Cultural Exploration: Nigeria

Antoinette Powell
(Project submitted in partial fulfillment of the requirements for the Cultural Diversity in Occupational Therapy course taken as part of the Distance Master of Science in Occupational Therapy at San Jose State University)

Malta is, and always has been, a common destination for people from all over the world. One such type of migration is that from Africa – just 290 kilometers south of our Islands. Amongst these, numerous Nigerians too, have found in Malta a place for study, work and even family.

The aim of this project was to learn about the Nigerian culture, its people's beliefs, their health issues and other concerns. These would be helpful for a health professional to know so as to be more culturally competent and therefore more client-centred during service delivery, especially in view of the possibility of having Nigerians as our clients. For this project, literature searches were carried out about Nigeria and about cultural competence, and three interviews were conducted with three Nigerians living in Malta.

Demographics

Nigeria is Africa's most populous country and has more than 250 ethnic groups (UNICEF, 2003). The main ethnic groups in the north are the Hausa and Fulani, while the Yoruba people are concentrated in the southwest and the Ibo in the southeast. Together, the four groups make up about 68% of the population of more than 137 million. English is the official language, but Hausa, Fulani, Yoruba, and Ibo are widely used. About half the population, mainly in the north, follows Islam, while some 40%, mainly in the oil-producing southern regions, are adherents of Christianity, and 10% hold to animist beliefs (World Geography, n.d.).

Cultural Competence

In striving to get to know another culture one works towards achieving cultural competence, which is a process that exists on a continuum and may never be fully recognized (MacRae, OCTH 235, 2004). Cultural competence can be taken to mean as having a sound knowledge about a specific culture; being open minded to that culture; accepting it (Perlmutter, 1997). This, however, does not necessarily mean that one has to follow it, to be part of it, to do the same. With cultural competence one needs to see the other culture within its own social context and not one's own, and without forcing one's ideas, beliefs and customs onto that culture.

McGruder (2003) stated that, "Values, attitudes, aesthetics, lifeways, arts, moral, customs, laws, and the many other things that are included in culture can change in response to the forces of history, politics, and economics. Culture is malleable and dynamic" (p. 82). This is also true of Nigeria. The three Nigerian persons interviewed for this project recounted traditional customs which are now somewhat changing. However, there are still places where there is great opposition to this change and indeed a lot of the traditions are still kept going to one degree or another. This depends mostly on the educational level and economic status of the families in question.

Family

The Nigerian family is at the core of Nigerian society. Alao (2004) wrote:

[The Nigerian family] is often an extended one, comprising members of related families who might need to be cared for. The traditional African societies were therapeutic communities where almost every one was related. The human values of love, care, passion and warmth were universally displayed by everybody and the extended family culture attempted to create a universal sense of caring. In such a setting, many modern-day adjustment problems like mental illness, cultism, and drug addiction, are less evident, as the ever caring and watchful society was there to notice and rescue prospective victims. The culture of being your brother's keeper has enormous psychological value (p. 252). These same sentiments were echoed and repeated by the three Nigerians interviewed.

Men are considered the absolute heads of the family in Nigeria, with the women having to accept their husband's/ father's/brother's decisions. This is not to say that women cannot give their opinion, but it is the men who have the final say. The women tend to feel somewhat relieved with this set-up since if something goes wrong, they are not blamed for it (Etim, personal communication, November, 2004). Elders, both females and males, are highly respected and are reserved special welcoming gestures, varying from full lying prone on the ground by the Yorubas, to kneeling by the Ibibios, and to enveloping the elder's hand in the Efik tribe.

Traditionally, a child is married into another known family so that the parents know that their offspring will be well cared for and possibly that the other family does not have known health problems that can be inherited by their grandchildren. It is the custom for the bride's family to ask for gifts from the groom's family and the promised bride cannot be taken in marriage before this dowry is paid. The dowry asked for will be what the bride's family may need materially such as curtains for the parents and dresses for the bride and her sisters. But then it is pay back time when the couple has their first child as with the Efik tribe. Here, the new mother and baby go live with the woman's family for the first month in which time the new father asks his parents-in-law for things that are still needed in the home so as to have the home completed by the time the mother and infant return. This because usually, the newly married couple go in their new home when the house is just built but still bare, and then it is filled little by little over time. Therefore, it is frequently not full at the arrival of the first child. The grandparents, eager to know that the new grandchild will have a completed home, give their son-in-law what he asks for (Umanah, personal communication, November, 2004). In other tribes such as the Yoruba, a female relative goes to help the mother with coping in the first few months after the birth (Tope, personal communication, October, 2004).

Having numerous children is the norm in Nigeria. It is a common notion that a couple with up to three children is considered as barren, even due to the high infant mortality rate. The United Nations (UN) gives the total fertility rate in Nigeria of five births per woman and the infant mortality rate of 79 per 1000 births for the period 2000-2005 (United Nations, n.d.).

Gender equality

Because society puts so much importance on the men, the arrival of a boy is more important than that of a girl because a daughter will eventually marry and move away from the family with her husband, while a boy will help provide for the family when the father cannot do so anymore. If a woman bears only girls, it is common that the man seeks another woman from whom to have males. The first wife has not much choice but to

accept the new wife because this will ensure that she and her children are taken care of even eventually after the husband is unable to do so (Etim; Tope; Umanah, personal communications, October 2004).

Adeyemi and Nelson (2004) wrote:

> In the African setting, the culture appears dominated by paternalism and stereotyped tendencies. The Nigerian culture...accords the male children priority over female right from birth, which transcends into schooling and even inheritance. Particularly among the very low income earners and illiterate parents who cannot afford western education for their numerous children, many choose to send the male children to school while giving out their female children in marriage even at tender ages to raise money for the education of their brothers (p.364).

Although Nigeria has had a National Policy on Education since 1981 to improve the equality in participation between males and females in education, it has not been implemented effectively and efficiently due to rapid population growth, insufficient political will, a long period of undemocratic governance, and poor management of scarce resources. Women and girls have been most affected by these negative factors. The national literacy rate for females is only 56%, compared to 72% for males, and in certain states the female literacy, enrolment and achievement rates are considerably lower than national averages (United Nations Children's Fund (UNICEF), 2003).

If all this seems so different than our own culture it must be added that the British *New Scientist* magazine reported Nigerians as the happiest people among 65 countries surveyed between 1999 and 2001 by an international group of social scientists tracking socio-cultural and political change (World Geography, 2003).

Health belief systems

"Health belief systems differ markedly from one culture to another and they tend to dictate how individuals with disability fare within their societies...Although disability tends to be viewed negatively in many societies, this is not always the case" (Groce, 1999, p. 37). In Nigeria, disabled persons are regarded as an act of Nature, an act of God, and are not cast out or hidden by society. They are accepted

and taken care of by the family within the community. Moreover, it is considered disgraceful to send your disabled or elderly family members to institutions.

Most women prefer the traditional forms of childbirth and receive the bulk of their health care in the traditional sector (Onolemhemhen & Ekwempu, 1999). Deliveries often occur at home and even in the fields or on the roads. This might contribute to the high mortality of infants. "Perception of the cause of complication, women's status in the immediate and extended family, and community values affect use of health-care services. When a complication occurs [during pregnancy or in labour], the decision of where to seek care depends on what is thought to be the cause of the complication" (Population Council, 1992, p. 282). Much is being done in Nigeria at present to create strategies for the reduction of mother and child deaths in pregnancy and labour (Onolemhemhen & Ekwempu, 1999) and this includes the need for co-operation between the two groups of physicians -- traditional and Western (Opaneye, 1998). The Yoruba tribe will console the mother who has lost a child by saying, "Omi lo danu, agbe o fo." This means, "The water spilt away, but the keg is still intact," an encouragement suggesting that the woman at least can still have more children.

The 'Babalawos,' as the Yorubas call the native doctors, are highly sought by Nigerians even though more and more Western medicine is being introduced. A "Babalawo" is always a generous, faithful, knowledgeable, and a good traditional counsellor to the members of the community (Alao, 2004). Alao continues to say that, "the "Babalawos" cannot turn away any clients on account of poverty...[they] use the traditional body of knowledge called "Ifa" [which] has information on almost all branches of knowledge. There is traditional geography, biology, chemistry, psychology, education, psychometry, etc." (pp. 250-251). Very commonly, the traditional doctor uses herbs for treatment. Different native doctors are sought for different types of ailments much as in specialized health services in the Western world.

Extensive literature exists that counter the benefits of traditional healing practices such as traditional bone setting (TBS) (Alonge, Dongo, Nottidge, Omololu, & Ogunlade, 2004; Onuminya, Obekpa, Ihezue, Ukegbu, & Onabowale, 2000); deliveries by mostly untrained traditional birth attendants (TBAs), and female circumcision and vaginal mutilation that results in severe bleeding, sometimes leading to death (Alabi, 1990). The Abuja Declaration (1990) states that, "These practices often inflict permanent physical, psychological, and emotional damage, even death". Alabi continues to say that, "Women and children are exposed to many unhealthy practices in the name of tradition or culture." Nevertheless, traditional healers thrive even today, amidst the controversy. This is mainly because of the belief and faith that many Nigerians have in traditional healers and also because certain traditional healing practices really work. In fact, an attempt is being made at merging the two forms of medicine, allopathic and traditional, into something acceptable and beneficial for Nigerians and indeed for the rest of the world, especially where medicines are concerned (Kudi & Myint, 1999; Kudi, Umoh, Eduvie, & Gefu, 1999; Taiwo, Xu & Lee, 1999).

Communication

In Nigeria there exist a multitude of languages spoken by the various ethnic groups. Indeed each has its own language, possibly more than one, depending on the area lived in. In fact there is not one common Nigerian language that all understand. The one language that is used for communication between the different tribes and clans is pidgin English -- a very basic form of English without any syntax whatsoever.

Due to the close family network that exists, Nigerians believe that communication is very important. Tope (personal communication, October 2004), from the Yoruba tribe, said that members of the family sit together when something goes wrong to discuss things through. Emim from the Ibibio tribe said that communication is generally open, but that if personally she knew that something she would say will upset the balance of the family, then she would choose not to say it at all. Umanah, from the Efik tribe, recounted how much respect is accorded to elders, which

contrasts with what he sees here in Malta in the way youths speak to adults.

Time sense

Nigerians are generally polychronic time (P-time) people. "P-time systems are characterized by several things happening at once. They stress involvement of people and completion of transactions rather than adherence to preset schedules" (Hall, 1976, p. 17). It is, for example, usual for a person to turn up late for an appointment, even an hour or more. Nobody asks why, and nobody is offended by it.

Conclusion: Relevance to OT Practice

"The first step in the process of developing cultural competence is self-awareness. Each of us has a unique cultural background to bring to a therapeutic relationship with a client as well as to our personal relations" (MacRae, 2004). We must, therefore, be aware of what culture we are carrying with us when in contact with our clients and we must equally be aware of what culture our clients carry with them. "Rehabilitation professionals must...do more than simply deliver services in a clinical setting. Rehabilitationists must also take it upon themselves to learn what life is like in the community for the individuals they serve. Much can be learned by just talking (and listening) to individuals with disabilities and their families" (Groce, 1999). In considering transcultural implications, Ward-Collins (1998) said that, "We have our own beliefs and values that influence our thinking as care providers and must work to understand how, when, and why our values come in conflict with others. We must also understand that sometimes conflict occurs simply because of our differences".

"Any...client-centred practice would be radically incomplete without addressing the multiple faces of cultural environments that impact directly on the establishment of facilitative client/therapist partnerships," (Rochon & Baptiste, 1998). This places on us the responsibility of learning about our clients' culture and ultimately being able to bracket our bias, i.e., the way we think about other people's behaviours and beliefs and how much we let this thinking bias our reaction towards them. In the bracketing process we acknowledge our beliefs, get them to a

conscious level and set our biases temporarily aside in order to be able to determine our quest, i.e., understanding our clients and offering them client-centred service. We then go on to identify our perspective of the situation and be open to any possibilities available (MacRae, OCTH 208, 2004). Then, and only then, can we truly say that we are achieving cultural competence.

Acknowledgments

A special mention and thanks go to the three Nigerians who helped me in understanding their culture better: Ms. Grace Etim from the Ibibio tribe, Mr. Raphael Tope from the Yoruba tribe and Mr. Patrick Umanah from the Efik tribe. All three gave up their time to my quest. It must be said that their enthusiasm for sharing their life, and their love of Nigeria and their culture could be clearly felt and seen. They taught me much more than this paper can ever hold.

References

Abuja declaration calls for action against hazardous traditional practices. (No authors listed), 1990. *Newsletter (Inter-African Committee on Traditional Practices Affecting the Health of Women and Children)* [online], May (9). Available from: PubMed database [Abstract accessed 16 November 2004].

ADEYEMI, K., AND NELSON, A., 2004. Gender analysis of student enrolment in Nigerian universities. *Higher Education* [online], 48, 361–378. Available from: Journals @ Ovid Full Text [Accessed 20 October 2004].

ALABI, E.M., 1990. Cultural practices in Nigeria. *Newsletter (Inter-African Committee on Traditional Practices Affecting the Health of Women and Children)* [online], May (9). Available from PubMed database [Accessed 16 November 2004].

ALAO, K., 2004. Silver and Gold We Have None But What We Have, We Give Unto Thee: Indigenous African Counselling and the Rest of the World. *International Journal for the Advancement of Counselling,* 26 (3), 249-256.

ALONGE, T.O., DONGO, A.E., NOTTIDGE, T.E., OMOLOLU, A.B., OGUNLADE, S.O., 2004. Traditional bonesetters in south western Nigeria--friends or foes? *West African Journal of Medicine.* [online], 23(1). Available from: PubMed database [Abstract accessed 16 November 2004].

GROCE, N., 1999. Health beliefs and behaviours towards individuals with disability cross-culturally. *In:* R. LEVITT, ed. *Cross-Cultural Rehabilitation. An International Perspective.* Saunders, Chapter 4.

HALL, E.T., 1976. *Beyond Culture.* New York: Anchor Books.

KUDI, A.C. AND MYINT, S.H., 1999. Antiviral activity of some Nigerian medicinal plant extracts. *Journal of Ethnopharmacology* [online], 15 (68). Abstract available from: PubMed database [Accessed 16 November 2004].

KUDI, A.C., UMOH, J.U., EDUVIE, L.O. AND GEFU, J., 1999. Screening of some Nigerian medicinal plants for antibacterial activity. *Journal of Ethnopharmacology* [online], 67 (2). Abstract available from: PubMed database [Accessed 16 November 2004].

MacRAE, A., 2004. Theory and advanced clinical practice. *In:* OCTH 208 course notes: Distance Masters of Science in Occupational Therapy. San Jose State University. Available from: http://classroom.ewebclassroom.com [Accessed 4 February 2004].

MacRAE, A., 2004. Cultural Diversity in Occupational Therapy. *In:* OCTH 235 Unit B – Addendum course notes: Distance Masters of Science in Occupational Therapy. San Jose State University. Available from: http://classroom.ewebclassroom.com [Accessed 28 September 2004].

McGRUDER, J., 2003. Culture, race, ethnicity, and other forms of human diversity in occupational therapy. *In:* E.B. CREPEAU, E.S. COHN, & B.A.B. SCHELL, eds. *Willard & Spackman's occupational therapy* (10th ed). Philadelphia: Lippincott, Williams & Wilkins, 81-95.

Nigerians Have Highest Happiness Rates, Survey Show, 2003. *Nigeria news.* Available from:http://libaccess.sjsu.edu:2165/library/maps/countrydisplay.aspx?countryid=134&categoryid=59&entryid=571664&fulltext=nigeria&bmap=False&nav=non&bstart=true [Accessed through San Jose State University electronic library 25 October 2004].

ONOLEMHEMHEN, D.O. AND EKWEMPU, C.C., 1999. An investigation of sociomedical risk factors associated with vaginal fistula in Northern Nigeria. *Women & Health,* 28(3h), 103-116.

ONUMINYA, J.E., OBEKPA, P.O., IHEZUE, H.C., UKEGPU, N.D. AND ONABOWALE, B.O., 2000. Major amputations in Nigeria: A plea to educate traditional bone setters. *Tropical Doctor* [online], 30 (3). Abstract available from: PubMed database [Accessed 16 November 2004].

OPANEYE, A.A., 1998. Traditional medicine in Nigeria and modern obstetric practice: Need for cooperation. *Central African Journal of Medicine* [online], 44 (10). Abstract available from: PubMed database [Accessed 16 November 2004].

PERLMUTTER, H.V., 1997. Becoming globally civilized. *In:* IMD, London Business School & Wharton School of the University of Pennsylvania, *Financial Times Mastering anagement.* Great Britain: Financial Times, Prentice Hall, 408-413.

POPULATION COUNCIL, 1992. Barriers to treatment of obstetric emergencies in rural communities of West Africa. *Studies in family planning* [online], 23 (5). Available from: http://www.jstor.org/ [Accessed 20 Oct 2004].

ROCHON, S. AND BAPTISTE, S., 1998. Client-centred occupational therapy: Ethics and identity. *In:* M. LAW, ed. *Client-centred occupational therapy.* Thorofare, NJ: Slack Incorporated, 145-161.

TAIWO, O., XU, H.X., AND LEE, S.F., 1999. Antibacterial activities of extracts from Nigerian chewing sticks. *Phytotherapy Research* [online], 13 (8). Available from: PubMed database [Accessed 20 October 2004].

UNITED NATIONS, n.d., *Country at a glance* [online]. Available from: http://cyberschoolbus.un.org/infonation/index.asp?theme=hea&id=566 [Accessed Retrieved on 9 September 2004].

UNITED NATIONS CHILDREN'S FUND, 2003. *Nigeria country highlight* [online]. Available from: www.unicef.org/girlseducation/files/Nigeria_2003_(w.corrections).doc [Accessed 20 October 2004].

WARD-COLLINS, D., 1998. "NONCOMPLIANT" Isn't there a better way to say it? *American Journal of Nursing* [online], 98(5). Available from: Journals @ Ovid Full Text [Accessed 20 October 2004].

WORLD GEOGRAPHY, n.d., *Country Overview.* Available from: http://libaccess.sjsu.edu:2165/library/maps/Countrydisplay.aspx?categoryid=1&countryid=134&bmap=False&nav=non [Accessed 20 November 2004].

Antoinette Powell, M,Sc. Dip. O.T., SROT, recently obtained an M.Sc in Occupational Therapy from San Jose' State University , California.