

Socio-cultural Factors Influencing the Use of Spiritual Healing Churches in Ibadan Metropolis, Nigeria

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ABSTRACT In recent years, we have witnessed the proliferation of spiritual healing churches in Nigeria. These churches have been serving as healing places, despite the tremendous increase in modern health care services. The study examined how socio-cultural factors influence the use of spiritual health care services. The study adopted the descriptive survey design. The target population for the study comprised all the users of spiritual healing churches as a source of remedy for their problems. The respondents were drawn from the five local government areas within Ibadan metropolis. A random sampling technique was used to select 200 respondents. A self-completed questionnaire tagged: "Utilization of Spiritual Healing Churches' Evaluative Questionnaire (UOSHCEQ)" was used to collect the requisite data. The data was analysed using chi-square (χ^2) statistics. The result showed that there was a significant relationship between educational background of the patients and the use of spiritual healing churches ($\chi^2 = 36.7$, $df = 9$, $P < 0.05$). Significant relationships were also revealed between income of the patients and the use of spiritual healing churches ($\chi^2 = 37.8$, $df = 15$, $P < 0.05$) and between perception of illness by the patients and the use of spiritual healing churches ($\chi^2 = 36.7$, $df = 9$, $P < 0.05$). Based on these findings, it is recommended that those concerned with planning modern medical facilities should pay attention to the existence of more alternatives to health care deliveries. It is further recommended that, spiritual healing practitioners be given some induction courses in basic medical care in the same manner with 'Traditional Birth Attendant' (TBA). This is necessary because many cases of childbearing problems are greatly handled by the spiritual healing practitioners.

INTRODUCTION

Good health, no doubt is basic to human existence. This probably explains why each society has over the years, evolved a pattern of taking care of people. It is a known fact that there are several ways by which people cure their ailments and this varies from one culture to another. Every society, therefore, has a health care system that is indigenous to it.

Historically, societies have been known to have alien health care services co-existing with the indigenous or traditional ones. For instance, in the case of most African societies, western contact and subsequent colonialism led to dualism of health care services. Thus traditional health care in the forms of 'Alawo' or 'eletutu' (herbalists) in the case of Yoruba in South – Western Nigeria co-existed with the western medical system. This dualism in health care deliveries do have implications in the societies concerned (Olutayo, 1993; Oke, 1995; Jegede, 1998).

Erinosho et al. (1981) observed that, there was proliferation of spiritual healing churches in the 2nd decade of 20th century, the emergence of these churches has been traced to the outbreak of influenza in 1918. Such spiritual healing churches include Christ Apostolic Church (CAC), Celestial

Church of Christ (CCC), Cherubim and Seraphim (C&S) and Christ Apostolic Faith widely spread during this period for healing purposes.

In the plural context (i.e. those medical care systems), researches have focused on the modern and traditional forms in sequential order. Hence, spiritual health care has received less attention despite the fact that, it has been growing tremendously recently in Nigeria. The reason for the relatively lack of focus on spiritual health care, might not be unconnected with the 'unscientific nature' of its procedure. Yet, there are evidences that point to its increasing acceptance as an alternative health care services (Uyanga, 1979; Adegoke, 1997).

These growing trends call for a sociological inquiry and study of this kind. This study is therefore, an attempt at bridging the gap in knowledge about spiritual health care in our society. Several questions can be raised here – What is the nature of spiritual health care? What perception of illness being managed by spiritual healing churches? Are there any significant relationships between socio-cultural factors and the use of spiritual healing churches by the patients? These questions form the central theme of this study. However, these questions arise from three lines of argument:

First, that the unscientific nature of a given form of health care (i.e. spiritual health care) may be crucial when it comes to its utilization. Its utilization may be considered by the exigencies of the socio-cultural background.

Second, and relatedly, it is argued that given the difference in perception of illness in cultures, the growing utilization of spiritual health care could itself be an increased revisiting of the spiritual aspects of illness perception.

Third, and perhaps more crucial, is the fact that despite all efforts made to improve health care status of Nigerians, health facilities are inadequate because only few people could afford the services. Again, since patients have little or no chance to modern medical services because of the high cost, they tend to seek immediate health care services elsewhere. In this regards, Oyebola (1980) and Olutayo (1993) observed that, even in such places like Ibadan where modern medical facilities exist, a large percentage of the patients still visit traditional healers and spiritual healing churches.

This study therefore, attempts to examine the socio-cultural factors influencing the use of spiritual healing churches by the individuals' patronizers as a source of health care management in Ibadan metropolis.

Objectives of the Study

The main objective is to find out how socio-cultural factors affect the use of spiritual healing churches in Ibadan metropolis. Other objectives are to examine how the educational background, level of income and illness perception of the patients affect the use of spiritual healing churches as their source of health care management. It also suggests ways of improving alternative to health care services (i.e. spiritual health care services) in the same manner with modern and traditional health care services.

Review of the Literature

Sociologists and Anthropologists have been interested in unfolding the socio-cultural factors influencing health-seeking behaviour of the people in society. Many researchers have also come up with the idea that culture tends to play a very important role in the nature and management of health care services. For instance, in the pre-industrial era of the history of man, different

communities had developed different methods to meet their health needs (Oke, 1995; Jegede, 1998 and Owumi, 2005).

Oke (1995) therefore stressed the point that, among the Yoruba of South – Western Nigeria the perception of illness or disease centres on three etiological factors. These are natural, preternatural/ supernatural and mystical perception. These perceptions of illness causation according to Oke, often influence the choice of health care of the people. He further revealed that, one's choice of particular health care services is a function of one's belief and attitude about the effectiveness of a particular health care.

In spite of the various traditional beliefs as to the causation of illness among the African people, it is generally believed that culture and belief system have great impact on the utilization of modern, traditional and spiritual health care services.

Moreover, Erinoshio and Oke (1994) stressed that, the natural factor of illness causation falls within the scientific explanation. In this case, diseases are linked to factors such as poor nutrition, insect bites, bad odour, unsanitary condition, over-crowded living and lack of exercise. The Yoruba also believe that certain diseases, especially emotional or mental and respiratory disorders, and communicable or contagious diseases, such as venereal diseases and leprosy, are hereditary.

The second and third factors fall within the non-scientific explanation attributing diseases and ill-health to the interference of supernatural or cosmic forces, witchcraft or evil machination of enemies. Some defects or hereditary diseases such as albinism, deafness, hunchback, paralysis, blindness and dwarfness are also attributed to supernatural forces. It is generally believed that victim is afflicted by an offended god or spirit, and diseases in this category are often incurable (Oke, 1995; Good, 1995; Jegede, 1996; Owumi, 2005).

Apart from the Yoruba perception of illness causation by natural, supernatural and mystical factors, it is the belief of many Nigerians that witches can cause diseases which often involve the charming of the victim. For instance, Owumi (1993) in his study among the Okpe people revealed the fact that, the belief in witchcraft is well developed and entrenched in the culture of Okpe people in Delta State in Nigeria. The Okpe people however, have the belief that Edjele (witchdoctor) is the only source of resolving witchcraft related problems. And that other categories of healers like Oboh (ordinary doctor)

can only resolve the problems which are naturally perceived.

In relation to this perception of illness causation, especially those caused by supernatural, natural and mystical factors, a great number of people in Nigeria now patronize spiritual healing churches with the hope of fighting the wrath of witchcraft or evil machination. It was also observed that, those who go to spiritual healing churches for healing have the belief that certain cases handled by these churches are more effective, especially when it is inflicted by supernatural forces.

Several works exist on relationship between socio-economic standing of individuals and utilization of health care services. Particularly interesting are works of Oyebola (1980), Oke (1995), Jegede (1996), Owumi (2005), among others. They believe that people of lower socio-economic status have problems of access to health care facilities. This is so because despite the availability of modern health care services in Ibadan metropolis, people of lower socio-economic status still patronize the spiritual healing churches and traditional healers as their ultimate places of treatment.

They argue further that, coupled with problems of their low status position is the fact that language, income, education, religion and occupation constitute another factors influencing the utilization of any health care system. For instance, Odebiyi (1980) established in her study that among the people of Ibadan, there are different perceptions of disease from different demographic and socio-economic status. She observed that, this differential perception of disease within different socio-economic groupings influences their methods of treatment, and consequently the form of health care to utilize. Odebiyi's finding was therefore, upheld by research findings of Oyebola (1980), Oke (1995), Jegede (1996), Owumi (2005) that, differential perception of disease within different socio-economic status can influence the methods of treatment, and consequently the form of health care services to utilize.

Nevertheless, they further observed that there is a correlation between income, education and occupational position of people and the types of health care utilization. They indicated that those in the higher income level and highly educated consume more of modern medicine than those in the lower level. It was also observed that, individual with higher income and educational attainment consumes more modern health care

than those with relatively lower income and education. Their findings further suggest that, low-income earners have little or no medical insurance, and this has relative deprivation in health care needs. Ironically, poorer people are more in need of health care services, but they are the ones who use it least they tend to go to doctors only when accident or illness is incapacitating.

From all indications, it implies that people of lower socio-economic status are likely to perceive illness from mystical and supernatural forces than people of high socio-economic status; hence the likelihood of utilizing traditional or spiritual health care services in solving health problems. It also implies that persons of high socio-economic status are likely to view ill-health from the natural causation and perception. But in Nigeria today, especially in our urban centres, it is surprising that people patronize the spiritual healing churches. By way of analogy, can one really argue that spiritual health care services are replacing traditional medicine? In this regards, many scholars, especially medical sociologists and Anthropologists noted that education, urbanization and modernization might influence the form of health care services to utilize either modern, traditional or spiritual health care systems.

Research Hypotheses

Based on the review of related studies, the following three null hypotheses were tested at 0.05 level of significance to achieve the objectives of this study.

Ho₁: There is no significant relationship between educational background of the patients and the use of spiritual healing churches.

Ho₂: There is no significant relationship between level of income of the patients and the use of spiritual healing churches.

Ho₃: There is no significant relationship between perception of illness by the patients and the use of spiritual healing churches.

Research Design: This study investigates socio-cultural factors influencing the use of spiritual healing churches in Ibadan metropolis.

Study Population: The target population is made up of all the users of spiritual healing churches drawn from five local government areas of Ibadan metropolis: Ibadan North, Ibadan North-West, Ibadan North-East, Ibadan South and Ibadan South-West.

SAMPLE AND SAMPLING TECHNIQUE

A random sampling of 200 respondents was used, comprises 40 respondents were randomly drawn from each of the five local government areas. Eligibility was based on such criteria as nature of illness of the respondents, their illness perception and socio-economic status.

Research Instrument: The major instrument used for the collection of data is structured questionnaire tagged: "Utilization of Spiritual Healing Churches' Evaluative Questionnaires" (UOSHCEQ). The questionnaire comprises socioeconomic factors, illness perception of the respondents and the use of spiritual healing churches in the metropolis. The questionnaire includes both the close and open-ended questions.

Validity and Reliability of Research Instrument: In measuring the validity of the survey instrument, the process of content validity was employed by cross checking and verification of information. A more practical avenue of validity explored included peer consultation within and outside the jurisdiction of the researcher. This provided the opportunity to check and test the items as the work progressed. Consequently, a number of items in the questionnaire were replaced, while others merely amended.

The test-retest reliability coefficient of stability was used to test whether the instruments would provide identical data when administered in the same circumstance. To ascertain the reliability of the instrument, a pilot study was carried out using 50 users of spiritual healing churches in Ogbomoso town of Oyo State, Nigeria, which was not included in the scope of the study. The test-retest paradigm was however, effected after two week interval. The correlation of the overall results with the pilot survey exhibited a reliability co-efficient of 0.91 and 0.93 at 0.05 level of significance respectively. This result showed that the questionnaire was reliable as it fell within the identical range.

Method of Data Analysis: The data collected were collated, edited, coded and processed into computer. The data were also analysed using chi-square (χ^2) statistics.

FINDINGS AND DISCUSSION

The results of the study obtained for testing the three hypotheses are presented in Table 1, 2 and 3.

Hypothesis 1: There is no significant relationship between educational background of the patients and the use of spiritual healing churches.

Table 1 shows cross-tabulation of educational background of the patients and the use of spiritual healing churches. The table shows that, the χ^2 calculated value of 36.7 is greater than χ^2 critical value of 3.33 at 9 degree of freedom; the null hypothesis is therefore rejected. This indicates that there is a significant relationship between educational background of the patients and the use of spiritual healing churches. This however, implies that the use of spiritual healing churches is more acceptable presently in Nigeria, irrespective of people's educational status. It further shows that, an average and highly educated people in Ibadan metropolis, keenly show interest and highly accept the use of spiritual health care services than those with little or no educational attainment, who tends to rely more on traditional health care services. This is so because people's belief in etiology of disease is considered very important than their educational status.

This study shows an ambivalent positions to the similar researches conducted by some scholars in the past. In the first instance, this finding does not support the research findings of Oyebola (1980), Odebiyi (1980), Erinosho, Usman and Mkpume (1981) and Sofowora (1984) that, people of lower socio-economic status tend to perceive their illnesses from supernatural and mystical force than people of high socio-economic status; hence the likelihood of utilizing traditional or spiritual health care services in solving health problems. They also stress the point that, people of high socio-economic status are likely to perceive ill-health from the natural causation.

In the second instance, the present study shows that, irrespective of people's educational background they are keenly interested in using spiritual healing churches with the hope that these healing churches are more effective in handling certain cases (illnesses) inflicted by supernatural and mystical forces than orthodox medical services. This is indicated in table 1, the educated persons range from Primary education to tertiary level of education these form the bulk of the patients of spiritual healing churches in Ibadan metropolis in recent years. The categories of these patients are likely to be those who are suffering from mental problem, infertility and related

Table 1: Cross-tabulation and Chi-square analysis of educational background of the patients and the use of spiritual healing churches.

Patients' educational background	Respondents' responses to the use of spiritual healing churches					Remark			
	Strongly agree	Agree	Strongly disagree	Dis-agree	Total	χ^2 Cal	χ^2 Crit.	Df	Sig. Level
No formal education	6(3.0)	3(1.5)	0(0.0)	4(2.0)	13(6.5)	36.7	3.33	9	0.05
Primary education	12(6.0)	40(22.0)	5(2.5)	10(5.0)	67(33.5)				
Secondary education	32(16.0)	25(12.5)	0(0.0)	15(7.5)	72(36.0)				
Tertiary education	22(11.0)	7(3.5)	5(2.5)	14(7.0)	48(24.0)				
Total	72	75	10	43	200				

$\chi^2 = 36.7$, df = 9, $P < 0.05$, Sig. = Significant.

Table 2: Cross-tabulation and Chi-square analysis of patients' level of income and the use of spiritual healing churches.

Patients' level of Income	Respondents' responses to the use of spiritual healing churches					Remark			
	Strongly agree	Agree	Strongly disagree	Dis-agree	Total	χ^2 Cal	χ^2 Crit.	Df	Sig. Level
Below ₦100,000	3(1.5)	23(11.5)	13(6.5)	17(8.5)	56(28.0)	37.8	7.26	15	0.05
₦101,000-₦200,000	14(7.0)	28(14.0)	5(2.5)	19(9.5)	66(33.0)				
₦201,000-₦300,000	4(2.0)	8(4.0)	4(2.0)	19(9.5)	35(17.5)				
₦301,000-₦400,000	0(0.0)	10(5.0)	0(0.0)	5(2.5)	15(7.5)				
₦401,000-₦500,000	4(2.0)	10(5.0)	4(2.0)	5(2.0)	23(11.5)				
₦501,000 and above	0(0.0)	0(0.0)	5(2.5)	5(2.5)	5(2.5)				
Total	25	79	26	70	200				

$\chi^2 = 37.8$, df = 15, $P < 0.05$, Sig. = Significant.

Table 3: Cross-tabulation and Chi-square analysis of patients' perception of illness and the use of spiritual healing churches.

Patients' illness perception	Respondents' responses to the use of spiritual healing churches					Remark			
	Strongly agree	Agree	Strongly disagree	Dis-agree	Total	χ^2 Cal	χ^2 Crit.	Df	Sig. Level
Natural perception	9(4.5)	31(15.5)	0(0.0)	13(6.5)	53(26.5)	36.7	3.33	9	0.05
Preternatural/ supernatural perception	34(17.0)	44(22.0)	3(1.5)	0(0.0)	81(40.5)				
Mystical perceptions	18(9.0)	24(12.0)	4(2.0)	10(5.0)	56(28.0)				
Others	5(2.5)	5(2.5)	0(0.0)	0(0.0)	10(5.0)				
Total	66	104	7	23	200				

$\chi^2 = 36.7$, df = 9, $P < 0.05$, Sig. = Significant.

problems. Others are with diseases attributed to enemies or witchcraft and supernatural forces.

Hypothesis 2: There is no significant relationship between level of income of the patients and the use of spiritual healing churches.

Table 2 shows cross-tabulation and chi-square analysis of level of income of the patients and the use of spiritual healing churches. The table shows that, the χ^2 calculated value of 37.8 is greater than χ^2 critical value of 7.26 at 15 degree of freedom; the null hypothesis is therefore rejected. This indicates that, there is a significant relationship between level of income of the

patients and the use of spiritual healing churches. This also implies that the level of income of the respondents has greatly influenced their health care utilization, especially using the spiritual healing churches to solve their problems. This study further reveals that majority of those who highly utilize spiritual healing churches are those with lower income such as, below ₦100,000, ₦101,000 – ₦200,000 and ₦201,000 – ₦300,000 per annum (Table 2).

On close examination of table 2, only few of those with higher income patronized the spiritual healing churches. This category of individuals

see their problems from natural causation, hence they consume more modern health care services than those with relatively lower incomes. In spite of this, income has been shown as one of the factors, which has influenced health care utilization. This therefore, shows that people of lower socio-economic status are more likely to use spiritual health care services.

This finding supports the research findings of Odebiyi (1980) and Adegoke (1997) that, those with lower income and low socio-economic status form the bulk of people utilizing spiritual healing churches in solving their health problems. They are also likely to perceive their illnesses from mystical and supernatural causation. This category of people also consider the use of spiritual health care services much more cheaper than modern health care services. It is therefore observed that, people of higher income and high socio-economic status are likely to perceive their ill-health from the natural causation; hence the likelihood of utilizing modern health care services than those with relatively lower incomes.

Hypothesis 3: There is no significant relationship between perception of illness by the patients and the use of spiritual healing churches.

Table 3 shows the relationship between perception of illness by the patients and the use of spiritual healing churches. The results obtained from the table show that, the χ^2 calculated value (36.7) is greater than χ^2 critical value (3.33). The null hypothesis is therefore, rejected. This shows that there is relationship between perception of illness by the patients and the use of spiritual healing churches. The perception of illness by the patients has significant influence on health care utilization, especially the use of spiritual healing churches. This is evident in table 3 where a significant large number of respondents highly patronize spiritual healing churches, having attributed their ill-health to preternatural/supernatural and mystical causation.

However, table 3 shows that those who perceive their problems from preternatural/supernatural causation constitute the majority of the patronizers of spiritual healing churches (40.5%); followed by those with mystical perception (28.0%) and those whose perception of illness is by natural causation (26.5%) respectively. It therefore implies that, irrespective of people's perception of illness in recent years, they show keen interest in spiritual healing churches with the hope that they are the ultimate

places where the patients can solve their problems.

This finding supports the research findings of Bourdillon (1991), Oke (1995), Jegede (1996) and Adegoke (1997) that, those who utilize spiritual healing churches to solve their various problems constitute those who perceive their problems from preternatural/ supernatural and mystical causation. They therefore, believe that the ultimate places to go for remedy of their ill-health are spiritual healing churches. This is so because most of them attributed their ailments to supernatural forces and evil machinations.

Looking at table 3 it is observed that, the spiritual healing churches mostly cater for those problems usually attributed to preternatural/supernatural forces. Hence, the predominant users of these healing churches believe that only spiritual powers from the apostles or priests can help them from these forces.

But the high figures of those with natural perception of illness (Table 3) also call for explanation, because those who fall into this category are likely to combine both spiritual and modern health care together. This is so because illnesses attributed to natural causation are usually treated in the hospitals. It therefore appears that those respondents who constitute 26.5% have visited other places of treatment before they found themselves in the spiritual healing churches. It is further observed that, the largest proportion of the respondents who perceived their illnesses to be preternatural/ supernatural causation (40.5%) and mystical causation (28.0%) respectively came straight to the spiritual healing churches, having received no treatment anywhere else. This might be due to the perception of illness and nature of their illnesses.

SUMMARY AND CONCLUSION

This study attempts to locate the socio-economic factors (i.e. using education and income as indices for socio-economic factors) and perception of illness influencing the use of spiritual healing churches in Ibadan metropolis. This is done within interpretative framework of patients' illness perception, in spite of the relatively high presence of modern health care.

The study reveals that there is significant relationship between educational background of the patients and the use of spiritual healing churches ($\chi^2 = 36.7$, $df = 9$, $P < 0.05$). Significant

relationships were also revealed between income of the patients and the use of spiritual healing churches ($\chi^2 = 37.8$, $df = 15$, $P < 0.05$) and between perception of illness by the patients and the use of spiritual healing churches ($\chi^2 = 36.7$, $df = 9$, $P < 0.05$).

The findings therefore, indicate that people of low socio-economic status utilize spiritual health care services mostly. The study further reveals that, utilization of spiritual healing churches is a rational action for the individuals concerned within their illness perception. It is indicated from these findings that even when actors see their ailments as natural they still believe that God holds the ultimate healing power. This however, shows the resilience of traditional perception on illness among the Yoruba inspite of modernity.

The results established in this study however, showed that the preference for spiritual health care services is affected by the socio-economic factor and illness perception of the users. In sum, the evidence indicates that a good number of illnesses with natural causation are still being taken to spiritual healing churches.

POLICY IMPLICATION AND RECOMMENDATION

In the course of this study, we found that the first three factors, which influence the choice of health care services, are income, education and the idea that only God can heal. The result suggests that health care decisions (particularly the use of spiritual healing churches) take place within the constraints imposed by physical and cultural factors, and that the ultimate choice becomes rational within the subjective meanings attached to action by the respondents.

The study therefore, makes the following recommendations to the policy makers on health care services and other social welfare agencies concerned.

- (i) Although, there are many clinics and hospitals well located in Ibadan metropolis, nonetheless, those concerned with planning modern facilities must pay attention to the existence of powerful alternatives to health care deliveries. This is so because we cannot legislate on people's belief, faith and religious practices.
- (ii) The spiritual health care practitioners should encourage users of spiritual healing churches

to simultaneously utilize modern health care services to avoid 'complication' in treatment. But where the patient could not meet the cost of modern medical services the spiritual health care services will attract many patients, and may have much to teach in terms of their efficacy and ability to meet the patient's full needs in many respects.

- (iii) Given the resilience of traditional perception of illness and the likelihood of continued patronage of spiritual healing churches, there is a need for official recognition of spiritual health care services and eventual weeding out quacks among spiritual health care practitioners.
- (iv) There is also the need to give the spiritual healing practitioners some induction courses in basic medical care in the same manner as "Traditional Birth Attendant" (TBA). This will lead to quick recognition of complicated cases and foster referral practices. People should not totally rule out the relevance of spiritual health care services in their health-seeking goal; since complicated cases can eventually be referred to most spiritual healing churches in contemporary Nigerian society.

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