Traditional religious worldview as persistent driver of healthcare practices in Southeast Nigeria

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Abstract

Background: Worldviews define reality and stipulate the specific attitudes towards each component of reality. This study assessed how traditional religious worldview in southeast Nigeria has persisted as a driver of healthcare practices in the region. The study was carried out in southeast Nigeria, particularly, Enugu and Anambra States.

Data Source and Methods: Data for the study were collected using a six-item questionnaire administered to 400 respondents, and analyzed using simple percentages.

Results: Most of the respondents see ailments as curses from gods/deities, or malicious machinations from evil forces. The predominant initial healthcare practice for ailments such as leg ulcer is to go to a dibia (61%) or to a faith healing home (29%).

Conclusion: For health-interventions to succeed in southeast Nigeria, there is need for pre-intervention campaigns. There is also urgent need to proscribe faith healing homes in the region.

Keywords: Traditional Religion, Worldview, Driver, Healthcare, Nigeria

Introduction

Humans have been described as religious because they are said to have certain attitudes towards a divine or supreme being, god, or goddess, whom they pray to, sacrifice to, and/or worship. For each human group, this attitude is undergirded by a worldview that defines every aspect of reality and the attitude that is adjudged proper towards it. Religion in most pre-colonial Igbo societies has been presented as characterized by belief in the existence of gods and goddesses, as well as invisible and supernatural forces that influence human lives and actions (Metuh 1981, 1982; Arinze 2008).

Religion has continued to influence the way humans live their lives. Even in the 21st century - an era of massive and consolidated enlightenment, general improvements in human wellbeing and life-expectancy (Worlddata 2017; Ortiz-Ospina 2017; Proshare 2018) - some aspects of the life of humans are still influenced by traditional religious worldviews.

One of the presuppositions of this paper is that worldviews influence human thinking and meaning-making about the world (Ajah 2010; Agbakoba 2009; Buck, Baldwin & Schwartz 2005; Segall, Dasen, Berry & Poortinga 1999). This paper therefore assessed how the traditional religious worldview in southeast Nigeria has persisted (Akah 2016) as a driver of healthcare practices in the region. More specifically, the paper assessed how the traditional religious worldview in southeast Nigeria determines the conception of the causes of ill-health, and drives healthcare practices.

Literature review and theoretical framework

The word "Igbo" (sometimes written "Ibo") is used to designate the people of south-central and southeastern Nigeria and their language. It refers to the people who live within the territory of the present five eastern states of Nigeria. Nigeria's population is 214,028,302 (July 2020 est.), out of which 15.2% are Igbo (CIA, March 2020). This is more than the 14.1% submission by the CIA in 2018 (CIA 2018). The Igbo are one of the three major ethnic groups in Nigeria, among over 250 ethnic groups that make up the country. The Igbo language is one of the over 500 indigenous languages spoken in the country. There are some Igbo-speaking people who live across the River Niger (which is considered as the natural boundary). Some of them include: the Asaba, Issele-Ukwu, Ogwashi Ukwu of Delta State, and the Idoma and Igala people along the Anambra river stretching up to Kogi State. The real meaning and origin of the word Igbo is difficult to recapitulate here. According to Arinze (2008:1), "It certainly did not originally refer to the whole Igbo tribe as we know it today". Prior to the arrival of Europeans, what is today generally known as Igbo tribe had no

common name. Rather, "each town or village-group had its particular name often taken from an ancestor". Thus, practice of referring to the whole tribe as Igbo is only recent.

In this paper the term "Igbo" is used to: (i) designate the people who trace their origin to the present five states of southeastern Nigeria: Abia, Anambra, Ebonyi, Enugu and Imo; and (ii) refer to the language of the indigenes of these states. This implies that it does not include those who are only able to speak the language. Yet, it includes those of Igbo genealogy who reside outside the borders of the above mentioned five states. The term is both a singular and plural word; it could be used to refer to one Igbo man or woman; it could also be used to refer to several men and women of Igbo origin or descent.

The Igbo have been characterized by their love and respect for marriage and family, children, titles, communal life, and their traditional religion (Arinze 2008:2-4). The typical Igbo man or woman is said to be hardworking, resilient, and enterprising (Arinze 2008; Meredith 2006). The Igbo determination for success was heightened after the Nigeria/Biafra war of 1967 to 1970 during which about two million of them were killed (mostly children) and over three million were rendered homeless. Today, their entrepreneurial spirit has seen them excel in many of the towns and cities where they live, whether in Nigeria or outside the shores of the country (Meredith 2006). They have what Segall et. al. (1999: 202-204) described as "achievement motivation"; and are said to be deeply religious, and highly influenced by their traditional beliefs, which are undergirded by the traditional worldview predominant in the region.

A worldview means a picture of the world ('world-picture'). It defines reality and stipulates the proper attitude towards it. In a certain sense, the term worldview can be seen as an alternative concept for ideology, precisely a descriptive sense of ideology (Geuss 1981). Ajah (2010) summed that the intuition which motivates the introduction of 'ideology as worldview' is that the collected beliefs, attitudes, life-goals, forms of artistic activity, and so on, that individuals and groups have are not randomly held. They are rather related elements and subsets that fit into each other, and have some coherence. The subsets which constitute a worldview do so in line with five properties: (i) the elements of the subset are widely shared among the agents in the group; (ii) the elements in the subset are systematically interconnected; (iii) they are central to the agents' conceptual scheme as the agents won't easily give them up; (iv) the elements in the subsets have a wide and deep influence on the agents' behaviour or on some particularly important or central sphere of action; and (v) the beliefs in the subsets are central in that they deal with central issues of human life (i.e. they give interpretations of such things as death, the need to work, sexuality, and so on) or central metaphysical issues. Since a worldview pictures reality in general, a religious worldview is one that pictures reality from a religious perspective. The beliefs that constitute a religious worldview would therefore be ones that connect every other aspect of reality to an underlying religious belief.

Religion is taken to be an attitude of humans towards a (divine) being or object. Scholars, philosophers and anthropologists have given various definitions of religion. For Marx (1844), it is the opium of the people. Tylor (1871) sees it as a belief in spiritual beings; while Durkheim (1912) explains it in terms of "self-validation of a society by means of myth and ritual. Merriam Webster Online Dictionary of Religion succinctly defines religion as the service and worship of God or the supernatural.

It has been consistently projected that humans are religious beings [homo religiosus], having always been involved in the worship of gods and goddesses. That was why the ancient Babylonian, Greek and Roman gods and goddesses played influential roles in the lives of the people in those societies. The Igbo are not different. They had, and worshipped, their own gods and goddesses before the advent of Christianity and Islam. Some authors had refuted the idea that Africans had religion before colonization and Christian/ Muslim evangelizations. For instance, Opoku reported that in 1866 the British anthropologist E. B. Taylor described African religion as animism. Later, Leo Frobenius in his The Voice of Africa (1931) did not accept that "Africans had strictly speaking any religion." These views had long been disproved. Africans had their own religions whether polytheistic or monotheistic. Though there were many religions in Africa, it has been argued that there were common features in those religions that one could speak in generalizing terms, of African traditional religion (Mbiti 1969; Opoku 1978; Wiredu 1998). Thus, the term "traditional religion" refers to the predominant religion the people practiced before their encounter with Europeans. Several authors (Opoku 1978; Idowu 1973; Mbiti 1969) have pointed out the role played by the unseen spirits and forces which is an aspect of the reality as conceptualized in most traditional/ tribal religions in pre-colonial African societies. Opoku (1978) explained further that in most of pre-colonial societies in Africa, the unseen is as much a part of reality as the seen; that is, reality is made up of the spiritual and the material, both of which have a complementary relationship in which the spiritual is more powerful than the material. This

implies, therefore, that in those pre-colonial traditional societies, the society is conceptualized as made up of living and dead members. The reality of this structuring is given concrete expression in libations and other sacrifices to the dead (Opoku 1978:8-9). To call the religion 'traditional' is not to refer to it as something of the past; it is only to indicate that it is undergirded by a fundamentally indigenous value system and that it has its own pattern, with its own historical inheritance and tradition from the past (Opoku 1978).

There are four broad classifications of Nigerians along religious lines: 53.5% as Muslims, 10.6% as Roman Catholics, 35.3% as other Christians, and 0.6% as others (CIA 2020). Those lumped together as 'others' include the adherents of African Traditional Religion (ATR), Hinduism, Bahai, Judaism, The Grail Movement, and the Reformed Ogboni Fraternity who are "either foreigners or negligible few Nigerians" (Kitause & Achunike 2013, 45). As of 2010, there was a population balance between the two major religions whereby, Christians made up 49.3% while Muslims made up 48.8% of the population (Stonawski et al 2016). However, Stonawski et al predicted that this balance "is likely to shift in the future as a result of distinctly different trajectories of demographic change." This trajectory is such that while Muslims in the North retain high fertility rates, fertility rates among Christians in the South are declining (Stonawski et al 2016, 2). Looking at the data from CIA, it seems that the balance-shift is already happening such that the percentage of Nigerians who are Christians is reducing.

The religion that obtained among the pre-colonial inhabitants of southeast Nigeria, generally known as the Igbo people, is part of what is simplistically classified as African Traditional Religion (ATR). In the views of Akah and Ajah (2019), such religion is better classified as tribal religion, or more particularly as one of the many religions that existed in pre-colonial societies in Africa. Igbo traditional religion is hinged on belief in God (Chukwu or Chiukwu), and the worship of ancestors who are said to protect the living and "are always treated with reverence and awe" (Opoku 1978:9). It is also hinged on the existence of lesser deities or divinities, spirits, as well as mystical and supernatural powers (Arinze 2008). The Igbo also believe in the use of charms, worship of sacred places and objects. The Igbo traditional worldview is said to be broadly divided into three: heaven (elu) the abode of Chukwu (supreme being), the earth (ala) inhabited by humans, and the underworld (ala mmuo) where the ancestors, deities, divinities and supernatural forces live. Arinze (2008:15) corroborates the Igbo belief in God when he writes: "The Igbo man believes in the existence of a Supreme Being. This Supreme Spirit has three chief names: Chukwu (Chi-ukwu, the Great Spirit), Chineke (the spirit that creates), and Osebuluwa (Lord who upholds the world)."

It is easily discoverable that the Igbo are more afraid of the deities, divinities, gods, and goddesses that populate their traditional religious worldview than they are of Chukwu (the supreme being). This may be explained by the argument on whether Chukwu, Chineke, or Osebuluwa is rather not strange among the Igbos, but only a conceptual translation of the Christian idea of God (Nwoga 1984). It is believed that whereas God (Chukwu) may delay in punishing defaulters, the deities, gods, goddesses, and divinities punish immediately for any transgression. This view is attested to by Okoye (2018:17): "The Igbo people and Africans at large following from their religious worldview, which undergirds practically every other aspect of their life and living, are ingrained with the constant fear of the deities and spirits which has led to the evolution of a people under perpetual dread of various extramundane forces." Practitioners of the various pre-colonial religions in societies in Africa have also been generally presented as having believed in the existence of spirits, forces, deities and non-material entities. For the Igbo man or woman, death is not a total annihilation. Man is made of body and soul (Nkpuruobi). At death, the body decays and the soul lives on as an ancestor. To be admitted into the world of the ancestors, one must have led a good life while on earth and must have been given a ritually appropriate or befitting funeral.

For all the above and related reasons, it has been very widely argued that among the Igbo - as much as among the several peoples of West Africa - "religion binds man to the unseen powers and helps him form right relations with these non-human powers; it also binds him to his fellow human beings" (Opoku 1978:11). This is related to a belief in the existence of mystical forces, the most prominent of which is the belief in witchcraft. "These mystical forces manifest themselves as witchcraft, magic, and sorcery which are neutral in themselves but which can be employed by those who possess the power, for beneficial or evil ends" (Opoku 1978:140). A sample case of how mystical forces are used for evil ends is the predominant causal explanation between magic and ill health.

Ill health remains a possibility for all humans in all contexts. What differs, however, is how it is conceptualized and therefore the manner it is handled by the people in each context. Igbo traditional religious worldview influences the understanding of ailments, and therefore drives healthcare choices and practices towards the

treatment of ailments among the Igbo. The religious worldview of the Igbo shapes his or her conceptualization of illness and health, as well as how to respond to illness or care for oneself when one is ill. Ikeobi (1988) explained that the world of the Igbo, as in most societies in Africa "is not an indifferent universe" where things happen by chance or in isolation. Thus, "every type of sickness – from severe headache to stomach upset – is caused by forces, evil spirits, witchcraft, angry divinities, machinations of enemies in the form of sorcery (ogwu or nsi)" (Ikeobi 1988:192). Among the Igbo, most illnesses are the handiwork of evil persons(s) or spirit(s); various forms of sacrifices are believed to be the cure for various ailments just as there are various kinds of dibias (medicine men) who render various services to the people. There are dibia afa (dibia for foretelling the future), dibia aja (dibia for offering sacrifices), dibia mgborogwu na nkpa akwukwo (dibia who specializes in the use of roots and herbs to cure ailments).

Benjamins (2006) had submitted that religion, as a social institution, has a lot of influence on the lifestyles, worldviews and motivations of individuals and communities, and therefore, shapes their health behaviours to an outstanding degree. With particular reference to Nigeria, Solanke et al (2015) observed that most Christians, Moslems, and traditional religionists are of the view that seeking spiritual counsel and faith healing should precede their use of modern medical attention. This practice is linked to the belief that health problems are caused by the influence of bad diet, natural phenomenon, wrath of God as a punishment for sin, demon possession, life style and malicious spiritual manipulations by enemies. Solanke et al aptly described this approach to health practices as "[S]piritualising health situation" (2015, 1869). With particular reference to child-bearing, Solanke et al described the impact of spiritualizing health situation as unacceptable. Hence, they noted that there is an unacceptably high rate of child deliveries outside health facilities in most parts of Nigeria, and that this could be attributed to seeking traditional help before accessing formal health care system. In a related study, Maigemu and Hassan (2015) explored the role of religion in determining health-seeking practices of household heads in Zamfara State, North-West Nigeria, with particular focus on malaria control and prevention. The study concluded that religion structures individuals' understanding about their health and means for seeking cure when they are ill. Considering such influence, the authors suggested that religious leaders need to be included in the process of health education so that they will cascade the knowledge down to the adherents of their adherents.

It is necessary to state that, "In all the societies which believe in witches we find that many of the sufferings of men – sickness, death, lack of prosperity, failure of crops, and other misfortunes – are attributed to this peculiarly evil power which certain individuals in the community are deemed to possess" (Opoku 1978:140). Even in the 21st Century, this religious worldview of the Igbo which sees ailments as largely caused by evil forces or spirits, has continued to drive most of their beliefs, choices, and practices. Hence, this study focused on the impact of the worldview on healthcare practices of the population in the region. To do this, there is the need to present a theoretical framework that can explain this relationship between worldview and healthcare practices.

The theoretical framework for this study is the Critical Theory. The term was coined by Max Horkheimer in the 1930s, and largely spread by Jürgen Habermas (1998; 2008) and the Frankfurt School (Institute for Social Research in Frankfurt). The seeds of this theory, according to Geuss (1981), can be traced to Marx and Freud. Both Marx and Freud argued that in human beliefs and worldviews, there are possibilities of contradictions, deception, and distortions, and these three can still be denied by adherents of the worldview where they are present. According to Habermas (1998), Critical Theory is a new form of knowledge towards enlightenment about internal and external coercions, traditions, human beliefs, and interests, that determine and influence human choices, preferences, confirmation biases, and practices. Geuss (1981:2) defined it [Critical Theory] as "a reflective theory which gives agents a kind of knowledge inherently productive of enlightenment and emancipation". Like what Marx (1844) did in his assessment of human capital and labour, Critical Theory provides the knowledge of a society, for the society. Geuss (1981:2) detailed that Critical Theories can be characterized as follows:

i. They serve as guides for human agents since they are both: (a) aimed at producing enlightenment in the agents who hold them, that is, at enabling those agents to determine what their true interests are; and (b) they are inherently emancipatory, that is, they free agents from a kind of coercion which is at least partly self-imposed, from self-frustration of conscious human action;

ii. They are forms of knowledge; and

iii. Unlike theories in the natural sciences which are objectifying, Critical Theories are reflective.

The overall aim of critical theorists, therefore, is the assessment of competing accounts of 'reality' (that is, competing worldviews or ideologies) to unearth their ideological roots that coerce social agents into holding certain beliefs and acting in certain manners. By doing these, critical theorists

emancipate people (Habermas 1998) as social agents (Geuss 1981) from any possible negative consequences of their account(s) of reality.

This theory serves as an appropriate framework for this study because the study assessed how the predominant religious worldview in the area of study is the basis for beliefs and healthcare practices. This means that a proper enlightenment on how such a worldview drives negative healthcare practices can serve as a sample emancipatory knowledge (Habermas 1998; Ajah 2010).

Data and methods

The survey research method was adopted for this study. The study was carried out in southeast Nigeria which is the geographical region occupied by the Igbo. The region is made up of five states, namely: Abia, Anambra, Ebonyi, Enugu, and Imo. Data for the study were collected from two of these states, namely, Enugu and Anambra. More specifically, data were collected from Enugu city in Enugu State, and Awka, Nnewi, and Onitsha in Anambra State. Data was not collected from the five states in the region because of paucity of funds.

The choice of Enugu and Anambra States is based on the fact that one of the ailments which have resulted in the death of several persons known to the researchers is leg ulcer, and it is prevalent in the two states. Besides, there is the need to use this study to confirm whether there will be any difference between the responses from those in these four largely urbanized locations in southeast Nigeria. The study is also relevant because it assesses many undocumented comments from those residing in rural parts of the region, on the relationship between their traditional religious worldview, and healthcare practices among them.

A total of 400 persons were involved in the study, with 100 persons randomly selected from each of the four locations. The condition for the choice of the respondents was based on willingness to participate. Although the focus of the study was on traditional religious worldviews in the region, there was no distinction among the respondents based on their religious affiliations, that is, either as ATR, Christianity, Islam, and so on. This was because the study was not focused on practitioners of ATR only. The researchers were rather testing their firsthand knowledge and personal experiences that several persons in the region who profess to be Christians or Muslims also accept that some of their actions are guided by some traditional worldviews.

A structured questionnaire, containing six items, was used for data collection. Copies of the questionnaire were administered to a total of 400 persons in various locations such as hospitals, schools, market places, homes, and offices, depending on availability and willingness to participate. To avoid multiple selection of the same respondent, since the survey was multi-sited, (i) the researchers ensured that the same data collectors covered the same location; (ii) beginning from the second day of the survey, the researchers marked off places they had visited to avoid repeating those locations; (iii) beginning also from the second day, the researchers updated prospective respondents of the purpose of their study and the locations we had visited. They also prompted each respondent to indicate if, per chance, she/he had already responded to their items in another location. The process of administering the questionnaire lasted for seven weeks, from April to June 2017. Data collected were analyzed and presented using simple percentages.

Results

Demographic Characteristics of Respondents

Data presented in Table 1 shows that the respondents were adults with their age ranging between 20 and 70. Most of the respondents (65.50%) aged from 20 to 50, while the remaining percentage (34.50%) were aged 51 to 70.

Table 1: Socio-Demographic characteristics of respondents

Demographics	Location/State								Total	
	Enugu/ Enugu State		Awka/ Anambra State		Nnewi/ Anambra State		Onitsha/ Anambra State			
	No.	%	No.	%	No.	%	No.	%	No.	%
Age										
20-50	69	69	55	55	67	67	71	71	262	65.50
51-70	31	31	45	45	33	33	29	29	138	34.50
Education										
Primary	20	20	22	22	30	30	30	30	102	25.50
Secondary	25	25	30	30	42	42	45	45	142	35.50

Tertiary	55	55	48	48	28	28	25	25	156	39.00
Occupation										
Self-employed	22	22	31	31	57	57	71	71	181	45.25
Farmer	03	03	10	10	12	12	08	08	033	8.25
Civil Servant	67	67	45	45	21	21	13	13	146	36.50
Retired	03	03	05	05	04	04	04	04	016	4.00
None	05	05	09	09	06	06	04	04	024	6.00

(Source: Fieldwork 2017)

Table 1 also reveals that 102 (25.50%) out of the 400 respondents had Primary School education; 142 (35.50%) had Secondary Education, while the greater percentage (39.00%) had up to tertiary education. The number of respondents with tertiary education was higher in Enugu State (55%), followed by those in Awka (48%).

The greater percentage (181 = 45.25%) of the respondents were self-employed. The spread of this number reveals that most of the respondents who were self-employed were in Onitsha (71% of 100), Nnewi (57% of 100), and then Awka (31% of 100). The findings on the level of education of the respondents in Onitsha and Nnewi are not surprising because the two locations are predominantly populated by self-employed men and women who trade or do other businesses to earn their living. The general findings on the level of education for the region indicates that the population that inhabit the region are largely literate, having received primary education or more.

Table 2: Responses on beliefs and healthcare practices

S/N	Item	Response Options		Respondents	
				No.	%
1	Who punishes people more frequently and severely?	Christian God		40	10
		Deities, Divinities, Gods/ Goddesses/ Evil forces		360	90
2	What/ Who do you think is the major cause of ailments?	Enugu (N = 100)	Punishment from the Christian God	6	6
			Biological Processes in the Human Body	41	41
			Deities, Divinities, Gods/ Goddesses/ Evil forces	53	53
		Awka (N = 100)	Punishment from the Christian God	16	16
			Biological Processes in the Human Body	24	24
			Deities, Divinities, Gods/ Goddesses/ Evil forces	60	60
		Nnewi (N = 100)	Punishment from the Christian God	10	10
			Biological Processes in the Human Body	17	17
			Deities, Divinities, Gods/ Goddesses/ Evil forces	73	73
		Onitsha (N = 100)	Punishment from the Christian God	11	11
			Biological Processes in the Human Body	19	19
			Deities, Divinities, Gods/ Goddesses/ Evil forces	70	70
3	If you are ill for more than two weeks, where do you first go for healthcare?	Enugu (N = 100)	Hospital	9	9
			Traditional Healers	65	65
			Faith Healing Home/Pastor	26	26
		Awka (N = 100)	Hospital	19	19
			Traditional Healers	8	8
			Faith Healing Home/Pastor	73	73
		Nnewi (N = 100)	Hospital	10	10
			Traditional Healers	11	11
			Faith Healing Home/Pastor	79	79
		Onitsha	Hospital	6	6

		(N = 100)	Traditional Healers	12	12
			Faith Healing Home/Pastor	82	82
4	Do you think *Enyi Ule* can be cured in the hospital?	Enugu	Yes	11	11
		(N = 100)	No	89	89
		Awka	Yes	6	6
		(N = 100)	No	94	94
		Nnewi	Yes	7	7
		(N = 100)	No	93	93
		Onitsha	Yes	5	5
		(N = 100)	No	95	95
5	What can happen to someone who goes to the hospital to cure *Enyi Ule*?	The person will be cured		28	7
		The person will not be cured, s/he is most likely to die		372	93
		There will be no difference		0	0
6	What is the best advice for a person suffering from *Enyi Ule*?	The person should get to the hospital for laboratory test		40	10
		The person should go to a faith healing home, pastor, or priest		116	29
		The person should get to a *dibia* (medicine man)		244	61

(Source: Fieldwork 2017)

i. Traditional religious worldview and conception of causes of ill-health

A necessary background finding of this study revealed that 40 (that is, 10%) out of the 400 respondents believe that the Christian God punishes people more frequently and severely. The rest of the respondents (360 = 90%) rather held that it is the 'Deities, Divinities, Gods/Goddesses/ Evil forces' that punish more frequently and severely. This background information is a central aspect of what has always been described as the traditional religious worldview of the population in southeast Nigeria. The fact that the respondents to this item of the questionnaire still reflected that worldview, implies that the worldview has remained persistent. This finding may explain why many politicians in Nigeria vehemently rejected the idea that their oath of office as public or civil servants be taken using their local deities, rather than the Bible or Koran.

With regard to responses to the question 'What/Who do you think is the major cause of ailments?', most of the respondents (64%) believe that ailments are caused by 'Deities, Divinities, Gods/ Goddesses/ Evil forces'. A breakdown of this figure shows that that position was held by 53% of the 100 respondents from Enugu, 60% of those from Awka, 73% of those from Nnewi, and 70% of those from Onitsha. This was the case even in Enugu where 55% of the respondents had University degrees, indicating a higher percentage of educated people. Another 101 (25.25%) out of the 400 respondents held that the major cause of ailments is 'Biological processes in the human body'. A breakdown of this number reveals that 41 out of the 101 respondents who held this position were from Enugu, 24 from Awka, 17 from Nnewi, and 19 from Onitsha. The remaining 43 (10.75%) out of the total 400 respondents held that the major cause of ailments is punishment from the Christian God. This means that in all, a total of 74.75 of the respondents hold, in various versions, that ailments are not results of breakdown in human biological systems but are results of the influence of a supernatural being – whether the Christian God or the traditional deities and evil forces.

ii. Traditional religious worldview as a driver of healthcare practices

Table 2 also reveals that 44 (that is, 11%) of the 400 respondents were of the view that if they are ill for more than two weeks, the first place they would go to for healthcare is the hospital. A breakdown of this number reveals that 9 of them were in Enugu, 19 from Awka, 10 from Nnewi, and 6 from Onitsha. Those who held that if they are ill for more than two weeks, the first place they would go to for healthcare is to a traditional healer were 96 in number, which is 24% of the entire population of 400 respondents. A breakdown of that number reveals that 65 were from Enugu, 8 from Awka, 11 from Nnewi, and 12 from Onitsha. The Table reveals that majority of the respondents (260 = 65%) held that if they are ill for more than two weeks, the first place they would go to for healthcare is a faith healing home or a pastor. Out of the 260 persons who held this view, 26 were from Enugu, 73 from Awka, 79 from Nnewi, and 82 from Onitsha.

Question 4 of the questionnaire read "Do you think Enyi Ule can be cured in the hospital?" Results on the responses to the question revealed that 29 (7.25%) out of the 400 respondents held that the ailment can be cured in the hospital; the remaining (371 = 92.75%) held that the ailment cannot be cured in the hospital. A breakdown of this number shows that 89 of those who held that the ailment cannot be cured in the hospital were from Enugu, 94 from Awka, 93 from Nnewi, and 95 from Onitsha. To provide more details, question 5 of the questionnaire read 'What can happen to someone who goes to the hospital to cure Enyi Ule?'. Table 2 reveals that 28 (7%) out of the 400 respondents held that a person suffering from Enyi Ule can be cured in the hospital. However, the remaining respondents (372 = 93%) held that the ailment cannot be cured in a hospital.

The last item on the questionnaire was meant to validate and test the consistency of the position of the respondents on the other items. The question was on what they considered to be the best advice for a person suffering from Enyi Ule. The findings revealed that 40 (10%) of the respondents advised that the person suffering from the ailment should get to the hospital for laboratory test. Some other respondents advised that the person should go to a faith healing home, pastor or priest (116 = 29%), or get to a dibia/ medicine man (244 = 61%).

All the above findings reveal that the predominant healthcare practice in southeast Nigeria is driven by a persistent traditional religious worldview which defines healthcare practices based on a background belief that ailments are not results of biological process, but have their origins from spiritual sources and therefore should be attended to using spiritual means, either through faith healing homes or traditional spiritual healers (dibia).

Discussion

In this section, the findings of this study are briefly discussed according to the specific objectives.

i. Traditional religious worldview and conception of causes of ill-health

The findings of this study revealed that a greater percentage of the population in southeast Nigeria are of the view that the primary cause of ailments is spiritual. This aspect of the findings of this study is similar to the views of Ikeobi (1988) who reported that for the Igbo, every type of sickness/ ailment is believed to have been caused by forces, evil spirits, witchcraft, angry divinities, machinations of enemies in the form of sorcery, ogwu, or nsi, and so on. The finding is also in line with the views of other authors who reported that diseases, sicknesses, and ailments, are caused by the gods/ deities, or ancestors (Magesa 1997; Nyamiti 1984), enemies or witches (Olupona 2004; Obinna 2012), or disobeying taboos (Gyekye 1995) which is also related to punishments by the gods and/or ancestors. In all, there is a causal link between ailments and the spiritual realm (Dime 1995).

One of the consequences of this finding is that diseases could spread faster among the population due to beliefs in the pre-eminent potency of local deities, divinities, witchcraft, and sorcery. For example, someone suffering from tuberculosis would wrongly think that it is the result of some spiritual machinations of his/her enemies, a curse from the gods, or a form of punishment from the Christian God. Because the person does not know the nature of the disease and does not first go to an evidence-based hospital, s/he spreads the viruses/bacteria to other people.

ii.Traditional religious worldview as driver of healthcare practices

The findings of this study revealed that the healthcare practices of most of those in southeast Nigeria are driven by the belief that ailments are results of spiritual machinations, and therefore, the primary healthcare response to any incidence of ill health is to go to dibia, faith healers, and pastors. This predominant healthcare practice results in high rate of avoidable deaths. Often, the patient does not survive because it was already too late by the time s/he is brought to the hospital. Visit to a modern, medical personnel, is the last resort, in most cases when all traditional and spiritual options have failed. This situation obtains also in south-south Nigerian states such as Bayelsa, Rivers, and Cross River. Hence, Nyesom Wike, the Governor of Rivers State, in 2017, urged all pregnant mothers in the state to desist from visiting the homes of traditional healers. He urged them to visit the hospitals to avoid death (Vanguard Newspaper, August 30, 2017:10). Due to the recalcitrant attitude of the women, the governor repeated his appeal in 2018 (see Vanguard Newspaper, February 2, 2018: 9).

The finding of this study on how traditional religious worldview drives healthcare practices in southeast Nigeria is similar to the views of White (2015) and Odionye, Anorue and Ekwe (2019), who found out that one of the factors that influenced healthcare practices among the population in Africa in general, and southeast Nigeria in particular, were traditional socio-cultural factors. Such factors determine the practice of the population. Hence, Odionye, Anorue and Ekwe (2019) concluded that there is significant relationship between the attitude of residents in southeast Nigeria, and their healthcare practices; just as White (2015) concluded that the availability and affordability of traditional medicine are

some of the reasons traditional healthcare practices have persisted in several societies in Africa. The finding of this study is also similar to that of Buck, Baldwin, and Schwartz (2005) who reported that there are consistent causal relationships between what they termed the 'Pepperian worldviews' of people with chronic pain and the health care choices that they make.

The findings of this study are different from those of Al-Mujtaba et al (2016) who assessed whether religious beliefs/practices influence utilization of general and HIV-related maternal health services among women in rural and semi-urban North-Central Nigeria. According to their findings, "religion did not appear to influence choices made towards healthcare facility patronage" (5-6). This means that whatever influence religious beliefs had on the utilization of general and HIV-related maternal health services in the area, it is minimal compared to the large influence they had on the idea of leg-ulcer in southeast Nigeria. This difference may be traced to possible variations in the understanding of the two health situations, as well as the understanding of what an appropriate healthcare should be. The difference may also be explained by the fact that for most Igbo, their worldview is intertwined with religion. Hence, both good and ill health are understood within the context of religion.

The findings of our study are related to those of Solanke et. al. (2015) who examined the relationship between religious affiliation and utilization of maternal health care services using 2013 Nigeria Demographic and Health Survey data. The aim of the study was to provide an empirical basis to argue for the inclusion of religion in the World Health Organization's (WHO) list of social determinants of health, since the initial list did not include religion as a social determinant of health. According to the authors, "Research…demonstrated that religion…has profound effect on the health care beliefs and behaviours of people" (2015, 1869). On the basis of their findings, the authors recommended that religion should be integrated into the social determinants of health framework. Although Solanke et al (2015, 1869) had described the rate of child deliveries outside health facilities as 'unacceptably high', it is strangely surprising why they would also conclude in their study that religion should be integrated into the social determinants of health practices. Such an official recognition could worsen the situation that already obtains which led to situations the authors described as unacceptable.

With particular reference to the finding of this study on leg ulcer: The findings are in line with the views of Igbokwe (2004). He first explained that leg ulcer (stasis dermatitis) is an ailment that can be suffered in various parts of Nigeria. It is a common inflammatory skin disease that occurs on the lower extremities in patients with chronic venous insufficiency, typically affecting middle-aged and elderly patients. It rarely occurs before the fifth decade of life, except in patients with acquired venous insufficiency due to surgery, trauma, or thrombosis. Despite the availability of overwhelming medical evidence, majority of the populace in southeast Nigeria still widely believe that the leg ulcer (enyi ule) is not a type of inflammatory skin disease but the effect of a spiritual machination. Thus, "at the first instance of itchy skin, an affected person runs to the unschooled herbalist or native doctor for a cure. The sore skin, exposed to unsanitary treatments, worsens from infection and soon faith in enyi ule proves true in death" (Igbokwe, 2004: http://nigeriaworld.com/feature/publication/igbokwe/082504.html). On account of this, preventable and avoidable deaths regularly occur.

Conclusion

This study assessed how traditional religious worldview in southeast Nigeria has persisted as a driver of healthcare practices in the region. The Igbo, in southeast Nigeria, have been widely classified as religious people. Their traditional religion permeates most of what they do, with a lot of causal influences on their beliefs about, and attitude towards illness and healthcare. Many of them believe that every illness is necessarily an effect of one or a combination of the following (causes): machinations of wicked enemies; punishment or warning from the gods, goddesses, and/or dead ancestors; or paranormal and occult forces. This belief implies that many sick people do not seek medical attention on time, resulting in both the spread of preventable illnesses, and the continuous occurrence of avoidable/ preventable deaths.

To stem the tide of frequent and untimely deaths, reduce the failure rate of well-intentioned and well-funded public healthcare interventions in southeast Nigeria, as well as achieve the broad goals of the African Union towards a healthier Africa, this study recommends the following:

- Government policy makers, Non-Governmental Organizations (NGOs), and concerned individuals, need to embark on large scale pre-intervention health campaigns, using all promising marketing strategies for norm change (Bicchieri 2016), to enlighten the people of the region on the counter-productive impacts of some of their persistent traditional religious worldview about illness, ailments, and healthcare.

- Policies and laws could be made to proscribe faith healing homes and make their establishment illegal so that those involved in the business will gradually desist from treating health cases they are not competent to handle.
- Religious bodies should be made to deemphasize the power and machinations of the devil, as well as perceived and imagined enemies.
- Elites and intellectuals in southeast Nigeria should engage in consistent critique and re-interpretation of the traditional/tribal religious worldview in their region. This will help them to continuously distinguish between traditional religious worldviews that may help individuals to cope with their ailments, and others that have overly detrimental impacts on healthcare practices and life expectancy among the populace.

Limitations and strengths of the study

This study has some limitations. First, respondents were got from only two out of the five states in the region studied. The primary reason for this is that there is paucity of funding for research that would have enabled the researchers to involve respondents from all the five states. There may be wider and more significant variations among respondents if the study was conducted in all the five states. Second, we made use of only 400 respondents. The weight of the policy recommendation of this study may be stronger if more persons participated in the study. Besides, this study did not classify the responses based on the socioeconomic status and differentiations of the respondents. This may have provided further information on whether differentiation in their socioeconomic characteristics influenced the impact of traditional religious worldview on their healthcare choices and practices. Any such differentiation would have also provided further information on how to interpret the conclusion of this study that traditional religious worldview drive healthcare practices in southeast Nigeria. Fourth, data and scientific discussions on leg ulcer in southeast Nigeria are scanty. This limited the researchers' comparison with other studies in this regard. Availability of previous studies would have further improved the discussion in this study.

In spite of these limitations, some of the major strengths of this study are: (i) it has provided scientific and reliable initial data on perceptions about leg ulcer in southeast Nigeria. Such data would be useful for possible further studies and discussions on leg ulcer in the region. (ii) This study did not require respondents to indicate their religious affiliation before responding to the items of the questionnaire. This was meant to ensure that an indication of a particular religious affiliation did not alter the indication of the true healthcare beliefs and practices of the respondents. Thus, the findings of this study have provided reliable data on the prevalence of traditional religious worldviews in southeast Nigeria even though the prevailing knowledge is that the region is predominantly Christian. This finding is necessary for a clearer assessment of the people of the area, their approach to life, and their actual predominant religious ideology.

Authors guarantee:

We hereby state that all those whose names were indicated as the authors of this work contributed sufficiently to the work, and that the content of this manuscript has never been previously published.

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