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An Interrogation of Diarrhoea Concept among Yoruba Women in Ibadan Metropolis, Nigeria

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ABSTRACT

This paper explores and simultaneously interrogates the emic perspective of childhood diarrhoea among Yoruba women living in Ibadan metropolis, Nigeria. The data was derived from in-depth interviews and focus group discussions conducted with women and other significant members of households who were health givers to children below five years of age. Two major concepts that are associated with childhood diarrhoea, *owó ọmọ* and *ọwọ́ iỳá*, are analyzed within a phenomenological framework of African philosophy that challenges orthodox discourse of human health and life experience. The paper draws the attention of international health organizations collaborating with the Nigerian government in reducing child mortality associated with diarrhoea the inherent danger in ignoring folks' beliefs and concepts. The paper concludes that it is only in recognition of cultural cosmologies that local people can be actively involved in designing improvement strategies and carrying out hygienic education sensitively.

Keywords: *Diarrhoea, Worldview, Under-fives, Yoruba women, Ibadan*

INTRODUCTION

Diarrhoeal disease poses a major health problem in most technologically less developed countries of the world. The disease, which is usually associated with overcrowded settlement, poor access to clean water and good sanitation, is estimated to kill about three million children below the age of five annually (UNICEF, 2003; WHO, 2001). Although much is now known about the disease and its management, the social and cultural contexts in which it is defined are rather complex which makes it difficult to translate biomedical knowledge into effective health policy (Weiss, 1988). This difficulty is made more prosaic in Nigeria where Iyun and Oke (2000) have estimated that about 25% of children still die of the illness before they celebrate their fifth birthday. Such high figure only demonstrates that the path-physiology of the disease, which has been studied purely from the biomedical perspective, seems to render such knowledge gained almost useless due to the cultural explanatory model that has been erected by various groups to interpret the cause and courses of the illness, which ultimately influence their health-seeking behaviour and preventive measure. For non-Westerners, the biomedical explanations associated with the illness is not

only confusing but also puzzling due to the different realities that characterize the interpretation of the disease. It is in this regard that health professionals are called upon to understand local nuances of diseases and ill health because health by its nature is not only subjective but it is also a difficult term to define, and it is even more so in the context of African traditional life.

For most Africans, health is an ontological phenomenon, which pertains to the very question of existence or being. The World Health Organization (WHO, 1978), has defined health not only as the absence of diseases in the life of an individual but also taking into consideration the equilibrium with the individual's physical, social and psychological life. One important aspect that is missing in that definition however, is the spiritual aspect that characterizes African health system and cosmology. For the African, and for the larger community of which he is a part, to enjoy good health is to be caught up in a complex relationship between the natural and supernatural worlds. This is fundamental and it means that man lives in a complex web comprising humans and spirits that give meaning to the cosmos in which man is only a part. For Africans therefore, ill health and well-being are part of their whole existence and this existence, however precarious it may be, has underlying meaning. Failure to realize and appreciate this starting point, has led many a health campaign to fail woefully or at best merely scratched the surface in an attempt to ensure good health for all. Consequently, to understand their health belief we must penetrate that ontology. This paper seeks to do that as it explores the concept of diarrhoea among the Yoruba of Ibadan metropolis. It attempts to understand this phenomenon by analyzing the very concept of diarrhoea from an emic perspective to explain that ontology. It is argued that unless this concept is fully understood from the target population's point of view, the campaign against childhood diarrhoea may be a wild goose chase in Nigeria.

1. Knowledge and Beliefs Regarding Childhood Diarrhoea

Studies by Asakitikpi (2004) among the Yoruba residents of Ibadan metropolis have shown that the term diarrhoea (*ìgbé-gbuuru,* which literally means loose stool) is used to denote a type of illness that is generally viewed as a milestone in the development of children below five years. This condition is explained by the sprouting of the three major sets of teeth: the incisors, canine and premolars. Teeth are believed to cause diarrhoea by the pain that is associated with their eruption. This condition, it is believed, usually causes a child's body temperature to rise, causing stomach upset and subsequently leading to diarrhoea. Furthermore, it is postulated that the teething process generates a lot of saliva in the mouth and the increased swallowing of saliva associated with teething makes the child to become sick by frequent stool passage. These conditions result in children's discomfort leading to fever, loss of appetite,

persistent cry, listlessness and diarrhoea. Among the three sets of teeth, the most problematic are believed to be the premolars, which start to appear between 20 months and 36 months.

Residents in Ibadan metropolis where the study was conducted are very knowledgeable about the disease and five main types have been identified (Asakitikpi, 2004). Using two major markers, one can categorize these diarrhoeas: the quality of stool and the suspected cause of the disease. Hence *ìgbé-gbuuru* is characteristically identified with teething because children normally develop this type of diarrhoea when they are about to develop teeth. The stool is characterized by short explosive loose stool, which explains the onomatopoeic name. Unlike *ìgbé-gbuuru,* which is foamy and emit bad smell, *ìgbé-orin* on the other hand, is said to be characterized by less watery stool but may be accompanied by streaks of blood with the general belief that this condition is caused by stomach rupture. Furthermore, *ìgbé-jèdí-jèdí* is identified by the presence of mucus in the stool. It is generally agreed that this type is caused by the excessive consumption of sugary substances and it is more common among children between three and five years old. Another diarrhoea type, *ìgbé tápà,* is classified as a very painful type of diarrhoea and it is so identified if the stool is in the form of pellets. The cause is believed to be dirt and the dirty particles can be seen in the discharge. Finally, a kind of frequent stool passage is identified as *òseèsé*, which is caused by the rupture of the rectum. It is associated with the indiscriminate eating of different food items otherwise referred to as *ijèkúję* in the local parlance. This diarrhoea type is also common among children between three and five years.

From the above, the causes of diarrhoea can be grouped into two categories: those that are caused by natural processes and those that are man-induced. Example of the former is *ìgbé-gbuuru,* which is linked with childhood milestone such as teething and crawling; and example of the latter is *ìgbé-jèdí-jèdí,* which is caused by over consumption of sugary substances. While some preventive measures are taken against diarrhoeas that are believed to be man-induced, the same is not the case for diarrhoeas that are naturally induced. This mindset has far reaching consequences on the survival of under-fives. Because some diarrhoeas are perceived to be naturally induced most mothers do not see the connection between a dirty environment and diarrhoea, thus making children unduly exposed and vulnerable to *Escherichia Coli,* the common bacteria responsible for the spread of childhood diarrhoea. Furthermore, after infection, the sick child is left unattended to until the illness exacerbates, which explains the high mortality associated with children below two years. But to get a more comprehensive picture of the internal factors that may influence non-preventive measures by mothers, the question that is explored in this study is, what conditions the average Yoruba woman's thought towards childhood diarrhoea for us to appreciate her seemingly irrational behaviour towards the disease? This discourse is limited only to *ìgbé-gbuuru*, the diarrhoea associated with the sprouting of teeth and therefore naturally induced, which incidentally, is responsible for a significant number of infant mortality.

Although residents in Ibadan metropolis believe that *ìgbé-gbuuru* generally affects children below two, the time of infection is by no means uniform. Respondents acknowledged that the manifestation of the disease is dependent on the two concepts of *owó ọmọ* and *ọwọ́ ìyá.* These concepts are important in explaining, from an emic view, variations in the onset of childhood diarrhoea in particular and the broad concept of diarrhoea in general. *Ọwó ọmọ* is defined as the distinctive nature of the individual child. Rather than have diarrhoea at the time of teething, some children may have it when they are about to crawl or when they are learning to walk, or other developmental stage of growth. In all these variations, the children may be siblings from the same woman. To explain the concept of *owó ọmọ* a respondent summed it up this way:

> ... different children have different owó. Not all children from the same mother may pass watery stool when they are teething. Some may have diarrhoea when they are learning to crawl. So one cannot say that all children will experience diarrhoea at a particular age. This differential is determined by the child's owó.

In an attempt to give an in-depth explanation of the same concept, another respondent used her personal experience to buttress her point. She stated that:

> All my children displayed different symptoms when they wanted to grow teeth. The first one for example was a very bad case. When he was about eight months old and about to grow his first set of teeth he had high temperature. He was always crying and passed stool a great deal. He was very lean and had all sorts of problems. But my second child, a girl, even though she started growing her teeth at about seven months she only vomited and could not eat anything except breast milk. The third child, also a girl, gave me the least problem. She was the best. When she started developing her teeth at seven months she only had high temperature and passed watery stool. So one cannot generalize and say that all children will display the same symptoms at the same age when they have diarrhoea it all depends on their *owo*.

In the same vein, when asked to expatiate on the concept of owó´ ìyá another woman has the following to say:

> "owó ìyá, means that mothers have their peculiarities. To use my experience as a case, all my children would normally vomit, refuse to eat and have diarrhoea whenever they wanted to grow teeth. However, my mate's (husband's second wife) children only had that problem when they were crawling. Yet, I've seen other women whose children did not display all of these symptoms. This peculiarity of each individual mother is what is referred to as ọwọ́ ìyá"

Owó ọmọ and owó´ ìyá, may therefore represent key concepts to explain how the people perceive the disease and ultimately react to it. In the people's belief, ìgbé-gbuuru is not a phenomenon that has to do with the environment, but it is

an illness that has both external and supernatural influences. To fully understand how the people interpret diarrhoea, respondents were asked to comment on instances where children do not pass watery stool at all when growing up. Almost all the discussants at the FGD sessions were unanimous that it is an extreme case that such a situation would occur. One of the discussants put it succinctly when she noted that:

> For me, I have not seen where a child did not have watery stool when he or she is teething or crawling. It is almost impossible and I cannot imagine what would happen to that child or the type of child he is.

To express her doubts and volunteer an explanation another discussant noted that:

> Although I have not seen or heard of children who did not have igbe gbuuru when they are teething or crawling, if such children do exist then they must be very special. It is either they have very strong ori or their mother's owo is extraordinary.

Besides the fact that the above statements buttress, in unequivocal terms, the high incidence of diarrhoea in the study area, they also demonstrate the flexibility by which the people define diarrhoea as something that is both natural and normal. As a result of this mindset, as it is obvious from the statements above, the people would rather consider a diarrhoea free child as abnormal and therefore to be observed carefully. Due to the high prevalence rate of the disease a diarrhoea free child may be regarded as an abnormal situation and, as noted by discussants in the FGDs, such a situation is truly extraordinary.

Consequently, respondents saw diarrhoea differently from the way it is defined by health workers. Rather than see it as a major illness that causes the death of children, they believe that, though it could kill if the child is exposed to other diseases such as malaria, they did not normally connect diarrhoea *per se* with death. When asked to comment on the link between diarrhoea and poor environmental conditions, they noted that there were other types of diarrhoea that are caused by the environment or by poor eating habit but they insisted that *igbe gbuuru* was not in that category. According to a mother:

> Igbe gbuuru is purely internal and there is nothing the mother can do about it to prevent it. It is certain that she cannot control the manifestation of this type of diarrhoea. That is why all children do not manifest it at the same time. The child's owo or the mother's would influence when the illness would be displayed. Some children have diarrhoea immediately they are born and may or may not have it again, while others would have it at the various stages of their growth. So, for this reason, it is almost impossible to predict when a child would have diarrhoea.

It follows from the above therefore that to the respondents and to a large majority of women in the study area, diarrhoea incidence can neither be

prevented nor predicted. Of course the latter is true in that it may be very difficult to know when a child ingests the bacteria that would cause diarrhoea, but for the former, the illness can be prevented by encouraging personal hygiene, sustaining good environmental sanitation and the provision of clean water among other preventive measures.

The interpretation of diarrhoea from the *owo* perspective is best understood within the broad framework of the Yoruba general philosophy and their cosmology of life and of the human person. Among the Yoruba, individuals are believed to have characteristics that are peculiar to them. The concept of *orí* or "the head she brought from heaven" aptly substantiates this belief (Abiodun, 1986). People are thought to have requested from *Olodumare*, the Almighty God, for certain traits, which they are to be identified with when they come to the physical world. Hence it is believed that some individuals requested from God that ill-health should not be part of their problem while others might have requested that, as punishment to whoever will give birth to them, they should always have reasons to visit the herbalist or other health centers. Such beliefs are differentiated from the evil machinations of people. Rather than being manipulative, the person so involved may or may not be conscious of her influence hence it is believed to be natural to the individual. Within the framework of this belief system, a woman for example, whose children have diarrhoea and vomit at the same time excluding other symptoms that are associated with the disease, will focus her attention on the influence of the mother's essence rather than on the illness. The same also applies to a woman whose children display the symptoms when they are crawling. However, when children from the same woman have diarrhoea when they are teething, crawling or about to walk they term this discrepancy as *owó ọmọ.* At this point, the emphasis is shifted from the mother to the children. It is believed that the children are displaying their peculiar traits.

From the above, it is clear that the focus of mothers and significant members of households is not on the illness *per se* but more importantly, on the individual. Although majority of the respondents agreed that diarrhoea could be fatal, they did not, in practice, get disturbed when their children had diarrhoea. This belief regarding the illness obviously has significant impact on their response to the disease, which may be described as indifference. This attitude also has an impact on non-preventive measures of mothers concerning the disease.

2. DISCUSSION

The concept of *owó* is a profound experience among the Yoruba. In order to understand this significant notion, we attempt to consider it at two levels. *Owó,* in the ordinary Yoruba sense, refers to the physiological appendage used to describe the human fore limbs. But *owó* also connotes other meanings. *Mo fun*

lọwó, is a street kid slang for example, which conveys craftiness of an individual and a tendency to cheat and outdo another individual. This banal usage of the term evokes negative response from members of the society towards the individual. On the other hand, *owó* may also refer to dexterity, which includes one's artifice, skills, workmanship and ultimately ones destiny, as in *işé owó.* Unlike the former usage, this latter connotation conveys a more complex relationship not only among peoples but also between them and the supernatural world. In this sense, *işé owó* may refer to the skill one would have acquired as a result of being apprenticed to a master, which will lead the individual to become successful in his chosen career. It may also refer to skill or talent, which has been bestowed on the individual by God's benevolence, which will eventually make the individual famous. *Owó* in this sense basically connotes non-duality. It can be said to be the theological term in the general Yoruba philosophy that is used to denote the relationship between the divine and the human or between the individual and his destiny.

The application of this belief system to mothers' attitude regarding diarrhoea indicates that mothers are in a familiar turf when their children have the disease. For them, the illness only portrays who the individual child is (that is, a communication from God on the uniqueness of the child) or a milestone in the child's development (in the form of sprouting of teeth or learning to walk). For these reasons, mothers hardly take diarrhoea disease as a life threatening illness; rather the illness is perceived as "normal" and therefore caregivers assume a nonchalant attitude toward its manifestation. The consequences of this belief system are that mothers hardly take any preventive measures against childhood diarrhoea and when their children are consequently infected they leave the illness to exacerbate before taking action, which sometimes leads to the death of the sick child. As a result of the opportunistic nature of diarrhoea, the relationship between it and mortality among children is imperceptible to mothers.

The popular and predominant theory of *owó,* which is grounded in the Yoruba philosophy, affirms that there is a relational identity between God and the human world. This belief implies that ultimately the unseen and seen worlds and the individual's health are intricately interwoven. Illness, in the Yoruba context therefore, cannot be treated in isolation of the society and its belief system. In the same vein, the eradication of diseases such as diarrhoea must be addressed holistically, which will include taking into consideration the people's philosophy and cosmology. To the African and the Yoruba in particular, basically everything points toward God. The concept of the self, *èniyán*, and everything that pertains to that self is invariably linked to the Godhead; this belief system is enshrined not only in the mental template of the individual but it also finds expression in the norms, values and everyday life of the community. From this point of view, eradicating childhood diseases means influencing or changing the belief system of the whole community and not the monolithic approach of targeting mothers who are only a sub set of the population. One way of doing this is by emphasizing the notion of a clean environment within the

existing belief system of the people. Siroto (1979) noted that among the Yoruba, the protective colour of white is used against mysterious threats to the well being of individuals. For this reason, because the colour white is of high esteem among the Yoruba who equate it with purity, the colour can serve as an important channel of childhood diarrhoea intervention. Preventive campaign measure may thus use this aspect of the people's belief to encourage a clean environment and personal hygiene thereby safeguarding against diarrhoea infection. It is clear therefore that a spiritual dialogue is crucial not just for the survival of the individual, but also for the maintenance of a clean environment.

The question of health as an amalgam of germs or the relationship between the environment and the individual, which is the basis for the germs theory in explaining diarrhoea infection is of little or no concern to the studied people in their traditional life as far as *ìgbé-gbuuru* is concerned. For them health, including diarrhoea, is a complex composition of the interaction of events both in the mundane and spiritual worlds which have occurred, are currently taking place and are to occur in the future. For this reason, diarrhoea is regarded by the people as an inevitable occurrence that is equated with the growth of the child. Diarrhoea bout therefore, serves two major functions to the people: as a milestone in the development of the child and as a cue to understanding the uniqueness of the individual child or mother. The most significant consequence of this is that ill health, according to traditional concepts, is a two-dimensional phenomenon with a world of the natural on the one hand and the supernatural that is made up of deities and gods on the other. The monolithic concept of ill health in western thought characterized by a world of germs, socio-psychological stress caused by social relations is essentially recognized in traditional belief systems only at the peripheral level and therefore is effectively subsumed under the thick layer of spiritual relations (Ademuwagun, 1975). The social interaction that characterizes human relations is not analyzed merely as a social intercourse but permeates the complex web of spirits and humans. And this relationship is mutually influential. When there is a breach in social expectations the spirits are conjured to intervene, while to ensure good health or to restore it appropriate prayers are said and propitiations are made to achieve the desired results. If however, the illness is diagnosed or defined to be more of natural occurrence than spiritual; it is best handled within the prescribed norms of the society using herbs, bark of trees, and leaves among other natural materials. What constitutes natural illness no doubt, is recognized by the people but once the event has taken place, even though herbal means may be resort to, it nevertheless sets the Yoruba mind thinking about who is after him or what taboos he has broken or what deeper communication the gods are conveying to him. In this regard, illness, of whatever category, is seen as a medium of communication between the supernatural world and the people. It is at this level that understanding the concept of diarrhoea from the emic perspective becomes crucial. It is at this deeper level that western trained health workers need to concentrate in order to understand how best to package intervention programmes. From this study, it is observed that rather than superficial and

unidirectional, diseases and ill health are regarded by the people as both multifaceted and complex. They set their minds on diseases and ill health not only as a social phenomenon but also as both naturally and supernaturally derived.

This type of orientation, governed as it were, by this complex maze of the unseen and seen worlds, dominates most African understanding and indeed other peoples of the Third World (Oke, *et al*, 1991; De Zoysa, *et al*, 1984; Mull and Mull, 1985; Yoder and Hornik, 1996). For this reason, ill health has to be properly understood from the local population's point of view in order to make sense or to become real to the health worker. More often than not African health workers who are working in the continent although may be aware of this fundamental framework pretend that it does not matter and therefore impose foreign ideas on their target population. This shift in paradigm only creates tension, which leads to the dismal failure of most health programme. There is a need therefore, to carry out in depth studies of health communications in various groups in order to understand the underlying rationality of people's response to different categories of ill health and diseases.

3. Conclusion

The aims of this paper are to interrogate and understand our cursory treatment of the concept of diarrhoea among the Yoruba and how this concept has a profound effect on the survival of children below five. The analysis of two major concepts that are associated with the disease has shown that they possess a phenomenological force, which challenges our discourse on health and by extension African philosophy of life. It has also attempted to bring to the fore a challenge to our analysis of basic concepts of seeming commonplace. The fundamental experience of the Yoruba regarding childhood diarrhoea can be termed "*owó*́". Though *owó*́ is interpreted diversely in the culture, no Yoruba life or philosophy concerning diarrhoea can be fully understood apart from it. In this work therefore, an attempt has been made to understand diarrhoea illness, which is so essential for the Yoruba from the perspectives of their rich philosophical heritage and children mortality. It is my submission that *owó* could be a crucial basis and fundamental incentive to health and indeed life's dialogue. Though this study is derived from the Yoruba experience, it is visualized that its role is not limited to the Yoruba experience alone; it is realized that such a vision has a wider relevance among other tribes in Nigeria.

In a metaphoric sense the concept of diarrhoea makes it imperative that different worldviews interact, trying to reach a wholeness or totality. These different worldviews (the scientific analysis, the cultural explanation and the spiritual interpretation) have different roles and functions, but they all point to a Yoruba reality, to a unifying and integrating reality and wholeness. This presupposes that one is not seeking the uniformity of both western and local

worldviews; nor is one seeking a universal explanation that will replace local cosmologies or vice versa. Rather one is seeking a mutual hermeneutics encounter between different explanations, which form the basis for the total integration of the communal cosmos. Such worldview can be worked out to become truly integrating, holistic and unifying, without in any way sacrificing the individual uniqueness of each explanation. Hence there is a need and the scope for a mutual relationship between local ideas and foreign ones. The framework is already established which gives scope for acceptance and affirmation between cosmologies. Such an understanding constitutes a hermeneutic key in carrying out and understanding health integration policies in Nigeria.

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