

ISSN 1115 - 960X



Ilorin Journal
of
Business and Social
Sciences

Volume 13, No. 1

2009

*Published by the Faculty of Business and Social Sciences
University of Ilorin, P.M.B. 1515, Ilorin, Nigeria.*

FAMILY MEMBERS' ATTITUDES TO THE CHRONICALLY ILL IN IWO, OSUN STATE, NIGERIA.

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Abstract

Health care services for the chronically ill are provided through a fragmented patchwork of activities by health care professionals. This study examined attitudes of families where there were chronically ill members. It also traced some of the origins of attitudes toward the chronically ill and identified the problems created by disjointed patterns of care. Particular attention was focused on the interaction between family members and the person that is ill. The study also examined the implication for health and family relations in the Nigerian society. Recommendations for change that are humanistically based were suggested.

Introduction

Chronic conditions are health conditions that are long-term (more than three months) and often permanent, leaving a residual disability that may require long-term management or care rather than a cure. These conditions are often accompanied by continuous pain and/or distress. Some of the common chronic diseases include sickle cell anemia, hypertension (high blood pressure), diabetes, arthritis, stroke, breast cancer and prostate cancer. Just as families all over the world are diverse, so are their reactions to illness. For some, the problems that come with illness can dominate family life and leave little energy or finance for "normal" family activities. In other instances, family operations and illness are interrelated such that families only function adequately if someone is sick (Minuchin and Fishman, 1981).

Literature Review

Most studies investigating families and health have focused on chronic illness since important interactions become more noticeable with time (e.g., Cohen, 1999; Knight, Green, and Hinson, 1997; Sellers, 2000). Within these studies, similar problems are seen repeatedly, and can be used as a model for how families react to illness.

Beliefs are capable of hindering and facilitating adaptation to the presence of illness. Among these are beliefs related to the normality of illness, interactions with health care providers, mind-body relationships, control over outcomes; ideas about the cause of disease, cultural views of illness, expected roles and behavior, and the willingness to shift beliefs as needed. When families experience illness related stress, conflict is typical as the family tries to find new ways to cope. Some families will have sufficient resources to avoid major conflict, while others will find themselves amidst perpetual disagreement and turmoil. Families who are able to meet the

challenges are generally those who find ways to "put the disease in its place" (Cohen, 1999), meaning the family is able to maintain a sense of normality in family life. Successful adaptation requires that the family be able to address individual members' needs and at the same time provide proper care for the illness.

Rolland (1998) suggests that one of the most important predictors of compliance is the fit between the beliefs of patients and physicians. He asserts that one common difference is likely to be found in the desire of the patient to recruit social support and the contrary biomedical beliefs of the physician. However, the opposite is also possible if a physician is relationship oriented and the family prefers a biomedical explanation. By listening to client's beliefs about illness, physicians are given the opportunity to show empathy and share their own thoughts about illness. An exchange of ideas can then occur that allows those involved to discover and if needed, improve the fit between their beliefs (Rolland, 1998). Outcomes will also likely improve since the family and the provider will be more capable of working together to manage the illness.

Study Area

This study was conducted in Iwo, Osun state, Nigeria. Iwo is a major town among Osogbo, Ile-Ife, Ilesa, Ikirun, Ede, Ejigbo, Okuku, etc. in Osun state. Early settlers of Iwo were traditionalists who worshiped many gods (*orisas*) brought from Ile-Ife. Christianity also spread to the town. Islam, according to history, spread to the area during the reign of Oluwo Alawuas Osatalabi who named his son Muhammed Lamuye. The religion is today the predominant faith in the area. The people of the Iwo are mainly traders, artisans and farmers. Their other occupations include making of hand-woven textiles, tie and dye clothes, leather work, and mat-weaving. Maize, and Cassava are the major cash crops in the State. Lumbering and the growing and marketing of cocoa and kolanut are carried out on a large scale. Osun State has a population of over 5 million people (2006 population census estimate).

Methodology

80 respondents within the within the age range of 50 and 65 years old and who had at least one member of their family suffering from one or more of the common chronic illnesses were purposively selected from Adeke and Oke Odo areas, and interviewed. A purposive sample is one which is subjectively selected by the researcher. The researcher obtained samples that appeared to be representative of the population and tried to ensure that a range from one extreme to the other is included. In purposive sampling, sampling is with a purpose in mind. There usually would be one or more specific predefined groups that are being sought. Purposive sampling can be very useful for situations where a target sample is intended to be reached quickly and where sampling for proportionality is not the primary concern. The data collected were analyzed and presented using descriptive statistics such as percentages.

Table 1: Responses on the basis of perceived cause of illness

Perceived Cause	Frequency	Percentage
Natural (such as pathogens)	23	28.75
Mystical (such as occult)	30	37.50
Supernatural (such as punishment from deity)	27	33.75
Total	80	100

Table 2: Responses on the preferred method of treating the ill person

Preferred Method of Treatment	Frequency	Percentage
Western (such as drugs)	18	22.50
Traditional (such as herbs)	47	58.75
Religious (such as prayer)	15	18.75
Total	80	100

Table 3: Responses on the basis of how they treat members of their family that have chronic illness

Behaviour Towards the Ill Person	Frequency	Percentage
They avoid the ill person	10	12.50
They take the ill person for treatment	42	52.50
They let the ill person suffer the pains	28	35.00
Total	80	100

Results and Discussions

Table 1 shows that majority of the respondents (71.25%) are of the opinion that the nature of the illness of their family member was not by natural cause such as pathogens, rather, it was either mystical. In other words, the illness must have been invoked by occult means, or supernatural, i.e. the person is being punished by the gods for an offence. For instance, a clinically diabetic who has become lean is believed to have his blood being drained for ritual purpose or for punishment for an unforgivable offence.

Table 2 reveals that majority (about 60%) of the respondents prefer to address the health problem of their family member through traditional means such as with concoctions, herbs and other traditional methods while 22.50% respondents preferred using western medication such as the use of drugs. This they attributed to their belief that western medicine is not curative but only prolongs the illness and often times makes it to relapse. A total number of 15 (18.75%) prefer to address the illness through spiritual means such as praying, fasting and deliverance. They are of the opinion that illnesses have spiritual roots and if not tackled from such roots, would remain or re-occur.

From table 3, a large number of the respondents 52.50% said they would take the ill person for treatment regardless of whatever means of treatment they prefer. Also, 35% respondents said they would rather let the person continue to suffer the pains of the illness as such a person may have offended another person or the gods and so is being punished. Helping such a person or attending to the health needs of the person may anger the punisher and they too may be punished with the same or a worse ailment. Only about 13% of the respondents said they would avoid the ill person as they may be stigmatized. For instance, members of a family, which has a person suffering from diabetes will be avoided by other members of the society. This affects relationships such as marriages as no other family would want to associate with such family.

The interpretations which family members give to various events and occurrences are consequences of their respective beliefs. For instance, some societies are of the belief that a person suffering from malaria fever must have exposed himself to excessive sunlight. There are some who are of the belief that the disease or illness of members of their society is caused by natural means i.e., pathogens. For them, illnesses, such as hypertension was caused by the increase in blood pressure due to excessive anxiety, tension, worries, and so on.

Some other societies attribute this ailment to supernatural means. For example, it could be that the victim has incurred the wrath of the gods and is being punished with the illness. A prolonged hypertensive case may be an indication of the severity of the offence committed. In another dimension, such an illness could be attributed to mystical means, i.e. a victim could be suffering from the illness as a consequence of his quarrel with another person who has invoked a curse upon the victim.

Every disease or illness, either chronic or acute has its own remedy or method of treatment. While illnesses diagnosed by modern medical means as pathogenic and treated with prescribed drugs, those illnesses interpreted by traditions have their own methods of treatment. Treatments of some of these illnesses could be through the use of herbs, incantations, incisions and concoctions.

The reasons accorded to these diseases could be responsible for the attitudes of family members of the chronically ill. In some societies, family members avoid ill members and so deny them love, warmth and at times treatment. Families where a member suffers from sickle cell anemia are burdened in a number of ways. For families that are affluent, more of their problems lie in the stress of taking care of the patient. Although the cost of drugs and treatment for the ailment is quite high, it does not pose a problem for the affluence, but it is a disadvantage to those that are not so affluent in the society. As a result of this, such poor families experience psychological trauma. When a family member that suffers from chronic ailment has a crisis and there is not enough finance to take care of the person, there is a fear that such a person may die. For instance, family members suffering from sickle cell anemia are at times treated with hostility by other family members. When a working mother comes home from a stressful day at work, thinking of how to cross the hurdle of house chores before retiring for the night, and meets a child suffering from sickle cell anemia having a crisis, she is likely to vent all her physical, psychological, financial and emotional stress on the child saying the child is just playing ill deliberately, to add to her problem.

Families experience tension and conflicts in other areas, particularly when it comes to who will watch over or take care of the ailing member. When the illness of a member gulps more money and other areas of need are being neglected or abandoned, the tension also rises. A person suffering from mental or psychological impairment also poses a problem to other members. Such a family would not be able to mix well in the larger society because of the stigma attached to such an ailment. The perception is that if one member of a family has mental problems, then every other member, as well as the generations that will come from all the members of the family, will very likely suffer from such. This at times compels families to keep the ailing member out of the home, disowning them and even keeping them out of the immediate environment, making them to roam the streets.

Conclusions and Recommendations

The following conclusions were drawn from the findings of this study:

- i. Most of the respondents attributed the cause of the health condition of the member of their family to factors such as mystical or supernatural other than natural causes.
- ii. The traditional beliefs of the respondents is related to the causes they attribute to such occurrences as illnesses.
- iii. The use of traditional medication such as herbs, concoctions, incantations, and so on, is preferable to western medication, which is believed to adversely affect the illness rather than cure it.
- iv. Majority of the respondents, despite their perceived cause of the illness, still attend to the needs of the ill member especially, medical needs.

The study therefore recommends that further studies can also be carried out to assist families in enlightening them about the real causes of illnesses in order to treat the patient using the most effective methods. Also, families should be counseled on the need to express their affectionate feelings towards the member that is chronically ill. The society should be enlightened on the hazards involved in the use of unprocessed herbs for treatment of illnesses. Western health-care

facilities should be made available and affordable. Since the radio, television and newspapers are common sources of family entertainment, Government, as well as non-governmental organizations (NGOs), should take advantage of that and use the opportunity to present programmes, or in the case of newspapers, editorials on the possible harmful effects of the different unprocessed and untreated concoctions and herbs used for treatment.

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