

Witchcraft Beliefs In Diseases Causation And Health – Seeking Behaviour In Pregnancy Of Women In Calabar South – Nigeria.

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ABSTRACT: The aim of the study was to investigate the relations between the witchcraft beliefs in diseases causation and choice of health – seeking among pregnant women in Calabar South Cross River State of Nigeria. The study integrates the examination of witchcraft theory as theoretical model. Primary data was collected using 300 valid questionnaires which were administered to random expectant mothers selected from 5 different maternity homes and church-based delivery centers. Chi-square analytical tool was employed to test the hypothesis. The main findings of the study include: - witchcraft belief of disease causation has a strong and significant impact on choice of health – seeking of pregnant mothers; witchcraft beliefs also has impact on high rate of morbidity and mortality of both infants and mothers.

Keywords: - Beliefs, Culture, Health – seeking, Pregnancy, Witchcraft.

I. INTRODUCTION

Traditional and cultural influence of health and disease is dominant amongst Nigerians. A large number of people still depend largely on beliefs, knowledge and practices of lay personnel boycotting the modern health care facilities and making the realization of the Millennium Development Goals and most currently, the Sustainable Development Goals (SDG) of achieving health for all ineffective. Generally, medicine in Nigeria society according to Erinoshio (1998) is based on beliefs that the causes of illness are natural, observable and manipulated. The set of beliefs about illness causation have become based on tradition, intuition, supernatural and magic. Pregnant women prefer consulting some Traditional Birth Attendants (TBA) and even Faith – based centers (Churches) for solutions and treatments during pregnancy and their general antenatal care. The research therefore seeks to examine the extent to which witchcraft belief can influence the health – seeking attitude of the pregnant women in Calabar south and consequently recommend useful ways to curb its excesses.

II. LITERATURE

Health service utilization involves the choice to seek medical care and therefore involves what conditions are defined as needing medical treatment and what type of treatment will deal with the defined condition. Beliefs that certain illnesses or symptoms are temporary, some are important while others are not, fatalism about illness, fear of illness being caused by supernatural forces or magic all affect the choice of health – seeking of individuals in societies. Thus changing health actions and practices among members of the group / society may come only with belief changes. The concept of culture and beliefs in cultural anthropology is viewed as learned patterns of behaviour, thought and perception which are culturally determined. (Charles 2003) For instance within the Yoruba culture there are some basic sacred and secular beliefs which run through the traditional health care system and provide a strong background to its utilization. It is a common belief today in African and the developing societies according to Oke & Owumi (1996) that the perception, conception and management of ill health even in pregnancy is culture – bound and also a function of the belief system and context within which the people operate and conceive the ailments. Obeyemi & Adeniyi (2003) in their article “cultural factors and health behaviours among the Yoruba” confirmed that culturally shared norms and rules consciously or unconsciously regulate the lives of people and help them in solving problems of living. For instance the Yoruba are widely known for their strong beliefs and taboos that pregnant woman must not walk out in a hot afternoon so that the unborn baby she carries will not be born with malformations.

III. WHAT IS WITCHCRAFT?

According to Lucy Mair, the belief in witchcraft is universal (Frazier,1992), the term has a controversial meaning and usage as applied in different contexts by different cultures. The landmark study by Evans-Pritchard (1937) on witchcraft in Africa gave insight into the sociology and cultural history before and during colonization. Before the coming of the colonial masters, witchcraft had been part of the culture and beliefs of the people (Erinoshio, 1998). However, the concept of witchcraft involves the use of magic, the engagement in activities closely tied with the practice of sorcery and the use of supernatural powers to affect an

event, situation or even a person against his or her wish. This term is used broadly to include shows of the use of cultic means to solve problems. The term ‘magic’ is often used interchangeably with sorcery. Words like enchantment, divination and necromancy are synonyms for ‘magic’. However, in the monotheistic religions especially in Christianity, it was associated with heresy and was interpreted as a form of devil worship (Okoli, 2014). The question is, why the belief in witchcraft and its activities is so widespread in Nigeria to the extent that it affects the reaction of Nigerians in their approach to problems? Nigerians now, link and explain natural experiences, social problems etc with the witchcraft theory. This is seen in mob reactions and activities all around Nigeria. Once a complex and strange activity manifests itself, many Nigerians immediately take shelter under the witchcraft explanatory model. One may hold the opinion that this witchcraft explanatory model is all over the world and in fact, pervasive in Africa; The reason behind this pervasive consideration of witchcraft was thought to be illiteracy or lack of exposure. Some people have argued that illiteracy in whatever form is responsible for this phenomenon, because if people are properly informed, they would attribute physical effects to physical causes, and panorama effects to panorama causes. Nevertheless, illiteracy has been struck out and made insignificant owing to the fact that there have been cases of how a Nigerian “minister of God” portrayed a similitude of this ideology across the Nigerian borders and was branded “a danger to the safety of children”. As such, it would be inadequate to identify illiteracy as the sole cause of the excessive appropriation of misfortunes to witchcraft activities. In a study conducted by Radford (2010) on ‘belief in witchcraft in Africa’ it was discovered that fear and ignorance played powerful roles in its growth and development. Not only was it used to explain away bad harvests, illnesses, deaths and deterioration of farmlands; it acted as a socio-psychological and moral constraint. Since a witch was said to cause harm to members of her family or community, in a closely-knit community she was viewed as especially dangerous. In the primitive communities, witchcraft became all-pervasive that nothing happens naturally. Every adverse situation is the wicked act of a witch, who was invariably a woman or a child. According to Omoyemi & Oyetade (2015), witchcraft is just a phenomenon which has a strong root in community beliefs, and involves supernatural interference in the natural community lifestyle and behaviour. To Douglas (2013) witchcraft is commonly dependent upon spiritual belief by people. It is still a feared phenomenon in some particular communities because of the belief that it is preoccupied with doing havoc to other persons. Witches are those that possess inherent psychic power to send out their spirits invisibly, or through lower creatures to harm others (Sanders, 2015). In current day society, these primitive superstitious beliefs are still preserved despite the advancements in science and technology, combined with the explanation of many natural phenomena.

IV. WITCHCRAFT BELIEFS AND DISEASE CAUSATION

Witchcraft beliefs and practices in disease causation is a widespread notion in Africa and Nigeria in specific. This belief system according to Charles (2003) describes a world controlled by personal and visible beings rather than by impersonal forces. Natural phenomena such as sun, moon and some earthly creatures are regarded as gods or deity, each having power which must be appeased before certain social events like child birth, marriages etc are undertaken and failure to placate a god properly is believed to result in misfortune such as illness, death etc.

Adequate medical care is usually not available where these beliefs are held too strong because people seem not to understand this western system value and so find it difficult to participate meaningfully in a doctor – patient relationship. In Jamaica for example, one folk system derived from West Africa explain ill health in terms of witchcraft and a neighbour’s malice. The sick consult the “Obeah” (traditional healer) in pursuit of diagnosis and treatment. Same applies to Nigerians who avoid marrying anyone who has the history of mental illness in the family for fear of producing children with same type of illness. According to Erinoshio (1998) Nigerians link incidence of diseases to the practice of witchcraft and sorcery. This is evident in their acknowledgement of the existence of witches and their practices, they believe that witches actually inflict harm on others. This belief tends to determine or influence the choice of health service pregnant women seek. Jegede (1998) explained that the incidence of illness area in pregnancy is attributed to the evil machination of the enemy through the practice of witchcraft. Many tend to believe that people imbued with such supernatural power are reputed for causing illness in other people who displease them or fail to undertake certain necessary culturally designated rituals.

Vander – Zenden (1990) added that belief in witchcraft activities influence whether or not people seek formal treatment and they respond to it. He observed that people living in some communities often share folk beliefs that do not correspond to those of modern medical physicians and this keeps them from seeking modern medical treatment. Since people from different ethnic backgrounds react to different aspects of their complaints, they are reassured by culturally or ethnically moderated types of information and treatment. For instance, Italians commonly react to pain sensations and become comforted by indigenous medication that takes the pain off, on the other hand, Jewish patients typically reacts to significance of the pain and are comforted when they are given adequate explanations for it.

V. SPIRITUAL HEALING

The connection between religion and medicine is a long and complex one. Religious healing appears widespread in the population and persons with religious gifts or connections are sought out in matters of health. Beliefs in religious healing are of two basic types. One type of belief is that religious healing occurs through psychological processes and that it works only for psychosomatically based illnesses. The second type is the belief that religious healing works due to the intervention in the illness of a deity and that such healing constitute a present day miracle. Fenton (2012) examines several categories of its usage to include; first, as with self – treatment of illness, one may employ self-religious healing and this involves praying for oneself or calling on a deity to intervene in a matter of health. Second, one may seek out lay healers in health matters, who may use the common phenomenon of prayer chain; this is a covenant by a number of lay persons to schedule continuous prayer for a certain length of time such as a day, a week or month on behalf of an ill individual until the person's condition improves. Third, one may request the help of ministers and Church leaders for whom the care of the ill is an aspect of their duties, many of such healers have risen over the years and have receive widespread attention: they include Pastor Chris Oyakilome; Ernest Angely; Pastor T.B. Joshua, Oral Roberts who has become known for his television appearance and for his ability to heal from a distance by having the ill lay their hands on the television over which he is broadcasting.

Individuals may believe only in treatment by religious healers and may shun care of mainstream practitioners. Lambo (2000) observed that religious beliefs are common and have great impact on health – related decisions and behaviours. The American Academy of Paediatrics, (AAP) (2010) recognizes that religious plays a major role in the lives of many children and adults in the United State and is aware that some in the United States believe prayer and other spiritual practices can substitute for medical treatment of the ill. The AAP asserts that every child should have the opportunity to grow and develop free from preventable illness. Still some religious tenets hold that members should not seek or receive medical care for any condition including pregnancy. These beliefs can result in increased prenatal and maternal mortality. The art and science of restoring and preserving health have been closely associated with religion since time immemorial. In ancient Egypt and Rome, “men and women slept in temples of Isis and Serapis to recover their health”. (Idowu 2001) In many parts of Africa, people also sleep in traditional temples and Shrines to receive healing. In Nigeria for example, the Yoruba regard “Osanyin” and “Orunmila” as divinities of healing as the Igbo have “Aziza” as their divinity in charge of health and healing activities. (Naife 2016)

Nowadays, many people sleep in some Christian Churches and Islamic centres because of their faith in the efficacy of spiritual healing. Like every other healing does not rely on physical elements, and he believes that most diseases are caused by spiritual /psychic agencies. Consequently, he probes the spiritual realm in seeking solution to the problem. Their procedure can thus be arranged in the following chronological order: confession, atonement, sacrifice, absolution, purification rites and counseling. In faith – healing practices, it is believed that the surest way to be really delivered from the power and effects of malaise especially those caused by demons is through constant religious devotion or prayer.

Despite some inconsistencies among previous research, the general conclusion is that religious involvement is positively related to psychological well-being (Schnittker 2001). Schnittker further observed that religious service, fasting and prayers have powerful effects on psychological outcomes. Those attending the services may feel more support because of the social network of those with similar belief. In the end, Sonofora (2013) found that spiritual help seeking through prayer or personal religious consultation with the “Aladuras” (in Yoruba language) make an individual feel valued and unique and therefore may decrease stress or illnesses.

VI. THEORETICAL FRAMEWORK

2.4.1 Witchcraft theory

The incidence of diseases is universally linked to the practice of witchcraft or sorcery. This cultural theory of disease is dominant among Nigerians. Witchcraft theory according to Etobe (2002) is used to explain disease causation as it provides individuals and society “the feeling and assumption that individuals are only hated and afflicted by evil men with illness”. It makes people to assume that their illnesses are due to the external manipulations of others. The activities of witches as observed by Stevens (2007) are generally regarded as being against societal well-being mischievous and harmful to peaceful living and progress. Most mishaps and diseases like bareness, mental illness, hypertension, diabetes and even death are attributed to witchcraft. Despite the recognition of natural and hereditary factors in the etiology of disease, most people in Nigeria tend to suggest sorcery or witchcraft as the ultimate explanation for the incidence of diseases. (Fenton,2012)

Underlying this belief is the idea that Human soul could exist independent of the material body. At night this soul quits the body and assumes the form of a creature to carry out evil acts against others. Witches were said to possess super human powers that they use to perpetrate evil. According to certain belief, a witch could harm anybody including her family members. This especially makes her highly hated. They are said to kill their own children, drink human blood and bring ruin and ill health on their friends and families . That is to say,

in contrast to normal human beings witches conceive and cause the most horrible misfortune on their families and communities. They were viewed as the embodiment of everything that is evil. Witches, it was said, could practice their wicked art only in the dead of night. Deaths, natural disasters, and epidemics; everything were blamed on witches. In most beliefs a witch was said to confess her "crimes" before she died or went mad. Homeless, possibly childless old women driven from their matrimonial homes are especially the victims of these alleged "confessions". Old women driven into the streets and losing their mind, in their madness utters nonsense to the effect of being a witch, killing her husband and children, causing accidents, and bringing ruin on their families were immediately set upon and stoned to death by passers-by. Voluntary claims of witchcraft reveal only a state of madness. A person cannot be in possession of something that does not exist. Witchcraft merely reflects the real world. Yet, the fact remains that even intellectuals still believe in the existence of people who "fly-by-night" or 'have four eyes' (Idowu, 2001). This theory makes it difficult for ardent believers in witchcraft causation of disease to accept orthodox treatment when ill; rather they prefer to visit the spiritualists, herbalist and traditional healers who are believed to possess some supernatural powers that can aid their recovery.

VII. MATERIAL & METHOD

The study adopted the survey research design useful for collecting data for opinion and attitude studies basically on questionnaires and interview as major source of data generation. The sample of this study was made up of 300 respondents randomly selected from six maternity homes (TBA) including church owned homes. At each maternity home, during their clinic days respondents were served with 16-item questionnaire to obtain their views of the witchcraft perception and their health –seeking behaviour. Informal Group Discussion (IGD) sessions, three (3) altogether were held as interactive sessions to also elicit responses from pregnant women on the topic under study.

VIII. RESULTS AND DISCUSSION

The main dependent variable involved in this study was health seeking behaviour of pregnant women while independent variable was the witchcraft belief in disease causation. Health seeking behavior was thus operationalized as learned behaviour of the pregnant women base on their acquired cultural beliefs about witchcraft role in disease causation.

HYPOTHESIS 1: There is no significant relationship between witchcraft beliefs in disease causation and the health – seeking behaviour of pregnant mothers.

Table 1: Contingency Chi –Square X² Analysis Of The Relationship Between Cultural Perception Of Illness In Pregnancy And Illness Behaviour In Pregnant Women
N=300

VARIABLE S (ILLNESS BEHAVIOUR)	IGNORAN CE /SUPERST IT	NATUR AL CAUSE	CULTURAL PERCEPTION					D F	X ²
			RELIGI ON	SHAME AND EMBARRASSM ENT	TOT AL				
Normal f(o)	30	23	10	40	113	3	13. 75		
f(e)	33.96	29.76	19.96	29.38					
Abnormal f(o)	60	46	43	38	188				
f(e)	56.10	49.24	33.04	48.62					
TOTAL	90	79	53	78	300				

*Significant at p≤ 0.5, df = 3, critical X² value = 7.00

From table 1, the calculated X² – value of 13.75 was found to be greater than the critical X² – value of 7.00 needed for significance at 0.05 alpha level with 3 degrees of freedom. With this result, the null hypothesis was rejected. This means that there is a significant relationship between cultural perception of illness in pregnancy and illness behaviour of pregnant women. From the table, it was inferred that 113 (or 37.7 per cent) of the total respondents showed normal preference of attending modern health care services despite their cultural perception, while 187 (or 62.3 per cent) showed negative or abnormal preference of attending modern health care services. Furthermore, 90 (or 30 per cent) of the respondents perceive modern health care services out of ignorance and taboos; 79 (or 26.3 per cent) regard illness in pregnancy as a natural cause; 53 (or 17.7 per cent) out of religious / purdah ideologies, and 78 (Or 26 per cent) as a means of causing shame and embarrassment to womanhood (since most doctors are men). Based on the result of the analysis of the hypothesis put forth for the study, there is evidence that the cultural belief of witchcraft in disease causation influence the health – seeking choice of pregnant women particularly in Calabar South local government area of Cross River State. The majority of pregnant mothers in the study area preferred traditional and spiritual health care services such as

offered by TBAs and prayer houses than the modern health care services. The consistent belief in existence of witches and wizard or evil spirits in most African societies particularly Nigeria has been the cause of the proliferation of spiritual homes for healing as well as traditional birth delivery. Schnittker (2001) observed that religious service, fasting and prayers during clinic days have powerful effects on women psychological outcomes and make their choice of health seeking for birth yield positive results. That spiritual help-seeking for health and birth yield positive result, the individual feels valued and unique therefore, decreases the chances of attending or seeking further medicament through modern health care facilities via government approved clinics and hospitals and Primary Health Centre (PHC) respectively.

IX. CONCLUSION

Belief in witchcraft is deeply rooted in the collective consciousness and will take much time and effort for them to be supplanted with new, scientific concepts (Radford, 2010). Only a radical transformation of the society with adequate provisions made for all segments-materially, culturally and intellectually can uproot these archaic beliefs by uprooting the conditions that gave rise to them. As opined by Okoli (2014), a cultural belief in witchcraft has wider implications for Africans as well, from law enforcement to aid donations to public health. In Nigeria, witch doctors are consulted not only for healing diseases, but also for placing curses on rivals. Since cultural perception such as witchcraft beliefs in disease causation influence the health – seeking of pregnant women it therefore become expedient for Nigerian government to speedily collaborate of integrate the traditional system of health care into the mainstream health care delivery system. This will provide the modern health care practitioners opportunity to monitor, assist and complement the practice of the TBAs for effective prenatal and antenatal services.

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