

## **African Women as Primary Health Caregivers in Festus Iyayi's *Violence* and Helon Habila's *Measuring Time***

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### **Abstract**

*In various societies, women play significant roles in restoring physical and mental health of patients apart from health providers like physicians and nurses. Although healthcare practices are mainly attributed to men, literary writers have in recent times shown through their productions that the womenfolk equally provide essential services to patients and also employ various strategies to improve health of individuals in society. This paper therefore examines African women as primary health caregivers as portrayed in Festus Iyayi's *Violence* and Helon Habila's *Measuring Time*. The literary texts are purposively chosen based on their thematic relevance and qualitatively analysed using both descriptive and analytical methods. The study found that African women play major roles in providing healthcare services to family members and sometimes employ oral traditions and herbal medicines to improve health and wellbeing of patients. It argues that African women are more emotional, compassionate and sensitive towards the health condition of patients especially their husbands and children compared to their male counterparts. Some women employ traditional resources such as folktales, herbal medicines, and physical support as psychological techniques of healing in African society. The paper concludes that women complement health providers to address their health problems and improve their psychological wellbeing for the growth and development of society.*

**Keywords:** women, health caregivers, healing, oral traditions, traditional resources.

### **Introduction**

This study examines African women as primary health caregivers as portrayed in Festus Iyayi's *Violence* and Helon Habila's *Measuring Time*. It was motivated by the unquantifiable role of African women towards promoting physical and mental health in society. Though the practice of healthcare is common among African men in traditional settings, literary writers have demonstrated through their productions that the womenfolk equally provide essential services to patients whether

hospitalized or those at home and they could employ different strategies to ensure quick recovery of such people. Often time, traditional African women put the welfare of their husbands and children above other things including material wealth, academic pursuits, businesses and even their personal hygiene unlike their male counterparts. For instance, a woman could take permission at her workplace to attend to sick family members while men will at most employ the service of another female caregiver to provide the necessary support. African women are usually more

predisposed to health hazards because of their commitment towards promoting healthy homes for the growth and development of society. They are endowed with knowledge, skills and passion for health care service delivery and so they demonstrate this consciously when the need arises.

Patients who are suffering from physical and mental health problems need the help of caregivers besides health providers especially where such ill-health conditions are chronic. The services of primary caregivers are available in various African communities as could be found elsewhere in the world and they are mostly associated with women. Alzheimer's Association (2014) refers to caregiving as "attending to another individual's health needs. Caregiving often includes assistance with one or more activities of daily living (ADL) such as bathing and dressing (cited in Sarkar, 2015:6). This view correlates with that of Okoye (2012, p.141) who describes caregiving assistance to mean all forms of support and assistance given to an elderly parent. This could be by way of telephone calls, visits, financial support and physically caring for the parent. Meanwhile Kramer's (1995) investigation of gender differences in caregiving tasks revealed that females are more likely to assist with care provision tasks than males (Okoye, 2012, p.141). The above findings however negate the report of some scholars that sons tend to become caregivers only in the absence of an available female sibling. And even then, they are more likely to rely on the support of their own spouses (Horowitz, 1985).

Studies have shown that women caregivers strive to protect their family members from danger and also provide food to all in order to improve their health and psychological wellbeing in society. They assist patients who are emotionally depressed, those experiencing phobic-anxiety disorders and other mental illnesses. All these are besides their roles in the upbringing of their children from childhood to adulthood. Despite the clinical assistance provided by caregivers in society, findings have also revealed that some

of them face risk of contracting infectious diseases such as tuberculosis, HIV/AIDS, Ebola, influenza, and so on. According to Action (2002), family caregivers pay little attention to their own health needs due to lack of time. They spent much time on managing memory and behavior problems of the patient which often leads to poor health and increases severe health issues (cited in Sarkar, 2015, p.14). The reason for the foregoing is that most caregivers are determined to provide maximum care to their sick members especially those hospitalized. In corroborating the above findings, Zarit and Gaugler (2010, p.418) stated that the chronic stress of caregiving has been found to increase a caregiver's risk for health problems. This increased risk of illness is attributable to an overproduction of stress hormones and/or a decline in the use of preventive health measures by the caregiver, such as having annual physical examinations, exercising and having a healthy diet. Caregivers are therefore exposed to various forms of contagious diseases especially those affecting the cardiovascular and respiratory organs. Apart from the reasons provided above, they majorly focus on how to restore health of their loved patients and improve family health for the growth and development of society. All these studies will greatly illuminate the current research but our focus will be shifted to the role of African women as primary health caregivers as portrayed in the selected literary texts.

### **Aim and Objectives of the Study**

This study examines African women as primary health caregivers as presented in Festus Iyayi's *violence* and Heleon Habila's *Measuring Time*. Apart from the foregoing, the specific objectives of the paper are to; (i) explore the women and health caregiving service in postcolonial African societies, (ii) examine health caregiving services in Festus Iyayi's *Violence*, and (iii) explore health caregiving services rendered by certain characters in Heleon Habila's *Measuring Time*. Though the service of health caregiving is

provided by both men and women in African societies as could be found elsewhere, the novelists through their literary works have demonstrated that the womenfolk play immeasurable roles than their male counterparts in order to restore health of patients and improve life.

## **Literature Review**

Studies have been carried out on women in African societies but no significant research has been done in the area of women as primary health caregivers as documented in fictional works of African writers. For instance, Familusi (2012, p.299) examines the status of Yoruba women in traditional Africa from a holistic perspective, with emphasis on how culture has impacted negatively on their wellbeing. The study recommends that “cultural practices that are harmful to women should be discarded, cultural values can be retained, and thus not destroyed under the guise of civilization” The scholar describes the cultural practices which are unfavourable to women to include inheritance, sexual fidelity, morality, western education and widowhood. She noted that sharing of property (human-wives, offices and material) is harmful because no matter how young a male child is, he is superior to female children in this regards no matter how old they may be. Even some Yoruba proverbs portray women as less important and immoral entity (Familusi, 2012, p.301-302). The study by Ndungo (1998:xiii) explored the images of women in African oral literature as depicted in both Gukuyu and Swahili proverbs. The research revealed that “women as mothers in both Gukuyu and Swahili societies are portrayed positively in their roles as rearers, teachers and role models of their children. The image of a mother borders on idolization.” The study also shows that women especially wives are portrayed negatively in both Gukuyu and Swahili. Women are generally depicted as treacherous, unreliable, unintelligent, dependent and lacking in and wisdom. This work adds

value to the present study as women have been portrayed as assets in the foregoing societies.

In addition to the foregoing, Yitah (2006, p.234) examined “how Kasena women from Northern Ghana take advantage of a socially sanctioned medium, the ‘joking’ relationship that exists between an individual and her spouse’s siblings, to subvert and contradict Kasem proverbs in an effort to transcend the misogynist images and connotations of these proverbs as well as to critique patriarchal norms”. The study found that both men and women employ proverbs in their “joking”, only the women engage in this subversive exercise, a fact that suggests their increasing awareness of their social position, particularly as it is constructed by the “original” proverbs” (p.234). The study of Ogot (1976) investigated the role of women in African literature and noted that “in principle, the woman’s authority was asserted in the home where it saw felt her wisdom, diligence and reconciliatory attitude would go a long way in keeping the family together. Thus, a woman was consulted on many things and her contributions were not minimal. These consultations ranged in the areas of war, medicine, marriage, naming children and land matters” (p.1-2). The researcher concluded his findings by stating that “modern East African literature has portrayed the woman as a loser, unwanted being, whose life is full of sorrow and struggle” but oral literature has portrayed her in another form. It “talks of women who became traditional chiefs, great medicine women and even prophets. Their stories were retold and are still being told” (Ogot, 1976:3). This study will illuminate the current work as it affirms the contributory role of women in traditional society.

Moreso, Hangartner-Everts (2008, p.15) explored the role of women in oral tradition and found that Northern Malawian women are hard, reliable, consistent workers, devoutly supportive of their families. Their lives have been largely shaped by the patriarchal values, customs, and beliefs of their social surroundings. To this day, patriarchy assigns

the women in Northern Malawi a subordinate role. Their role in the community is confined to that of wife and mother. The contemporary realities, though, are changing, slowly but surely. From their traditional roles as caretakers of their families, some women are now venturing into non-traditional fields such as education, business, health care, community organization, etc., (p.15). Based on the foregoing, one can clearly state that the oppression and marginalization of womenfolk in patriarchal societies is gender based but this is being gradually broken through western education. The issue of gender in Oral literature is explored by Hussein (2005) centres on the social and ethno-cultural construction of masculinity and femininity in African proverbs. The scholar found that women have been victims of gender ideology. He describes gender ideology as “a systematic set of cultural beliefs through which a society constructs and wields its gender relations and practices” (p.59). These studies would to a large extent add value to the current study in terms of thematic discourse of women and oral tradition but scholarship will be extended by exploring the role of women as health caregivers in society.

### **Theoretical Framework**

The study adopted *Motherism* which is an African traditional feminist approach propounded by Catherine Ocholonu; however, we shall begin our discourse by explaining the *Feminist Theory*. Oriaku (2012, p.130) noted that “Feminism refers to an attitude as well as a movement both of which are informed by a notion of male dominance of society and a concomitant marginalisation of women.” This implies that though women are being marginalized in various aspects of life, their roles in many communities today have demonstrated that they have made tremendous achievements in the struggle for equal rights and opportunities with men. In primordial era, men are mostly saddled with the responsibility of healing patients but things have changed

now as women do not only provide treatment to ill-health patients but also render maximum health caregiving services to individuals most of whom are children, aged parents and their husbands.

Africans have various strands of feminism, however this study will examine a few of them which are Womanism, Stiwanism and Motherism. Mobolanle (2008, p.22-23) asserted that Womanism which was coined by Alice Walker in 1983 focuses on family relationship and the importance of motherhood and also aiming at achieving self-definition and self-actualization for black women. Another scholar, Omolara Ogundipe-Leslie (1994, p.1) proposed the African variant of Stiwanism, from the word, Stiwa which means “Social Transformation Including Women of Africa” and this reveals that the transformation of African society is the responsibility of both men and women and it is also in their interest” (cited in Mobolanle, 2008, p 44-45). Also to be examined in this study is concept of *Motherism* which was introduced by C. O. Ochonolu in her work, *Motherism* (1995). According to the writer;

A motherist protects and defends *family* values. A motherist seeks for Truth, and true knowledge, sees no *others* but recognizes all as outward manifestations of one Divine Principle. A motherist hates to see others suffer; hates to kill, hates wars, hates oppression, injustice in all its forms. A motherist loves progress, prosperity, success, he/she loves to see things work and will go to any length to ensure equity and equanimity in his environment” (p.112-113).

In corroborating the above submission, Mobolanle (2008, p.43) affirmed that the strand of Motherism is “an African alternative to feminism. Implicit in the concept, is the centrality of motherhood in the African female

experience.” She further established that “the image of the mother is often idealized as an epitome of self-sacrificing love, endurance, nurture, provider of warmth among other virtues” (p.44). Our discourse in this paper will therefore be foregrounded with the attributes of *Motherist* of which traditional African women are known for.

### **Methodology**

This study is library-based research since it involves the use of primary texts that were purposive selected due to their thematic preoccupations. Moreover, relevant secondary materials that can substantiate our findings and add value to the entire work were consulted by the researchers. The chosen literary texts, Festus Iyayi’s *Violence* and Helon Habila’s *Measuring Time* were qualitatively analysed using both descriptive and analytical methods.

### **Findings and Discussion**

Health caregiving services are rendered in every society inasmuch as the people have the indigenous knowledge of treatments and management of health and psychological problems. In order to preserve and promote the health practices that are predominant among the people, creative writers have continuously infused them into their fictional works. For instance, African writers especially novelists like Festus Iyayi, Chimamanda Adichie, Helon Habila, Chinua Achebe, Ngugi Wa Thiong’O and so on, have captured either primordial or contemporary health issues in their narratives. Most postcolonial novels actually contain thematic preoccupations such as disillusionment, political imbalance, corruption, moral decadence, religious hypocrisy, social vices and economic quagmires, to mention a few. However, some writers have in recent times shifted their thematic thrust to health challenges and management in postcolonial African societies. The novels of Helon Habila and Festus Iyayi will be critically examined in this paper with a view to bring health

caregiving services among African women to the limelight as captured by both writers in their fictional works.

### **Health Caregiving in Festus Iyayi’s *Violence***

Festus Iyayi’s *Violence* presents an impoverished couple that struggles to overcome their miserable condition and chronic health problem that requires emergency treatment and care. The writer symbolically portrays women as health caregivers irrespective of the health hazards involved. Adisa is an African woman and health caregiver who is determined to provide maximum support to her husband. In the narrative, she refused to abandon her husband, Idemudia who has been sick and so she makes every effort to help him. According to the narrator, “Idemudia stirred on the bed and his eyes that were wild went over the room and again he felt himself a shadow, floating, suspended, and he moaned. For more than twenty-four hours he hadn’t eaten anything. His mouth was bitter now-more bitter than gall. And the fire inside him raged on” (p.49). African women are naturally caring and supportive as portrayed by the writer hence the narrator reports Adisa’s reaction:

Then she looked now at her husband and very slowly and wearily, she sat back on the chair and placed her hand on his forehead. She shook her head from side to side as she withdrew her hand. His forehead was still very hot (p.49).

Adisa does not want her husband to die couple with the fact that he had not eaten for days. She provides maximum health caregiving assistance to him; “She stood up and went to the table and took the small khaki envelopes and then she drew some water from the pot with a glass and came back and sat by his side on the bed”. The narrator further recounts that Adisa “opened the small khaki envelope and

took out two of the small white tablets” which Idemudia managed to swallow with the water. Her husband’s ill-health has been a major concern to her and this has caused her anxieties and insomnia. She loves and cares for her husband and decides not to abandon him to the city as her aunt has suggested. She is highly emotional, supportive, considerate, sympathetic and compassionate like most faithful African housewives.

### **Hospitalization and Caregiving Assistance**

Apart from nurses and physicians who are saddled with the responsibility of ensuring proper care and treatment of patients in hospitals, Iyayi through his fictional work has also portrayed a spousal caregiver who struggles to restore the health condition of her partner to normalcy and improves marital life. In the narrative, Adisa has observed that the health situation of her husband is deteriorating and so she decided to take him to the hospital for proper medical treatment. It is reported that;

She struggled to get his trousers on him. Idemudia sensed that he was being dressed. He wasn’t himself any more. The hunger and that hot fire in his blood had reduced him to nothing more than a child. He was helpless now and he detested himself for it. He had to pull himself together. He had to fight off this overwhelming weakness that made him gasp for his breath (p.52-53).

The condition of Idemudia is so serious that “he swayed so dangerously on his feet that Adisa and Papa Jimoh has to support him. Then they led him to the van, one on each side of him and Mama Jimoh bringing up the rear.” The narrator also reports that “He slumped against

his supporters, and bore down heavily on them. They struggled to get him into the van and once there, he shivered and moaned, the whole agonizing fever coming back in successive waves” (p.53). The assistance rendered by Papa Jimoh and his wife, Mama Jimoh reveals the communal lifestyle of Africans who are always supportive in addressing health and societal problems that could be inimical to family and community health. This could be noticeable in traditional settings. The authorial reporter also describes the pitiable state of the University Hospital where Idemudia was rushed to;

So many people were sick and in need of the doctor. The long benches were full. The porch outside was filled by patients who were able to stand. Some of the waiting patients coughed violently. Mothers who carried sick children moved agitatedly. The faces that waited there were grim, serious and preoccupied with worry (p.53).

Here, women caregivers are liable to contract various kinds of communicable diseases especially tuberculosis, influenza and whooping cough, to mention a few. They do not consider their personal health rather they are mainly concerned about the health of their sick patients.

### **Health Caregivers and Financial Burdens**

Apart from moral support rendered to the sick by health caregivers, there is also the issue of finance for the purchase of drugs and payment for health services given by healthcare providers such as the physician and nurses in hospitals. This is among the numerous challenges faced by Adisa at the hospital and appears frustrated, thus, “Adisa could no longer hold back the tears. ‘I didn’t bring any money,’ she pleaded with the nurse. ‘And I can’t leave

him here to go for it' he cried”(p.54). She experienced another disappointment at the doctor’s consulting room as he merely wrote out the prescription, signed and handed it over to Adisa, referring them to the Ogbe Hospital because the University Hospital has been overcrowded with sick patients and the beds are very few. Nevertheless, she made sure that her husband is given some treatment. The narrator describes the deplorable condition of Ogbe Hospital thus;

There seemed to be no point in seeking recourse from death, the abundant evidence of life about was distressing and frustrating enough. And yet, even as the women wept and the children cried and the men sat or stood about with stony watery eyes, coughing and splinting and occasionally going to the fence to urinate (p.56).

Whatever be the state of the facilities in Ogbe Hospital, the fact remains that patients must be attended to by caregivers irrespective of their financial burdens which increase on daily basis. For instance, the doctor has requested that Adisa should provide food for her husband who has not eaten for days now and she still has some prescribed drugs bought outside the hospital since they are not available. The major challenge is not “to go to Everyman’s Chemists in New Benin to get them”(p.61), but the money to purchase the drugs. Besides, she has been told to get some provisions for her husband who “has lost a lot of strength.” This has actually created psychic and emotional conflicts in Adisa, wondering how to get the money for the drugs and provisions. This is also reported by the omniscient narrator:

Adisa’s brain was full of questions. Where was she going to get all the money for the drugs? Then there would be the hospital fees? And how was she going to buy the beverages? How? How? How? In the heart, she cursed Idemudia for falling sick. He had brought home only five naira and how his illness had already cost her a lot of worry. Where am I to get all this money? (p.61-62).

Inasmuch as Adisa does not want her husband to die, she continues to ponder over how to raise the money for the hospital expenses. Though she is emotionally disturbed by the hospital fees which she must offset, she never allows that to weigh her down. According to the omniscient narrator;

She smiled cynically to herself. How was she going to buy the beverages when she herself was starving? Where was she going to get the money from? She took the prescription and looked at it. The drugs were expensive. A pity that the dispensary didn’t have any of the drugs. So she must buy them. Then the hospital bills would come. Had the nurse not told her it would cost them more than three naira and seventy-five kobo for each day that her husband would spend at the hospital? (p.63).

In spite of the financial constraint, Adisa was able to get some money for the purchase of the prescribed drugs. This implies that African women provides all necessary supports and even take risk to help their sick patients. For instance, the narrator reports that Adisa became stranded after buying the drugs as there was no money left to take taxi back to the hospital where her husband is admitted. She despised the heavy rainfall and decided to walk the long distance, making her feel extremely weak. All these are the sacrifices that caregivers especially the females offer to their sick loved ones. Most women caregivers can go extra mile to restore the health condition of their loved ones to improve family life. In the novel, Adisa makes frantic effort to get home in time even though she was hungry, tired, shivering and experiences headache. She must prove to the entire world that she is an epitome of African spousal caregiver in socio-cultural settings.

### **Health Caregiving in Habila's *Measuring Time***

Helon Habila is another African writer who has portrayed the immeasurable contributions of women towards health and psychological wellness of individuals and society in African society. His novel, *Measuring Time*, also captures women who are health caregivers to their family members and some of the effective health caregiving services of women in socio-cultural settings are being represented by Auntie Marina in the narrative. In the novel, Habila portrays an African society where primary caregivers employ oral traditions in providing assistance to patients suffering from physical and psychological illnesses. In the narrative, for instance, Mamo who has been diagnosed of sickle cell anaemia by a medical doctor acknowledged the healing effect of his aunt's storytelling on his own health: "I stayed alive from day to day just to hear her next story. She was Scheherazade, I was the king, but she told stories to save my life, not hers-at least that was how I saw it" (p.18). Here, the woman health caregiver provides both physical and emotional support to

the patient. Apart from helping him with food, movement and mediation between him and the healthcare providers, she provides counsels and encouragement to the patients using relevant tranquilizing stories. The omniscient narrator further reaffirmed the therapeutic efficacy of Auntie Marina's storytelling on Mamo, "And so Mamo came to think that it was these stories that kept him alive. He imagined the stories insinuating themselves into his veins, flushing out the sickle-shaped, haemoglobin-deficient red cells that clogged the nodes in his veins and caused his joints to swell painfully" (p.19).

Even though stories may function as complementary psychological treatment to orthodox medicine administered to the sickle cell patient as portrayed by the author, the fact remains that such tales are therapeutically meant to alleviate psychological and emotional pains of listeners in traditional society. Storytelling is a clinical strategy used by narrators (healers) to divert attention of patients from their physical and emotional pains to something soothing and pleasant. In addition to the foregoing, Mamo reports that what actually improves his ill-health condition in the narrative "was the stories and not the folic acid tablets that he (Mamo) swallowed daily, or the green vegetables and the liver that were staples in his sickler's diet or the special care not to get bitten by mosquitoes; it was his auntie's stories slowly working their magic in his veins, keeping him alive" (P,19). Through the character of Mamo, Habila has demonstrated that Africans appreciate the therapeutic efficacy of stories which could be rendered to modify or regulate the emotional feelings and thoughts of listening audience. The caregiver in the narrative therefore is conscious of the curative effects of such linguistic resources hence she draws on them. Storytelling in socio-cultural settings falls into the domain of the womenfolk and the subgenre of folktales is presented in the evenings after the day's work.



## Hospitalization and Health Caregiving Service

It is always the duty of women to provide caregiving assistance to hospitalized patients in as evident in *Measuring Time*. This could be in the novel where Mamo describes the care Auntie Marina provided to him while he was ill; “I was in my father’s room, lost in the huge four-poster bed, and everywhere was shadowy and blue, I felt like a dolphin coming up for air. There was a strange woman seated beside me, smiling and muttering: “You will be fine, Twin. You will be up and about in no time”(p.17). Auntie Marina also shows care to Mamo who reports that, “She laid a piece of wet cloth on my forehead, cooling the red-singeing fire in my head. She smelled of outdoors, of fresh grass and the earth after rain” (p.17). In addition to the above healthcare assistance provided by Auntie Marina, Mamo further recounts his experience at the hospital where he was taken to for medical intervention:

...Sickle-cell anaemia.” The doctor’s words carried me, whispery, conspiratorial, grave. I didn’t understand what it meant, but I knew it was me they were talking about. My head ached. I turned to my auntie. She was also looking at the doctor, but she threw me a quick smile and sat down again (p.18).

Women caregivers employ various techniques in management of psychic and emotional pains of patients as contained in the dialogue above. For instance, the health condition of Mamo appears severe but the caregiver does not express this for the sick patient to notice hence she gave him “a quick smile and sat down again.” Auntie Marina is an epitome of African women caregivers who understands the therapeutic effects of words on patients especially those facing chronic health conditions. Words are effective therapy for patients suffering from both psychological and physical sicknesses if appropriately introduced into discussions. Mamo has this to say about

Auntie Marina verbalization when he was hospitalized, “He lifted my eyelids and peered into my eyes, and then patted my cheek. “You will be fine,” he said and rejoined my father by the door” (p.18). Caregivers like healthcare providers are expected to use language that could alleviate psychological and emotional pains of patients and improve their health especially those suffering from terminal illnesses like Mamo. Also in the narrative, it is recounted that Auntie Marina encourages Mamo to take herbal medicine which she prepared for him. This is another form of caregiving assistance rendered by family members. According to the narrator;

Mamo fell ill more often, one illness seeming to flow without break into the next. In November the cold dry harmattan wind began to blow. The wind, blowing from the Sahara, always had a way of sucking the vitality out of him, making him fall ill more frequently than in other seasons. He drank the bitter concentrate from *neem* leaves prepared for him by Auntie Marina every evening, swallowing most, throwing up the rest, and he ate folic acid and blood tablets without noticing the repulsive taste anymore (p.29).

Africans believe in the efficacy of traditional medicine in treatment of sickness or afflictions and so the medication prepared by the caregiver is meant to complement the pharmaceutical drugs prescribed for the sick-patients in the narrative. Again, Auntie Marina prepares concoction for Mamo, “After the bath

he had forced down a mushy concoction of beans and spinach cooked in palm oil, which Auntie Marina always made for him when he was convalescing” (p.57). Marina ensures that her care-recipient, Mamo eats nutritious meal and takes his medicines (orthodox and herbal) to speed up his recovery. It is also worthy of note that when Mamo became sick at a time, Auntie Marina forced him to eat some food and she shows concerns about the whereabouts of his twin brother, LaMamo, thus; “For seven days he had lain in his room, feverish, throwing up anything Auntie Marina forced him to eat, ignoring his father’s restless pacing in the hallway and Auntie Marina’s gentle but insistent questions about his brother’s whereabouts” (p.56). This shows that the patient only acknowledges the care given to him by the woman.

### **Health Caregiving and Traumatized War Survivors**

Another character that receives caregiving service in the narrative is Uncle Haruna who returned from the Biafran war traumatized. He recounts to everyone how he was shot in the arm and hospitalized in a military hospital in Kaduna. According to the omniscient narrator;

He didn’t say much; the tears simply ran down his face when he woke up and saw his sister and brother standing before him. When they asked him where he had been, what had happened, a vacuous look entered his eyes, and the more he tried to focus and remember, the more agitated he became, and the tears flowed more freely. They left him alone, putting it down to fatigue (p.41).

Uncle Haruna depicts a Nigerian soldier who experience posttraumatic stress disorder (PTSD) as a result of the horrible memories of the Biafran war which caused him permanent deformity. The attempt made by his kinsmen to probe into his past further aggravates his psychic and emotional disorders. However, in traditional African society, there are ways of addressing health and psychological problems being experienced by patients such as the case of Haruna. Hence in the narrative, it was reported that, “Marina prepared a bed for him in the mud hut next to the kitchen, and Uncle Iliya brought him some clothes. His old clothes were burned in the garbage pit near the outhouse. He took a bath with scalding hot water, then he ate, and almost immediately went back to sleep” (p.41). In order to enhance the emotional feelings of the returned soldier, Marina has to organize a party for him. This ceremony is meant to function as diversionary strategy for the emotionally depressed visitor. It is a way of diverting his mind from his past horrible experiences to something pleasant, excitatory and sedative. This is recounted in the narrative:

The next day half the village turned up for what Lamang called a celebration party and Marina called a thanksgiving party. Food was plentiful; a goat was slaughtered, and women came in and out of the kitchen bearing plastic plates of rice on trays and distributing them to the men, who were seated on benches and on mats under the trees and on the veranda. They shook hands with Haruna, looking into the eyes and exclaiming, “It is a miracle, nothing like this has ever

happened before in Ketí”  
(p.41).

Apart from Auntie Marina, the entire villagers also demonstrated to the new visitor that they care for him and that his return from the battlefield field alive is worthy of celebration. The people show their level of communal spirit and care to the villager who is suffering from mental and emotional pains.

### **Men as Health Caregivers**

Habila also shows that men render health caregiving assistance in African societies as could be found elsewhere, even though this may be rare. For instance, in the novel Lamang provides care to Mamo over his ill-health and this is reported below:

You are lucky you didn't go far, with your weak and useless body, otherwise we would now be telling a different story. What do you think people would say if you had died out there? They would blame me for not caring for you, for driving you out of my house. Tell me, is there anything that you lack in this house? Is there anything I haven't provided for you and your brother? (p.57)

Moreso, in the course of pursuing military recruitment job, Mamo fell sick and his twin brother, LaMamo and Asabar their cousin provide emergency care to save his life. This is recounted by the omniscient narrator, thus: “They had not been on the steps more than an hour when Mamo started to shiver, his forehead wet, not with water but sweat. He pulled the raincoat tighter around his narrow shoulders and hugged his knees to keep warm” (p.52). In traditional African society, children also

provide health caregiving assistance to their parents and siblings as could be found in the narrative where LaMamo and Asabar had to help Mamo to recover from his ill-health condition. These are all female characters who also care for health and wellbeing of sick patients in societies.

However, when Mamo is hospitalized at school before the beginning of their second semester examinations, there was nobody to render the necessary assistance to him even though he was given some drug medications. The signs and symptoms of his ill-health condition are reported, thus; “It began innocuously with a slight headache, which he cured with aspirin in the hope that it was nothing but the result of reading late the night before, but the next day it returned, sharper, and again he tried to suppress it with aspirin, determined to endure in silence and not to see a doctor till after his exams, which were only two days away” (p.65). Mamo lacks caregiving assistance at school and the drug medication administered to him aggravated his health condition hence he collapsed in the bathroom. This is reported by the narrator: “in the afternoon they found him sprawled out on the floor unconscious, his legs and arms swollen. It was the severest crisis he had had since he was a child” and unfortunately he could not continue with his programme (p.65). The novelist has through this narrative portrayed that patients who are suffering from chronic sicknesses such as that being experienced by Mamo actually require proper medication, care and close monitoring. It is at this background that both the male and female characters in the narrative play diverse roles in ensuring that Mamo recovers speedily.

### **Conclusion**

The study has shown that African women are skilful and compassionate in health management as demonstrated by Auntie Marina and Adisa in the prose narratives. Unlike their male counterparts, women provide caregiving assistance to hospitalized patients, those

experiencing traumatic disorders, the bereaved and also shaping the lives of children using stories, herbal medicines, nutritious food and personal support, to mention a few. It argued that African women are more emotional, compassionate and sensitive towards the health condition of their sick loved ones in societies especially those of children compared to their male counterparts. The womenfolk therefore contribute immensely towards addressing their health problems to improve wellbeing of family members for the growth and development of society.

## References

- Action, G. J. 2002. Health-promoting self-care in family caregivers. *West Journal of Nursing Research*, 24 (1), 73-86.
- Alzheimer's Association Facts and Figures, 2014. Alzheimer's disease facts and figures. *Alzheimer's and Demntia*, 10(2), p.6-80.
- Familusi, O. O. 2012. African culture and the status of women: the Yoruba example. *The Journal of Pan African Studies*, Vol 5, No. 1, p.299-313.
- Habila, H. 2007. *Measuring time*. Lagos: Cassava Republic Press.
- Hangartner-Everts, E, 2008. Tradition of African story telling: oral literature in the homes and schools (Pre-school/kindergarten) of Northern Malawi. College of education and human services, Wright State University.
- Hussein, J. W. 2005. The social and ethno-cultural construction of masculinity and femininity in African proverbs. *African Study Monograph*. Faculty of Education, Alemaya University. 26(2), p. 59-87.
- Hayes, S. 2010. Valuing and compensating caregivers for their contribution to community health and development in the context of HIV and AIDS, An Gender for anction. The Huairous Commission. <https://www.valuing-compensation.org>
- Horowitz, A. 1985. Sons and daughters as caregivers to older parents: differences in role performance and consequences. *The Gerontologist*, 25, 6, p.612-617.
- Iyayi, F. 1979. *Violence*. Harlow Essex: London.
- Kolawole, M. E. M. 1997. The context of African Women's struggle": Womanism and African Consciousness.
- Kiragu, K., Nyumbu, M., Ngulube, T. J., Mwaba, C., Kalibwe, A. and Bradford, S. 2008. Caring for caregivers: An HIV and AIDS workshop intervention for hospital staff in Zambia. Evaluation results, Horizons Find Report. Washington, DC: Population Council.
- Kramer, B. J. 1995. Eldercare and work role conflict: toward an understanding of gender differences in caregiving burden. *The Gerontologist*, 35, 3, p.340-348.
- Mobolanle, E. S. 2008. *Feminism and gender discourse: the African experience*. Sagamu: Asaba Productions.
- Ndungo, C. M. 1998. Images of women in African oral literature: a case of Gukuyu and Swahili proverbs. Ph.D (Thesis). Kenyatta University.
- Nyando, M. C. 2014. The experiences of caregivers looking after a child living with HIV and AIDS in rural Malawi. (Thesis), School of Health Care Services (SOHCS), Cardiff University.
- Ogot, G. A. 1976. "The role of women in African literature," *New Directions*: Vol 3, Issue 1, Article 7.

Ogundipe-Leslie, M. *Re-creating Ourselves: African Women and Critical Transformation*.  
Trenton, N. J. African World Press, Inc.  
1994.

Okoye, U. O. 2002. Family caregiving for ageing parents in Nigeria: gender differences, cultural imperatives and the role of education. *International Journal of Education and Ageing*, Vol 2, No. 2, p.139-154.

Oriaku, R. 2012. Education and consciousness-raising for social emancipation in selected African women's fiction: In Oriaku, R. And Odebunmi, A. (Eds), *IBADAN Journal of English Studies*, Vol. 8,

Oyewunmi, A. E., Oyewunmi, O. A., Iyiola, O. O. and Ojo, A. Y. 2015. Mental health and nigeriann workplace: fallacies, facts and the way forward. *International Journal of Psychology and Counseling*. Vol 7(7). P.106-111.

Ruiz, I. J. and Nicolas, M. M. 2018. The family caregiver: the naturalized sense of obligation in women to be caregivers. *Enfermeria Global*.

Sarkar, S. 2015. Impact of caregiving role in the quality of life of family caregivers for persons with Alzheimer's disease. All These, Dissertations and Other Capstone Projects. Paper 395.

World Health Organization, 2001. *Atlas: Mental health resources in the world*. Geneva: World Health Organization.

Yitah, H. 2006. Throwing stones in jest: Kasena women's "proverbial" revolt. *Oral tradition*, 21 (2), p.233-249.

Zarit, S. and Gaugler, K. B. 2007. Caregivers, stress and. In: George Fink (Ed). *Encyclopedia of Stress*, Second Edition,