

An Assessment of the Relevance of Religion to Health Care Delivery in Nigeria: Case of Akwa Ibom State

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ABSTRACT Over time human beings have evolved various approaches to their ill-health problems. In the earliest times they were basically dependent on the supernatural forces (religious approach) for the cure of their ailments. But since the advent of scientific medicine, human beings, especially those in the advanced countries, have ignored or drastically reduced their emphasis on the age-long religious approach. However, religion still remains an indispensable component of healthcare though this seems to be unnoticed. This study, therefore, examines the relevance and/or role of religion in modern health care delivery in Nigeria. It uses Christianity as its reference point. Data were collected from Akwa Ibom State in south-eastern Nigeria. Result shows that patients combine prayers with medical care. It recommends that government should consider input from religion when formulating health care policies.

INTRODUCTION

The saying that "health is wealth" implies that health is a major indicator of development in all the nations of the world. In fact, it is a major precondition for development. Thus, a sick nation is bound to remain undeveloped. That is, a sick people can neither develop nor be developed. Usually, ill-health prevents people from contributing meaningfully to development and nation building. To ensure that a nation prospers therefore, its government should ensure that her citizens are in good health condition.

Because of the frequent occurrence of diseases among human beings, the United Nations Organization and governments of the nations of the world have continued to pay serious attention to the health needs of the people. In fact, the World Health Organization seeks for remedies to diseases all over the world. This is because if solutions are not sought for thousands of diseases that struggle with man, the entire human race would be eliminated.

A notable effort of WHO is the Alma Ata declaration (Alma Ata Declaration 1978) which marked the genesis of the Primary Health Care. It states that:

- (i) Health is a fundamental human right and that health involves "a state of complete physical, mental and social wellbeing".
- (ii) Health would be made available to the people based on the principles of equity and justice

- (iii) The planning and implementation of health care would involve the participation of all the people, individually and collectively.
- (iv) There is political commitment and the will to ensure health for all.
- (v) 'Health is wealth' implying that health is related to all aspects of national and community development such as promotion of food supply and proper nutrition; adequate supply of water and basic sanitation; industry, education, housing, animal husbandry and so on.
- (vi) Cheap, socially acceptable methods and technology which are scientifically sound would be accessible to individuals and families in the community.

Universally, scientific medicine is the core of healthcare in contemporary world. This is because a great deal of success has been recorded in its practice. But inadequate attention is given to alternative sources such as religion (that is, faith healing) in modern health care system. Yet hardly can any true success be achieved in the overall health care delivery in Nigeria without some elements of the alternative approaches such as faith healing. This study, therefore, examines the role of religion in modern health care delivery in Nigeria. To this end, Christianity and its miracle healing is being examined while data were collected from Akwa Ibom State in south-eastern Nigeria. Essentially, the study examines the network of relationship be-

tween health and religion (an element of culture).

Religion and Culture

Religion is a non-material aspect of culture. Like most traits of culture, religion is a universal phenomenon (Nanda 1984). Thus, as a social institution and cultural trait, religion is characterized by its universality, its rituals, its sacredness and its persistence. It exists in all societies because it offers answers and some purported solutions to such ultimate questions as why we fail or succeed and why we die? (Atere and Olagbemi 1997). Different cultures produce different systems of religious beliefs but they all share a common feature – they center around a fundamental belief in the supernatural (Awofeso and Ogunbodede 2000).

Religion performs important functions in every human society. These functions, which are exclusive to religion are vital for the survival and continuity of all societies. Firstly, religion makes the world comprehensible to man. There are many unexplained aspects of man's life which religion helps to explain. Secondly, religion acts as a social control mechanism. It provides a foundation for societal norms and values. Thus, religious sanctions are sought for certain desirable patterns of behaviour to persist in society in the form of norms. Thirdly, religion is a major force both for personal and societal change and stability. It can console man and give him strength in times of personal difficulty or national crises and it can inspire us to bring about change both in society and in ourselves. Fourthly, religious ceremonies help reaffirm group togetherness and provide outlets for other emotional expressions. They also provide succor to the emotionally wearied and materially poor.

Since religion is one of the components of culture, there is the need to understand culture as a concept. Anthropologists have noted that culture is a concept which distinguishes human beings from other animals (Kroeber 1968). That is, culture is solely associated with man (Alland 1980). Apart from the original definition given by Edward B. Tylor, who was the originator of the concept of culture, anthropologists and other scholars who study culture in one way or the other have defined it from different perspectives. Tylor defines culture as "that complex whole

which includes knowledge, belief, art, morals, law, customs or any other capabilities acquired by man as a member of society" (Cited in Oke 2004). From this original definition, it is obvious that religion or belief system is an aspect of culture.

Put simply, therefore, culture is the patterned way of life shared by a particular group of people. It includes a people's law, economic organization, political organization, religion, language, education, kinship, arts, morals, technology, medicine etc. These and other cultural traits constitute a people's way of life usually passed from generation to generation.

It is obvious from the discussion so far that a religious approach to any human problem is more or less a cultural approach. Those who study religions are studying culture though with particular reference to belief systems (Awofeso and Ogunbodede 2000). In this paper, an attempt is made to examine how religion complements scientific medicine in solving problems of ill-health in Nigeria.

Theoretical Framework

This article is written from the perspective of Functionalism as propounded by the anthropologist, Bronislaw Malinowski. In his version of Functionalism, Malinowski (1944) explains the parts institutions play within culture as a whole. He assumes that all cultural traits are useful parts of the society in which they occur, and that institutions or traits of culture are the outgrowth of three kinds of human needs: (i) basic, (ii) derived, and (iii) integrative. Basic needs relate to the survival of human beings as biological organisms. This refers to the need for food, shelter and physical protection. Derived needs are the problems of social coordination that human beings must solve in order to satisfy their basic needs. Integrative needs are the human needs for psychological security, social harmony and purpose in life.

In this study, it is posited that in Nigeria, religion, like other aspects of culture, operates to satisfy individual and collective needs. It particularly helps to satisfy the category of needs which Malinowski identified as basic. Health is indeed a basic need of human beings and when it is in a bad state, a recourse to God will help restore it. Thus, religion contributes to the solution of health related problems in Nigeria.

METHODOLOGY

The data collected were mainly qualitative. The methods of data collection were observation and indepth interview. Sick people were interviewed and their reactions observed. They were all patients admitted in public hospitals and private clinics. They were in the proportion of fifty percent male and fifty percent female (Table 1). Apart from observation, one in-depth interview was conducted particularly to gather information from selected key informants. The data were essentially collected among the residents of Akwa Ibom State. Thus, Uyo the state capital, and selected towns and villages were involved. Five urban centers and five villages or rural areas were visited (Table 2).

Table 1: Distribution of respondents by sex

	No.	%
Male	280	50.0
Female	280	50.0
Total	560	100.0

Table 2: Number of towns and villages where data were collected

	No.	%
Towns/Cities	5	50.0
Villages	5	50.0
Total	10	100.0

Social Setting

Akwa Ibom is a predominantly Christian State. This is also the case with virtually all the States in south-eastern Nigeria where Akwa Ibom State is located. In the urban areas of the State, such as Uyo, Eket, Ikot Ekpene, Ikot Abasi, etc., there are large numbers of churches. There is hardly a major street where there is no church. In fact, in some streets there are up to three churches. The churches in Akwa Ibom State, like other Christian-dominated areas of Nigeria, can be grouped into (i) Older churches, (ii) African Independent Churches, (iii) Aladura/Zionist Churches (iv) Hebraist/Sabbatarian Churches, (v) Neo-traditional/healing churches, (vi) Messianic churches, and (vii) Pentecostal Churches (Turner 1966). The data was analyzed using simple percentages computed through descriptive statistics.

OBSEVATIONS AND DISCUSSION

The following are the findings. Firstly, virtually all Christians who were admitted in hospitals

and clinics (both public and private) where data were collected expressed their total dependence on God for healing. Consequently, they focus themselves on God. Patients often requested for the help of ministers of God (priests, evangelists and pastors) to pray for them for God's intervention with respect to their predicaments (ill-health problems). When Christian priests visited hospitals to pray for patients, most of them expressed great hope as they found succor in the priests' exhortations, encouragements and prayers. Some patients even said that they preferred that ministers of God (Priests) stay permanently with them in the hospital believing strongly that their presence would ward off evil powers that may want to use diabolical means to worsen their health conditions. This belief has affected the health seeking attitude of Christians within the last three decades when Pentecostal churches became popular in the area. Umoren (2000:1) states:

The search for miraculous healing seems to be presently dominating African Christianity. This trend has reached such magnitude that new churches, healing ministries and prayer centers are being opened daily. ..

Secondly, in hospital/clinic environments, ministers of God (priests) are highly respected not only by patients but also by health care providers – doctors and nurses etc. A clear majority of both patients and health care providers interviewed said that they respect the priests who visit the hospitals/clinics a great deal. With regards to patients' feeling, they were always cheerful when priests visited to pray for them. It was as if the solution to their ailments lies with the visiting priests. Similarly, some doctors and nurses especially those who were Christians expressed joy when priests visited their hospitals and clinics to pray for patients. Most of them said that illnesses, especially those without any hope of any cure by orthodox medicine, would need God's intervention. They made particular reference to emotional disorders and blood pressure-related ailments. These according to them, require words of encouragement, exhortation and prayers. Some of the doctors were emphatic in saying that they often refer patients (though very personal view) to churches for prayers. Nabofa (1996) observed the importance of prayers in health care delivery among Africans. He noted that in some societies today prayers are combined with medical care to create a good healing outcome, which has benefited many African Christians. This is indeed a pointer

to the collaboration between religion and modern health care system, which Sulmasy (2006) says is inevitable if great success is to be achieved in the health sector. According to him, spirituality should be considered as an integral part of health care in contemporary society,

According to them (the doctors), in African societies, a number of ill-health problems have spiritual origins. In a situation whereby necessary medical tests were carried out yet no disease was discovered, but the patient concerned was still terribly sick, there would be the need, to adopt the spiritual/prayer (religious) approach. Osunwole (1996) refers to disease in this category as personalistic. He noted that the causation is not easily determined by physical examination of the sufferer because the signs and symptoms of the illness are obscure. According to him, these are ailments traditionally linked with evil spirits such as witches and sorcerers and in most cases patients cannot explain the nature of their ailments.

Furthermore, nurses often arrange for priests (male and female) to come into the hospital wards and pray for patients. In some cases, if a nurse has observed the magnitude of the ill-health of a patient and found out that it might require prayers, he/she would call on the patient's relatives and advise them to seek for spiritual intervention in addition to the medical approach. It is pertinent to note therefore, that the nurses and doctors interviewed believe that patients should adopt both the religious and medical approaches simultaneously. This corroborates the axiom of medical doctors that "we cure but God heals". It is crystal clear therefore, that the spiritual or religious approach to ill-health problems complements the scientific (medical) approach. This is in line with the remark made by Koenig et al. (2001) and Koenig (2008) that religion plays an important role in health care. Thus, Koenig (2008) suggested a reinvigoration of the collaborations between health care systems and faith-based organizations, which characterized earlier periods of American medicine,

Thirdly, people do withdraw their sick persons from hospitals to seek spiritual help. Data show that relatives of patients, whose conditions have deteriorated even after serious medical attention, quietly withdrew them from the hospital. When asked why they did so, they simply said that they were going to seek spiritual assistance. Such patients were either taken to the

church or the patient's home. If taken home, family members would invite ministers of God (priest) to come and pray for the sick person. If they were taken to the church, the patient would reside there and be attended to by ministers (priests) of God. It may be said therefore that the people strongly believe that terrible ill-health problems that defy medicine can only be handled by God. A respondent who on the advice of a medical practitioner resorted to prayers for the cure of a terminal illness said: "I thank God for curing my sickness which has defied so many drugs and medications." Jegede (1998) states that churches in Nigeria have rites of healing, which in some cases are central to the ritual of these churches, and many churches pay a lot of attention to healing. According to him a healing service usually forms the climax of a revival meeting of the Pentecostal churches and preachers in these churches always emphasize healing power of faith in Jesus Christ. Church members combine this with medical care.

Fourthly, most hospitals and clinics visited (80%) carry posters of Jesus and stickers, which described God as the divine healer. Similarly, almanacs with photographs of Jesus and some verses from the Holy Bible, which mentioned God's ability to heal, are displayed in some wards in private clinics. Furthermore, most of the private clinics provided copies of the Holy Bible for their patients. In some of them, a copy of the Holy Bible was kept on the side stool beside patient's bed.

While in some hospitals or clinics, the Bible were bought by the management of the hospitals and clinics; in others, they were provided by some Christian organizations or churches who sent their ministers (priests) to those hospitals/clinics to pray at regular intervals. However, it may be said that whatever might be the sources of the Bibles, the management of the hospitals/clinics accepted them because they believed strongly that their work as providers of health care can be complemented by prayers. This also implies that religion contributes to health care in Nigeria.

Fifthly, a good number of hospitals and clinics visited organized regular prayers for their patients. Some hospitals and clinics invited ministers of God (priests) on daily basis to the hospital or clinic premises to conduct prayers and exhortations for the patients and for God to grant success to health workers in their efforts in

health care delivery. In other words, short church services were conducted daily, usually in the morning and at nights in the hospital and clinic wards. This implies some dependence on God for success in health care. It is believed that if God is worshipped in the hospital premises, He would not only grant health personnel success in their work but also He would do the miracle of healing on patients and this would bring honor to the doctors, nurses and the management of the hospitals or clinics concerned.

CONCLUSION

Health is an important determinant of the continuity and development of human societies. Consequently, it deserves whatever it may take for it to be maintained. This is because, as it is often said, "health is wealth". Oftentimes health policies are based mainly on medical science whereas there are other complementary dimensions such as the religious approach. Essentially, religion which was the only source of health care prior to the emergence of science, is still playing a significant complementary role in the health care systems of contemporary Nigerian societies.

This study has unveiled the relevance of religion in modern health care delivery. It is pertinent to note that even with the indifference shown by the government and her agencies on the contribution of religion to health care delivery, it remains relevant to Nigeria's health care system. Patients and health care providers still resort to the miracle of healing. In fact, a good number of medical practitioners interviewed said that they have personally experienced the miracle of healing when they were sick. Oftentimes medical doctors advised patients to seek spiritual help in addition to medications especially in cases that defy necessary medical attention.

RECOMMENDATIONS

It is hereby recommended as follows: Firstly, governments of different countries of the world, nongovernmental organizations, international organizations and other health policy formulators should consider inputs from various religions within their domains when formulating health policies. Secondly, priests should be recruited into hospitals as patients' counselors to complement the services of health profession-

als thereby providing spiritual succor and emotional balance for patients. Thirdly, more researches should be conducted on the symbiotic relationship between religion and health care delivery not only in Nigeria but worldwide.

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