

# Eclampsia: Perceptions and Treatment Regimen in Yaounde II, Center Region, Cameroon: A Qualitative Approach

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DOI: [10.36348/sjhss.2023.v08i06.005](https://doi.org/10.36348/sjhss.2023.v08i06.005)

| Received: 06.05.2023 | Accepted: 08.06.2023 | Published: 16.06.2023

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## Abstract

Perceptions and 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. These conflicting perceptions and treatment regimen thwarts an inclusive management of the disease. It is against this background that this study sets out to investigate perceptions, prevention strategies and treatment regimens of eclampsia. 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 Secondary data were gleaned from soft and hard copies of published and unpublished documents; journals, archives, health reports relevant to the perception and management of eclampsia. Primary data were qualitative and sourced from a sample of 239 respondents from different religious and cultural backgrounds using interviews, FGDs and observations. Data collected was processed using the Straus coding method and analysed using content analysis. Results obtained revealed that while others sees eclampsia as; common complications of pregnancy, depression and stress, others perceive it to spirituality and hereditary. However, depression and high blood pressure were outstanding. Prevention strategies were reflective of the perceptions; sufficient rest and good feeding habits while others belief in performing traditional rites and tying charms around their waist against forms of witchcraft and sorceries. On treatment regimens, prayers and deliverance, herbs and conventional ways were noted. Nature and culture were more effective in the management process. Eclampsia is associated with significant myth and perceptions. A stand-in cultural and natural way of management to decolonise conventional myths and supremacy regimen of eclampsia are recommended.

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

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## INTRODUCTION

Catering for pregnant women and preventing them from being attacked by any unprecedented illness during and after birth is pivotal. Most often, pregnant women are vulnerable to eclampsia which manifest itself in several ways. The World Health Organisation (WHO), (2015) underscored that pre-eclampsia/eclampsia can best be described as a hypertensive disorder of pregnancy which is usually characterized by oedema, proteinuria and convulsion. Possible symptoms which may occur in such women may include headache, oedema, visual disturbance, nausea and epigastric pain (Félix and Vanessa, 2019). In a more glaring point of it, pre-eclampsia is a pre-condition that leads to eclampsia. WHO, (2021) reported that this disease affects about 4.6% of pregnancies globally with more than half in low income

countries particularly the sub-Saharan African countries.

Pooja *et al.* (2019) citing Akama *et al.* (2016) and Graham *et al.* (2016) noted that about 830 women die every day in sub-Saharan African countries from pregnancy or childbirth-related causes. Also, persisting causes of death among women of reproductive age are hemorrhage (18%), unsafe abortion (18%), hypertensive disorders (12%), sepsis (9%), and other maternal disorders (22%). Ninety-nine percent of these deaths occur in low and middle-income countries and are more common among poor, rural women than urban women. Eclampsia is among the leading causes of maternal mortality. It is a serious hypertensive complication of pregnancy and increases the risk of cardiovascular disease in later life (Nabulo *et al.*, 2021).

It is also noted that a significant ratio of women with preeclampsia/eclampsia does not reach out to the formal healthcare system or may arrive late because of certain traditional or cultural perceptions about the disease. Increase in death rate among pregnant women and eclampsia complications is eminent to be linked to different perceptions and connotations tagged with eclampsia (Nkoke *et al.* 2019). While some people believe that preeclampsia/eclampsia results from negligence of some cultural and traditional rites, some perceive this disease to be curses levied on them by ancestors or various forms of witchcraft. It is clear that different perceptions, attitudes, cultural and religious beliefs about eclampsia will definitely result to different treatment regimen among pregnant women.

According to Oyira *et al.* (2009) attitudes and beliefs prevents about 80% of pregnant women from visiting the hospital for antenatal care except when they noticed extreme conditions. When some of these women have swollen legs, they believe it is *juju* (superstition). So, different perceptions, attitudes and customs influences eclampsia and its management strategies. Pooja *et al.* (2019) further applying the health belief model underpinned that linking socio-demographics to perceptions and cues to action, the model asserts that beliefs and attitudes predict health-seeking behaviours.

In many cultures, Cameroon included, pregnancy is a shared experience especially with elder women. In case of complications, they give advices, or recommendations where the complications can be remedied. However, some pregnant women are more glued to conventional methods of managing preeclampsia complications while others are more tilted to their cultural and religious beliefs to get rid of all preeclampsia complications. This discourse portrays that eclampsia is detrimental to mother and child health and have different perceptions and treatment regimen. It also set the pace into the content, methodologies and the structure of its write-up.

## LOCATION OF THE STUDY AREA AND SETTING

Sited at the Cameroon southern low plateau, the Yaounde II Sub-division conveys a plethora of diverse cultures from various parts of the country. This Sub-division at the heart of the political capital of Cameroon is located in Mfoundi Division, centre region. The Yaounde II Sub-division has a population of 238,927 habitants against a surface area of 2,300 hectares density/habitants which is calculated at 10.388 habitants/km<sup>2</sup> (Yaounde II Council Development plan, 2015).

The Sub-division is composed of 20 quarters: Tsinga; Briqueterie; Madagascar; Nkomkana I, II and

III, Ntougou I, Ntougou II (Mokolo Quartier, (Mokolo marché; Ekoudou: Febe; Oliga; (Messa-carriere; Azegue Messa Mezala; Messa plateau; Angono; Doumassi; Ekouazon; Cité-verte; Etetack Abobo; (Grand Messa; Messa). 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).

This study was conducted in Yaounde II and the targeted sites were; the Yaounde Central Hospital, the Cite Vert Hospital and some local protestant 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 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 key informant interviews and FGDs. We interviewed older and senior women, nurses, local herbalists, pastors, pregnant women and other relevant personnel and documented their perceptions on preeclampsia/ eclampsia and management regimen.

## METHODS AND TOOLS

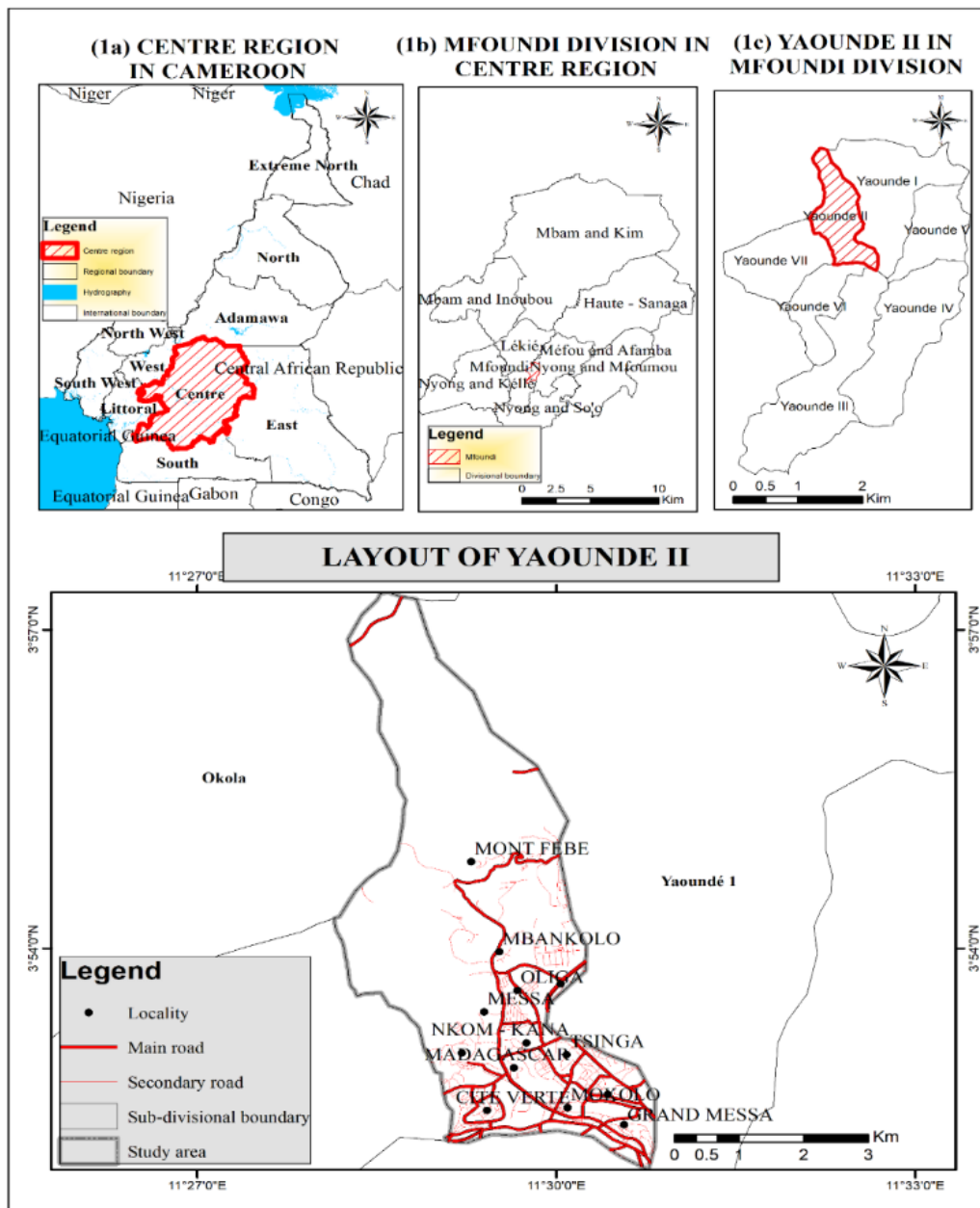
For better insights into the past and current conditions of pregnant women vice à vice preeclampsia/eclampsia in Cameroon and the sub-Saharan Africa in general, a scoping study was conducted in the key health centres in Yaounde II including herbal homes and churches which are all avenues where eclampsia cases, resource personnel and relevant data could be identified and collected. This study was mainly based on qualitative data sourcing. The data was gleaned via review of related literature on eclampsia, perceptions and treatment regimen which are key variables of this study.

Semi-structured and unstructured interviews and Focus Group Discussions (FGDs) were granted to some traditional doctors, clergy men, medical doctors and other relevant personnel such as older women that could give insights about eclampsia, perception and treatment regimen. Interviews and FGDs lasted between 40-50 minutes and were recorded at each stage with the consent of the respondents for ethical reasons. The intension of these inquiries were to hear, perceive and understand perceptions and treatment regimen of eclampsia in Yaounde II among the pregnant women.

Field observations made up an important aspect of data collection. These observation were anthropological in nature and were effectuated in hospitals, churches (prayers and deliverance) herbal homes where eclampsia cases were identified. This was the case in Cite Vert Hospital and in some herbalist homes in Breketerie. Such observations were enriching in data collection as it gave room for some informal discussions with those present at the scene.

FGDs were conducted with nurses and pregnant women in the Yaounde central Hospital and

Cite Vert Hospital. The maximum number of participants in each 9 and the least 8. In a whole, 2 FGDs were conducted and the relevant data were saturated at that stage. During FGDs, questions were asked on perceptions of eclampsia and management of the disease in Yaounde II municipality. Besides, comments and gestures during the discussions were all taken noted for analysis. These FGDs had a mixt sex in the case conducted with the nurses and other health personnel who opted to join the discussions.



**Figure 1: location of the study area**  
 Source: National Institute of Cartography, (2023)

## 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 (Strauss, 1987; Gilbert, 1998 and Cope, 2003). 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; 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 (Adam *et al.*, 2015) identified themes were extrapolated and cross-validated as far as treatment and perception of eclampsia are concerned. 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 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

During FGDs and interviews, demographic data collected for all the participants revealed that nearly all the 239 participants were married with some having children already; there were few exceptions existed to this. These participants were from different religious and cultural backgrounds; Muslims, Christians and local traditional faith. However Christians were predominated (Table 1).

**Table 1: Study site religious and cultural characteristics**

| Religious background of participants |           |
|--------------------------------------|-----------|
| Religious backgrounds                | Frequency |
| Christians                           | 121       |
| Muslims                              | 89        |
| Local traditional faith              | 29        |
| Cultural background of participants  |           |
| Tribal affiliation                   | Frequency |
| Ewondo                               | 97        |
| Bassa                                | 64        |
| Eton                                 | 46        |
| Bamileke                             | 19        |
| Others                               | 13        |

Source: Data collected during interviews and FGDs, 2022

The ewondo people, Bassa and eton were the dominant cultural groups of people in the study area. Educational levels of participants were very low especially in quarters like Briketerie dominated mainly by the Muslims as compared to quarters dominated by Christians such as; Cite Vert, Nkomkana, Mbangkolo, Mont Febe Grand Messa amidst others. The presentation of cultural and religious background of the research participants opens a green light to better discourse and appreciate the perception of eclampsia, treatment regimen and the management of the disease in diverse cultures and religious backgrounds in Yaounde II council area.

### Local and community perception about eclampsia

Based on local and community description of eclampsia as a common disease among pregnant women in the different communities in Yaounde II, the impression gathered was that people had a wide range of perceptions on how they perceive eclampsia vis à vis their cultural and religious backgrounds. It was noticed that this disease was very common among the communities which mostly results from hypertension and convulsion though not all the hypertension and convulsion cases were pregnancy related. 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 a curse, witchcraft or unfaithfulness of a husband to the woman. In an interview with a senior woman in Briketerie on the local perception of eclampsia, it was underpinned in a quote;

*"Not everyone is happy for you when you get pregnant, for some reason, 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 Briketerie, 12/07/2022

This testifies and headlights indigenous knowledge and their different perceptions about eclampsia. This shows-off conventional knowledge and understanding about eclampsia. In another quote, it was highlighted that;

*"Eclampsia as you see it mostly result from hypertension and hereditary for most families. In this community, I know a good number of families whose lineage have suffered and continue to suffer from pregnancy complications. A similar thing happened to their parents when they were putting birth. So, such things becomes hereditary when they are not well handled at the initial stage"*. A 47-year community leader in Briketerie, 19/08/2023

Families were identified using key field informants and it was confirmed via interviews that pregnancy and child bearing in the family has always been an issue. It was confirmed that in some cases, either the mother or the child passes away as a result of hypertension and convulsion which are key origins of the disease. FGDs also attested unanimously to this fact. The perceptions were many, complex and diversified in the study area partly because of differences in religious and cultural background. Interviews conducted in Cite Verte with some nurses and senior women revealed that most often depression thoughts and stress were at the origins of eclampsia. It was explained to the study that, this may results from unfaithful partners, limited financial capacity among others. A senior nurse at the Cite Vert Hospital pointed out that;

*"If a pregnant woman is being disturbed, or has something that borders her continuously, it is likely that she develops depressive though. It could be worst if the husband is not giving her attention and being unfaithful. Limited finances and inadequate rest during pregnancies can lead to depressive thoughts and*

*hypertension and convulsion"*. A senior nurse, mother of 3, Cite Vert Hospital, 23/09/2022

Most respondents believed and ascertained to these perception. Even during FGDs, participants unanimously shared this view that depressive thoughts and stress were at the origin of eclampsia. This views was also shared by Akeju *et al.* (2016) writing on community perceptions of eclampsia in Ogun State, Nigeria. Pregnant women and other key informant attested to this but, however, it was also underpinned that spiritual connotations were also tagged to eclampsia though some respondents did not attest to it.

According to those who attested that spirituality is responsible for eclampsia, interviews underscored that, those causing or inflicting it on others uses witchcraft or other forms of sorceries most at times simply because they might be barren or has not married and do not want their friends to give birth or to be happily married. This was locally referred to as *neck* from friends and at times even relatives. However, concrete evidences and testimonies were limited to support this fact. Herbalists interviewed in Nkomkana and Grand Messa testified to the study that they have been opportune to handle cases linked to spirituality. For the fact that, spiritual remedies are attributed to the management of the disease is a testimony that spiritual origins could be underlined as a variable of this sickness.

Other thoughts on the origins of eclampsia on pregnant women were mutely highlighted in the by some health care informants in the Central Hospital that poor feeding habits such as; taking of cool foods, drinking of alcohol, late hour meals amidst others may lead convulsion and hypertension in pregnant women. Also, simple biological changes in women during pregnancy can also let to preeclampsia/eclampsia in some women. This therefore necessitates management/prevention strategies among pregnant women.

#### **TREATMENT REGIMEN OF ECLAMPSIA**

Though with different perception, connotations and beliefs tagged to eclampsia, there are number of ways to deal with the disease. Conventionally, medics give and make sensitisation campaigns, nutritional habits, and limited stress among pregnant women which can go a long way to prevent and/or manage the disease. The WHO, 2013 outlines a number of clinical recommendations to the prevention and management of eclampsia. These management strategies include; (Table 2).

**Table 2: Recommendations for prevention and management of eclampsia**

| Clinical Practice Recommendations For The Prevention And Management of Pre-Eclampsia And Eclampsia (Pe/E) During Antenatal Care   |   |  |
|---|---|--|
| Practices Recommended   | Practices <u>NOT</u> Recommended  | Practice Implication   |
| <ul style="list-style-type: none"> <li>Calcium supplementation during pregnancy in areas where calcium intake is low (&lt;900 mg/day).</li> </ul>                                       | <ul style="list-style-type: none"> <li>Vitamin D supplementation during pregnancy.</li> <li>Calcium supplementation during pregnancy in areas where calcium deficiency is <u>not</u> present.</li> </ul>            | Provide calcium to all women with low calcium intake and low-dose acetylsalicylic acid to selected groups for the prevention of PE/E. While vitamin supplementation can be useful for other health conditions, do not provide Vitamins C, D, or E, to pregnant women as part of a strategy for prevention of PE/E. |
| <ul style="list-style-type: none"> <li>Low-dose acetylsalicylic acid (aspirin, 75 mg) for the prevention of pre-eclampsia in women at high risk of developing the condition.</li> </ul> | <ul style="list-style-type: none"> <li>Individual or combined vitamin C and vitamin E supplementation.</li> </ul>   |  |
| <ul style="list-style-type: none"> <li>Antihypertensive drugs for pregnant women with severe hypertension.</li> </ul>   | <ul style="list-style-type: none"> <li>Use of diuretics, particularly thiazides, for prevention of pre-eclampsia and its complications.</li> </ul>  | Give antihypertensive drugs, but not diuretics, to pregnant women with severe hypertension.  |
|   | <ul style="list-style-type: none"> <li>Advice to rest at home.</li> <li>Strict bed rest for pregnant women with hypertension (with or without proteinuria).</li> <li>Restriction in dietary salt intake.</li> </ul> | Do not advise rest or dietary salt restriction for pregnant women to prevent pre-eclampsia or its complications.   |

Source; WHO, (2013) page 2.

The recommendations for the management of eclampsia by the world health organisation are more or less conventional and more specific. This simply means that the role of culture and nature are under looked which are rather important and significant in the management of the disease. Just like the diverse perceptions on eclampsia, so too management of treatment regimen are many and diverse. This is somehow differ from the strike conventional approaches of the WHO.

Field surveys across cultures and beliefs in Yaounde II made the study to belief that eclampsia may have many management routines since beliefs and cultures differ. It is important therefore to show the different dimensions of the management of the disease among pregnant women especially in Yaounde II.

### HERBAL TREATMENT

Participants had different opinions about the treatment/management regimen of eclampsia among pregnant women. Some explained that because of poverty, they cannot have access to conventional medicines reason why they resort to traditional concoctions which were to some extent also very effective. Other ascertained to be mixing the conventional and traditional concoctions. Some believed the concoctions have the ability to maintain their blood pressure even and to reduce unusual conditions. A senior woman underlined that, *At times, a pregnant woman will go to a health facility and collect some tablets which may not help them much. But when it comes to traditional medicines, they are really helpful. I am a mother of 4 and I have rely on*

*the concoction. Reddish herbal concoctions are really helpful. A senior woman, 43 years, Nkomkana 12/09/22*

These are methods that are very helpful in the tropical regions of the world. At times since rural poverty reigns, the rural pregnant women resort to herbal remedies which of course very helpful. It was unanimous during FGDs that herbal remedies were effective in the management of the disease.

### SPIRITUAL BELIEFS

Spirituality were linked to prayers and deliverance, performing cultural rites amidst others. Some participants believed that convulsion in pregnant women were as a result of ghost or demonic attacks. According to some clergy contacted in the field, they attested that such issues are linked with demonic and ghosts attacks. The clergies attested that they have prayed and delivered many pregnant women from cases.

On the other hand, herbalist attested that failure to perform traditional rites such as ancestral worships or certain libations left over by ancestors can result to eclampsia as a sort of punishment. African culture in general depicts a type where failure to respect some customary rites may actually result to such issues. An herbalist underlined that; *The services of an herbalist or any trade-practioner can always be seek to appease the goods or the dead when a pregnant woman is having convulsion or hypertension. I have handled a good number of such cases here in my compound. Herbalist, 71 years, Briketerie, 15/09/202*

## EMOTIONAL AND PSYCHOLOGICAL HEALING

Participant and informants believed that symptoms linked to eclampsia were as a result of poor treatment of their husbands like cheating. It was believed that if the husband is not cheating and taking care of the woman, such symptoms would not have occurred or could be very minimal. A senior nurse underscored that;

*Loving each other and pampering the wife by the husband during pregnancy can go a long way to reduce stress and pain which cause high blood pressure. More so, a husband who caters for the wife very well during pregnancy saves to woman a lot.* A senior nurse, Central Hospital, 56 years, 11/09/2022.

It was contented that emotional and psychological healing were sustainable remedies against eclampsia for pregnant women. Prayers and counselling were also very important aspects to consider during the emotional healing period.

## NUTRITIONAL PATTERNS

Also, nutritional patterns were other outstanding ways in the management of the disease. According to respondents, their balance diet were vegetable, fruits, beans, fish tubers and other cereals were a good balance diet for them. However, it was highlighted by some of the respondents that poverty at times is the reason why they do not eat a balance diet.

*At times, pregnancy is very demanding because the woman would want to eat a number of things to avoid blood shortage. At times they a recommended to eat well especially foods that add to the blood cells. However, the challenge is usually lack of money to meet these food needs.* A 7 months pregnant woman, Cite Vert Hospital, 35 years, 16/09/2022

## OUTCOMES OF ECLAMPSIA

From field observations, interviews and FGDs, participants were aware of the potential outcomes of eclampsia. It was revealed during interviews and FGDs that such complications in pregnant women could lead to death (mother or baby or both), miscarriage amongst others. Well, no positive outcome of such a disease were hinted. According to the voices of the participants, it was pointed pit that;

*If eclampsia holds someone, the person or the child may both lost their lives. A good number of cases have been registered here in the central hospital. Or at times, they may have premature delivery.* A senior female nurse, Cite Vert Hospital, 42 years, a mother of 2, 17/08/2022

According to key informants, eclampsia was mostly resulting from blood shortages in pregnant women which explains why pregnant women should be consider their nutritional patterns.

## Delivery through operation

Delivery through operation in some hospitals were noted to be almost a norm. This was resulting from preeclampsia/eclampsia related cases. Such cases were identified in the Yaounde Central Hospital where the many women were delivered through operation because of cases related to eclampsia. A senior nurse at the Cite Vert Hospital explained to the study that;

*When a woman is affected with eclampsia during birth, she becomes weak and becomes unable to push the child. This is left with the option of operation before she puts to birth. In the cause of the process, the mother or the child or even birth may pass away.* A senior male nurse, Cite Vert hospital, 57 years, 19/08/2022

It was unanimously affirmed during FGDs that death rate among pregnant women putting to birth was in an increase. This simply means that eclampsia or related illnesses to eclampsia are to be well handled to prevent mother or child death during birth. Nabulo *et al.* (2021) researching on the outcomes of eclampsia noted that Participants acknowledged that preeclampsia/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.

## DISCUSSIONS

The air is being cleared that be it preeclampsia or eclampsia, they all have different perceptions, tags and connotations likewise treatment regimen. This is simply because it cut across several cultural and religious backgrounds. From the data gathered and presented in the findings of this study, it is clear that people perceive eclampsia as a spiritual type of a thing that attacks pregnant women which requires which makes it even more sensitive, dangerous and complicated to handle. For sure, spiritual things are handled spiritually in churches, traditional healers among others.

More so, knowledge about this disease among pregnant women is low because of diverse management strategies and perceptions. Previous studies carried out in a few countries in Africa indicate that eclampsia knowledge among women is generally low (Oyira *et al.* 2009). Eclampsia is a disease of signs which requires prompt attention. Early diagnosis and management can reduce the dangers of preeclampsia and eclampsia; most deaths associated with this condition are avoidable when care is given in good time. One major challenge in fighting eclampsia is women's late reporting to healthcare centers following a sign or symptom experience (Oyira *et al.* 2009 and Fondjo *et al.* 2019).

The management of this disease goes beyond conventional appreciations to cultural and spiritual issues. However, conventional methods are more preached globally not giving a substantial place to

herbalist portion of managing the disease using their local herbs. It is clear that it is situation that is very complicated and has to take into account several approaches in the management of the disease. It is important therefore to consider these other methods. This is because field evidences and observations prove that the herbs are very effective to some extent; reason why at times patients do not reach out to health units or may arrive late because they hope so much on their herbs.

Galvanising and effectively organising promoting herbalist and their medicine can go a long way to help not only eclampsia patient but other related diseases that can be handled in this way. This is because herbs and herbalist according to field observations has proven to be effective both in rural and even in urban areas and among cultures. Home-based and traditional treatments for pregnancy complications were very common in the region. There were many traditional treatments used for eclampsia including eating onion, drinking salt solution, and applying Robb to the chest. Robb is a type of balm used for relieving aches and pains among children and adults in addition to its use for treating cold and shivering condition. Other traditional treatment options mentioned were bodily incisions and prayers (Akeju *et al.* 2016)

This study reveals that there are several local treatments for eclampsia among community members in Ogun state. The use of traditional medicine during pregnancy has been documented elsewhere (Ologe *et al.* 2008). The desire to have personal control over their health, dissatisfaction with conventional treatments, and concerns about the side effects of medications explain in part the use of herbal remedies during pregnancy (Low, 2009).

## CONCLUSION

Eclampsia is a complicated disease that attacks pregnant women and most importantly people have various perceptions about the illness. While some belief it results from curses or other forms of spirituality such as witchcraft others think it is normal and natural. So too treatment regimen is many and diverse. Local herbs from herbalist, prayers and deliverance, counselling and good nutritional patterns. This will help to substitute conventional medicines since most rural women in the sub-Saharan Africa are poor and are unable to even afford access to health facilities. The use of other alternatives methods can go a long way to help fight against this disease.

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