



Women And Health In Southwest Nigeria, 1901-1960

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ABSTRACT

The nexus between health and wealth is incontrovertible. Health creates wealth. In the absence of health, production of goods and services, a fundamental aspect of every civilization is unattainable. It is not even possible for a society bereft of healthy population to reproduce itself. In consequence, the maxim "health is wealth" is apt and unarguable. Health, however is not an abstract idea and it does not occur in a vacuum. It requires massive investments on the part of the government and diligent efforts on the part of the individuals so that the society has a virile and healthy population which is indispensable to development. Among the ways women contribute to economic upliftment and development all over the world is through their employment in the health sector. This could be done formally or otherwise. There are women doctors, dentists, gynecologists, nurses, midwives and female health-care professionals that have contributed immensely to the growth and development of Southwest Nigeria. Given the inadequate scholarly attention devoted to these professionals, this article analyses a history of women and health with a view to examining the contributions of women to health in the Southwest Nigeria from 1901 to 1960. The study relies heavily on the combination of oral, archival and secondary sources.

Keywords Health, Development, Southwest Nigeria, Contributions

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AUTHOR'S BIO



OLUYITAN, Julius Akinyele, holds B.A., M.A. and PhD in History. He also possesses Master's degree in Industrial and Labour Relations as well as Postgraduate Diploma in Education all from the prestigious University of Ibadan. He is the author of Sanitation in Ibadan, 1942-1999. His interests cover Colonial history of Medicine, Child health, Urbanization and Women Studies where he has published extensively. He has attended and presented papers in learned conferences within and outside Nigeria. He joined Ajayi Crowther University, Oyo in 2006. He served the institution in various capacities: Sub-Dean of the Postgraduate School, 2017-2020; Acting Head, Department of History and International Studies, 2019-2021. He is currently an Associate Professor of History in the University. A member of prominent learned societies such as Historical Society of Nigeria (HSN), Nigerian Health Historians Network (NHHN), West African Research Association (WARA) and African Economic History Network (AEHN).

Introduction

For a man without woman there is no heaven in the sky or on earth. Without woman there would be no sun, no moon, no agriculture and no fire. (an Arab Proverb).¹

Globally, the contributions of women in all aspects of life is not debatable. Women are indispensable in every country of the world. Their roles in Africa and other continents of the world are essential and indisputable. Indeed, their place in any society is as important as the society itself. Little wonder that they were regarded as the “saviours of their societies”;² as well as “custodians of health”.³ With the above facts, it becomes incomprehensible for a book like *the Groundwork of Nigerian History*, amongst other publications to be written in a way that suggests that Nigeria is made up of men only. No single chapter was devoted to the activities of women within the period covered by the book. In consonance with the proverb indicated earlier, it is practically inconceivable for men to function in a society without women in all spheres of our society. Their roles and achievements in the development of Nigerian society cannot be downplayed. In any case their contributions and achievements have been appreciated and acknowledged by scholars of different opinions. There are biographical accounts on prominent women. Examples of such studies included “Madam Tinubu”, in *Eminent Nigerians of the 19th Century*⁴; Folarin Coker's 1987, *A Lady*⁵; *An African 'Florence Nightingale': A Biography of Chief (Dr.) Kofoworola Abeni Pratt* by J.A. Akinsanya (1987);⁶ *For Women and the Nation: Funmilayo Ransome Kuti of Nigeria* by Cheryl Johnson-Odim and Nina Emma Mba (1997).⁷ These studies and similar ones are relevant and stimulating. They provide effective way of comprehending the situation of women in the past. They produced important insights on individuals, societies and historical processes. Studies on the lives of some of the leading historical female personalities add to the picture of these societies and illuminate their positions in them.⁸ Another relevant publication in this category is *Nigerian Women in Historical Perspective*. by Bolanle Awe (Ed.) . It contains biographies of personalities such as: Queen Amina of Zaria, Queen Kambassa of Bonny, Nana Asmau and Iyalode Efunsetan Aniwura. Others included Omu Okwei of Osomari, Charlotte Olajumoke Obasa, Olaniwun Adunni Oluwole, Oluwafunmilayo Ransome Kuti and Lady Oyinkan Abayomi.⁹ Besides there is a

chapter on the heroines of the women's war by Nina E. Mba.¹⁰ No doubt, the book is a significant contribution to the historiography on Gender and Women Studies.

Aside from biographical studies, there are publications with thrust on political struggles and activities by women. Prominent in this category is Nina Mba's *Nigerian Women Mobilised*.¹¹ The book started with a background on the positions of women in various states and kingdoms across the southern part of Nigeria prior to 1900, followed by a thorough description of the effects of colonization on the overall status of Nigerian women due to the alien administrative innovations brought by colonialism. The book also gave analysis of the various demonstrations and protests organized by women during colonial rule due to certain unfavorable colonial measures. Women's involvement in party politics especially women wing of National Council of Nigerian and the Cameroun (NCNC) and the Action Group (AG). Nina Mba was able to justify the effects of historical change on the political position and roles of women in Southern Nigeria during the colonial era. Another important publication by the same author is *Kaba and Khaki: Women and the Militarised State in Nigeria*.¹² In addition, there is *Women in Nigerian History: The Rivers and Bayelsa State Experience* (ed.) N.C. Ejitwu and A.O.I. Gabriel.¹³ The book is a product of the efforts of the Historical Society of Nigeria to address the silence of authors on contributions of women to the development of Nigeria's society. It is a collection of essays on the various aspects of the experience of women in Rivers and Bayelsa states. It contains 23 chapters broken roughly into five sections: Keynote Address, Gender and theory, Women uprisings in the Niger Delta, Case Studies and Conclusions.

Other useful publications include *Nigerian Women in Society and Development* edited by Amadu Sesay and Adetanwa Odebiyi¹⁴ as well as *Gender and Development in Nigeria: One hundred years of Nationhood* by Funmi Soetan and Bola Akanji.¹⁵ Both are extremely significant and helpful in the understanding of the place of women in the development of Nigeria. The former provides a fresh insight into the various sectors in which women play out their roles and in the process it reveals the constraints to gender equity and full participation in the development of Nigeria. Significantly, the publication identified new directions for ensuring gender equity and the full involvement of women in development as participants

and beneficiaries. It is made up of more than ten scholarly chapters on issues such as Women, Culture and Society, Women and Agriculture in Nigeria, Women in Politics in Nigeria, Technology and Women in Nigeria and so on. On the other hand, the latter, *Gender and Development in Nigeria* is an insightful, rare compilation of essays on the cultural, political and economic factors that have shaped the status of women in Nigeria over a period of hundred years. It provides historical perspectives on national and international policies as well as complexities of governance in Nigeria that have negatively affected the performance of women in various sectors of the economy. It is made up of eight chapters with a rich and provocative conclusion on a centenary of economic development policies. Besides, there are other relevant studies on such issues like *Women in Nigerian Economy* edited by M.O. Ijere.¹⁶ There is also *Women in Law* edited by Akintunde O. Obilade. In a similar vein there is *Nigerian Women Professionals – A Historical Analysis* edited by Modupe Faseke. It anatomises the experiences of women professionals who, out of sheer doggedness and resilience were able to reach the pinnacle of their career.¹⁷ Majorie Mckintosh publication on Yoruba women, is insightful and germane to the understanding of the experience of women especially in Yorubaland.¹⁸

Given the above publications, it would be mischievous to claim otherwise in terms of the documentation of women experiences and achievements in the history of Nigeria. All the studies are extremely useful in comprehending the roles and contributions of women in the development of Nigeria. However, none of the works is concerned with Women and Health in the history of Nigeria. Exception to the above claim is a chapter on Women and Health in Nigeria by Adetanwa and Aina in *Nigerian Women in Society and Development*.¹⁹ Pearce has also written on “Women and HealthCare: Preventive Medication for Children among the Yoruba”.²⁰ Equally useful is Osunwole’s study: “The Role of Women in Traditional Yoruba Medicine”.²¹ Moreover, there are papers on “The Contributions of Women Herb Sellers to Health Care Delivery in Ibadan” and “Women as Healers: The Nigerian (Yoruba) Example” by T.R. Fasola and Dorcas Akintunde respectively.²² While Fasola assessed the significance of herb sellers to health care delivery in Ibadan; Akintunde on the other hand explores

the impact and meaning of health in the context of women as caregivers within traditional Yoruba society. Admittedly, these works are helpful and insightful to the understanding of women contributions in the health sector; yet there are gaps unfilled by these studies. First, Adetanwa and Aina’s article covers the whole of Nigeria but some crucial details escaped the attention of the authors. Moreover, the articles written by Pearce, Osunwole, Fasola as well as Akintunde’s paper did not cover any period in the history of Southwest Nigeria; as such these articles could not address the issue of change and continuity which is the livewire of historical scholarship. Therefore, it would be apposite and rewarding to examine the contributions of women to medicine and health in the southwest Nigeria, 1901-1960. Southwest Nigeria in the context of this article refers to areas occupied by people presently in Oyo, Ondo, Ogun, Ekiti and Lagos States. Periods covered by the paper is not accidental. Both periods are very important in the history of Nigeria. While the former witnessed the inception of colonialism and more importantly, the emergence of Lagos Ladies League which could be regarded as the pioneer of Women’s Movement in the country; the latter marked the beginning of post-colonial Nigeria.

Women and Health in Southwest Nigeria Prior to 1901

It is evident that the people of the Southwest Nigeria and other parts of the country possessed a distinct medical culture prior to the establishment of hospital medicine. This culture mostly relies on spiritual invocation, leaves, barks, and roots as natural therapeutic agents. It also covers many ways to make amends and fight the powers of ethereal evil. The Yoruba just like other Nigerians have rich concepts of diseases and treatment. They have unambiguous explanation on the origins of prevalent illnesses like dysentery, piles, stomachaches, malaria, and a plethora of other conditions. Maclean does a good job expressing this idea:

medical treatment starts at the household level. Practically every one can cite recipes for the relief of common symptoms by the use of herbs and materials close to hand. Every household has its own favourite prescription which have been proven over time and many plants growing wild on

patches of waste land between the compounds are recognized for their specific therapeutic properties. Infusion for headache, fever, and jaundice, stomach aches, purges, inhalations, embrocating and ointment can be recommended by people of all ages.²³

When the initial medical treatment completely failed, they turned to *Onisegun*, also known as *Babalawo*, or both (medicine-man). Other than divination, there are medical or psychological approaches to diagnosing illness. Traditional healers could check their patients' eyes, tongues, complexions, and occasionally even their urine and faeces in addition to observing their health-related behaviours and asking inquiries that would reveal their health issues. It is commonly known that conditions like cholera, catarrh, stomachaches, diarrhoea, and fever from natural causes—such as mosquito bites in the case of feverish malaria, exposure to the cold, or ingestion of tainted food or water in the case of catarrh and feverish cholera—need to be treated with herbal or pharmaceutical remedies. Various infusions, which frequently contain the leaves of *Morinda (oruwo)*, *Rauwolfia vomitoria (asofeiyeye)*, and *Cassia occidentalis (rere)*, a very bitter leaf employed for the treatment of malaria. Nonetheless, ailments brought on by supernatural forces such as witchcraft assaults or the wrath of gods or ancestors for breaking a taboo calls for the offering of sacrifices, the reciting of incantation, the usage of charms and amulets. Traditional healers believed that there was no effective treatment for unexplained illnesses like protracted childbirth, infertility, persistent mental and emotional issues, animals or snake stings, or recurrent failure in exams or commercial ventures without sacrificing something.²⁴ Animals such as cows, chickens, pigeons, and other materials such as eggs, yams, kolanuts and palm oil were used as sacrifices. But *Ifa* would be the one to identify the elements required for sacrifice. These goods would be positioned quite close to a crosswalk, intersection, or market. These objects would be buried, positioned extremely close to a tree or a river, or exposed at crossroads, junctions or markets. This placement is determined by the *Babalawo's* experience and *Ifa's* prescription.

It is instructive to note at this juncture that the medical culture of the Yoruba just like other ethnic groups in the country accommodate and recognised the role of women in addressing health challenges. There were women that specialized as healers, Paediatricians, gynaecologists as well as traditional midwives. The women healers

addressed all sorts of diseases through physical and spiritual means. In the same vein, the Paediatricians based on their familiarity with theories and practice of child health dealt with childhood diseases such as malaria popularly known as *iba*, neonatal tetanus and convulsion. They utilized different types of herbs to take care of sick infants and children. Associated with this group were the herb sellers popularly referred to as *Iya Alagbo* or *Iya Elewe omo*. The relevance of these specialists in child health in Yorubaland continues to be critical given the attitude of the government to health in the country.²⁵ The traditional gynaecologists handled feminine diseases such as *Eda (Leucrrhea)*, *aseoroyan* (swelling of the breast), *ijulatanlatan (sciatica)* and infertility in women generally. Many of them were even involved in child delivery. The local midwives just like gynaecologists helped the expectant mothers to nurture their pregnancy to maturity through indigenous means. They instructed or forbid pregnant mothers to go about in the sun or at night lest the spirit of *abiku* (perennial infant death) entered them. They took all required care during the period of gestation to protect and safeguard both the mother and the expected baby. They provided medicine and herbal concoctions meant for the consumption of the pregnant mothers. In addition, they made ready herbal mixture known as *aseje alaboyun* and medicinal plants such as *Abi were* (leaf that make delivery less laborious). Of course, they possessed skills adequate for the management of certain complications of delivery such as prolonged labor, cord prolapse, abnormal lie and the like. It should be noted that the above description may not be uniform in all the Yoruba towns and cities. There were variations here and there. Furthermore, women in the period under examination played significant roles in terms of sanitation, hygiene and water. Before highlighting their roles, it should be noted that the Yoruba have intolerance for filth. This culture is encapsulated in some of their proverbs. Among the relevant ones included: *Agbati ile ti bi bale ile ninu* (unpacked refuse that annoys the house owner); *Ilu ki kere ko ma ni atan* (no matter how little a town is it must have a refuse dump). These proverbs could equally be buttressed by a popular poem in Yorubaland:

1. *Imototo bori arun mole, boye ti bori oorun*
Cleanliness overcomes diseases, just as (cold) harmattan overcomes hot climate (wind)
2. *Arun idoti tinu egin la wa, inani wo aso onida.*
Infirmities result from unclean (or unhygienic)

environment as dirty (unwashed clothe is the abode (or hiding place for lice.

3. *Afinju woja, a rin gbendeke.*
When entering a mrket (or other public area), the well-groomed individual does so with pride and grace.
4. *Obun a woja, a pasio sio*
A disheveled (or ill- groomed) individual moves slowly or awkwardly.
5. *Obun sio sio niyo ru eru afinju wole*
The person best suited to carry the handsomely dressed man's luggage would be the rough, disheveled or poorly dressed individual.²⁶

It is largely the women who carried out tasks associated with sanitation and public hygiene. They swept the ground, removed dirt in the neighbourhood. They cleaned the markets and streams that served as fount for drinking and domestic purposes.

Women and Health in Southwest Nigeria, 1901-1960

With the British annexation of Lagos (1862) and the subsequent subjugation of Ijebu-Ode (1892), Ibadan (1893); other parts of the area currently referred to as southwest Nigeria came under the same colonial rule before the end of the 19th century. Concomitant with the colonial rule, was hospital medicine. This became unavoidable so as to protect the health of personnel required to maintain the colonial economy. Among the rampant diseases in Lagos in the earlier part of the study period was malaria. Doctors as well as nurses were needed at the colonial hospital. The former unlike the latter did not constitute any problem in terms of availability. This challenge, however, became lessened with the realization of Dr. H. Strachan that women were by nature suited for caring of the sick than men. In consequence, women rather than men became the focus of health authorities as people that should be trained. Two young apprentice nurses were appointed for a trial period of three months on a monthly salary of £3. with this humble beginning the training of nurses expanded throughout the country.

By 1901, the Lagos Ladies League emerged primarily: for providing medical attendance, distributing quinine, providing nursing and food and the general care of the sick poor in Lagos particularly infants and for the instruction

and dissemination of a knowledge of the rudiments of hygiene and simple methods of treatment of diseases.²⁷ It is instructive to note that the League carried out the above mission with raw determination and passion. They provided medical care for infants and children whose parents could not afford hospital treatment. They also distributed quinine and other medications targeted against malaria. Obviously, their campaigns against malaria fever bore some fruits. Mortality traceable to malaria and other diseases reduced in the year. Below is an Appendix with details of mortality in Lagos Island in 1901. Besides, they facilitated through their activities the establishment of medical amenities with clinics for mothers and children. Examples of such amenities included Ereko Dispensary, the Massey Street (1902), and Ebute Metta Dispensaries (1905). In fact, these women were far from being satisfied with dispensaries. Mrs. Charlotte Olajumoke Obasa in conjunction with other members of the League employed the same platform to call on the colonial authorities to provide a maternity hospital for women. Admittedly, the demand met a brick wall yet it would be naïve to regard the position of these women as total failure. By 1925, repairs and renovation of Lagos Massey Street Dispensary began to create a facility designed “with special provision for maternity for women's and children's diseases.”²⁸ Supervised by the first Lady Medical Officer (LMO) appointed to practice in Nigeria, the Massey Street Clinic contained a labour ward, a theatre for genealogical cases, a consulting room, dressing room for out-patients and a venereal disease clinic. It is on record that the establishment in its first two months of operation attended to three maternity cases as well as more than 4,000 out patients.²⁹ It is worthy of note that among the doctors that worked at the Clinic was Mrs. Abimbola Awoliyi, the first female medical doctor in Nigeria. She actually rose to become the Chief Consultant and Medical Director of the Clinic.³⁰

Besides, the Lagos Town Council demonstrated keen interest in infant welfare work. This programme involved the provision of clinics for infants, children as well as their mothers. Lagos actually became inundated with maternity and child welfare programmes right from the 1920s up to the 1950s. Aside from the Lagos Town Council, other key establishments involved in the organization of these programmes included Massey Street Maternity Hospital,

and Medical Department. Through these establishments, maternal and infant-related programmes became constant and regular. Health weeks and baby shows involving public lectures on hygiene, care of the expectant mothers, prevention and treatment of home accident and “what we eat and drink”, became popular events in the Lagos municipality.³¹ Obviously, these programmes involved hundreds of women either as beneficiaries or as workers. Women health visitors, midwives, nurses, health educators featured regularly during these programmes. Colonial records including Comcol, Annual reports as well as Newspapers demonstrated clearly the significance of these programmes with women as key actors in the social history of Lagos. No doubt, these clinics required the services of female medical personnel than men. In the 1920s the council appointed eight health visitors (all women). As a matter of fact, maternal and infant care were popular all over the areas currently known as southwest in the study period.

Medical mission work concerned with maternal and infant care began in 1926 with the conversion of Sacred Heart Hospital, Abeokuta into a maternity hospital and infant welfare clinic. In Ogbomoso, Ife, Ilesha, Oshogbo and Ado-Ekiti; the missionaries provided beneficial services for the infants and children. All these services made use of women as nurses, midwives, and health visitors than men. With the opening of Native Administration Hospital, Adeoyo, Ibadan in 1927, more women became involved in the provision of medical services. The hospital attracted a large number of expectant and nursing mothers as well as their children throughout the 1930s and up to the 1950s. In 1944, 6,454 children obtained treatment due to measles, gastroenteritis, malaria and meningitis at the hospital. This number rose to 11,470 in 1945.³² This development necessitated the establishment of extra-mural clinics with concentration on antenatal and child welfare work at Agodi and Oranyan dispensaries. These clinics were facilitated and organized by a female medical officer with the assistance of a midwife seconded from Adeoyo Hospital. In a similar vein, Mrs. E.A. Leeming pioneered maternity units at Elekuro and Isale Ijebu. It is on record that more than 1,300 mothers attended these units weekly and more than 1000 mothers delivered in each of the unit weekly.³³ As a matter of fact, Mrs. E.A. Leeming interest in the well-being of pregnant mothers was profound. She registered hundreds of children for child welfare and about 3,000 expectant mothers for antenatal treatment.³⁴ She equally started the maternity unit, Adeoyo. The unit

was very popular with Ibadan women. It addressed the needs of mothers and their babies. It also served as a training ground for the midwives. The unit attracted a lot of pregnant mothers from within and adjacent villages and towns to Ibadan to attend Adeoyo and similar dispensaries which *Mama* Leeming facilitated. It is noteworthy that the contributions of this prominent woman did not go unrewarded, she became the matron at Adeoyo in 1957 and honoured by the *Olubadan* as the *Iya Abiye* of Ibadanland.³⁵ Like Leeming, Miss McCotter with her visiting midwives carried out maternal and infant health services in Abeokuta with passion. They attended to huge numbers of women in need of antenatal and infant health services in Abeokuta.

Moreover, the University College Hospital in Ibadan officially opened its doors in 1957. This led to an expansion and increase in the city's medical options. The school has a better physical infrastructure than current medical facilities in Ibadan and other parts of Nigeria. Eight blocks made up the structure: two with five stories apiece, three with six stories, two with just one story, and the central block with seven stories. The bottom level was occupied by the laboratories, X-ray department, casualty department, and administrative offices. Upper floor wards housed in-patients, while professorial units were located in the middle block. The operating room, sterilising facility and mortuary were made possible by the expansion of the central building. Six automatic lifts were available, each of which could hold fifteen stretchers at a time. The antenatal clinic, pharmacy, medical records office, physiotherapy department and outpatient clinic were among the buildings that faced the main building. Based on the following distribution, the hospital had 493 beds: 146 medical (including 28 tuberculosis and 2 observation beds), 144 surgical (including patients with ophthalmology, ear, nose, and throat), 109 obstetric and gynaecological, and 68 paediatric.³⁶ In addition, there were 12 labour beds and 14 recovery beds next to the theatre. Evidently, the institution pulled hundreds of patients. More than 20,000 patients within and outside Ibadan sought for medical attention in the hospital in 1959. Of course, women like men were highly involved in various departments in the provision of medical services to the patients. One of the leading pioneers of the institution, Beatrice Mary Joly, a lady with first class ability and attractive personality, first Professor of Surgery and Dean Faculty of Medicine possibly might

have served as a positive influence on the womenfolk in the hospital. Mrs. Kofoworola Pratt, “the Nigerian Florence Nightingale” was in fact a senior Nursing Officer in the hospital in the late 50s. She rose to become the first indigenous matron in the hospital as well as the Chief Nursing Officer of the Federation in the early 1960s.

It is instructive to note that provision of health services in the southwest Nigeria which involved western-trained female doctors, nurses and midwives did not in any way affect the patronage and clientele of women health specialists in traditional medicine. As noted earlier, women acted as healers during the pre-colonial era. The act continues till the present period. They attended to diseases and illnesses which could be physical or spiritual. While medical doctors rely on stethoscope for diagnosis of diseases, traditional healers in Yorubaland depend on divination. Of course women in the period under study employed divination to unravel causes of diseases and ailments that could be categorized as spiritual. There were also those that addressed diseases through herbal remedies.

The southwest Nigeria is well endowed with forest plants which serve as veritable sources of herbal medicine. There are different types of herbs, roots, leaves, flowers and similar materials that could be employed for healing. Among the markets in Ibadan where herbal materials could be purchased; Bode market along the Bere-Molete Road stand out as the largest market in the city where fresh plant materials are available. In the same vein, Akesan market in Oyo have structures where these materials could be obtained.³⁷ Up till now *there are Iya Elewe Omo or Iya Alagbo who are familiar* with the herbs and thus can provide reliable information and advice on medicinal ingredients to use as remedies against health challenges. Besides, there existed traditional gynaecologists as well as traditional midwives. The former provides care and assisted in addressing challenges associated with pregnancy. They counselled women looking for children on when to have intercourse; how threatened abortion could be avoided. They advised pregnant mothers against moving about between 1.00 and 3.00pm. They prepared herbal concoctions for couples looking for children. On the other hand, the latter renders required assistance to expectant mothers during and after deliveries. As noted earlier, these women were and are very relevant in the provision of antenatal and postnatal care. Associated with these groups of women were the paediatricians. These groups of women had knowledge on childhood diseases

and their remedies. They possessed the ability to prepare cough syrup, laxatives and ointment for various kinds of ailments and illnesses such as infant constipation, enlarged spleen, convulsion and indigestion affecting infants and children. It is noteworthy, that the significance of these women rather than diminish has increased considerably due to the escalating cost of medications and lack of adequate attention by government to health-care

Conclusion

Given the contributions of women to health as healers, medical doctors, nurses and midwives in the southwest Nigeria (1901-1960); it should be considered legitimate to raise a poser: why do scholars give limited or inadequate space to women's contributions to health. Inadequate publications on contributions of women in medicine and health could be due in a way to the patriarchal nature of the Yoruba society and Africa generally. With this culture, the society often downplays the roles of women generally. Some men in the Southwest and other parts of the country even believe up till now that whatever task that a woman carries out successfully is by a stroke of luck! Besides, the issue could be explained in terms of numbers of male medical doctors compared to female doctors. Whichever way the kite flies, it would be right and appropriate for men to realize that brain does not have gender and that women are as important as men in the development of societies. Besides, girls and women should be encouraged the more by appropriate authorities to study medicine and health-related courses, with these done scholars would certainly be compelled to beam their searchlight adequately on women's contributions in health not only in the Southwest Nigeria but all over the entire country.

End Notes

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22. T.R Fasola, “The Contributions of Women Herb Sellers to Health Care Delivery in Ibadan, Nigeria, *The Nigerian Field*, 67 (2002), 59-66; Dorcas Akintunde, “Women as Healers: The Nigerian (Yoruba) Example, *The Nigerian Field*, 72 (2007), 63-72.
23. Maclean, “Traditional Medicine and its Practitioners in Ibadan, Nigeria”, *Journal of Tropical Medicine and Hygiene*, (October 1965): 238.
24. Interview held with Mr. O. Babaerin, traditional healer, Age c.60, Isale-Oyo, Oyo, 27th January, 2023.
25. It is well known that health situation in Nigeria is extremely poor and precarious. It occupies lowest rung on the health ladder. The current infant mortality rate in the country is intolerable. It is 54,740 deaths per 1000 live births, a 2.63% decline from 2022. For details see child mortality –UNICEF Data.
26. The translation was with the assistance of Professor A. Adeniran, formerly of Department of English Studies, Ajayi Crowther University, Oyo.
27. N.A.I. CSO 19/3: N3605/1915.
28. N.A.I. Nigeria Annual Medical and Sanitary Report for 1925-1935.
29. Deane Van Tol, “Mothers, Babies and the Colonial State: The Introduction of Maternal and Infant Welfare Services in Nigeria”, *Spontaneous Generations* 1:1 (2007), 113.
30. Agnes Yewande Savage was actually the first Nigerian Woman to train and qualified in orthodox medicine. She graduated with first - class honours from the University of Edinburgh (1929) at the age of 23. However, unlike Mrs. Abimbola Awoliyi, she did not at any time practiced in Nigeria.
31. “Lagos Health and Baby Week”, *Daily Times* (21st April 1956); 10.
32. N.A.I. Iba Div. 1/1; Adeoyo Annual Report.
33. “Ibadan Baby Week Opened: Ministry pays tribute to head of Ade - Oyo Unit”, *Daily Times*, December 8, 1952, 3.
34. “Ibadan Baby Week Opened:
35. Ralph Schram, *A History of the Nigerian Health Services* (Ibadan: Ibadan University Press, 1971), 276.
36. *Western Region Press Handbook*, (n. d.), 31-32.
37. There is hardly any town or city in the southwest Nigeria without a market for herbal materials and similar products useful for therapeutic and healing purposes.

Appendix on Infant Mortality in Lagos

LAGOS.—Places of Abode and Number of Persons under 1 year old deceased from 1st January to 31st March, 1901.

Places of Abode.	1901.			Places of Abode.	1901.		
	Males	Fe- males	Total.		Males	Fe- males	Total.
Agarawu Street.	2	3	5	Brought forward.	34	41	75
Ajele "	1	...	1	Idumsagbo	...	1	1
Akani "	2	3	5	Igbosere	2	1	3
Alakoro "	2	...	2	Isalegangan	2	5	7
Aroloya	1	...	1	Itolo	...	2	2
Asogbon quarter	...	4	5	King's quarter	4	5	9
Balogun Street	1	1	2	Lafaji	1	...	1
Bangbose "	2	2	4	Luther	1	...	1
Breadfruit "	1	...	1	Market Street	1	...	1
Broad "	1	1	2	Martin "	2	3	5
Campbell "	1	1	2	Massay "	1	1	2
Campos "	1	...	1	Obadina "	3	1	4
Cow Lane	...	1	1	Obun Eko	1	...	1
Ebute Ero	...	1	1	Ofin	4	3	7
Elegbata	...	1	1	Olowogbowo	1	2	3
Epetedo	2	6	8	Okopopo	10	4	14
Ereko	2	...	2	Oke Suna Street	1	...	1
Fuji	3	...	3	Oke Awo	4	2	6
Garber Street.	1	...	1	Olusi Street	3	...	3
Glover "	...	1	1	Oluwolo "	...	2	2
Hawley "	1	1	2	Race Course	2	1	3
Hausa Lines	2	1	3	Shitta Street	1	3	4
Idoluwo	...	3	3	Tokunboh "	2	...	2
Idumagbo	2	2	4	Victoria "	3	2	5
Idumata	6	6	12				
Carried forward.	34	41	75	Total.	83	79	162

Source: N.A.I., Nigeria Annual Report, 1900-1901, p.222.