited in areas. Even access to its facilities, and purchasing is not for everyone especially to the rural poor. This will go a long way to attain even the Sustainable Development of Goal 3 (SDG 3); ensure healthy lives and promote well-being for all at all ages. It is no doubt that most areas in developing countries do not have hospitals or health units of any nature. Thus, promoting indigenous knowledge on disease management is very significant.

More so, spiritual concerns relating to eclampsia are handled in African ways not in conventional ways [6-11]. This simply reveals that African can handle their own issues by themselves if mind-sets are reset, culture well acknowledged. The local remedy most participants easily turned to was herbal remedies [1]. Herbal remedies are common throughout sub Saharan Africa as a first mode of treatment which most at times are effective except wrongly administered. Most communities in Karnataka India, inhabitants actually believe that local herbs would help them and actually does [9]. This further shows the confidence the indigenous people have in the management of their local diseases. In this case, it simply needs promotion of knowledge and outreach to help save the population especially the local poor.

Discussing decolonisation and decoloniality within the African context especially Africa sub of Sahara without bringing out such aspects which have not been adequately looked by authors will not make it Complete.

## CONCLUSION

Valorising and promoting African indigenous knowledge on the management and treatment regimens of pregnancy related concerns is very important because it simultaneously promotes the health of some individuals especially the rural poor who do not have access to proper health facilities. Within the proper cultural and epistemological context of the African culture, it can be very possible if we reconsider our roots and understand our proper lifestyles than adopting and practicing western cultures which are rather being designed and imposed on us Africans.

Organs such as the WHO which are crusaders of western cultures in the health sector towards the global south design and implement health recommendations to the south without taking due considerations of African customs, health systems, lifestyles and cultural perspective. These are all elements to educate use and tell us that we have to have to promote, modernise and use our own. This is a way forward to deconloniality and development of Africa our own epistemologies.

## REFERENCES

1. Chigbu, C. O., Okezie, O. A., & Odugu, B. U. (2009). Women in southern Nigeria with change in paternity do not have increased incidence of pre-eclampsia. *Journal of Obstetrics and Gynaecology*, 29(2), 94-97. <http://doi.org/10.1080/01443610802660927>.
2. Makinde, E. D., & Akinboye, D. O. (2021). Knowledge of Eclampsia among Pregnant Women Attending a Tertiary Antenatal Clinic in Ikenne LGA, Ogun State, Nigeria. *Asian Journal of Medicine and Health*, 19(6), 9-19.
3. Félix, E., Yemga, D. V. W., & Um Meka, E. N. (2019). Eclampsia in African Milieu, Yaounde-Cameroon: epidemiology, seasonal variations and treatment regimen. *Obstet Gynecol Int J*, 10(3), 176-83. DOI:10.15406/ogij.2019.10.00440.
4. Graham, W., Woodd, S., Byass, P., Filippi, V., Gon, G., Virgo, S., ... & Singh, S. (2016). Diversity and divergence: the dynamic burden of poor maternal health. *The Lancet*, 388(10056), 2164-2175.
5. Kirk, K., & Ishita, C. (2016). A systematic review of the treatment and management of pre-eclampsia and eclampsia in Nigeria. *Ending Eclampsia Systematic Review*. Washington, DC: Population Council, 28pg.
6. Kupfeminc, M. J., Eldor, A., & Steinman, N. (1999). Increased frequency of genetic thrombophilia in women with complications of pregnancy. *N Engl J Med*, 340, 9-13.
7. Mushambi, M. C., Halligan, A. W., & Williamson, K. (1996). Recent developments in the pathophysiology and management of pre-eclampsia. *British journal of anaesthesia*, 76(1), 133-148.



8. Nabula, H. (2021). Perceptions on preeclampsia and eclampsia among senior, older women, in rural South western Uganda. *Journal of Global Health Reports*. <https://doi:10.29392/001c.19464>.
9. Vidler, M. (2016). Community perceptions of pre-eclampsia in rural Karnataka State, India: a qualitative study. *Reprod. Health*, 13 Supple 1(Supple 1), 35. Doi: 10.1186/s129 78-016-0137-9 (2004).
10. WHO. (2013). WHO recommendations for prevention and treatment of pre-eclampsia and eclampsia: implications and actions. Available online at; ([http://whqlibdoc.who.int/publications/2013/9789241548335\\_eng.pdf](http://whqlibdoc.who.int/publications/2013/9789241548335_eng.pdf)).
11. Yaoundé II council Developmental plan. (2022). Annual communal development plans Minepat, 17.