



Roads to Health in Nigeria – Understanding the Intersection of Culture and Healing

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Abstract

The most important attribute for which we all aspire as human beings is good health because it enables us to undertake different forms of activities of daily living. The emergence of scientific knowledge in Western societies has enabled us to explore and define several parameters of "health" by drawing boundaries around factors that are known to impact the achievement of good health. For example, the World Health Organization defined health by taking physical and psychological factors into consideration.

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ROADS TO HEALTH IN NIGERIA – UNDERSTANDING THE INTERSECTION OF CULTURE AND HEALING

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The most important attribute for which we all aspire as human beings is good health because it enables us to undertake different forms of activities of daily living. The emergence of scientific knowledge in Western societies has enabled us to explore and define several parameters of “health” by drawing boundaries around factors that are known to impact the achievement of good health. For example, the World Health Organization defined health by taking physical and psychological factors into consideration. The definition of health also included a caveat that says “not merely the absence of sickness.” This definition has guided scientists and health care providers in the Western world in the development of health care programs in non-Western societies. However, ethnomedical beliefs about the cause(s) of illness have given rise to alternative theories of health, sickness, and treatment approaches in the developing world. Thus, there is another side to the story.

Much of the global population, in developing countries, live in rural settings where the knowledge of health, sickness, and care have survived centuries of practice and experience. The definition of health in these settings tends to orient toward cultural beliefs, traditional practices, and social relationships. The ability to get up in the morning and provide for the family becomes more important than the abstract measures of well-being in Western societies. Greater importance is accorded to the role an individual fulfills in the community, for example, as an elder, a priest, a farmer, a homemaker, and so on. In other words, a biological process observed in one culture may be given a different meaning and interpretation in another culture. For example, in the Western world, obesity is viewed in the “culture of biomedical science” as a precursor to adverse health conditions. Among the Ibibio and Efik tribes of Nigeria, women are deliberately fattened in seclusion to ensure fertility before marriage. In some cultures, obesity may be viewed as evidence of wealth and good living. Therefore, health care activities and associated support systems are rooted in the cultural environment of the society in which they exist and are sustained. Health care activities do not occur in a vacuum in any society. Therefore, and for reasons of effectiveness in the delivery of Western-style health services in the developing world, health may be defined actively as “the ability of an individual to fulfill his or her social obligations in accordance with the prevailing beliefs and cultural environment.”

Invariably, although biomedicine is the dominant medical system in Western societies, traditional medicine or ethnomedicine is often the first port of call for patients in developing countries such as Nigeria. The 2 medical systems represent, and are influenced by, the cultural environment in which they exist. On one hand, biomedicine is very effective in the treatment of objective, measurable disease conditions. On the other hand, ethnomedicine is effective in the management of illness conditions or the experience of disease states. Nevertheless, an attempt to supplant one system of care with

another from a different cultural environment could pose enormous challenges in non-Western societies. In general, we, as human beings, are guided in our health care decisions by past experiences, family and friends, social networks, cultural beliefs, customs, tradition, professional knowledge, and intuition. No medical system has been shown to address all of these elements, hence the need for collaboration, acceptance, and partnership between all systems of care in cultural communities. In Nigeria, the road to health is incomplete without an examination of the intersection of culture and healing. Perhaps, mutual exclusiveness, rather than inclusiveness, of the 2 dominant health systems is the greatest obstacle to health in Nigeria. **Key words:** clinical research Nigeria, clinical trial, developing country. **Disclosure of Interest:** None declared.