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TRADITIONAL MEDICINE AND THE NIGERIAN SOCIETY: A CASE FOR THE DEVELOPMENT OF TRADITIONAL MEDICINE.

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"Health is wealth" yet it is many miles away from the people due to the current developmental approach which is Western in nature. It is no longer news that the World Health Organisation (WHO) recognizes that health for all by the year 2000 is impracticable without traditional medicine in the developing world. It is in this light that the paper examines some vital issues that should be considered in other to develop traditional medicine as an alternative health care in Nigeria. In this quest the paper analysizes the conception of disease in our society and by extension illness behaviours. Effort is also made to examine the forms of practitioners available and their role in the various community. Given the long standing history of the art among our people and consequently the familiar healing context, together with the high level of patronage the paper concludes that there is the need for the development of the system.

The debate over the development of traditional medicine has been on the rage for years (Lambo, 1964; WHO, 1978; Conco, 1978). Some of these arguments have been in favour of the development of the system while others are against depending on the position of the contending bodies. Today, the issue of its relevance and contribution is no longer in question, instead, the need for a more pragmatic approach towards its development as an equivalent source of healthcare.

It is in view of this fact that this paper attempts to establish the existence of traditional medicine and its role within the overall structure of our

society Based on the observed, the familiar context of its operation and the acceptance of the system, the paper therefore argues strongly for the development of traditional medicine as an alternative source of medicine in Nigeria considering the inadequacy of the western model of medicine and the traditional context with which the average Nigerian has been used to over the years.

CULTURE AND HEALTH

Within every society, anthropologists, sociologists and in general social scientists believe that there are means within which the health problems of the people are managed. Emanating from this line of reasoning is the fact that the culture dictates the perception of the disease and the course of action taken. For example, Pearce (1982) observed that all cultures evolve methods of dealing with ill-health, discomfort and maintenance of health. Similarly, Lambo (1961, 1966) noted that his experience of non-literate societies has demonstrated the influence or importance of cultural factors in the management of mental patients. According to him, it is the culture which determines the acceptability, the success or failure of a given therapeutic orientation. Oke (1991) also holds this view. Fabrega Jr. (1970) summed the above up when he said "knowledge about health, and illness and management can be said to be generally shared within and are determined by the culture".

Going by the above findings, it would not be out of place to argue that in every culture, there are indigenous ways of coping with the health problems so associated. This view has also been well acknowledged (Unschuld, 1976) when he observed that "wherever western medicine was introduced and no matter how urgent, the need for its immediate application was felt to be, it was never a question of its filling a medical vacuum". Thus implying that methods of health management have been known in different cultures before the advent of western medicine.

Nigeria easily fits into the picture drawn above (Fabrega Jr., 1970; Lambo, 1961, 1966; Pearce, 1982; Oke 1991). A number of researchers have found out that we have our own system of health management before the incursion of the whiteman and her medicine into the country. Pearce (1982) observed that the vast territory to be known as Nigeria under the British in 1914, after the unification, had developed various specialists among different ethnic groups to handle their health problems. In a similar way Oyebola (1980) noted that before the first hospital in Nigeria was built in 1873, traditional medicine was the sole source of healthcare delivery available to the members of the society. Pela (1985) equally shares this view. For instance, amongst the Yorubas, we had and still have the Babalawo or Onisegun, Alfa or Boka among the Hausa and

Fulani, Dibia among the Igbos. While amongst the Okpe people of Delta State, they are known as Oboh. These terms refer to the general names which persons who were associated with healing practices are known before the advent of the white people. The existence of these terminologies testify to their existence within these communities. They handled the problems of the people in their communities. They were well known amongst the people and commanded their respect (Good, Hunter, Katz and Katz, 1979; Coker, 1984; Pela, 1985).

These healers' practices were defined by the culture of the society. For example the conception of the cause of disease dictated the method of therapy - this the entire members of the community shared (physicians and patients). For instance, amongst Nigerians and Africans, in general, the concept of disease rests on three major factors: the natural, preternatural, and supernatural which are of course dictated by the culture (Erinosho, 1976). It is this belief system that patterned the illness behaviour and consequently illness management before western medicine appeared on the scene. For illustrative purposes, we may say here that the average Yoruba man would attribute his illness to the effect of witchcraft or sorcery or ancestral forces when it protracts (Lambo, 1966; Erinosho, 1976; Odebiyi, 1980; Oke, 1982), so also would the Igala man (Bosoton, 1982) and the Okpe man (Owumi, 1989). These behavioural tendencies (illness behaviour) may infact suggest why traditional medicine seems to have persisted especially when one realizes that western medicine does not recognize the existence of super natural forces in health management yet it is operating in an environment that is heavily ladden with magic-religious beliefs.

TYPOLOGY OF TRADITIONAL MEDICINE PRACTITIONERS AND THEIR ROLE IN THE COMMUNITY

Generally, the classification of healers available in Nigeria varies according to communities, researchers' interest or bias, and theoretical orientation. These differences in taxonomy may also be traceable to the cultural conception of disease and management of illhealth as noted earlier on. However, this variation does not constitute a major obstacle to the development of traditional medicine at the national level. Based on this fact I would like to discuss the typology of healers amongst the Okpe people of Delta State for two reasons. Firstly, it would be virtually impossible to talk of the development of traditional medicine if much is not known about the existing practitioners available in most communities in Nigeria, secondly, the Okpes are a distinct group in Delta State and a virgin area with little or no works done in this area or research.

The Okpe people are the "largest" of all the Urhobo clans in terms of population and land mass. Its territory is about 500 square kilometres. They lie approximately between latitude 5^{0} 3^{0} and 6^{0} north and longitude 5^{0} 3^{0} and 6^{0} west. The Okpes are the major inhabitants of two local government areas of the Delta area of the State (Sapele and Okpe local governments).

According to the Okpe people, there are two major classes of traditional practitioners: First the *Edjele* (witch doctors) and the *Oboh* (an "ordinary" healer). This distinction rests on the fact that the *edjele* has some element of witchcraft in addition to his prowess in the art of healing and is consequently able to resolve problems with witchcraft undertone as it is with the Babalawo of the Ibadan Yorubas (Maclean, 1971) while the Oboh does not have any element of witchcraft substance (powers) and thus can not handle problems which centre on the evil machination of witches (Owumi, 1989). It is vital to note here the influence of witchcraft as an important feature in the classification of healers. Generally, the average Nigerian or African believes in the existence of witch-craft and consequently the belief in bewitchment by witches in our society. This no doubt may have fostered this development especially as persons who are witches may only be able to solve witchcraft related problems.

On a closer examination of the subject the following sub-categories were discovered: Firstly, the general practitioners who perform general services regardless of the problem of the patient. They have a wide knowledge of herbal medicine as well as being able to devine the causes of the problem including rendering of ordeal services.

Secondly, there are oraclemen/women *(Obohevwah)* who mainly specialize in divining the cause of patients' problems. Okpeman strongly believes that illness does not just come on its own; thus for the group, for treatment to be effective the underlying cause of the ailment must be known. In other words, the essential function of this group of practitioners is to find the ultimate cause of the problem, without which the problem may not be easily resolved, it is believed.

The traditional birth attendants constitute the third category. They are versed with skills in parturitional services. These include the preparation of waist and other prophylactics against evil machination during pregnancy, and kids ailments and deliveries amongst others.

Masseuses, traditional psychiatristis and bone setters constitute the other categories. They possess the manipulatory skills of putting the tissues of the body in their rightful positions, caring for mental patients

and setting of fractured bones respectively. The traditional healers performed these functions for the populace before the advent of western medicine.

From the preceeding, it is clear that the practitioners of traditional medicine performed a very useful role to the members of the Okpe community as it was with other communities in the country before the advent of western medicine. In other words, the people have grown to know this form of medicine and thus a way of life - culture. Patients and traditional medicine practitioners are therefore one and inseperable. There is thus that familiar context that facilitates therapy. Above all, it is "highly open" (Okafor, 1982) and accessible to the rural people because of its numerical strength. To further highlight the extent to which traditional medicine is patronised, Oyebola (1980) noted that even in cities like Lagos and Ibadan where western medical facilities are available within easy reach of most of the inhabitants a large percentage of the people still visit the traditional practitioners or have native medicine secretly brought to them when they are in the hospitals. This point raised by Oyebola implies that apart from the factor of accessibility and availability, traditional practioners seem to cater for certain health needs of patients in the Yoruba cultural milieu in which western medicine falls short of their expectation. This observation also confirmed my findings among the Okpe people. My findings revealed that the presence of western medicine cannot prevent the effective utilization of traditional medicine as the nature of illness and circumstance are vital factors determining the source of therapy that is sought (Owumi, 1989). Infact research finding indicates that about 75% of the entire population utilizes traditional medicine. Viewed against this background, it would be just and proper to posit as we have earlier done that traditional medicine is the only orthodox and primary source of care/medicine in Nigeria (Owumi and Jegede, 1991).

THE SOCIOLOGY OF THE PEOPLE

As I noted earlier on, the situation in Nigeria today is such that majority of the population are highly adapted to the consummation of traditional medicine. This may be due partly to the long tradition of the people, the efficacy and belief in the art. To many traditional medicine in part of the culture and the people. It is a way of life to a majority of the population. Even the elite often revert to the use of native medicine when faced with serious problems (Lambo, 1966). Also, patients who find themselves in hospital context very often had traditional medicine secretely brought to them in the hospital ward (Oyebola, 1980). All these instances point to the fact that culture determines the attitude of people and still remains a potent force in health management.

The extent to which this phenomenon pervades the entire structure of the Nigerian society should determine the consumption pattern and consequently pattern the developmental needs of the society. The contention of this paper is that traditional medicine and the average Nigerian are one-inextricably intertwined and thus every effort should be made to develop the system. This view strongly agrees with Ataudo's (1985) view; "that traditional healthcare delivery is intertwined with the Nigerian socio-cultural model and any attempt by the social system to disengage it, will cause a dysfunctioning effect". This to him is due to the fact that traditional medicine has formed a part of the peoples' way of life as far as coping with any "ailment is concerned".

THE RURAL NATURE OF THE COUNTRY

Basically, the country is a developing one with majority of her population "rurally" based. About 80% of the people are rural bound, where majority of the traditional practitioners infact inhabit (Oyebola, 1980). Going by the fact that rural people are more likely to utilize traditional medicine first and more primarily because of proximity and its familiar context (Oyeneye, 1985), there is the need for its development now than ever. Again, majority of the people are still rooted in tradition and thus the likelihood to utilize traditional medicine.

Besides the above facts, the uneven spread of western healthcare facilities in favour of urban centres as against the rural areas where the bulk of the people reside is another potent force in the persistent utilization of traditional medicine today. With the lop-sided localization of western healthcare services, the observed trend would remain for many years to come. Even at that, where these facilities are available people still rely on traditional medicine mainly because of the cultural values.

THE HEALING CONTEXT

The entry and exit including the healing environment of the healer is so unrestricted that the traditional practitioner's patient does not feel or notice the difference and change in status from the normal (healthy) to the abnormal (sick). To be precise, the healing context is "non total". There is little or no motification of self. Patients are treated in their natural context where they are used to. Even when they had to be treated in the healer's home, the situation is as natural as the patient's original environment. This condition reduces greatly the psycho-social trauma that may have accompanied a change in environment. This familiar context is of tremendous therapeutic significance in illness managements.

This is the more reason why articulate efforts should be made to ensure the system is developed if the focus of the government is actually

towards the rural poor who cannot afford the services of western medicine which is not only costly and unavailable but also alien to the rural people.

CONCLUSION

The preceeding reveals clearly that the Nigerian society fosters and nurtures the persistence of traditional medicine. The inadequacies of the alternative healthcare systems available, the attitude of the people coupled with the *modus operandi* of the traditional practitioners which is familiar to the people, the system would continue unabated.

Given the above conditions and the fact that research findings suggest that about 80% of the population utilizes traditional medicine (Oyebola, 1981; Heggenhouge, 1981). Also agreeing with the World Health Organisation's (WHO's) observation that health for all by the year 2000 would only be attainable if traditional medicine (with special reference to traditional birth attendants (TBAs) is developed, Nigeria as a nation must ensure that traditional medicine is developed if we all believe that *health is wealth.* Acupuncture is a Chinese traditional form of medicine which has been widely accepted. This should be a lesson for Nigeria. The situation is now rife for the improvement of traditional medicine.

REFERENCES

Ataudo, E. S. (1985). Traditional medicine and biopsychosocial fulfilment in African Health. *International Journal of Social Science and Medicine 21,* 1346.

Boston, J. S. (1982). The supernatural aspects of disease and therapeutics among the Igala. *Nigerian Perspectives in Medical Sociology, 19,* 29 - 42.

Coker, O. (1984). Traditional healers and health for all by 2000 A. D. *Daily Times* December 5, 18.

Conco, W. Z. (1978). Traditional doctors as part of the health team: towards a realistic positive approach to the health man power problem in Africa. *Medical Journal, of Zambia 12,* 7.

Erinosho, Q. (1976). Notes on concepts of disease and illness: The case of the Yoruba in Nigeria. *Nigerian Journal of Economic and Social Studies 18* 148 - 149.

Febrega, H. Jr. (1970). On specificity of folk illness *Southwestern Journal of Anthropology 26* 305 - 312.

Good, M. Hunter, J.M., Selig H. Katz S. H; and S. Katz, (1979). The interface of dual system of health care in the developing world: Towards Health policy initiatives in Africa. *International Journal of Social Science and Medicine* 13^{D} 141 - 154.

Heggenhougen, K. (1981). Discussion on professional associations, ethics and discipline among Yoruba traditional healers of Nigeria. *International Journal of Social Science and Medicine 158,* 97 - 99.

Lambo, T. A. (1966). Community factors in the therapeutic management of Africa schizophrenic patients. *Psychiatry Excerpta Medicine Foundation* 1, 359 - 363 (Proceedings of the fourth world congress of psychiatry Madrid.

Lambo, T. A. (1961). The importance of cultural factors in treatment (with special reference to the utilization of social environment. *Conference Proceedings 3rd World Congress of Psychiatry.* Montreal, Canada.

Lambo, T.A. (1964). The Village of Aro. *Lancet* 2, 513.

MaClean, U. (1971). *Magical medicine: A Nigerian case study.* London: Allen. The Penguin Press.

Odebiyi, A. I. (1980). Socio-economic status: illness behaviour and attitude towards disease etiology in Ibadan. *Nigerian Behavioural Science Journal 3,* 171 - 173.

Okafor, S. I. (1982). Spatial location and utilization of health facilities. *Nigerian Perspective on Medical Sociology 19,* 152 - 153.

Oke, E. A. (1991). Anthropology in medical curriculum: Nigerian Association of Colleges of Medicine (NACOM) *Workshop on the Integration of the Social Sciences into the Undergraduate Medicine Training in Nigeria.* Ogere, Ogun State.

Oke, E. A. (1982). Traditional Health services! *An investigation of the providers and the level and patterns of utilization among the Yoruba, Ibadan:* University of Ibadan, Department of sociology 8,56.

Owumi, B. E. (1989). *Physician-patient Relationship in an alternative Health care system among the Okpe people of Bendel State.* An unpublished Ph. D Thesis. University of Ibadan.

Owumi, B. and Jegede, D. (1991). Primary health care and improvement of the health status of the rural people in Nigeria. Paper presented at the 3rd Regional Workshop and exhibition on Rural Development 13 - 17 August, University of Jos.

Oyebola, D. D. O. (1981). Professional associations, ethnics and discipline among Yoruba traditional healers of Nigeria. *International Journal of Social Science and Medicine* 15^{B}, 87 - 98.

Oyebola, D. D. O. (1980). Traditional medicine and its practitioners among the Yoruba of Nigeria: A classification. *International journal of Social Science and Medicine* 14^{A}, 23 - 29.

Oyeneye, O. Y. (1985). Mobilizing indigenous resources for primary healthcare in Nigeria: A note on the place of traditional medicine. *International Journal of Social Science and Medicine 20* 67 - 69.

Pearce, T. O. (1982). Medical systems and the Nigerian society. *Nigerian Perspective on Medical Sociology 13,* 115 - 134.

Pela, O. A. (1985). Development of traditional medicine: an inquiry, *Bendel State Traditional Medicine Board Fair Jamboree/Tradomed,* 15 - 19, 46 - 50.

Shokunbi, L. (1989). Lambo suggests solution to poor health. *Daily Times,* September 13, 28.

Twumasi, P. A. (1988). Traditional medicine and prospects for mortality change in Africa. Rips occasional paper: *Impact of Culture and Tradition on Fertility and Mortality in Africa 1* 12 - 38.

Unschuld, P. U. (1976). Western medicine and traditional healing systems: Competition, cooperation or integration? *Ethnics in Science and Medicine 3,* 1 - 20.

World Health Organisation (1978). The promotion and development of traditional medicine. WHO - Technical Report 3, 662, WHO: Geneva.