

THE RELEVANCE OF AFRICAN TRADITIONAL RELIGION IN CONTEMPORARY HEALTH CARE DELIVERY SYSTEM IN NIGERIA

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Abstract

The paper examines the relevance of African Religion in contemporary health care delivery system in Nigeria viz-a-viz African Traditional Medicine and Magic, which is one of the five basic components in African Traditional Religion. The paper used the expository, comparative cum analytic methodologies for a better grasp of the subject-matter and was based on secondary sources. It is discovered that in contemporary health care delivery system in Nigeria, African medicine is indispensable because orthodox or western medicine which is the hallmark of our health policy is limited in scope or coverage; hence a case is been made for the inclusion of African traditional medicine in our National Health Policy. This is because African traditional medicine is holistic, in that it takes care of the body, mind and spirit and that about 80% of Nigerians lives in rural areas and depends wholly or partly on traditional medicine. It is recommended that; there should be a symbiotic and complementary relationship between traditional and orthodox medicines, so as to ensure quantitative and qualitative health care delivery system for the Nigerian populace; the value(s) and practice(s) of traditional medicine should be taught from the primary school level to the tertiary level viz-a-viz African Traditional Religion so that the younger generation can appreciate and utilize the benefits of traditional medicine; and the government should make the necessary laws at all levels of government in order to give the practice and research of traditional medicine legal backing in Nigeria.

Keywords: Relevance, African Traditional Religion, Contemporary Health Care Delivery System and Nigeria.

Introduction

African worldview and belief system is replete with the idea that there are two spheres of existence - the spiritual and the physical. And as such sickness or diseases have: natural or physical causation; supernatural causation (by the witch or sorcerer); and mystical causation (by spiritual agents such as spirits, angry ancestors and divinities). In other words, diseases or sickness have both spiritual and physical dimensions (Awolalu & Dopamu, 2005:275).

In concordance with the above view, Gbenda (2006:16-7), explains that African Traditional Religion generally believes in the spiritual and physical worlds. This conviction is rooted in man's dual nature. Man is a physical and a spiritual being. On the whole, there is no sharp distinction between the physical and the spiritual worlds. The two realms shade into each other or they overlap. The visible world acts as a vehicle for spiritual power whilst the physical realm is held to be patterned on the model of the spiritual world.

The African Traditional Religionist seeks to live in harmony and to balance their lives in a harmonious and peaceful existence with the entire world - both physical and spiritual. Hence, any disequilibrium in the harmonious and peaceful co-existence - physical and spiritual can lead to calamities including sicknesses or diseases. This accounts for the African's belief in the physical and spiritual causes of diseases or sicknesses.

In addition, health does not refer to just an absence of diseases or pains, but harmony of body, mind and spirit. This African notion, belief and practice of health is similar but differs from to the Western cum scientific and technological belief in that, it excludes the spiritual aspect from health care delivery system. Only a holistic approach to health and wellbeing can provide lasting solution to human diseases or sicknesses. Healing is not an absence of pain but a transformation of worldview. Therefore, the issue of health care for all also involves issues of social justice, environmental health, ecology, thermodynamics, politics and economic management. The World Health Organization (WHO) defines health as a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (<https://apps.who.int/aboutwho/en/definition.html>).

What is African Traditional Religion?

African Religion is the religion of the forefathers of the Africa people, handed down to them from time immemorial. The religion is preserved in their rites and rituals, practices, artifacts, folktales and ceremonies. This religion has not been preached to the African from outside, it is not imported from abroad; the African have not been proselytized into it, instead they are born with and into it and breathe it and in their daily lives. It has no missionaries to go out and proclaim its message. It needs neither books nor translators to communicate its word. No one born an African needs to be converted into this religion; rather it takes a great deal of effort to convert out of it because for an African, it is the normal way of experiencing life itself (Etuk, 2002:30).

Corroborating the above view point, Gbenda (2006:4-5), says it is religious tradition of the African peoples that is based purely on their culture. The

religion was initiated by the ancestors of the present generation thousands of years ago and is still being practiced today. A renowned scholar states that:

Because traditional religious permeated all the departments of life, there is no formal distinction between the sacred and the secular, between the religious and non-religious, between the spiritual and material areas of life. Wherever the African is, there is his religion... (Mbiti, 1999:2).

For Omoregbe (1999:644), African Traditional Religion grew spontaneously out of the culture of the African people. It has no founder and it has no sacred scriptures. It is handed down from father to son, from one generation to another. Awolalu and Dopamu (2005:26-7), in their contribution define African Traditional Religion as:

... the religion that has been handed down from generation to generation by the forebears of the present generation of Africans. It is not a fossil religion (a thing of the past) but a religion that Africans today have made theirs by living it and practicing it. This is a religion that has no written literature, yet it is "written" everywhere for those who care to see and read. It is largely written in the people's myths and folktales, in their songs and dances, in their liturgies and shrines and in their proverbs and pithy sayings. It is a religion whose historical founder is neither known nor worshipped; it is a religion that has not zeal for membership drive, yet it offers persistent fascination for Africans, young or old.

Furthermore, another scholar enunciate that African Religion is the product of the thinking and experiences of forefathers and mothers, that is, men, women and children of former generations. They formed religious ideas, they formulated religious beliefs, they observed religious ceremonies and rituals, they told proverbs and myths which carried religious meanings, and they evolved laws and customs which safeguards life of the individual and his community (Mbiti, 1991:13-4).

In this paper, the researcher has identified with the definition of Ekwunife (1990: 1), because it is all embracing and encompassing. He defines African Traditional Religion as:

..living institutionalized religious beliefs and practices, which are rooted in the past. ..religious culture; a religion that was transmitted to the present overt and covert votaries by

successive... forebears mainly through oral traditions (myths and folktales, songs, and dances, liturgies, rituals, proverbs, dances, pithy sayings and names, sacred institutions like sacred specialists and persons, initiation rites, festivals, sacred spaces and objects and religious works of art; a religion which is slowly but constantly updated by each generation in the light of new religious experiences through the dialectical process of continuities and discontinuities.

Idowu (1991:129), posits that there are five basic component elements in African Religion. They are: belief in God; belief in the divinities, belief in spirits, belief in the ancestors, and the practice of magic and medicines. But, he cautioned that distinctions should not be made too rigidly concerning these components. The last component is the focal point of this paper in regard to health care delivery system in contemporary Nigeria.

The Concept of Health Care Delivery System

A discussion under this subheading must of necessity start from the concept of health. What is health? It is the general wellbeing of a people. This explains why it is said that a healthy man is a wealthy man. A healthy man is the one who is not ill or afflicted by any ailment that causes the malfunction of the soul, mind and body (Alachi, 2007:1).

In addition, remaining healthy therefore becomes the cardinal thrust of life. Though medicine and the act of medicating especially for curative reasons are important, remaining healthy is generally preferable. In Nigeria however, like many African countries, too much emphasis is placed on treatment rather than prevention and behaviour change. Moreso, Nigeria like many other African countries, on achieving independence copied the health system of developed countries like those of the United Kingdom and America; whose emphasis are on curative care based on doctors, drugs and hospitals. It is however being increasingly realized that the promotion of health and the prevention of diseases do not lie in large hospitals but in self-awareness, self-actualization and our willingness to change our perception and the way we do things (Alachi, 2007:5-6).

Our contemporary health care delivery system follows the Western materialistic culture. Science holds the key to all explanations. If a person is sick the natural thing to do is to rush him to a doctor who will go over his body thoroughly to determine the cause of the sickness. If his diagnosis fails to yield the cause of the sickness in the body of the sick, then perhaps the person is merely imagining that he is sick (Etuk, 2002:71).

Challenges of Contemporary Health Care Delivery System

The introduction of a new policy regime in Nigeria since the mid 1980s is no longer disputable. Under the new policy regime of privatization and commercialization in Nigeria, the emphasis is that every service, including health services, attracts "user fees". User fees are a euphemism for commercialization of such services in contemporary Nigeria. A corollary of this is the encouragement of privatization of such services (Utume, 2007:123).

In addition, the health sector has witnessed a burgeoning of private clinics. These developments have however, worsened the health care delivery system of the country. Health services are now beyond the reach of the ordinary people, due to the cost of such services. Where affordable, the man hours spent at the relatively cheaper clinics become embarrassing and economically unreasonable. Specialists in government hospitals have also privatized and commercialized their services as they refer patients to their private clinics. Public policy in Nigeria since Structural Adjustment Programme (SAP) has been incongruous with the era of HIV/AIDS pandemic and the rampage of other killer diseases like malaria and tuberculosis.

Furthermore, another challenge was the adoption of the primary health care delivery system which was less capital intensive than curative medical service. Over the years therefore, government has not provided as much as it should to expanded or improved health facilities and services. Utume (2007:15), states that:

Poverty is keeping more people in poor health, just as the poor health of an increasing number of Nigerians is retaining them in poverty. We are therefore, at a point where we need to improve the health of Nigerians not only to break the vicious circle of ill health, poverty and low level of development.

Nigeria fundamentally comprises rural communities with few concentrations in state capitals, which can be designated as urban centres. Modern health services are concentrated in the urban areas. In fact, modern hospitals and health centres are only for these urban areas which are the most efficient and popular. Thus, the services of doctors, nurses and other health personnel are limited to the urban and semi-urban areas, even though about 80% - 90% of the Nigerian population lives in the rural areas (Apenda & Adegba, 2007: 155).

In addition, a survey of available health centres and their personnel in Nigeria indicates that there is significant shortage of man power, drugs and equipments thus the provisions of health care delivery services are grossly inadequate.

These realizations of these inadequacies had demonstrated the signal role of the involvement of African Traditional Religion viz-a-viz traditional medicine in the dispensation of health care delivery services (Apenda & Adegga, 2007: 155).

Certain diseases are known to have eluded the care of modern or orthodox Western Medicine and others have spiritual dimensions or causes which are outside the mandate of modern medicine. These categories of diseases of ailments are taken care of by traditional medicine.

African Traditional Religion, Traditional Medicine and Contemporary Health Care Delivery System in Nigeria

The practice of medicine is one of the five-fold structure of African Traditional Religion. In Nigeria just like most African countries, oral traditions have it that the basis of medicine is in religion, inasmuch as it came directly from the Supreme Being, and operated through a tutelary divinity of spirits. Medicine is defined as "the art of restoring and preserving health" (Idowu, 1991:197).

In addition, it is only logical in the above definition that the preservation of health is maintained after the mention of restoration, because man must have learnt that health could be lost or impaired only through practical experience. The purpose of medicine is essentially to help the body to help itself. It is curative, in that it helps the body to return to its normal state; it is preventive, in that it builds up resistance against infection by toning up its organs.

It will be unrealistic for anyone to think that traditional medicine does not play a significant role in the health care system of the people. Although, for some time, most modern trained doctors felt that traditional medicine was a mirage and an undesirable system of health care, it appears today that many of them are now changing their attitudes about the entire concept of traditional medicine. They have now discovered that millions of Nigerians still live wholly or partly on traditional medicine in spite of the prevalence of modern techniques. This is most evident in the rural areas where people are still close to nature (Apenda & Adegga, 2007: 152).

In continuation, the important place or role of traditional medicine to the primary health care programme in Nigeria is no longer in doubt, especially in our poverty stricken age when the imported drugs are no longer affordable to the majority of Nigerians who need them due to prohibitive cost. Undoubtedly, the resurgence of interest in traditional medicine not only for the cost, but also the efficacy of natural medicine is very glaring. With the present

trend in Nigeria health care delivery programme or system, traditional medicine has achieved spectacular success(s).

The philosophy of traditional medicine indicates that all the three parts of man namely body, mind and spirit play significant roles in the causation of diseases and maintenance of health unlike its Western counterpart. The easy access, cost effectiveness, the more personal and most importantly the holistic approach of traditional medicine and the severe adverse effects of synthetic medicine have contributed to the new crave for traditional medicine (Adodo, 2005:XV-XVII).

There is also increased use and commercialization of these medicinal plants in African medicine, as raw materials and as finished products. This is necessitated by the emergence of various new and resistant ailments which conventional medicine has been unable to address (Adodo, 2005:XVI). Many people in the urban areas still rely on the assistance of traditional medicine heavily in the management of diseases and illnesses beyond the grasp of Orthodox medicine. Apenda and Adegba (2007:152), quoted the chairman of traditional medicine in Nigeria, J.O. Lambo as saying: "the notion that traditional medicine thrives where scientific medicine has not established itself may not be exactly correct, for even in Lagos, the heart of Nigeria, traditional medicine has been found to thrive better than the orthodox".

It is a known fact, which the World Health Organization (W.H.O) has recognized that (in Nigeria) in Africa, up to 85% of the population use traditional medicine for their health care delivery, spiritual and socio-economic needs. For most, it is the only source' of health delivery known, available, acceptable, accessible and affordable (Adodo, 2005:XVI). Traditional medicine does not involve only herbs. The use of animal parts, music, sacred chants and potent speech (power of words and thought), dance and touch also play very significant roles in the healing process in traditional medicine practice(s) in Nigeria.

Traditional medicine also has a vast economic, wealth and job creation potentials presently, the global business estimate in his sector is between 60-80 billion United State Dollars. It is the realization of these vast potentials for improved health care delivery, wealth and job creation that the African Union (AU) Summit of Heads of States held in Abuja, Nigeria in April, 2001 directed that research in African traditional medicine should be made a priority. This was followed by the declaration that the period 2001-2010 be designated the decade for African traditional medicine and that August 31st every year be observed as African Traditional/Medicine Day (Adodo, 2005:XVII).

Reports show that people with the longest lives in the world depends on traditional medicine. They are the Georgians of the Caucasus Mountains in Southern Russia, the Hunzas of Kashmire and the Volcabamba Indians of Ecuador. These three share some common traits which must be the key to their longevity. One of the secrets is that they practice holistic medicine, applying traditional herbs and medicine to forestall and cure diseases. All these point to the fact that the healthiest life is the one with as much naturalness as possible (Gbenda, 2006:49-50).

When man fails to live spiritual and dutiful life expected of him, the Supreme Being or divinities, spirits and so on, more often than not punish the person or groups concerned in African thought and beliefs. Punishment is normally in terms of diseases and other calamities. Disease(s) in Nigeria like any other African society is normally regarded as having some spiritual cause, and hence the need for spiritual solution which is lacking in orthodox medicine (Gbenda, 2006:51). These are some of the roles of African Trado-medicine which have been discussed in this paper already.

Challenges of Traditional Medicine in Nigeria

In spite of the enormous potentials of traditional medicine in health care delivery system, some major challenges persist. The fact that traditional medicine is still grossly mystified and misunderstood basically due the combined influence of colonialism, attitude of the practitioners, Christianity, lack of proper and appropriate documentation and improvement over the years. Other challenges include the following amongst others:

As earlier mentioned, mystification and misunderstanding of, disrespect for, and denial of the role of traditional medicine and traditional medicine practitioners by many who are still skeptical about its potentials pose a great challenge to research, development and practice of trado-medicine in Nigeria. The implication of this is that, many Nigerians who would have gain from its richness in terms of health and wealth miss this opportunity. (Adodo, 2005:XXI).

Insufficient data on the nation's medicinal, aromatic and pesticidal plant and traditional medical practices, knowledge, science and technology and importantly; concern on the safety, efficacy and quality of traditional medicine is another major challenge. This is because without statistical data it will be difficult to plan and coordinate the practice and administration of trado-medicine in Nigeria. The implication of this is that it will be difficult to keep track of our trado-medicinal resources which will hamper its growth and development in all ramifications. (Adodo, 2005:XXI).

Inadequate regimes for the protection of traditional medical knowledge and intellectual property rights are another challenge. This is because the practitioners' knowledge which would have brought him or her remuneration, which will further his or her ability to commit more funds into research and development of more trado-medicine(s) will be lacking because of the above mentioned challenge. The fall out of this is that efficiency and availability of more refined trado-medicinal products will be lacking (Adodo, 2005:XXI).

Traditional medicine hitherto to the corning of Islam, Christianity, modernity, science and technology, Westernization and the likes was the only source of the provision of health care delivery services. But since the advent of the aforementioned phenomena on the African continent, a lot of changes have taken place. Many Africans schooled in Western hypocrisy and education is now looking at traditional medicine with scorn and disdain - as something for the primitive only.

Recommendations

Some of the recommendations of this paper include the following:

1. There should be a symbiotic and complementary relationship between traditional and orthodox medicines, so as to ensure quantitative and qualitative health care delivery system for the Nigeria populace which can be ensured by governments at all tiers providing the enabling laws and environments.
2. The Federal Government through the National Educational Research Council (NERC) should review the Nigerian Educational Curriculum in order to make provision for the value(s) and practice(s) of traditional medicine to be taught from the primary school level to the tertiary level viz-a-viz African Religion so that the younger generation can appreciate and utilize the benefits of traditional medicine.
3. The government should make the necessary laws at all levels of governments to promote, make compulsory and regulate the practice and research of traditional medicine for a major role in the health care delivery system in Nigeria.
4. The Federal Government through the enabling law should setup an agency responsible for overseeing the research, practice and administration of trado-medicine in Nigeria in order to check the incidence of quacks, the present crude nature of its practice and the problem of overdose.

Conclusion

By way of conclusion, from time in memorial, humankind has actively experimented with a couple of means to feed and safeguard its health and promote quality of life. Over the years, African Traditional (indigenous) medicine knowledge practices, sciences and techniques have accumulated worldwide to form a rich background of cultural heritage. Within such a socio-cultural context, African traditional medicine has emerged and enjoyed a central position in the provision of health care in Nigeria where conventional medicine is grossly inadequate in terms of manpower, drugs, equipment and accessibility and a host of others; and indeed the whole of Africa.

In our contemporary health care delivery system, traditional medicine should be well grafted into the National Health Policy so as to ensure symbiotic and complementary roles of both traditional medicine and orthodox in a systematic, coherent and logical manner that will address the health needs of the majority of Nigeria.

References

- Adodo, A. (2005). *New Frontiers in African Medicine*. Ewu-Esan: Pax Publishers.
- Alachi, J.A (2007). "The Humanities and the Discourse on Health in Africa: Health Promotion and Health Education as a Panacea". *Faculty of Arts Journal*, Benue State University. Vol.4, Pp.1-4.
- Apenda, A.Z. & Adegba, A. P. (2007). "The Contribution of African Traditional Herbal Medicine to Primary Health Care Delivery in Nigeria". *Faculty of Arts Journal*, Benue State University. Vol. 4, Pp. 152-160.
- Awolalu, J. O. & Dopamu, P. A. (2005). *West African traditional religion*. Revised Edition. Ibadan: Macmillan Nigerian Publishers.
- Ekwunife, A.N.O (1990). *Consecration in Igbo Traditional Religion*. Enugu: SNAAP Press Limited.
- Etuk, U. (2006). *Religion and Cultural Identity*. Ibadan: Hope Publishers.
- Gbenga, J. S. (2006). *African Religion and Christianity in a Changing World: A Comparative Approach*. Nsukka: Chuka Educational Publishers.
- [https:// apps.who.int/about/who/en/definition.html](https://apps.who.int/about/who/en/definition.html) (accessed 20th May, 2010)
- idowu, E. B. (1999). *African Religions and Philosophy*. Nairobi: East African Educational Publishers Limited.
- Mbiti, J. S. (1991). *African Traditional Religion: (2nd edition)*. Oxford: Heinemann.
- Omoregbe, J. I. (1999). *Comparative religion: Christianity and other world religions in dialogue*. Lagos: Joja Educational Research and Publishers Limited.
- Utume, D. A. (2007). "Poor Health Services as a Constraint on Nigeria's National Development: The Impact of the New Policy. *Faculty of Arts Journal*. 4, 123-125.