

The socio-cultural context of health behaviour among Esan communities, Edo State, Nigeria*



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Abstract

This paper reports on health beliefs and their influence on treatment decisions and behaviour among the Esan people of mid-west Nigeria. The sources for the study are my own experience of growing up in Esan society, anthropological field work, and focus groups. The research revealed a transitional society where both traditional and modern medicine are employed and where the choice between them is determined by belief systems which are themselves in the process of change, as well as by distance and costs. The traditional health-belief system was one which placed most responsibility and blame upon women, and a system of social control over the adult female population. Changing health beliefs are less the result of the introduction of a new health philosophy than of the retreat, under the impact of Christianity, of traditional religion which embodied the older health philosophy.

Introduction

This paper examines how Esan people perceive sickness and the mechanisms of treatment. The emphasis is on the cultural beliefs associated with the sickness and the type of treatment chosen and used in treating the ailment.

The Esan people form a small linguistic and ethnic group, to which the author, an Esan woman and also an anthropologist, belongs. They number about half a million people and are found in Edo State, midwestern Nigeria, about 100 kilometres northeast of Benin City, between two larger and better known Nigerian peoples, the Benin Edo to the west and the Igbo to the east (Okojie 1960). They have no large towns, and have participated less fully in recent social change and economic development than most other southern Nigerian populations. Mortality levels are probably considerably above the average level for southern Nigeria where the 1990 Demographic and Health Survey found an infant mortality rate around 85 per thousand births, 16 per cent of births resulting in deaths by five years of age and life expectancy at birth probably over 55 years (Nigeria, Federal Office of Statistics, and IRD/Macro International Inc. 1992).

The data used in this paper were collected from four Esan communities, namely, Ekpoma, Egoro-Naoka, OkhuEsan and Ubiaja. The discussion is based on observation and measurement during anthropological fieldwork in 1988/89 and on subsequent focus-group sessions held with both men and women. The emphasis is on the people's perception of illness, mode of treatment used, preventative

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measures and nutritional levels. The research aimed at examining how Esan perceptions of illness influence their behaviour and their treatment of illness in order to understand what interventions are necessary to improve health and reduce mortality.

The purpose of the work was to set the scene for later larger-scale investigations, surveys and health interventions by establishing how traditional people understood illness and its treatment and to what extent such an inheritance still affects the way they regard and use increasingly available modern medicine. A supplementary intention was to investigate whether specific interventions were needed to improve the position of women. Even though I was an anthropologist employed outside the area, field work back among the people from which I came was supported by a great deal of empathy which was enhanced by my working solely in the Esan language. My closeness to my informants may have its dangers, but I believe that it permitted me to see why rural people do not always seize every opportunity to employ modern medicine and why health services may have to make concessions to local viewpoints. In a sense this paper is a study of an indigenous anthropologist as well as an indigenous people.

Ethnography of the Esan people

The Esan people occupy four local government areas in Edo State, namely Esan West, Esan Central, Esan North East and Esan South East. Of the study communities Ekpoma and Ubiaja are the headquarters of two local governments, Esan West and Esan South East respectively, while Egoro-Naoka and OkhuEsan are two rural communities in these two local government areas respectively. The areas of study are not densely populated owing to high levels of migration to more urban areas such as Benin City, the capital of Edo State.

Most of these people follow either the traditional or Christian religions although there are a few Muslims in Ekpoma because of its proximity to Agbede where Islam is widespread (Omorodion 1991).

Some amenities, such as piped water, electricity and good roads, are inadequate or non-existent in these communities. For example, persistent shortages of pipe-borne water in the local government headquarters have led people to resort to using water from streams for domestic and personal use. The available drinking water in the communities is often not safe for drinking. The poor network of roads has also hindered the movement of goods between these communities and makes private transportation services, which are the only ones available, very expensive, and beyond the use of most residents. Where private transport services exist, they are often irregular which tends to make visits to health centres difficult as well as expensive. Except for two ambulances located in Ubiaja and Irukep Central Hospital (4 kilometres from Ekpoma), few vehicles are available to people in emergencies. These ambulances are often not available when emergencies occur as they are also used for commercial businesses such as the private conveyance of corpses outside and within the locality. Most people are illiterate and do not own radios or television. The situation is worst in the rural areas where there is no electricity and newspapers rarely penetrate.

Polygyny is widely practised. Moreover, many men who do not have a second or third wife maintain other women to provide additional relationships beyond their wives. This arrangement is often known to the wives at home. The existence of both co-wives and 'outside wives' gives rise to great envy and jealousy which are often held to result in women's inflicting harm and injury on their co-wives and co-wives' children (Bradbury 1957; Omorodion 1991).

Traditional practices exist to check such envy and jealousy. These involve the taking of oaths before shrines and taking those suspected of witchcraft to a particular stream called 'Amen Okha'. Such people are given water to drink at this stream while repeating certain incantations in the belief that a person who is a witch or wizard will fall down. A person declared to be a witch or wizard becomes an outcast. A woman will be sent out of her marital home into the open ground situated at the centre of the village and remain there under rain and sunshine as both families of orientation and procreation refuse

to take her back. Sometimes, she may return to one or other family after a long exposure, or begin a new life of her own with help only from adult children, if she has any.

Inheritance is strictly by primogeniture where only the first son inherits the father's property in the absence of a written will. He is expected, however, to use such property for the rearing and well-being of his younger brothers and sisters. In practice, this rarely happens because most sons turn such property to their personal use (Bradbury 1957; Okojie 1960 and 1989; Omorodion 1991).

Fieldwork findings

Types and causes of illnesses

Both my experience as a member of the community and my anthropological field work showed that Esan people commonly report that illness is caused by people or forces rather than disease. Illness is attributed to both natural and supernatural factors. In order to obtain an in-depth understanding of people's perception of illness we examined the reported illnesses suffered by children, adult males and adult females.

Children

The commonest illnesses identified amongst children were measles, headache, diarrhoea, vomiting, malaria, smallpox, chicken-pox, pneumonia, convulsions and tetanus. It is generally believed that measles, convulsions, tetanus and certain types of headache are caused by supernatural factors. People strongly believe that witchcraft is used by evil-doers in the community to cause such illnesses in children. This behaviour is most frequently attributed to jealousy. In past times and to a great extent even today, jealous co-wives were believed to attempt to create hardship and reduce each other's status by ensuring that the other's children should fall ill and even die. In fact, it was stressed a number of times that this was the reason that some women had had many deliveries but had no children. For example, a woman in one of the sessions in OkhuEsan recounted

You see me my daughter, I had many, many children, probably more than ten, but none attained the age of an adult. But my co-wives' children often survived with very few dying. I was the youngest wife and most liked by our husband. The other wives killed all my children and then turned around and called me a witch and said that I ate my children myself. My husband's persistent love kept me alive until he finally died. Today I have no-one, not even a child to care for me. See me, my appearance speaks for itself. All I am waiting for is death to join my husband beyond.

Until recently, this was the general feeling about child illness and death. It was either the mother herself or her co-wives and in-laws who must have killed her children, and in each case through witchcraft. This belief was so strongly entrenched that men reported that, to ensure the reduction or elimination of such occurrences they insisted that their wives take oaths on marriage before their ancestral shrines and other religious objects or cults that they would not kill each other's children or harm one another, that they would love their husband and not make medicines to kill him or make him love them rather than the others. Most of the communities still believe that such oath-taking has been effective in reducing child mortality, arising from witchcraft, to the barest minimum.

However, they added that in modern times oath-taking has decreased as people have increasingly turned to Christianity, which gives people a sense of protection from the power of witches and wizards.

According to one elder who is known as an expert in treating child illness

A woman had a very sick child that she brought to my house. I kept her and the child in a room in my house for observation and treatment. Do you know that every night the witch came beside the window of this room making all sorts of sounds. At times, it hit the window so hard you would think it would open. I fought relentlessly with it. The child's health deteriorated with every night the bird [witch] visited. Once the child was showing signs of recovery but the bird [witch] returned. It was beyond me, and the woman lost faith in me and took the child to The General Hospital in Ubiaja, 14 kilometres away. The child's condition remained unchanged and then worsened. The mother's money and property were exhausted. Three months later the woman returned to the village with the very ill child. In the company of other healers we reinforced our healing strength and destroyed the witchcraft. Someone close to the woman died after confessing and the child then became well.

We were told that there are also other 'evil-doers' apart from co-wives and in-laws, in the society who take satisfaction in seeing others suffer. People of this kind wander a lot in market places. Hence, the people argued that pregnant women, new-born babies and young children should not be taken to the market. Little children are left at home to play by themselves while mothers go to the market. Since they believe that during pregnancy the damage is most likely to be caused at an early stage, it is important that a pregnant woman goes as infrequently as possible to public places, especially the market. Even after giving birth the mother is not expected to go to the market for a further three to six months. The first visit to the market is expected to be marked by a ritual involving cowries, red power (camwood), the purchase of certain food items such as *ikpekele* (corn buns), and the giving of gifts and the receiving of prayer from the people she buys from. Much money should be spent. In addition, the mother is given new clothes by her husband and elaborately plaits or braids her hair. She also sprinkles white chalk over the market while other people in the market rub some of the chalk on themselves and pray for her and her child. She receives gifts in the form of food items from sellers in the market. This ritual is intended to ensure her happy and successful return to participation in the market. More importantly, co-wives are made to accompany and rejoice with her with the aim of ensuring that all wives are happy over the delivery of the baby.

With illnesses like diarrhoea, malaria, smallpox, chicken-pox and minor headaches, the causes are held to be natural. The people argued that in traditional times – meaning before the introduction of modern medicine and health education – such illnesses were caused by poor sanitation, lack of good water, and poor nutrition. For example, the women stated that in the traditional era children were fed on native bananas, boiled and mashed, and fed with the use of fingers. Children were also breastfed. But nursing mothers often ate food lacking nourishment, not well prepared or unsuitable for the child's stomach. Slimming food, melon soup and badly cooked vegetables were held to result in diarrhoea or vomiting in children because anything a breastfeeding woman ate was believed to go straight to the child through breastfeeding. Hence, the advice given to nursing mothers was to eat well-cooked vegetables, preferably turning the vegetables into a paste and adding this to soups, and to avoid beans (cow peas) entirely. These conditions were believed to be further worsened by the contaminated water used for drinking and bathing the child.

Now, they increasingly believe that additional natural causes of illnesses listed earlier are a poor environment characterized by overgrown weeds, poor water drainage resulting in stagnant waters which are breeding places for mosquitoes, sanitary conditions due to uncleaned lavatories, defaecation in places frequented by children, and the movement of pigs with mud all over their bodies. Officials claim that these illnesses are now under control because of various health programs, particularly the Expanded Program of Immunization (EPI) and oral rehydration therapy (ORT), as well as maintaining clean

environment and efforts to eliminate the breeding places of mosquitoes. Many women can now prepare ORT solution, and EPI nurses visit the communities on a regular basis so that most children are immunized at the proper time. Moreover, when the family can no longer manage such illnesses, the children are promptly rushed to the hospital. If such a child dies by chance, this death is seen as wished by God and taken in good faith. However, this new pattern of health behaviour is seldom the case except when the family is Christian and the parents are in a monogamous union.

Adult males

Adult males are believed not to fall ill easily. Common illnesses range from back and waist pains, 'sugar disease' (diabetes), haemorrhoids, blindness, and *utagba* (sudden swelling of the body, legs or knees). These illnesses were also attributed to both natural and, less commonly, supernatural factors. Illnesses such as back and waist pains are said to result from hard farm labour, constant bending, and when men start getting old, such pains begin. These pains were described as very severe but men often keep their pain to themselves. Haemorrhoids and diabetes, which most people described as sugar in the blood, are said to be caused from eating too much sweet food. They believe strongly that men suffering from such illnesses eat like women in that they take too much sugary food. This high intake of sugar is said to cause not only diabetes but also dysentery which leads to haemorrhoids. The people reiterated that diabetes and haemorrhoids are modern illnesses because in the traditional era, before the coming of white men, men's diets were not sweet or sugary food like rice, milk, bread, sugar, cocoa, tea, beans and sugar cane, but rather were basically sour or bitter. For example, bitter leaves used for making soup for men were never squeezed to avoid washing off its bitterness, but rather were used in their natural form.

Blindness and *utagba* are said to be caused by supernatural forces which are brought into play by failing to abide by custom or committing abomination. Examples of such offences range from adultery, having sex out of doors in the fields, rape, incest, failing to avoid mysteries guiding cultural beliefs or customs and claiming land which does not belong to them by tradition, swearing unjustly or taking oaths while guilty, and wishing and causing harm to other elders. Such illnesses were expected to persist because they were seen as a curse on the victim. It was believed that such illnesses could be prevented through ritual cleansing immediately following the period the offence was committed. The people believe that there is sufficient time for such rituals before the symptoms become visible which may take months, but more usually, years. Such supernatural punishments were inflicted by dead ancestral spirits on the victims because their offences could not be restrained by the spirits.

However, it is important to note that often these abomination-related illnesses were traced to actions not of the men but of their wives. For example, it is a strong belief among these Esan people that adultery or any abomination committed by a wife can rebound on the husband who may have had either sexual intercourse with her or eaten meals which she prepared. Hence an adulteress needs to be purified through certain rituals before she can perform her duties as a wife or she is quarantined or sent away to prevent such incurable illnesses from striking her husband.

Women are under strong suspicion when a man dies from illnesses held to be caused by supernatural factors. Only when a woman has proven beyond doubt her purity, uprightness and good life to the whole community can she be beyond suspicion. When the wife stands accused of causing the death of her husband, she is subjected to agonizing widowhood rites ranging from swearing or taking oaths to prove her innocence, to drinking water used in cleansing the dead man's corpse. Failure to fulfil such customary rites is interpreted as an admission of guilt of the crime which led to her husband's death. This means withdrawing her claims to the property of the man and, in very severe cases, the inflicting of bad omen or even sometimes death, on the woman.

Adult females

Illnesses among adult females are usually attributed to problems originating in pregnancy, childbirth, or its aftermath. Certain illnesses and conditions are seen as normal while other illnesses create great concern. Examples of the first group of illnesses are headaches and fever at the onset of pregnancy and normal labour pains. Such symptoms are given little attention and are expected to pass. However, there are situations where certain illnesses identified as complications arising during pregnancy and after delivery became the source of concern. Commonly identified complications are miscarriage (threatened or actual), haemorrhage, the retention of the placenta, and obstructed labour.

Miscarriage, referred to as *una* or *abhai*, is suspected when there is bleeding during pregnancy. If such bleeding is not arrested it may lead to the termination of the pregnancy. In most cases the life of the mother is not threatened. Haemorrhage, referred to as *unawede*, is excessive bleeding that can lead to death. The people likened such bleeding to a running tap: sanitary towels cannot be used to hold the blood flow which is so profuse that it could fill a bucket. The bleeding is such that the woman becomes weaker and weaker, and finally dies.

Death is preventable either through arresting the cause or through prompt treatment, usually still believed to be traditional treatment. Such bleeding arises at the onset of labour, whether premature labour or actual labour, immediately after delivery or at most three months after delivery, although the most common haemorrhage is the one immediately after delivery.

Retention of the placenta is also a major complication but one which seldom results in death. The informants said that specialized massaging of the uterus can induce the expulsion of any placenta, and thus this is rarely a matter for concern.

Obstructed labour, referred to as *uduogili*, is the second major cause of haemorrhage in women. The baby and afterbirth are believed to be in a ball-like form preventing natural delivery. The respondents reported that a woman in this condition continues to push to expel the baby for a very long period until she finally gets exhausted and dies.

The causes of such complications leading to death are attributed more to supernatural factors than natural ones. Commonly identified supernatural factors include having sex in the afternoon or in the fields, incest, adultery, practising witchcraft and taking a husband's property (such as money) without his knowledge or permission. Most of these supernatural factors can be brought promptly under control when the woman confesses her offence which is necessary before ritual can be successful; otherwise, no cure can be provided and death becomes inevitable. However, some respondents argued that certain complications may arise from natural factors. Illness of this type is suited to traditional treatment through the use of a powdery substance blown into the vagina and also taken orally.

It was observed from the discussions both with men and women that illnesses in adult women are mostly caused by offences against tradition or custom. In contrast, the illnesses of adult males and children are seldom self-inflicted but are often caused by the misdeeds of women. In essence, a woman is blamed for disasters to her child, her co-wives' children, and her husband; but she alone must bear the responsibility of her own state of health.

Types of treatment used

Two modes of treatment, modern and traditional medicines, are commonly used. Both treatments are used generally simultaneously to ensure prompt cures. However, only one type of treatment is sought and used in certain ailments because its curative power is well established.

Table 1 shows that people preferred certain types of treatment for certain types of sickness. For example, for illnesses such as convulsions, tetanus, pneumonia, and complications during pregnancy and after delivery, the preferred treatment is traditional medicine. It is believed that in these cases traditional medicines are more effective and prompt, and they are also much cheaper and easy to obtain.

Other illnesses such as vomiting and diarrhoea, measles, fever, smallpox and chicken-pox, are mostly treated by modern medicine. At times, modern treatment is preferred, in cases of obstructed labour and the retention of the placenta. It is important to note that most illnesses in children lead to the seeking of modern medicine or treatment. This has followed the success of the EPI and ORT programs which are contributing to the declining child mortality. Many of the women and men now agree with this statement made by a community leader:

In the past our children died frequently and in a short time after the onset of sickness. This arises because of the delay in seeking cure in hospitals or health centres. Also there were no EPI and ORT. With EPI most children no longer die of measles or tetanus. With ORT, children are saved from dehydrating until cure is sought in hospital if vomiting and diarrhoea continues.

Another woman said:

When children have fever, high temperature, and headache, we used to cover them up with thick clothes and put them by the fire. This practice led to child convulsions and finally death. Today, when a child has a high temperature, we bathe him with cold water, expose him and give him *Panadol*. Next the child is taken to the hospital for prompt attention. This practice has also reduced child mortality.

Table 1
Types of treatment preferred first for certain types of conditions (percentages of responses from all village i.e. women, N=500)

Condition	Treatment preferred	
	Traditional	Modern
Convulsions	85	15
Tetanus	75	25
Pneumonia	65	35
Vomiting	11	89
Diarrhoea	10	90
Measles	14	86
Fever	5	95
Miscarriage	91*	65*
Haemorrhage	70*	50*
Obstructed labour	68*	46*

*Adds to more than 100 because many women believed in both types of treatment simultaneously

Nevertheless, this does not imply that traditional treatment has been abandoned. Rather, as Table 1 shows, traditional treatment is more often employed as a first step in treating children. For example, palm kernel oil with herbs are often given to children orally to cleanse either the stomach or the circulatory system. Such medication is less expensive than modern medicines.

Another observation was the high rate of self-medication involving the use of drugs purchased from a medical store, chemists or herbs or traditional medicines provided by a relation or friends. Self-medication is used mainly by adults for ailments such as colds, coughs, headaches, diarrhoea, vomiting and haemorrhage during and after delivery. Children are also treated for such ailments at home with drugs purchased in chemists or medical stores, and traditional medicines. Self-medication is common because most ailments in the initial stage are not perceived as serious or a source of concern, and only

when a cure is not forthcoming are children and adults rushed to the hospital. Another form of self-medication which was prevalent is the use of 'capsules' ranging from ampicillin, ampiclox and chloramphenicol for curative measures against ailments such as stomach upset, fever, sexually transmitted diseases (STDs) and skin diseases, although these treatments are sometimes followed on the recommendation of a medical practitioner. Once such ailments seem to be cured, people do not visit the hospital or inform the doctor of a recurrence on future visits but merely repeat the treatment. Particularly in the case of STDs, the patient cannot be certain that the ailment has been cured. This may cause future infertility which is a severe problem in this society where children are a source of wealth and status.

With adult male and female illnesses there was a higher reporting of the use of traditional treatment. Even among adults it was found that people often use traditional medicines first for illnesses which are life-threatening and modern medicines for non-life-threatening and simple ailments. However, many people expressed their desire to have both modern and orthodox treatment provided in the same place. Such provision, they argue, would allow both forms of treatment to complement each other and lead to quick and effective relief or cure. Simultaneous provision of modern and traditional treatment might significantly reduce the high rate of preventable death. Credibility was given to such suggestions from our examination of the mechanism of treatment.

Mechanism of treatment

Promptness in seeking treatment or cure influences mortality levels. It was found that people sought treatment or cure more promptly for a child than an adult. Costs are not a major factor when seeking the treatment of children but with adults are a significant factor. Both mother and father are greatly concerned by a child's illness, and treatment is generally given to children before payment is solicited. On the other hand, treatment is rarely sought promptly for adults because of lack of funds and the unwillingness of either spouse to bear the cost of treating the other. Thus, adult illnesses often reach a critical stage before treatment is sought.

Factors apart from costs that militate against prompt treatment are the great distance of health facilities or services from the patients' homes. People are also alienated by the attitudes and behaviour of medical practitioners to patients, and the shortages or non-availability of drugs and blood supplies. These factors create great obstacles against the more regular use of modern medical treatment.

People try to use more than one type of treatment to ensure that they complement one another. For example, a woman suffering from haemorrhage in a hospital is quickly placed on a drip and given an injection while at the same time a black powdery substance is blown into the vagina and repeatedly taken orally by the patient until bleeding ceases. Factors causing people to use both types of treatment were the desire to obtain quick recovery and the belief that each system embraced part of the truth and addressed part of the cause.

People also change the treatment from one type to another or even from one healer to another when continuing treatment is needed. For instance, in one case a child with an unidentified ailment first sought traditional treatment, then went to the hospital and was admitted, and finally left hospital and obtained treatment from another traditional healer.

It is important to note that people, irrespective of their age, do not hesitate to use modern treatment for child illnesses: such treatment is seen to provide swifter relief and cure than traditional treatment which is increasingly regarded as a trial and error form of treatment. However, adult illnesses are held to be preventable or curable to a great extent through strict adherence to customs and belief. Thus, traditional treatment is more often sought for treating adult illnesses than are modern cures.

Discussion

The Esan study demonstrates the absolute power that traditional health beliefs maintained until very recently and the strength that they still have.

Traditional health beliefs were inseparable from traditional explanations of life and overall patterns of behaviour. Women were usually blamed for illnesses that struck not only themselves but also their children, their husbands, their co-wives and their co-wives' children. In this way the health-belief system was also a system of social control in a patrilineal, patriarchal and even gerocratic system. Women knew that, if illnesses were to be avoided, they must be content with polygynous marriage and feel no envy or ill-will toward their co-wives and the co-wives' children. In addition they should have no sexual relations with anyone but their husbands. This system of control was rendered even more efficient by the necessity for a woman to confess her misdeeds in order to allow the necessary curative rituals to proceed. The traditional system also prescribed herbs for a range of simple illnesses which often afflicted children.

This is a system that modern medicine has by no means overthrown. The two systems are thought of by most people as different and complementary facets of the same basic health truth. The attack on traditional medicine has not come about solely from the introduction of an alternative and more effective treatment system. Traditional medicine was largely based on beliefs both in almost universal witchcraft, which explained much of what went wrong, and also in the existence of warnings and curative interventions from the ancestral spirits. The arrival this century of Christianity and, to a lesser extent, Islam, have begun an attack on the belief system which incorporated both witchcraft and the ancestral spirits. That attack is far from complete, but most Christians and Muslims now blame these forces for a much narrower range of illnesses than did their ancestors. This has opened the way not only to the use of modern treatment as an alternative but also for behavioural changes leading to greater personal responsibility for avoiding and treating sickness. Modern schooling has reinforced this message.

The failure of modern medicine to drive traditional beliefs from the field arises not only from the tenacity of traditional beliefs but also because the arrival of modern medicine is so incomplete. Curative facilities are distant and no transport is provided; doctors are often poor and usually arrogant, even if largely in self-defence. Since the implementation of the structural adjustment program, doctors prescribe medicines which few can afford, especially for adult treatment in a family situation where both men and women feel that there is much more justification for draining household resources to treat their children than to treat each other. There is considerable brinkmanship about who should bear costs.

The study provides strong confirmation for the approach advocated by UNICEF of trying to reach every village and household with the immunization program for children and with training and liquids for oral rehydration treatment. This is a clear lesson as to how the whole modern medical agenda should be implemented. There is a need for household health visitors in every village with a regular schedule for visiting every house, looking around to see who is sick, advising mothers with young children and pregnant women, perhaps taking simple medicines with them, and certainly attempting to organize visits to health centres.

The path has been prepared for the success of modern medicine not only by religious conversion and the introduction of modern education, but also by certain aspects of the traditional-belief system. Some forms of ill-health were taken to be natural and not the contrivances of persons using supernatural powers. The fact that diarrhoea was in this category paved the way for the success of ORT. Similarly, the belief that malaria was a natural phenomenon has made the introduction of prophylactics and drugs for curing fever much easier.

The traditional system can be reassuring, especially for incurable diseases. It is not particularly dangerous in the situation reported in this area where most people soon seek modern medical treatment as well, or even at the same time. This is increasingly the case when children are sick.

But dangers remain. Many people are still convinced that a range of adult disorders can be treated only by traditional medicine, and many adults probably still die without attempting to seek modern treatment. This is also a serious matter with regard to the problems of pregnancy, childbirth and subsequent maternal health where the traditional system still claims to be the sole effective approach. Thus, women continue to suffer and be at risk. Traditional beliefs probably still prevent many pregnant and nursing mothers from securing an adequately nutritious diet by forbidding them some of the most plentiful and nutritious food such as the local beans (cow peas). The belief that tetanus and convulsions can mainly be cured by traditional means may retard programs to vaccinate pregnant women against tetanus. Similar beliefs with regard to difficult breathing and pneumonia may slow the attack on acute respiratory infection in children.

Modern drugs are entering the villages much more rapidly than modern health treatment. The study showed the reliance on medical stores and pharmacies. This is partly self confidence in self-medication, but it also reflects the fact that the nearest store is usually closer than the nearest doctor or hospital, and that the total cost of treatment is higher in the latter. While self-medication may be dangerous, it may also be a major factor in the slow reduction of death rates. It may also be an important factor in controlling venereal disease, for the shops sell a great deal of antibiotics, although there is clearly also a danger of curing the symptoms rather than the disease.

Traditional theories of disease causation are dangerous in another sense. Because they often offer a complete explanation for causation that has nothing to do with hygiene or other aspects of behaviour, they give no reason for changes in these areas. Likewise, because they often recommend rituals that have no relation to how patients should be treated, they downplay the importance of health care.

Nevertheless, much of the population still believe in many aspects of traditional medicine without seeing any conflict between traditional and modern treatment. They are willing to try each successively. In these circumstances, there is a value in allowing both systems to be practised in the same institution.

I do not suggest that health will improve and mortality decline merely because of competition between alternative systems of health care. Behavioural changes are important. Household health visitors can probably achieve a great deal by teaching mothers about infant care even if they bring with them no medicine at all. Family change may also play a role. One of the most interesting findings of the study was that adult health care was facilitated when spouses did not begrudge each other the money for treatment, a situation that was found to exist only in marriages that were monogamous in both structure and spirit.

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