The Changing Nature of Indigenous Healthcare Delivery System in Urhoboland, Delta State, Nigeria

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Abstract

The study focuses on the changing nature of indigenous healthcare delivery system in Urhoboland in Delta State. It also examines the causes; nature, patterns and manifestations change in indigenous healthcare system in the area and provide socio-scientific data for the advancement of traditional medical practice in Nigeria. Besides looking at the historical development of traditional medicine in the study area, the study argues rather vigorously that both western orthodox and indigenous medical practices should be integrated in Nigeria, as is the case in other parts of the world. The concern of the study however, is the pattern of integration and the mechanism for controlling the emergent system.

Keywords: *Indigenous healthcare delivery, indigenous medical practices, integration, social change, orthodox.*

Introduction

In Nigeria, indigenous and traditional conceptions of the etiology of diseases, ill-health and psychological problems rest on the people's belief that diseases are mainly due to transgression of natural laws as expounded in traditional African metaphysics. As Aja (1999) rightly observed, the African recognizes that the air we breathe, the water we drink, the food we eat are all swarming with millions of micro-organisms called germs but contends that if germs cause disease in relation to their population, the entire human race together with the animal and vegetable kingdom1 would have been exterminated long before now.

Aja (1999) further averred that since the germ theory has failed to account for some diseases, some of the factors that can induce disease are socio-cultural, such as; sorcery, breach of taboo, spirit intrusion, diseased objects, ghost of the dead and acts of the gods. In fact, the African believes that there is inherent ontological harmony in the created universe and any attempt to upset the harmony, constitute a diseased state. The attempt could be human or non-human; hence a disease could be physical or metaphysical. In traditional medicine, attempt is therefore made to look for both physical and metaphysical causes of disease hence, the traditional healers appeal to both scientific and metaphysical means in an attempt to achieve a holistic cure of any malady.

Among the Urhobo of Delta State, traditional, medicine practitioners are known as herbalists or medicine men. These herbalists are respected because of their wealth of knowledge in various forms of indigenous health-care delivery. Most of what these herbalists know is however shrouded in secrecy to extent that most die with their knowledge.

Brief Review of Literature on Traditional Medicine Practice

Traditional medicine means that brand of medical practice, transmitted by words of mouth and by example, the knowledge of which is based on customary methods of treatment of diseases and of natural healing. It is called "traditional medicine" because the system does not allow for any foreign dictation or deviation from the original or customary beliefs of the people concerned. Viewed from traditional African metaphysics, "medicine" is any force or being whose power or vital forces is known to be controllable and is under the control of man for the cure of ill-health or other ailments. "Medicine", therefore, means those tangible forces that stand at the disposal of man who has dominion over them and can make them work for him at his command for the cure of sickness (Aja 1999).

Mume (1973) defines traditional medicine as an art, science, philosophy and practice following definite natural, biological, chemical, mental and spiritual laws. The practitioner of traditional medicine he stressed, familiarizes himself with what constitutes good moral living, learns to detect by spiritual diagnostic signs, how, when and where departure with what constitutes good moral, has taken place and then applies his knowledge and skill, aided by the various kinds of traditional treatments, to help bring about a return to normal and natural. In giving these treatments, the traditional doctor makes copious use of roots, barks and leaves of trees and animal parts.

World Health Organization (1978) however, sees Indigenous health — care delivery as the "sum total of all knowledge and practices whether explicable or not, used In the' diagnosis, prevention and elimination of physical, mental and social imbalance and relying extensively on experiences and observation handed down from generation to generation, either verbally or in written form. It also identifies an Indigenous healer as that "person who is recognized by the community in which he lives as being competent In providing healthcare services by using vegetables, animal and mineral substances and certain methods based on the social, cultural and religious background as

well as the knowledge, attributes and beliefs that are prevalent in the community regarding physical, mental and social wellbeing and the causation of diseases and disability (WHO, 1978:81).

Similarly, Kerhado (1975) discusses traditional healthcare delivery from its historical perspectives. For him, the history of indigenous healthcare systems could be dated back to the inception of mankind and human civilization. He however, failed to state the time frame for this development. The inception of mankind and human civilization is too vague a submission to be taken seriously.

For Atemie and Okaba (1997), the term 'indigenous medicine' refers to culture bound health-care practices which existed before the application of science to health matters, It includes the total body of knowledge, techniques, practices In use, whether explicable or not, that are based on socio — cultural and religious background of the particular society or community. It is founded on personal experience and observation handed down from generation of generation, either verbally or in writing and are used for the diagnoses, prevention or elimination of Imbalances In physical, mental and social well-being.

In our traditional civilizations, the healer occupied a special place within the community. Andah (1992) however observed that these civilizations have been ravaged in recent times by incessant warfare, slave trade, and colonialisation and now, by European technical development combined with the social phenomena created by independence. As a result, they have all, except in the remotest areas, lost their originality. Thus, one Is actually searching for the vestiges. Nigeria and Indeed black Africa have been witnessing the gradual disappearance of professional healers as well as a decline of their knowledge. Atemie and Okaba (1997) in their comparative discourse on the orthodox and Indigenous medical practices of the people of Africa however disagree, emphasizing that indigenous medicine which was neglected for a longtime, is now brought into focus as its demand for the treatment of some ailments has become so high in contemporary time. They further stated that the shortcomings of the western style of medical practice no doubt, have also helped in the resurgence of African indigenous medicine. The issue of integrating both practices has become so critical and thus, raises a fundamental question of what should be the pattern of integration and the mechanism for controlling the emergent system.

A proper understanding of the socio-cultural context under which, both practices operate is vital and requires a thorough examination of the structure and cultural changes inherent in African health-care institutions. Lambo (1974) further echoed the above position thus: if our national perspectives have been supporting the cause of medical herbalism in the country, many lives and thousands of pounds would have been saved. What is important now for Andah (1992), Is the need to find out, first, what these traditions are; how they affect the Individual with regard to the medical systems presently accessible; how the present societal adjustments have modified and are modifying these systems and what role the sociological background of each ethnic group plays via-a-vis the problems of maintenance of the stability or transformation of these medical systems.

Objectives of the Study

1. To account for the historical development of indigenous healthcare systems of Uroboland
2. To identify the major types and mode of organization of indigenous healthcare delivery system in Urhoboland
3. To account for the changing nature in the indigenous healthcare system of the Urhobo people of Delta State.

Theoretical Framework: Theories of Innovation and Change

The theories of innovation and change are adopted as the theoretical framework for this study. There are different ideas and literature on change, innovation and leadership. These models are imperative since inevitably, individuals and organizations are forced to change for many reasons; however, no matter the reasons, change can be difficult particularly in the indigenous health-care delivery system that is shrouded in secrecy, mystified and often times relegated to the background by the western trained health experts.

From all indications, researchers and theories posit clearly that innovation is vital because business and competition is constantly evolving. Emmerling (2011) defined innovation as “creativity with a job to do” or as a new and improved way of doing thinks at work. The concern of most researchers however, is on the models and techniques on how to implement innovation and change in an outfit.

Health –care delivery system is dynamic and the changes identified in the system in Urhoboland are imperative for acceptability and continuity. The traditional health-care system in Nigeria is waning in demand and the prospect of a bright future is the concerted effort being made to improve the service delivery as exemplified in the article.

Materials and Methods

The key data collection tool adopted for this study was indepth interview (IDI) method. This was used to elicit information from traditional doctors, indigenous female attendants (midwives), orthodox medicine practitioners, individuals and members of the Traditional Medicine Board of Delta State. The informants were randomly drawn from the entire geographical spread of Urhoboland, Delta State. Data from IDI was complemented with materials from secondary sources such as archival materials, journal articles, textbooks, bulletins, and monographs among others.

Area of the Study: Overview of Ethnography of the Urhobo People of Delta State

The Urhobo people are spread over nine local government areas of Delta State such as: Ethiope East, Ethiope West, Okpe, Ughelli South, Ughelli North, Sapele, Udu, Uvwie and part of Warn South.

The Urhobo according to Aweto and lgben (2003), are united not only by ties of ethnicity and culture but also by the salient geographical features of the territory they occupy as their homeland. In addition, they held that the Urhoboland is a deltaic plain, generally less than 30 meters above mean sea level, without prominent hills rising above the general land surface. The climate is also uniform, being humid sub-equatorial rainforest climate with a fairly marked seasonality in rainfall distribution.

The Urhoboland also constitutes the land-ward extension of the Niger Delta plain. Vast areas are either flat or gently undulating with land elevation decreasing south wards towards the Atlantic Ocean. The area is drained by a network of streams end large perennial rivers that are flat-floored, flooding adjourning areas during the wet season, thereby giving rise to seasonal Swamps.

The climate is characterized by marked uniformity in temperatures throughout the year as to be expected of a tropical environment. In all parts of Urhobo, the average annual temperature is about 270C with no marked seasonal or monthly variations. The year is divided into seasons on the basis of rainfall distribution Aweto and Igben 2003).

As Aweto and Igben (2003) rightly observed, the natural vegetation of well drained areas is moist evergreen lowland forest which contains valuable economic timber producing ties and other trees. In addition, in wet Water-logged areas, particularly areas fringing river valleys, swamp forest is typical. It disappointing to note that virtually all the rain forest of Urhoboland have been destroyed due largely to farming activities, illegal lumbering, oil exploration and failure to plant .cement trees as well s excessive use of firewood. However, extensive swamp forests still exist in some areas.

According to the 1952 census, there are 244,775 Urhobos out of the population of 590,966 for the then province while the 1963 and 1991 censuses placed the population at over half a million people and classified among the first 10 major ethnic groups in Nigeria. In both their homeland and in Diaspora n 2002, their population is estimated to be over 2 million (Otite 2003 and Erivwo 2003).

The political structure of society derives to a large extent from its history and ecology. Each of the Urhobo polities had peculiar historical experience, designed strategies of relating to their neighbours, acquired new concepts and dialects and developed ties of descent and kinship with hosts as they migrated through foreign territories and settled finally (Otite 2003). Each group was organized separately according to Otite to maintain its own sovereignty and there is no record of a super-imposed political leader or king over all the Urhobo as in the case of the neighbouring Itsekiri or Benin Kingdoms. In other words, the Urhobo as an ethnic group did not form a centralized society.

However, two main levels of government are recognizable in Urhobo: plutocracies and gerontocracies. Plutocracies refer to government by the rich and the wealthy but retaining the elements of gerontocracies. While gerontocracies being government by elders, are based on the age-grade organization.

Reseaarch Findings

Objective 1: Historical Development of Indigenous Healthcare Systems in Urhoboland

Among the Urhobo, as with food technology, our forefathers had evolved their medical technology before the advent of the Europeans. From very early times, our folks have used plants as curatives and palliatives for various ailments. The successful treatment became formalized, sometimes with prescription of correct methods of preparation and dosage. It Urhoboland, different parts and types of plants are pounded, powdered and mixed with other plants or with water. Sometimes other Ingredients, such as parts of animals are added. Naturally, the Ingredients and the manner of preparation vary with the 'ailment, but the significant point is that in many cases, patients were cured of their physical or psychological ailments.

In the study area, some people are known to be the designated representatives of the gods and are saddled with the responsibility of performing rituals and sacrifices to appease their created god whenever there was misfortune and sometimes, ill health. Through trials and error or by divine revelation, some roots, leaves and stems were discovered by this privileged group, to be efficacious in ameliorating the evil effects of diseases. Mume (1973) also attributes the origin of medicine in the area to juju priests who burnt smelling substances of herbal material to produce sweet incense to appease the "gods of medicine". This, he argues, gave the priest the awareness that such sweet smelling plants could be used as curative to some diseases. He further disclosed that these juju priests were the medicine men of the people and that medicine must have originated from the kind gods of medicine and gods of war; a knowledge which was later transmitted from generation to generation.

Another source of the origin of medicine according to Mume, is derived from man's observation and imitation of how the beasts treat themselves when they are sick. He related the story of a traditional midwife who has efficacious herbal remedies for delivery of women of their babies which she discovered from her observation of self — treatment by her nanny goat which was in labour. After applying the same remedy to expectant mothers, in less than five minutes, these women were said to have delivered their babies safely, irrespective of complications. Mume

asserted that through these various methods of origin of medicine, all countries and ethnic groups have their traditional medicine handed down to them by their forebears.

Some of the traditional doctors interviewed across the geographical spread of Urhoboland, reported that their fore fathers were holy and pure in mind and as such, were able to communicate and have revelations from God through dreams and trance. Other respondents (traditional doctors) added that hunters in those days were taught the art of medicine by spirits (nature beings) in the forest. Hunters then were proficient in the use of plants and animal resources for curative purposes, they however lamented.

Oguakwa also attributed the origin of medicine to early man observation of the consistencies in the patterns and chains of natural phenomena. Consequently, man achieved how he could manipulate natural laws to his advantages. He stressed that the empirical acquisition of knowledge was later extended to plants and man discovered that some of them were useful as food; others were poisonous while man found another group of plants to possess medicinal properties. These discoveries, Oguakwa argued, were noted and this special body of knowledge was later transmitted to man's progeny.

Research Question 2: Types and Organization of Indigenous Healthcare Delivery System in Urhoboland

In Urhoboland, three types of healing have been identified: healing that is purely spiritual, based on rituals, incantations, mantras and mental application of certain understood natural laws; healing that is purely physically based on the use of herbs without any ritual or mantra components; and lastly a combination of the two categories mentioned above. A large number of healers In the area, however, practice the three types of healing with no marked distinction as remedies depend on the type of illness which the client manifest at the time of consultation. This view Is supported by Olajubu (2005) In his study of traditional healers and alternative medicine in Kwara State. The praxis of traditional medicine in Urhoboland, is within the domain of three specialists — the medicine man, diviner and priest which include both men and women.

Women often specialized in obstetrics, gynacology, pediatrics, circumcision of girls and other general treatments while their male counterparts handle special cases like leprosy, abscess, gonorrhea and what have you. This position is corroborated by Awolalu and Dopamu (1979) and MacLean (1971). MacLean who carried out a similar study in Ghana as well as Ibadan, Nigeria observed that women are more involved in Ghana than in Nigeria. Dopamu also observed that women tend to restrict themselves to therapeutics especially for the ailments of women and children.

Each of these specialists according to Ubrurhe (2003), has his distinctive role to perform in the traditional medical system. The African perception of the etiology in traditional medicine, underscores the role of each specialist Ubrurhe further stated. The medicine man basically heals through the utilization of medicine; the diviner through divination while the priest handles diseases emanating from guilty against the gods, ancestors and humanity which involve offering of sacrifice.

Objective 3: Changing Nature of Indigenous Healthcare Delivery System in Urhoboland

Over the last decade, indigenous healthcare system has witnessed a lot of changes in Nigeria and Urhoboland in particular. These changes are necessary to enhance its public acceptability, meet certain standards of western medical practice, provide data for documentation and standardization of content and context, counter and meet the growing criticism mounted against the system and its growing demand as well as resurgence due to the shortcomings of the western styles of practices and the incidence of fake drugs and quacks in Nigeria particularly Urhoboland.

These traditional healthcare centers are now compelled to register with the government. The evidence of such registration could be seen in all the centers visited during this study. In fact as a matter of compulsion from the registering authority, the certificate of registration must be displayed on the wall of such centre.

Another noticeable change is the operation of offices and waiting rooms like their western counterparts. In addition, western trained nurses are employed by the proprietors of some of the homes visited to enhance their services to the clients as well as record keeping. Some traditional

healers have also been able to produce herbs in tablet, caplets, capsule forms, bottled in various ways and are even packaged in well designed packets. Apart from keeping records about patients and their ailments, they also have written forms of prescription which are handed to clients. Some practitioners, In addition to this, also operate web sites from which information is made available to the public. These efforts are necessary because of the need to present Nigerian herbs in well - packaged manner as it is found in countries like India and China.

Hitherto this time, there was mutual distrust among traditional healers and as such, there was no need for an association. The air of distrust has been reduced to some extent, as they now have state and national association of traditional healers where matters affecting traditional healers and the practice are discussed. Similarly, the State Government has established the Delta State Traditional Medicine Board to encourage practitioners to make known their efficacious herbal preparations and if possible, to have a sample of such preparations deposited at the Board's headquarters. In addition, the Board encourages research into the component of herbs and their usefulness.

Apart from advertising herbal preparations, herbal trade fairs are held regularly in the state to intimate the public of available services for the healing of diverse ailments. The current ban however, on the advertisement of herbal products and services by the State Government, is to check the unwholesome activities of some traditional healers who make wild claims over their services and products.

Conclusions and Recommendations

These changes have brought greater development to the indigenous health-care system and have enhanced its public acceptability. According to World Health Organization (WHO), 45% to 65% of the world's populations patronize herbal medical centers more than orthodox hospitals today. In no distant time, traditional medicine In Nigeria will be practiced along side western orthodox medicine because of the current disposition of the practitioners themselves, the government and world in revolutionizing indigenous medicine. The expressed dissatisfaction with western orthodox medicine by patients and the resistance of certain Illnesses to western drugs in Africa is fundamental in the integration of both practices.

The issue of integrating both practices has however, become so critical and thus raises a fundamental question of what should be the pattern of integration and the mechanism for controlling the emergent system. A proper understanding of the socio-cultural context under which both practices operate is necessary and requires a thorough examination of the structure and cultural changes inherent in African health-care institutions.

The present situation where traditional medicine has little or no place in the curriculum of medical schools in Nigeria, and where the relationship between the two medical practices is one of open hostility is not encouraging. Such type of relationship arising from gross ignorance is at best unhealthy for meaningful progress of the health care system. It can best be remedied at the medical school stage where in-fact, the prejudice is planted

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