

Infertility and other fertility related issues in the practice of traditional healers and christian religious healers in south western Nigeria.

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Summary

Traditional healers have been an established source of health care delivery in Africa for centuries while Christian religious healers (193 traditional healers and 99 Christian religious healers) with respect to infertility and some other fertility-related issues. The findings show that both types of healers believe that infertility is most commonly due to the past life of the woman, physical problems related to the womb or to male potency, and incompatibility between the man and the woman. Traditional healers also believed that being bewitched or being cursed can lead to infertility. Both groups of healers treat infertility by sacrifices, prayer and fasting, and timing of intercourse to coincide with the fertile period. Also 61% of traditional healers and 87% of religious healers advise their clients with infertility to do nothing at least initially. To those clients seeking advice on preventing pregnancy, traditional healers tend to recommend herbal concoctions, beads and rings while Christian healers tended to recommend condoms, withdrawal method and the safe period. Both groups are consulted on premarital sex, premarital conception, sex during pregnancy and influencing the sex of an unborn baby.

It was concluded that both traditional healers and Christian faith healers are involved with infertility and other fertility-related issues in their practices. There is an overlap in beliefs about causes and treatment of such conditions among both groups although areas of differences in beliefs and practices are clearly identifiable.

Keywords: *Infertility, contraception, traditional healers, christian healers, sexuality, Nigeria.*

Résumé

Les guérisseurs traditionnels sont établis comme une source de traitement médicale en Afrique il ya de cela des decennies, lorsque les guérisseurs religieux Chrétiens sont seulement entrain d'émerger. Nous reportons ici une étude faite sur ces deux groupes de soigneurs (193 guérisseur traditionnels et 99 soigneurs religieux Chrétiens) en relation à l'infertilité et d'autres problèmes associés à l'infertilité. Les résultats ont montré que les deux types de guérisseurs croient que l'infertilité est le plus communément due à la vie antérieure de la femme, des problèmes physique lié à l'utérus ou à la virilité de l'homme, et l'incompatibilité entre l'homme et la femme. Les guérisseurs traditionnelles pensent aussi que être possédé ou maudit peut aboutir à l'infertilité. Les deux groupes de guérisseurs traitent l'infertilité par des sacrifices, des prières, le jeun, et encouragent les rapports sexuels à avoir lieu au moment de la période fertile. Soixante et un pourcent des guérisseurs traditionnels et 87% des guérisseurs religieux conseillent à leurs clients de rien faire initialement. A ceux des clients qui demandent des conseils afin d'éviter des grossesses

indésiré, les guérisseurs traditionnels tendent à recommander des concoctions, des cories, et bagues alors que les guérisseurs Chrétiens tendent à recommander les condoms, le coit interruptif et la prévention des rapports sexuels pendant la période fertile. Les deux groupes sont consultés sur les problèmes de rapports sexuels avant le mariage, la conception avant le mariage, les rapports sexuels pendant la grossesse, et leur influence sur le sexe d'un enfant pas encore né. Il a été conclu que les deux groupes de guérisseurs sont impliqués dans les soins de l'infertilité et d'autres sujets liés à l'infertilité dans leurs pratiques. Il ya un chevauchement de croyance en ce qui concerne les causes, et les traitements des individus présentant des conditions pareilles, parmi les deux groupes de guérisseurs, quoique, les domaines de différences et croyances sont clairement identifiables.

Introduction

Traditional medicine is an established part of the culture of most African societies and has been practised to some degree in all cultures [1]. Despite the scientific advances in the biomedical field this century, traditional medicine remains a major system of health care delivery in many developing countries. Indeed, it has been noted that a fundamental difference between developed and developing countries is that the latter have dual medical systems: indigenous medicine and western medicine [2]. The modern health sector consists mainly of university educated physicians practising in Western-European type of clinics, in urban hospitals and in research centres. The traditional health sector on the other hand consists of a wide variety of indigenous practitioners who are close to their clients, dispense herbs, potions and other remedies to people who speak the same language and are from the same background [1]. The reason for the continued importance of traditional medicine in developing countries may lie in the fact that it is perceived to be culturally, socially and environmentally closer to the people and therefore, more accessible than scientific medicine [3]. On the other hand, scientific medicine is expensive and its availability in many countries is limited to the urban centres where less than a third of the population in many developing countries live.

A relatively recent development in some African societies today is that of religious leaders and teachers who claim miraculous powers to heal. These religious leaders differ widely in beliefs and practices, but are all characterised by the fact that (1) their practices are rooted in religious belief rather than traditional folklore and (2) they are recognised by the communities they serve as religious healers rather than traditional healers. Thus, they differ from the established churches and missionary societies that provide the western type of health care as part of their activities. While many of them emphasise the fact that the methods they utilise are spiritual (i.e., prayer, faith, use of holy water and fasting) rather than physical, many have set up spiritual homes (similar to hospitals) and in a few cases,

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maternity centres where delivery are carried out. In addition, it is known that some of them do offer marriage counselling services. Thus, it is apparent that religious organisations and leaders have become a source of health care delivery, albeit not as it is commonly understood. However, few studies examined precisely what these religious leaders believe and practise about key health issues. For example, Uyanga [4] studied the characteristics of patients of spiritual healing homes and traditional doctors in South Eastern Nigeria but did not emphasize sufficiently precisely what the traditional healers believed and practised with respect to specific issues. However, it seems religious healers are often regarded by health professionals as not being very different from practitioners of traditional medicine who are seen as superstitious, ignorant and dangerous [1,5].

While many regions of the world have shown evidence of a transition from high fertility to lower fertility, this trend is yet to be seen in most of sub-Saharan Africa. Obstacles to successful fertility control in Nigeria include the high values attached to having many children, children being seen as blessings from God who has absolute control over them, a largely agricultural economy and absence of a social security system that make many children desirable [6]. Given the role of religious belief and teaching in determining perceptions of ideal sexual behaviour, attitudes towards premarital sex, conception, control over one's fertility and desired family size, it is obvious that religious leaders have to be involved if some African countries are to experience a population transition. In addition, since a change in sexual behaviour is currently the best way of limiting spread of HIV infection, some workers have started looking into what roles religious leaders can play in this. For example, Orubuloye et al. [7] found that both Muslim and Christian religious leaders preach that the AIDS epidemic is a divine punishment for sexual immorality and that most of them have intensified their teaching against sex outside marriage. However, it remains an important research question to investigate how traditional healers and religious healers deal with the problem of infertility and other fertility related issues in their practices.

This study was designed to investigate beliefs and practices of traditional healers in the area of infertility and other fertility related issues. We also sought to study their experience in counselling those with sexuality related problems since these overlap significantly with fertility.

Methodology

This study is essentially descriptive. It was carried out in Ibadan, a big commercial and administrative city, and the capital of Oyo State of Nigeria. It has an estimated population of over 2 million and is one of the most populous cities in West Africa. The indigenous population belong to the Yoruba ethnic group, but other ethnic groups are represented in the city. The various parts of the city can be classified into core areas (which is where most of the indigenous people live), modern areas, and transitional areas. Health facilities include a major university teaching hospital, several general hospitals, several primary health centres and many private clinics and hospitals. Pharmacies, patent medicine stores and chemist shops dot the city. Traditional health practitioners also practise in the city,

primarily in the core areas and less frequently in the transitional areas.

For this study, we adopted the definition of a traditional healer as "a person who is recognised by the community in which he lives as competent to provide health care by using vegetable, animal and mineral substances and certain other methods. These methods are based on social, cultural and religious backgrounds as well as on the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being and the causes of disease and disability" [8]. We decided to use this definition because it is all embracing and incorporates all the facets of a traditional healer such as herbalists, spiritualists, witch doctors and diviners. We found that in practice, many of the healers put themselves into more than one category and that many who did not were found to be using methods belonging to more than one category of healer. For example, a self-styled herbalist who apart from dispensing herbal preparations may also carry out divination and perform ritual rites (such as sacrifices) in order to treat a client. A Christian religious healer was defined as a Christian preacher who believes he has miraculous power of healing which he exercises regularly to help people.

Sample selection and design of study instrument

Since the investigators were not aware of a register for traditional healers or for Christian religious healers at the time of the study, they were identified through sign boards and notices and through enquiry in neighbourhoods about the presence of any traditional healers living or practising there. These healers were then approached by trained interviewers who first tried to establish whether they would be willing to talk about their work. If they were so willing, they were then interviewed. A series of informal interviews with selected healers were first carried out to identify areas of interest and to identify potential questions which would be incorporated into a questionnaire. A semi-structured questionnaire was then developed and pilot-tested. After modifications were made following the pilot testing, this questionnaire was then used as a survey instrument to interview as many healers as could be identified in the city. The questionnaire contained items on demographic variables, infertility, selected fertility-and sexuality-related issues and the family planning methods used in the individual's practice.

The open-ended sections of the questionnaire were subsequently coded for analysis. The data was analysed using the *Epi Info* computer software package. Results are presented as numbers and percentages.

Results

A total number of 193 traditional healers and 99 Christian religious healers were interviewed. The demographic characteristics are shown in Table 1. The age distributions among the two groups were similar except that more Christian religious healers were aged less than 30 years (20.2% compared to 7.8%) and more traditional healers were over 60 years-old (8.2% compared to 3.0%). Majority (94.5% of traditional healers and 91.2% of Christian religious healers) were male. Christian healers had attained higher levels of education than traditional healers and all of them had some formal education compared to 74.6% of

traditional healers. Over 94% of the traditional healers were married compared to about 79% of Christian religious healers. A higher proportion of traditional healers were in polygamous unions (43.3%) compared to Christian religious healers (11.3%). Most of the study population belong the Yoruba ethnic group.

Table 1: Demographic characteristics of the traditional healers and Christian religious healers interviewed in Ibadan

	Traditional Healers (n = 193)	Christian Healers (n = 99)
AGE		
<20 years	-	2.0
21-30 years	7.8	18.2
31-40 years	26.9	29.3
41-50 years	30.1	29.3
51-60 years	23.3	16.2
60 years	8.2	3.0
Unkwown	3.6	2.0
SEX		
Male	94.3	91.2
Female	5.7	8.8
EDUCATION		
No formal	25.4	-
Koranic school	24.2	-
Bible school	-	8.1
Primary	24.9	5.1
Secondary	17.6	31.3
Post secondary	7.8	55.5
MARITAL STATUS		
Single	5.9	21.4
Married, monogamous	50.8	67.3
Married, polygamous	43.3	11.3
ETHNIC GROUP		
Yoruba	80.8	89.9
Hausa	13.0	1.0
Igbo	2.1	7.1
Others	4.1	2.0

All figures are in percentages.

Perceived causes of infertility among the two groups of healers studied are shown in Table 2. The past life of the woman (i.e. having had previous induced abortions or multiple sexual partners) and physical problems relating to the womb or male potency were the commonest among both groups. Being bewitched or being cursed was also a common perceived cause of infertility among traditional healers. Incompatibility between the man and woman was a perceived cause among 60.9% of traditional healers and 46.4% of Christian healers.

Table 2: Perceived causes of infertility among traditional healers and Christian religious healers interviewed in Ibadan, Nigeria.

Perceived causes	Traditional Healers (n = 193)	Christian Healers (n = 99)
Sin	39.3	44.8
Past life of the woman (e.g., induced abortions)	88.2	82.7
Heredity	22.0	8.5
Woman dedicated to the gods	41.3	27.2
Incompatibility between the man and woman	60.9	46.4
Physical problems related to the man's potency	85.1	77.3
The person is bewitched or cursed	77.4	-
Others	44.1	33.9

Note: Others most commonly "the devil's work"
All figures are in percentage.

Treatment offered to infertile couple by both groups of healers included prayer and fasting, sacrifices, timing of intercourse to coincide with the fertile period and conservative management (i.e. doing nothing, at least initially). However, more traditional healers used sacrifices and timing of intercourse while more Christian faith healers used prayer and fasting, and conservative management. These treatment options are shown in Table 3.

Care-seeking by clients of these healers on some fertility-and sexuality-related issues is shown in Table 4. It should be noted that fewer than one-half of either kind of healer is consulted on the issue of how many children a couple should have. A higher proportion of traditional healers were consulted over some issues (such as poor/weak penile erection and post-coital seminal emission) while a higher proportion of Christian healers were consulted about premarital sex and premarital conception.

Table 3: Treatment modalities offered to clients complaining of infertility by traditional healers and Christian religious healers in Ibadan, Nigeria.

Treatment	Traditional Healers (n = 193)	Christian Healers (n = 99)
Prayer and fasting	59.8	97.9
Sacrifices	65.9	32.3
Time intercourse to coincide with fertile period	37.8	24.5
Advice clients to do nothing but wait (initially)	61.8	87.5

All figures are in percentages

Table 4: Care-seeking on sexuality and fertility related problems among clients of traditional healers and Christian religious healers interviewed in Ibadan, Nigeria.

How often do you see:	Traditional Healers (n = 193)	Christian Healers (n = 99)
Unmarried couples seeking advice on premarital sex?		
Not at all	68.9	47.9
Yes (sometimes)	23.2	52.6
YES (frequently)	7.9	11.5
Unmarried couples seeking advice on premarital pregnancy?		
Not at all	52.9	38.1
Yes (sometimes)	36.5	52.6
YES (frequently)	10.6	9.3
Couples seeking advice on sex during pregnancy?		
Not at all	50.8	52.0
Yes (sometimes)	40.3	43.9
YES (frequently)	8.9	4.1
Couples seeking advice on the number of children to have		
Not at all	57.1	63.9
Yes (sometimes)	37.1	31.9
YES (frequently)	5.8	4.2
Couples ask you to help influence the sex of a baby?		
Not at all	45.7	60.2
Yes (sometimes)	42.5	38.3
YES (frequently)	11.8	1.0
Men seeking advice on poor or weak penile erection?		
Not at all	4.7	29.5
Yes (sometimes)	58.9	55.8
YES (frequently)	36.4	14.7
Women seeking help for post-coital seminal emission ("eda")		
Not at all	7.8	41.7
Yes (sometimes)	53.1	45.8
YES (frequently)	39.1	12.5

All figures are in percentages.

Contraceptive methods utilised by the healers in the study are listed in Table 5. Use of beads (69.6%), rings (68.1%) and herbal preparation (54.3%) are the commonest methods among traditional healers while Christian healers most often recommended condoms (71.4%), the fertile period (62.2%) and withdrawal (34.1%). Use of modern methods of contraception (the pill, condoms, intrauterine contraceptive device (IUCD) and Billings' method) was commoner among the Christian healer.

Table 5: Methods of fertility regulation recommended to clients by traditional healers and Christian religious healers in Ibadan, Nigeria.

Type of Method	Method	Traditional Healers (n = 193)	Christian Healers (n = 99)
Traditional	Herbal concoctions	54.3	9.9
	Rings	68.1	2.2
	Beads	69.6	4.5
	Chewing stick	25.3	13.5
	"Fertile period"	48.2	62.2
	Withdrawal	39.5	34.1
Modern	The pill	12.6	24.2
	IUCD	6.6	15.6
	Billings method	7.1	26.7
Others	Condoms	21.9	71.4
	Bitter drugs, e.g., (chloroquine or quinine)	1.1	1.1

Discussion

The importance of traditional medicine and other alternative forms of health care delivery in developing countries cannot be overstated. In these countries, modern or western-style medicine is often perceived as expensive, inaccessible or culturally inappropriate and many people seek alternative forms of care. This study has investigated the beliefs and practices of two groups of healers, traditional healers and Christian religious healers, as concerns infertility and other fertility related issues. The major difference in demographic characteristics between the two groups of healers is the educational attainment, with Christian healers being better educated than traditional healers. This is hardly surprising since Christianity in Africa has always gone hand-in-hand with education from the earliest colonial days. In addition, having to preach and teach from the Bible and other books definitely needs some formal education. Thus, it is uncommon to find a Christian preacher or healer without any formal education.

The belief about the causes of infertility overlapped among the two groups. That three commonest reasons (past life of the woman, physical problems related to the womb or male potency and incompatibility between the man and the woman) were prevalent in similar proportions in the two suggest that these reasons may lie in the culture from which the two groups came. The belief that the past life of the woman may have an effect on fertility is widely prevalent in Yoruba society [9,10]. Indeed, it is believed that a woman who engaged in premarital sex could have difficulty getting pregnant and conversely, that a virgin at marriage would get pregnant immediately afterwards. The belief is quite in keeping with Christian belief that one could be punished for one's misdeeds; in this case, infertility being the punishment for sexual misdeeds. Since, however, both groups have treatments for infertility, it follows that it is not seen as an incurable condition although 60% of traditional healers and 87% of Christian healers will first prescribe an initial waiting period during which nothing is done. The relevance of these issues to the biomedical model is that it is indeed possible for infertility to be secondary to reproductive tract infections, the risk of which is increased by multiple sexual partners and septic induced abortions. Thus, the biomedical and cultural views both agree that the past life of a woman can influence fertility but for different reasons.

Fewer than one-half of both types of healers are consulted by married couples about how many children they should have. Thus, it will seem that people in this community make up their minds about how many children to have or seek some other source of counsel on this issue. Since people consult these healers, one intervention which may be useful in this community with a very high fertile rate, is to encourage healers to ask their clients about how many children they intend to have and how they hope to achieve this. It is conceivable that this would prove an enhancement of the family planning campaign in Nigeria but this time, coming from those the people are most familiar with – their own healers and religious leaders. It should be noted that both groups are consulted on premarital sex, premarital conception, sex during pregnancy and influencing the sex of an unborn baby. However, more traditional healers were consulted on some issues such as poor/weak penile erection and "eda" while more Christian healers were consulted on premarital sex. The reasons for this are unclear but it may simply be the people are more comfortable discussing certain types of sexual issues with traditional healers rather than with Christian healers. However, it should be noted that one of the characteristics of Christian circles in Nigeria is the large proportion of young people (teenagers and young adults) involved. Thus, the fact that more Christian healers were consulted on premarital sex and premarital pregnancy may simply be a reflection of the age of their clientele.

Both groups recommended a wide variety of traditional and modern methods of contraception to those seeking advice on preventing pregnancy. As expected, traditional healers tended to recommend herbal concoctions, beads and rings as has been previously described by Oyebola [10]. Christian healers tended to recommend condoms, withdrawal and abstinence during the fertile period. The most important issue however is the proportion of these healers that are recommending effective, modern methods of family planning. With the exception of condoms and Christian healers, this proportions is low and it may be useful to find some way of increasing them. Doing this would, however, bring up the issue of the recognition of these healers as health care providers and a definition of their relationships to the formal health sector. Since the issue at stake (i.e., limiting population growth and reducing the spread of reproductive tract infections and HIV

infection) are sufficiently important, it is recommended that those issues be faced now rather than later.

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