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SOCIO-CULTURAL FACTORS AFFECTING PERCEPTION OF ILL-HEALTH IN NIGERIA

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Abstract

This paper examines the effects of cultural beliefs and practices on ill-health. Essentially, it explores how socio-cultural factors affect the perception of ill-health among the Nigerian people. To this extent, it highlights some conceptions about the causes as well as the treatment of some diseases. Finally, some policy options are proposed towards exploring the relevance of socio-cultural factors in advancing effective and efficient health care system in Nigeria.

Introduction

Culture is central to the existence of any society. Without culture, we would not be human at all, in the sense in which we usually understand that term. Without culture, there will be no language of expressions, self-consciousness, and ability to think or reason.

This paper examines the correlation between culture and health problems in Nigeria, especially the social response to certain diseases or health problems. Since culture is diverse, the process of treatment or prevention of a disease equally vary from one society to another. Some processes are viewed by some as backward while some are viewed as superstitious. However, the common observation is that every society, no matter the culture, attempts to find solutions to

health problems. This paper is essentially theoretical with a sparse citation of secondary data from published works.

Parry (1979) describes culture as all that is symbolic: the learned aspects of society. He distinguishes four main senses in which the word culture is used:

- Culture as a state of mind. Someone becomes cultured if they move towards the ideal of perfection, a goal or an aspiration of individual human achievement or emancipation. From this perspective, culture is seen, as a quality possessed by individuals who are able to gain the learning and achieve the qualities that are seen as desirable in a cultured human being.
- Culture as being closely related to the idea of civilization. By this perspective some societies are more cultured or more civilized than others.
- Culture as the collective body of arts and intellectual work within any one society. From this point of view, culture is to be found in theatres, concert halls, art galleries and libraries, rather than in all aspects of human social life.
- Culture of a society as the way of life of its members; the collection of ideas and habits, which they learn, shared and transmit from generation to generation.

The fourth definition is the one most usually adopted by contemporary sociologists.

Tylor (1971) sees culture as that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society. This notion is reinforced by Horton and Hunt (1984), that culture is regarded as the individual's social heritage, which can be reshaped through the introduction of changes that are inherited by succeeding generations. Odetola, Oloruntimehin, and Aweda (1983) also view culture as the total way of life of a society. This is made up of its members' customs,

traditions and beliefs, their behaviour, dress, language, their work, their way of living, relationship network and their attitudes to life as well as their perception of the world.

What is important from our point of view is that there cannot be culture without society and that the environment plays a vital role in sharing such culture. Every society has its own unique culture which has developed throughout its history and is passed on from one generation to another. New members born into the society do not inherit their culture biologically but learn it from childhood. Therefore, every member of that family learns the way of life of the society and in the process of growing up, certain beliefs, attitudes and patterns of behaviour in common with the people of his/her country or society.

Since culture includes the ways in which things are done, it is normative. It defines standards of conduct. The term 'norm' has two possible meanings. First, a statistical norm which is a measure of what actually exists; and second, a cultural norm is a concept of what is expected to exist. A statistical norm is a measure of actual conduct with no suggestion of approval or disapproval. A cultural norm is a set of behaviour expectations, a cultural image of how people are supposed to act. A culture is an elaborate system of such norms - of standardized, expected ways of feelings and action - which members of a society generally acknowledge and follow.

Health and illness are terms that are culturally and socially defined. Cultures differ in what they consider healthy and normal. All cultures have known concepts of physical health and illness, but most of what is now recognized as medicine is a consequence of developments in Western society over the past three centuries. In pre-modern cultures, the family was the main institution coping with sickness or affliction. There have always been individuals who specialized

as healers, using a mixture of physical and magical remedies, and many of these traditional systems of treatment survive today in non-Western cultures throughout the world. For instance, Chinese folk medicine is based on a conception of the overall harmony of the personality, involving the use of herbs and acupuncture, a technique in which needles are strategically inserted into a patient's skin (Kottak, 1994). He also stated that modern medicine introduced a view of disease that sees its origins and treatment as physical and explicable in scientific terms. The application of science to medical diagnosis and cure was the major feature of modern health care systems. Other closely related features were the acceptance of the hospital as the setting within which serious illnesses were to be dealt with and the development of the medical profession as a body with recognized codes of ethics and significant social power. The scientific view of disease was linked to the requirement that medical training be systematic and long-term; self-taught healers were excluded.

Kottak (1994) defines disease as an ethic or scientifically identified health threat caused by a bacterium, virus, fungus, parasite, or other pathogen. He states that cross-cultural research shows that perceptions of good and bad health, along with health threats and problems are culturally constructed. Different ethnic groups and cultures recognize different illnesses, symptoms, and causes and have developed different health care systems and treatment strategies.

Fabrega (1972) suggested three independent frameworks for describing disease:

- (a) Disease as a behavioural discontinuity:- this involves an abnormality in the function and/or structure of any part, process or system of the body;
- (b) Disease as a behavioural discontinuity:- this involves a socio-behavioural disease which includes changes in

behaviour with indicators referring to specific behaviour segments;

(c) Disease as a phenomenological discontinuity; the manner in which the self perceives or judges himself vis-à-vis others and various institutions.

Parry (1976) identified a number of factors that contribute to the prevalence of communicable disease in Nigeria:

(i) Climate; especially where the life cycle of certain parasites is strongly influenced by environmental temperature.

(ii) Poor hygiene; dirty food, poor water supply and inadequate methods of waste products disposal allow for such diseases like typhoid, cholera and infectious hepatitis to flourish.

(iii) Poor nutrition; childhood malnutrition predisposes to infection.

(iv) Genetic factors; although there is little evidence that the high incidence of infectious disease found in Nigeria can be attributed to genetic rather than environmental factors, salmonella infection in those who are homozygous for the sickle-cell gene does exist.

Cultural Interpretations of Ill-Health

Anthropologists revealed that African people in particular, generally believe that most diseases are caused by the interference of the supernatural forces, the work of visitation from an offended god or ancestor (Kottak, 1994). Maclean (1971) discovered that the general belief Nigerians is that diseases can be caused by three etiological factors; natural, such as bad diet, insect bites, and so on; preternatural, such as belief in witchcraft; and mystical, such as supernatural powers of ancestors.

Geertz (1973), discovered that in many parts of Africa, sick people first consult a nearby traditional healer, and only later, if he cannot help, they try the often far away hospital. Their ideas about the cause of illness govern their choice of who is able to cure it. Parry (1976), identified the following as the causes of most diseases in the perception of the traditional African.

- (a) In individual: a patient may behave with an unexplained reserve because he considers that he is responsible for his own illness - he is guilty and therefore being punished. More commonly however, he thinks that a friend or an enemy is responsible - whether by poisoning his drinks or food or by sending a curse, a witch or a spirit to worry him. Some of the Ibo people of Eastern Nigeria consider that "heat" in the abdomen, head or other parts of the body may be due to poisoning by an enemy or to venereal disease.
- (b) A spirit: in many parts of Africa, certain diseases are thought to be solely the work of an evil spirit. Epilepsy is a good example. The epileptic is almost invariably first taken to a traditional exorcist who is asked to make the spirit release its grip on the patient. In some Western parts of Nigeria, infertility among women as well as incessant pregnancy miscarriages are attributed to a spiritual curse.
- (c) The hand of God: this is an attribute found most commonly, but by no means exclusively, in dominantly Muslim society. It is therefore thought wrong to resist the disease and patients may delay for a long time before they seek orthodox treatment.
- (d) Contagion: experience of gonorrhea, leprosy, and yaws has made some people, usually town dwellers, realize that a touch or physical contact may spread the disease. This accounts for the reluctance of people to

touch anyone with these diseases. Some Ibo people regard epilepsy as a disease that can be caught by touch and so they often get the victim to the hospital early.

- (e) Something within: if disease is thought to be mysteriously within, it must be driven out. As a result of this, purgatives, which are usually made from local trees or shrubs, are commonly used. The hazards of purgation can be shown in a situation where people with abdominal pain due to acute appendicitis may take a purgative, delay going to a hospital and often develop a perforated appendix.

Parry (1976) discovered that in a society where juju black magic and the occult are still practiced by both the educated and the uneducated. Epilepsy is still attributed to supernatural forces. Many people in such society believe that a magic spell, a curse by an enemy, or an evil spirit can cause epilepsy. Gelfand (1971) indicates that epilepsy is a symptom complex characterized by periodic transient states of alteration in the state of consciousness, which may be associated with convulsive movements or disturbances in feeling or behaviour, or both. It is considered as a heightened disturbance in activity of the cells of the brain, presumably due to irritation. Parry (1976), on the other hand defines epilepsy as occasional, sudden, excessive, rapid and local discharge of gray matter of some parts of the brain. However, in some cultures, epilepsy is seen as punishment for some offence either by an enemy or a witch.

Parry (1976) found out that Hausa women in parts of the Northern Nigeria consider that the body is raw and vulnerable to cold after childbirth, and so they take very hot bath or lie on heated mud beds. He further stated that the same women take a form of potash, rich in sodium, in order to make their breast milk flow. German (1972), in his research,

found out that in some Nigerian cultures, leprosy is seen as a condition caused by "inherited" spirits entering the victims body, often as a punishment for sins committed by ancestors, if not by the victim himself. This instills a basic fatalism in the patient who knows that he cannot escape from his punishment. Mechanic (1968) also claimed when seen as punishment for a sexual misdemeanour, leprosy may lead to such intense feeling of remorse and recrimination that suicide is contemplated or even committed. He further said that the person with leprosy may be made to believe that his only hope of cure is to deflower a virgin and thus pass on his disease to someone else.

Rosenman (1970) used six concepts to explain people's concepts of and attitudes towards health and illness. They are: awareness, knowledge, understanding, belief, attitude and habit. According to him, the most influential is belief. Depending on their perception, people's awareness of the disease might be what gives them the knowledge and understanding. Parry (1976) observed that in areas where disease is common, it is important to look for reasons in the habits of the people. For example, cassava, cooked with its skin, which is rich in cyanide, has been incriminated in the transmission of the tropical ataxic syndrome, which is characterized by blindness, deafness and degeneration of parts of the brain. This is a common disease in Western Nigeria. Fabrega (1972) also found out that mud, applied to the umbilicus of the newborn in some parts of Nigeria is an important cause of tetanus.

Jegade (2005) found, among the beliefs of the Yorubas, mental illness resulting from four perspectives – natural source, such as from accidents or drug abuse, supernatural or mystical source for example, those resulting from the anger of the gods, preternatural source which is usually caused by witchcrafts, and lastly, the inheritable ones.

Kottak (1994) stated that Acquired Immune Deficiency Syndrome (AIDS) and other sexually transmitted diseases in Africa are spreading along highways and rivers, mainly through encounter between male and female travelers and female prostitutes. AIDS is also spread as men move from rural areas to cities, where they engage in wage work – and casual sex. The men later infect their wives. Lucas (1964) discovered that cold ('*Sanyi*') is held to be the cause of much illness among Hausa women in northern Nigeria and so they strive during the puerperium - the fever that comes after childbirth, to prevent their newly susceptible bodies from becoming cold. They lie on hot beds and can thus raise the temperature within their huts to barely tolerable levels during the hot season (this may be important in the genesis of peripartum cardiac failure) Parry (1976) found that certain foods are thought to cause disease among the Yoruba people of Nigeria. For example, they believe that thrush - an infectious disease of the mouth and throat, is caused by eating melon seeds.

German (1972) maintains that in most African countries the experience and behaviour described have been, or still are, attributed largely to supernatural factors, whenever they are recognized as out of the normal context of life, so that they do not differ from other misfortunes, such as physical illness, a bad harvest, or a drought. Harvey and Parks (1982) saw perception of a problem being followed actively seeking more information about it and by assessing its significance through comparison of the present situation with related past experiences. This, in turn, arouses the person to adopt a course of action that he believes suitable both to his ability and his needs or goals.

There are a variety of ways by which people may avoid painful aspects of the world around them or minimize anxiety engendered by intrapsychic conflict. Thus they put up defense

behaviour, which is used to some extent by all human beings at various times in their lives. The following is a list of some of the more common defense mechanisms identified by Bruner (1964).

- Repression - The exclusion from conscious awareness of feelings and ideas.
- Denial - A process in which one avoids becoming aware of some aspect of reality, such as severe loss or bodily illness, or associated feelings.
- Projection - A attribute of one's self, such as a feeling or impulse, is described to someone else. Externalization is a form of projection illustrated by a person who avoids recognition of his own contribution to his problems by "blaming them" on some aspect of the environment.
- Regression - The individual adapts to a current situation by retreating to a mode of behaviour characteristic of an earlier period of his life (Freud, 1946).

Modern explanation of Ill-Health as a last resort

Cultural perceptions are more prevalent among rural dwellers than urban dwellers as a result of the value placed on tradition by the former. Traditions and beliefs are highly revered and transferred from the old to the young. Urban dwellers are more individualistic and have had their traditional beliefs 'contaminated' by the Western lifestyle of the city, which offers scientific explanations to ill-health. The level of awareness of the western methods of explaining ill-health is far lower than those in the urban areas. This is due to contacts between rural and urban migration, poor information dissemination, availability of health facilities, among others. However, the more rural dwellers migrate to the urban areas, or urban dwellers move to the rural areas, the more the rural dwellers are likely to be exposed to scientific explanations. It is

obvious that some rural dwellers prefer the scientific explanations to the traditional beliefs because these explanation, to them, hold more water. Added to that, the medical practitioners show more concern about their well being than the treatment they get from the village. Also a large percentage of Nigerians avoid traditional explanations not only because they see it as retrogressive but because they believe taking herbs and concoction complicate their already ailing health.

Policy options and Recommendations

Sequel to the importance of socio-cultural factors in the perception of ill-health among Nigerians, the following policy options are proposed.

- i) Health care should remain available, affordable and accessible.
- ii) Health system information should be patronized to enhance proper response to rural dwellers.
- iii) Print and news media should fulfill their own stake in promoting awareness about scientific explanation of health and illness.
- iv) Efforts should be made to develop the usable aspects of tradomedics with the aim of expanding the span or scope of health care for many Nigerians in rural and urban areas.
- v) Efforts should be made to encourage early entry to treatment or symptomatic stages by rural dwellers.
- vi) Primary Health Care Systems should still be emphasized since more Nigerians dwell in rural than urban areas.
- vii) Pharmacological implications of local herbs and drugs should be established to safeguard the health of Nigerians courtesy of National Agency for Food Drug Administration and Control (NAFDAC).

- viii) Since illness and treatment are dynamic, emphasis should be placed on collaboration between the traditional and modern health care systems.

Conclusion

Emphasis in this paper has been the central of socio-cultural factors in illness among Nigerians. While the knowledge of science should not be compromised, the heritage of orthodox medicine should not be sacrificed. There is definitely a meeting point, no matter how thin, between traditional and modern conception of illness. This should be explored in further studies. The paper emphasized the need to understand the influence socio-cultural factors as a way to advance the efficacy, effectiveness and efficiency of health care system in Nigeria.

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