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RELIGIOUS BELIEFS AND THE UTILIZATION OF TRADITIONAL MEDICINE AMONG MEMBERS OF PENTECOSTAL CHURCHES IN EMURIN, OGUN STATE NIGERIA

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ABSTRACT

This study aims at determining the religious beliefs and the utilization of traditional medicine among members of Pentecostal Churches in Emure. The study was carried out using quota sampling technique. A semi-structured questionnaire containing 31 questions and an in-depth interview containing 8 questions were used simultaneously to elicit information from church members. The research hypothesized that there was a significant relationship between the use of traditional medicine and the sex of respondents. Also there exists a significant relationship between the denomination of respondents and the use of traditional medicine. Since p-value was greater than 0.05, both hypotheses were accepted. However it was discovered that 65.3% would opt for divine healing/prayers when initially confronted with illness.

Keywords: Traditional Medicine, Religion, Pentecostal Churches.

1. INTRODUCTION

From time immemorial, the relationship between religious beliefs and the use of traditional medicine has been strong. This association dates back to biblical time and the early man (Badru, 2001). Numerous examples of Christ miracle healing exist to sustain this connection. Similarly, admission by medical doctors of the fact that there is a knit relationship between medicine and religion can be inferred from the sticker a number of them places on their doors with the inscription: “Doctors care but God heals”. Germaine as the preceding may appear, Christians have different beliefs towards the utilization of traditional medicine. These beliefs have either positive or negative effects on the utilization of traditional medicine. While some religious beliefs do not permit, others are salient on member’s attitude towards utilization of traditional medical care or services.

Over the past decade, religion has become a topic of great interest to researchers in medicine, gerontology and other socio-medical disciplines. Especially, great emphasis has been placed on increasing empirical research linking measures of religiosity, broadly defined, to an assortment of healthy outcomes, notably physical health status, mental illness, adjustment to aging, health care use and general well being (Levin, 2004).

Tella’s (1992) research on the role of traditional healers emphasizes that the medicine men are the greatest gift and the most useful source of help. They are accessible to everybody almost all the time; they give personal attention to the patient by adopting holistic approach, which enables him to penetrate deep into the psychological state of the patient. These

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Traditional practitioner vary in classification from one culture to the other depending on the perspective of the researcher and the level of understanding of the subject under examination (Owumi 1989,2012 Erinosho Read 1966). A brief synopsis of the opinion from the review follow thus: Those who are skilled in the use of home remedies; those who inherited the work or learned the art through apprenticeship; those who have the knowledge of herbs, roots and barks; those who perform their healing through rituals or sacrifices, those who specialize in divination because of their ability to consult the oracle, and most recently, those who use religion books (the Bible or Quran) to heal ailments.

In Nigeria, the use of religion to treat ailments is a well known fact. Erinosho (1989), Aina (1996) and Badru (2001) in their studies among the Yoruba people found that the conception of illness is based on etiological factors: the preternatural, supernatural and natural. The preternatural explains that illness is caused by witchcraft and society; the supernatural attributes disease causation to the wrath of ancestors and supernatural forces; and the natural causation includes other variables such as nutrition, insect bites, worms and infections. Their perception of illness is that people do not just fall sick but as a result of punishment caused by an offence committed against God or by an enemy machination through witchcraft powers or other evil devices. However, illnesses or diseases believed to have been caused by preternatural or supernatural causes are dealt with in a supernatural or spiritual ways. It is based on this premise that several people believe in the efficacy of prayers to solve all these sicknesses or illnesses. They believe that such illnesses could only be treated through faith and other healing methods which are usually carried out by faith healers who pray or communicate with God to inquire about the etiology of the illness and the necessary solutions to such an illness. Hence, people are seen trooping out in their thousands to attend various miracles and healing services to solve various sickness and all human problems. Arising from this background, the use of traditional medicine to many adherents of the Christian fate is either a contradiction to their faith and religious belief, or to some, a last resort while to others, a first aid. Illnesses especially terminal ones like HIV/AIDS, cancer, hepatitis B among others, that cannot be managed or curtailed by the faith healers are seen as spiritual attack or punishment from God as a result of an abomination or a sin committed. Thus, the patient is left to die in shame and pain or go contrary to his/her religious belief, that is, seek western health care services. The problem here is that patients seek western healthcare services after the disease might have penetrated deep into his/her system and destroyed some vital organs as a result of lack or untimely proper medical attention. As a result, the patient may eventually die despite the fact that the patient has gone against the belief of his/her religious group by using western medicine, and despite the amount of time and money spent. Western hospitals are then tagged (especially in rural areas) where there is dearth of healthcare infrastructures.

Conversely, when religion is taken as the opium of the people, people find solace in religion by resigning their faith to God(s). Those who consider western hospital as a first aid when faced by terminal illness are often told to explore traditional healers when all options had been explored in the hospital, that is " E lo fi ese ile too" (meaning they should explore the traditional medical option). Up till now, there is a dearth of western hospitals and qualified manpower in most of the rural areas in Nigeria (Ewhrudjakpor and Ojie 2005). Although some believe in modern health care but do not usually utilize such services due to its non-availability or exorbitant cost. Members are therefore encouraged to use traditional medical facilities (like faith healing) due to their availability, accessibility and affordability.

According to Ademuwagun (1998), there is a Yoruba adage: Ara lile l'ogun oro", (which means good health is the right prescription for wealth). The sociological concept of health related behavior is defined as what people do individually and collectively in order to maintain or remain in good health (Owumi, 1994; Badru, 2001; Igun, 2003; Ewhrudjakpor, 2007). The implication of this is that the steps taken by any person in the utilization of health services follows a particular pattern. In Nigeria, the steps taken by an individual towards

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utilization of health care services depends mainly on the culture of the people (Sallah, 2011), and since culture taken in its broadest ethnographic sense, is that complex whole which includes beliefs, knowledge, art, morals, law, traditions, customs and any other capabilities and habits acquired by man and transmitted from generation to generation among members of the society (Oke, 1984 and WHO, 1998) the role of religious beliefs and health behaviours can not be under estimated in a healthy society.

The evolution of medical practices does not mean that the past non-western medical practice cannot affect the present western health systems. The religious variables of the non-western past inhibiting the contemporary health concerns is of tremendous interest to researchers of medical sociology ethos, particularly in developing societies like Emurin. Hence, this study is aimed at determining the religious factors, practices and beliefs impeding the utilization of traditional medicine among the people of Emurin.

1.2 STATEMENT OF THE PROBLEM

Most Nigerians especially those living in rural communities do not have access to western medicine and it is estimated that about eighty percent (80%) of Nigerians utilize traditional medicine (Owumi, 1994; Atemre and Okaba, 1997; Ewhrudjakpor, 2007). This attitude has been perceived to be rooted in the culture of the people (Fabrega, 1973; Igun, 1977; Ohaeri et al, 1992; Owumi, 1989; Erinosho, 1998; Adenuwagun, 1998; Badru, 2001; Igun, 2003). Since culture is that complex whole, it would not be out of place to examine the religious beliefs affecting the utilization of traditional medicine by providing answers to the following questions. Is treatment success contingent on patients' beliefs? What role does the religion of patients' family and kin-group play on healing processes? These and other religious issues are addressed in the paper.

2. LITERATURE REVIEW

2.1 RELIGIOUS PRACTICES

Several religions in Nigeria exist, helping to accentuate regional and ethnic distinctions. All religions represented in Nigeria were practiced in every major city in 1990. However, Islam dominated the North and held strong numbers in the South Western, Yoruba part of the country. Protestantism and local syncretism Christianity are also in evidence in Yoruba areas, while Catholicism dominates the Igbo and closely related areas. Both Protestantism and Catholicism dominated in Ibibio, Annang, and the Efik, Kiosa lands. Based on 2009 National Religious survey, Muslims make up to50.4% of the Nigeria population, Christians 48.2% while others make up to 1.4% of the total population. Many people include elements of traditional beliefs in their own practice of Christianity or Islam.

2.2 PENTECOSTAL FAITH

Pentecostals arrived mostly as indigenous workers in the post independence period and in 1990 Pentecostalism was spreading rapidly throughout the middle belt, having some success in Roman Catholic and Protestant towns of the South as well. There were also breakaway or africanized churches that blended traditional Christian symbols with indigenous symbols. The Pentecostal family of denominations forms one branch of conservative Protestantism within Christianity. They are defined more by what they do than by what they believe in (of course their practices sprang from their beliefs). A major defining feature of Pentecostalism is their belief in "glassolalia": the ability to speak in tongues. It emphasizes the workings of the Holy Spirit. Another feature is the adoption of informal demonstrative approach to religious worship.

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Unusual freedom and spontaneity is exhibited during their religious services (Sallah, 2004). It lays heavy emphasis on faith healing, exorcism and fulfillment of life goals for oneself and one's family. Some of the best known Pentecostal denominations are "Aladura", Deeper Life Bible Church, Church of God Mission, The Redeemed Christian Church of God, Living Faith Church aka Winners Chapel, Foursquare Gospel Church of God, Mountain of Fire Miracles Ministries.

2.3 HEALTH SEEKING BEHAVIOUR

Health seeking behaviour is seen as important for the utilization of health services, promptness or delay in seeking care and for the use of non-medically approved remedies (Ngugi, 2000 and Manzoor et al., 2009). Health seeking behaviours are the activities undertaken by individuals in response to disease symptoms experienced (O'Reilly and Browne, 1997). Illness behaviour narrowly defined includes only that portion of the process in which the individual attempts to discover what is wrong, that is, the transition between feeling states and undertaking some course of restorative action or resuming ordinary behaviour (Manzoor et al., 2009). Studies on health seeking behaviour have shown the numerous influences on an individual's health behaviour. These influences include past experiences with health services, perception about quality and efficiency of health services and influences at the community level (Sule, et al, 2008 and Mckian, 2002). The decision to seek help is also influenced by an individual's educational and economic status, the extent to which he is worried about the symptom and duration of experiencing the symptom (Katung 2001 and Amaghionyeodiwe, 2008). The choice of the health provider consulted for a symptom is also linked to the perceived cause of the symptom (Ahmed et al, 2001). In a recent survey in a rural community in South-West Nigeria only 44% of respondents utilized healthcare facilities when ill (Sule, et al, 2008).This belies the possibility of the lofty 'Health for All' goal. It is therefore important to assess health care seeking practices especially in the rural areas of Nigeria and to understand the factors that influence these health seeking behaviours.

3. MATERIALS AND METHODS

3.1 POPULATION AND SAMPLE SIZE

The study was conducted among members of Pentecostal churches in Emure, Ogun State Nigeria. The selected Pentecostal churches are St. Peters Anglican Church, Our Lady Perpetual Light, and The Apostolic Church all in Emure, while the other churches are Mountain of Fire Miracles Ministries, Living Faith Ministries (Winners Chapel), and The Redeemed Christian Church of God all in Emure. The total of 150 respondents was sampled. The instruments used in eliciting the information comprised of many issues of focus in the study. It is vital to state that 25 respondents selected in each church for inclusion in the survey. In-depth interview was used in generating relevant qualitative data. Six ministers were purposively chosen for the interview in each of the six churches.

3.2 SAMPLING TECHNIQUES

A quota sampling technique was adopted in selecting the samples to enable the researcher capture the entire gamut of the study population. Based on this method, all the denomination of the faith would be effectively represented.

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3.3 DATA COLLECTION

In this study, units of analysis were the church members of Mountain of Fire Miracles Ministries, Living Faith Church (Winners Chapel) and The Redeemed Christian Church of God, for the Pentecostal churches and Our Lady of Perpetual Light, St. Peter's Anglican Church and Methodist Church in Emure for the remaining churches. Data were collected using the self-administered semi-structured questionnaire and in-depth interview. New church members were excluded from the study. Only old church members that were familiar with the church doctrines were included. 25 questionnaires were distributed to each of these church members on quota basis, eight among church offices and choristers and nine among the ordinary members of the church. The in-depth interview provided an in-depth in-sight on religious beliefs and the utilization of traditional medicine of the respondents. The in-depth interview was conducted among ministers of the selected six churches. Interviews were done only on Sunday's immediately after service and lasted for twenty minutes. The interview was done only in Yoruba language which is the major language in the study area. All interviewees were briefed on the study objectives and their consent was sought before the interview commenced.

3.4 DATA ANALYSIS

After the field-work, proper work was done on the editing of the questionnaires that is, to check for the consistency of responses and to make them amenable to statistical analysis. All responses from the survey were coded to permit a reliable quantitative analysis. The quantitative data were entered by using Statistical Package for Social Scientists (SPSS). Descriptive and inferential statistics was performed by using and frequencies; standard deviation and chi-square analysis were used to describe the religious beliefs of participants and their utilization of traditional medicine.

The qualitative data collected through the In-depth Interview were analyzed using content analysis and verbatim quotations. Thereafter, audio tape and field notes were used to verify the transcribed texts, ensuring that they were correctly transcribed to preserve the meaning of the participants' words; the transcribed texts were analyzed according to coding defined by the parameters of the research objectives.

3.5 RESEULTS

Table 1 shows that of the total 150 sampled respondents, 48.7% were below the age 25 years, while the mean age is 26.6 years. The implication of this is that the vast majority of the respondents are young. This is in line with widely reported pyramidal age structure of developing countries (Lucas and Filles, 1980). On the sex of the respondents, the table shows that females constituted 56.0% while males constitute 44.0% of the sampled population. This is also in line with the general belief that Churches are mostly populated by women. The table also shows that 50.7% of the respondents were singles and those who were divorced, widowed and separated constituted 3,9% of the total respondents. Thus, it depicts that majority of the respondents were single.

It also shows that 82.7% of the respondents were graduates of tertiary institutions while less than 20% had a minimum of primary school qualification. This reveals that a vast proportion of the respondents had tertiary education. It shows that 26.0% were self-employed and 14.6% were either students or retired. This indicates that most of the respondents were employed.

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Table 1: Frequency Distribution of Respondents' Demographic Characteristics

Age	*Frequency*	*Percentage*
< 25 years	73	48.7
25 – 34 years	40	26.7
>35 years	37	24.7
Total	150	100.0
Sex	*Frequency*	*Percentage*
Male	66	44.0
Female	84	56.0
Total	84	56.0
Marital Status	*Frequency*	*Percentage*
Single	76	50.7
Married	68	45.3
Divorced	2	1.3
Widowed	2	1.3
Separated	2	1.3
Total	150	100.0
Level of Educational Attainment	*Frequency*	*Percentage*
Primary	8	5.3
Secondary	18	12.0
Tertiary education	124	82.7
Total	150	100.0
Occupational Status	*Frequency*	*Percentage*
Self employed	39	26.0
Government Employed	51	34.0
Unemployed	38	25.3
Others	22	14.6
Total	150	100.0

Table 2 shows that 82.0% of the sampled population use traditional medicine while less than 20% do not make use of traditional medicine. It depicts that a vast majority of the respondents use traditional medicine.

Table 2: Respondents opinion of Utilization of traditional Medicine

Response	*Frequency*	*Percentage*
Those who affirmed use	123	82.0
Respondents who haven't used.	27	18.0
Total	150	100.0

Majority of the respondents (63.3%) combine traditional medicine with other treatment methods while about 34% do not combine traditional medicine with other treatment methods. It therefore reveals that a good proportion of the respondents combine traditional medicine with other treatment methods.

Table 3: Respondents opinion on multiple use of sources of health care

Response	Frequency	Percentage
Use Multiple Sources	95	63.3
No	51	34.0
No Response	4	2.7
Total	150	100.0

Table 4 shows that 60% of the respondents indicated that traditional medicine is not the most effective and efficient in treating illness though complimentary while 34.7% believed that traditional medicine was effective and efficient in treating illness. It is possible to infer that the local beliefs and traditional values may have influenced the preponderance of traditional medicine use among the sampled population.

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Table 4: Respondents opinions on the efficacy of traditional Medicine as the most Efficient and Effective Method of Treating Illness

Response	Frequency	Percentage
Those Affirming Efficacy	52	34.7
Not Affirmative	84	60.0
No Response	8	5.3
Total	100	100.0

Table 5 shows how significant the role of the nature/perception of illness in the determination of source/choice of healthcare utilized at the onset of ailment (50.0%) This finding is in line with Chukwuani(1990) observation.It is vital to note that finance did not play a crucial role here though proximity and accessibility of health care systems were notable in addition to religious beliefs while finances would influence 4.0% of the respondents' choice of health care.

Table 5: Respondents opinions on Factors influencing their choice of Health Care

Response	Frequency	Percentage
Religious Belief	44	29.3
Nature of illness	75	50.0
Proximity and accessibility health care provider	16	10.7
Finances	6	4.0
Others	1	0.7
No Response	8	5.3
Total	150	100.0

Table 6 explains the bi-variate analysis of the socio-demographic and economic characteristics of respondents and the utilization of traditional medicine. It indicated that more females utilized traditional medicine than males. This confirmed studies carried out by Bertakis et al (2000). More people under 25 years of age use traditional medicine than those between 25-34years and those above 35 years. It also showed that more single respondents would use traditional medicine than their married counterparts. It was also discovered that more respondents in the Western Churches use traditional medicine than their Pentecostal counterparts. Also more employed respondents used traditional medicine than the unemployed. This was expected because affordability is a basic condition for the utilization of traditional medicine (Erinosho 1989; Ewhrudjakpor, 2007).

Table 6: Bi-Variate Analysis of Socio-Demographic and Economic Characteristics of Respondents and use of traditional Medicine

Socio-economic Characteristics		*Use of traditional Medicine*	
		Yes (123)	*No (27)*
Sex	Male	52	14
	Female	71	13
Age	< 25 years	63	10
	25-34 years	36	4
	> 35 years	24	13
Marital Status	Single	66	10
	Married	53	15
	Others	4	2
Denomination	Western?????	66	13
	Pentecostal	57	14
Employment status	Self employed	29	10
	Government Employed	44	7
	Unemployed	32	6
	Others	18	4

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Table 7 presents the bi-variate analysis of the use of traditional medicine by the sex of respondents. Only 21.2% of the male respondents prefer to use traditional medicine when ill while 78.8% said traditional medicine should not be the last resort whenever ill. 88.9% of female respondents said traditional medicine should not be used as a last resort when ill while only 11.1% said traditional medicine should be used as a last resort.

Table 7: Cross Tabulation of the use of traditional Medicine and Sex of Respondents

		Do you think traditional medicine should be used as a last resort?		Total
		Yes	**No**	
Sex	Male	14	52	66
	Female	9	72	81
Total		23	124	147

Table 7B: Chi-square Test

	Value	Df	Asymp. Sig. (2-sided)
Pearson chi-square	2.811[a]	1	.094
Continuity correction[b]	2.098	1	.147
Likelihood ratio	2.802	1	.094
Fisher's exact test			

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 10.33

b. Computer only for a 2X2 table

Hypothesis 1

H_0: There is no significant relationship between the use of traditional medicine and sex of respondents.

H_1: There is a significant relationship between the use of traditional medicine and sex of respondents.

Decision Rule: If P-value (0.094) is greater than 0.05, reject H_1, otherwise accept.

Conclusion: Since P-value (0.094) is greater than 0.05, we therefore accept the H_0, that sex has no significant relationship with the use of traditional medicine.

Table 8: Cross Tabulation of the use of traditional Medicine and Denomination of Respondents

		Respondent views on traditional medicine being used as a last resort		Total
		Yes	No	
Denomination	Western	13	65	78
	Pentecostal	10	59	69
Total		23	124	147

Table 8B: Chi-square test

	Value	Df	Asymp. Sig. (2-sided)
Pearson chi-square	.131[a]	1	.717
Continuity correction[b]	.018	1	.893
Likelihood ratio	.131	1	.717
Fisher's exact test			

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is10.80.

b. Computed only 2x2 tables.

According to analysis, the use of traditional medicine of those who attend western churches, 16.7% of respondents said they make use of traditional medicine while 83.3% said they do not make use of traditional medicine whenever they are ill. While of those who attend

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Pentecostal churches, 85.5% do not make use of traditional medicine while approximately 15% make use of traditional medicine.

Hypothesis 2

H_0: There is no significant relationship between denomination of respondents and use of traditional medicine.
H_1: There is a significant relationship between denomination and use of traditional medicine by respondents.
Decision Rule: If P-value is greater than 0.05, we accept H_0, otherwise we reject the hypothesis.
Conclusion: Since P-value (0.717) is greater than 0.05, we accept the hypothesis that denomination of respondents does not influence the use of traditional medicine.

4. DISCUSSION

Based on the analysis of data which has been presented above, the following premises have been deduced. More of the members of the Pentecostal churches are either employed and self employed, as against members of other churches. It was also discovered that there was no significant variation in attitudes towards the utilization of traditional medicine across genders amongst church members. Both males and females felt that traditional medicine should not be used as a last resort or curing illnesses. However, more females held this view than their male counterparts. On the issue concerning the encouragement of the utilization of traditional medicine among church members, majority of the informants agreed that it should and can be encouraged. Only one informant, a pastor in The Apostolic Church opined that it cannot be encouraged. In his words "No! it cannot because we are believers so we should live herbs-free. Because Jesus bore our sicknesses upon Him (3 John 1:3) so we have a right to divine health *"Iwosan Lai l'ogun"*.

On a third count, it was deduced that majority of the respondents combined traditional medicine with faith healing. Majority of the respondents also claimed that the exclusive use of traditional medicine was not effective in treating illnesses. Also, majority of the respondents attributed ill health to germs and poor hygiene were just natural manifestations of the supernatural factor that caused the illnesses.

There was no significant relationship between sex and the use of traditional medicine. Also there was no significant relationship between religious beliefs held by members of both denominations (traditional and Pentecostal Churches) and the utilization of traditional medicine. It is important to note the fact that the members should be combined in the treatment of illnesses or disease.

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5. CONCLUSION

The study was carried out across some selected churches in Emure. Ogun State and was aimed at investigating the effect of religious beliefs on the utilization of traditional medicine by members of the churches.

The objectives of the study were achieved through the adoption and support of social action theory. It was discovered during the course of the study that Pentecostal churches constituted more of employed and self employed people than the new generation churches. It was also realized that there was no gender variation in the attitude of the church members towards the use of traditional medicine. Both males and females in the churches kicked against the exclusive use of traditional medicine. The study also showed that church members believed that both germs and poor hygiene are just part of the causes of ill health. On a final note, it was deduced that majority of the members of the churches utilized both faith healing and traditional

medical approaches of treatment of illness. They believe that the two approaches should be utilized simultaneously.

6. RECOMMENDATIONS

The following recommendations are based on conclusions made from the study:

- Government at all levels should deliberately enforce measures to inform and educate Nigerians of the importance and realism of traditional approach in managing ailments
- The ministers of health, information and education should collaborate in the area of information dissemination on vital health matters on awareness, knowledge and communication practices showing the need to use western medicine when the ailment is caused by natural factors and traditional (faith healing) when it is caused by preternatural or supernatural factors. This will ensure that people choose rightly the health care facilities that have greatest merit depending on the nature of the illness.
- Further scientific research to verify observed merits and possible role of faith healing (religion) in the health sector should be encouraged.

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