

Mrs. CJP-3
Osegere: A Nigerian Village

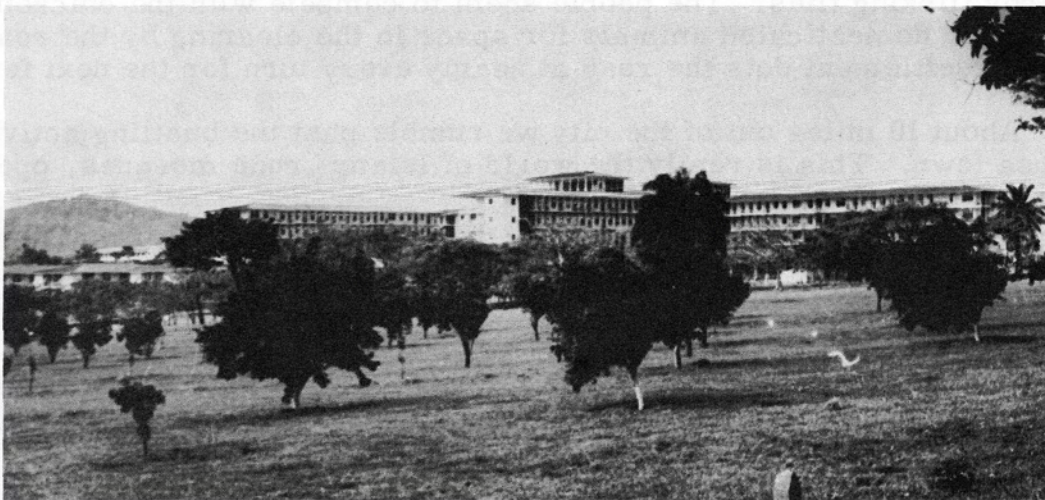
September 29, 1964
1733 Grant Street
Berkeley, California

Mr. Richard H. Nolte
Institute of Current World Affairs
366 Madison Avenue
New York 17, New York

Dear Mr. Nolte:

Life in Osegere village is as different from the idyllic playtime described in some anthropological essays and from some of the more bizarre novels which have come from some fiction writers about Africa as many American communities are from such accounts of American life as Peyton Place and The Chapman Report.

I was introduced to this Nigerian village by becoming a member of a University Teaching Hospital medical research team at the University of Ibadan. Our team was engaged in a longitudinal growth study of Yoruba children, a study devised to gather basic data on the growth and development as well as metabolic and chemo-pathological processes of children in a village virtually untouched by western influence.



THE UNIVERSITY TEACHING HOSPITAL

The team was composed of a chemo-pathologist, a radiologist, a pediatrician, a dentist, a social worker, a registered nurse, a statistician, research assistants and myself as public health nurse. All but the research assistants, who were residents of the village, lived on the University campus.

We left the campus at 6:30 AM in a land rover. The early hour was necessi-

tated by the need to collect specimens for certain tests before breakfast had been eaten by the villagers. The village is 14 miles from the city limits and our journey was always an interesting one. In addition to the occasional puncture we had the passing sights which are a quick study in modern Nigeria.

The University campus could have been lifted from suburban southern California except for the academic buildings and the proliferation of tropical plants and flowers. A sprawling expanse of reddish mud-brick (called laterite) and corrugated tin-roofed houses spread over Ibadan's gentle hills. Approaching the outskirts of town are tidy, modern government buildings. Just beyond are the gracious suburban lawns and generously spacious homes of Nigerian and expatriate civil servants and the American compound, homes barely wrested from the engulfing bush. One turns the roundabout on to the single lane highway and passes a depot for lorries. These are the trucks and buses for public transportation, commonly called "mammy wagons". Here high-spirited market women dressed in blue wrappers and head ties, hawking and laughing in their organized confusion, sell everything from freshly fried plantain to wax-wrapped sliced white bread.

Farther down the road are modern brightly gleaming Shell and Mobil petrol stations with all the brash exhibitionism of service stations everywhere. This is immediately followed by a small bush settlement: sapling and lean-tos, beaten earth floors, open cook pots on fires and a contingent of villagers sitting nearby flicking flies. The people seem to compete with the chickens, goats and other domesticated animals for space in the clearing by the roadside. This type of settlement dots the road at nearly every turn for the next few miles.

About 10 miles out of the city we rumble past the bustling activity of a Hausa town. This is really the world of Islam: rude mosques, open air Koranic schools, industrious carpenters, shoemakers, barbers and other artisans, and not a woman in sight. The men are dignified, if dirty, in their white robes of the desert north. One gets the feeling of otherworldliness behind the quietly composed faces that occasionally break into wide smiles showing brown-stained teeth that come from years of chewing betel and kola nuts. Ambling along the roadside is a herd of their cows, high as horses, railribbed and gangling. Their huge horns protruding from the sides of their heads in spiraling arcs, always made me feel they must have been the original ancestors of the Texas longhorns.



THE ROAD INTO THE VILLAGE

A few miles farther we see the Osegere sign and turn left onto the village road which runs for about a mile before the settlement appears. The road is kept cleared of the encroaching bush by the hardy efforts of the rural road crews and their machetes. It is a typical village road, only wide enough for one car to pass at a time. On more than one occasion when encountering an oncoming car a resounding argument has taken place as to who has the right of passage. Only once did we lose and have to back out a half mile to the highway. This is most often avoided by the hooting of horns to warn others to wait.

Along the road goats, chickens and dogs run freely and during the rainy season we had to use the method of the animals to get to the village. There was a rather deep gully into which the stream overflowed at the height of the rains and which even the land rover couldn't traverse. We simply removed our shoes, carried them and our supplies on foot the remaining 300 yards to the village.



The health center and the school are the only permanent buildings and they were built by the government. The village houses are made of laterite and sit neatly on each side of the road. At the end of the road is the chief's house, a larger version of the others because it includes the council headquarters, the village shrine and the village courtyard where public meetings and ceremonial activities are held.

The water supply comes from a well and a stream. Osegere shares the stream with two nearby villages. There is electricity in the health center which permits evening work and the use of a refrigerator. The village homes are lit at night by cooking fires and candle.

COMING FROM THE VILLAGE STREAM

This is a farming community of 1600 people. The cash crops are yams and maize. Men work the communal farm land and women work the family and individual plots. Women sell cash crops in the local market. Meat is scarce. Goats and chickens are eaten only for ceremonial occasions, such as religious feast days, births, marriages, funeral celebrations or when one of the animals has the questionable luck of being struck by a passing vehicle.

Osegere cooperates with the two villages with which it shares the stream in holding their combined market day every fourth day. Farming and selling in the market does not make for a quantitative limitation to the role of mother. Nursing infants are tied to the mother's back and toddlers play along the rows of tilled land and amidst the market stalls.

This village was chosen for the study for its isolation from urban and western influence, the ideal size and composition of the population, and because there are established physical facilities in which to work. A series of meetings was held by the director of the project with the chief and village council out of which came mutual agreements to exchange therapeutic services for the cooperation of the villagers. As part of the bargain, several villagers are employed as maintenance people and interpreters. They are called research assistants.

As with any research project, unanticipated problems arose. Let me tell you about a few of ours.

For a starting base, as comprehensive a medical examination as could be done in the village was planned for each person. There was no trouble getting people to turn up for the general physical, which included heart, lungs, blood pressure, height, weight, and chest x-ray. In a very short time, however, we became aware that few were bringing the requested urine and stool specimens and only children were being brought for blood specimens to be drawn. After some investigation, we found the problem revolved around two factors: the village religious beliefs and the tribal background of some of the team members.



MARKET DAY



THE CHIEF'S NEPHEW, THE CHIEF,
MRS. HOWARD THURMAN

The problem was manifested by a wariness and distrust of the Ibo* members of the team in combination with the commonly held belief that if a stranger comes into possession of one's bodily fluids or wastes, the stranger can control the individual adversely. This is doubly dangerous in the case of the Ibos against whose nation tribal wars had been fought less than a century ago.

The team members mulled this over for almost two weeks and finally came up with a rather effective solution. Since there was **no** necessity to confront them aggressively in regard to their religious beliefs we decided not to make any obvious effort toward getting the specimens. We would, however, deny therapeutic services and refer to the government hospital anyone who had not

turned in specimens because our treatment could also be viewed as an effort to control. The village council members, elders and chief were involved in our planning and were asked to assist in allaying the fears of the people whenever the opportunity arose.



VILLAGE ELDERS

After a few days of referring all but the most acute types of illnesses, and giving each individual denied an explanation by the interpreters, the villagers began bringing their filled bottles and cartons. They continued to come in ever increasing numbers even for blood specimens. A Yoruba doctor was shortly added to the team. Everyone was pleased with his presence and his ability to talk with them in their own language.

One practice which concerned us greatly was circumcision. Osegere, along with several nearby villages, uses the services of a juju doctor for the performance of circumcision rituals. Juju doctors vary from those with an ancient codified system to the village geomancer with his stock of esoteric magic, herbal remedies and practical psychotherapy, often handed down within the family. The status of the medical practitioner is usually high: this may be enhanced by some important associated tasks he performs which can include rainmaking, purification ceremonies after "contamination" by such abnormal happenings as lightening or twin births, prophesying the future or discovering those guilty of crimes.

* The second largest tribal grouping in Nigeria against whom the Yorubas have been suspicious and competitive.



INTERPRETERS, THEIR BABIES, AND ME

It would be foolish to look down upon them because they are a part of village life. Examples of past adoptions from them are well known and include the use of such contemporary drugs as morphia, quinine, digitalis, ephedrine, cocaine, curare and others. The use of these by village practitioners has been recorded for over a century. Similarly, physical therapy such as baths, spa treatments and massage have a long history of use.

The juju doctor had been rather busy and because of his tight schedule had performed the operations hastily

on a Friday afternoon. By Monday when we returned several of the girls and boys had developed infections and needed treatment. We felt this was an opportunity to do a bit of modern health teaching about infections because we were as much committed to prevention as to cure. Our Yoruba doctor, at our insistence, quite reluctantly agreed to speak with the chief about this.

Our colleague returned to us to say he had spoken only of the boys' conditions because the Yoruba system of deference decreed that certain subjects were allowed and others were forbidden when talking with a chief, even for a European-trained doctor. He had, however, explained the risk of sterility from these infections, for both sexes.

He further said that the chief lightly rebuked him for forgetting that those involved rejoice because the ritual marks the end of adolescence. They can now fully participate in all the ceremonies and can assume group and individual responsibilities. As for the girls, whom our doctor had hardly mentioned, they now had access to the "secret world of women". The non-excised* can never be real women for they bear in them a boy-twin and are therefore "too fond of men".

One of the areas we stumbled through with many trials and errors was the learning of village protocol. Among the Yorubas there is a highly developed system of greetings and behavior in relation to time of day, one's own position

* Removal of the clitoris.



WOODEN CARVINGS OF THE
GOD SANGO GUARDING THE
VILLAGE SHRINE

his three wives, who was from another village, had assumed the authority usually given the first, and was resented by the first wives of the council members and elders.

The second wife never kept appointments and would stride in majestically to demand that she be seen, while the others who had been patiently waiting their turn, grumbled discontentedly. She was sometimes subtly shoved or elbowed as she pushed her way in. We compromised by allowing no more in the examining room than could be seated on the bench. Even though she edged ahead of those in the waiting room, she had to wait until a seat was available before coming into the examining room.

I'm not sure how typical Osegere is as a Nigerian village. I suspect from the appearance and activity

and the position of others in the community, as well as sex and age. Respect is shown accordingly.

Our clinic was organized on a first-come, first-served basis for therapeutic care, and by scheduled appointment for research. When the chief, council members, or elders required service, we immediately accommodated them because of their positions. We were never quite sure how much of this should be extended to their wives, of which there were many, because polygamy is characterized by strict respect for rules.

The first wife assigns each other wife her turn to serve, prepare meals, and stay with the husband. She has the right to veto subsequent wives, except if she is sterile.

Our chief's first wife never came to the clinic. She had no children and by virtue of that fact had no authority. The second of



Mothers with their babies waiting their turn in clinic.

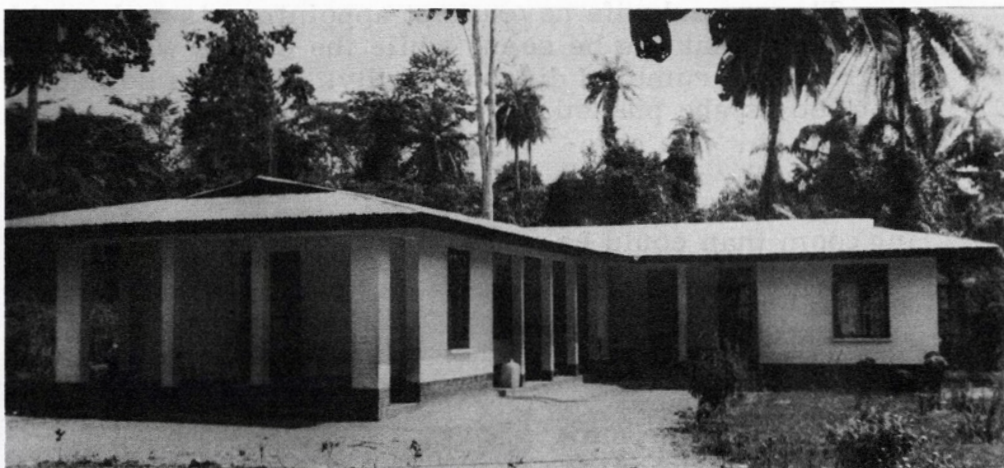
in other villages that I have visited that it has most of the aspects of rural life anywhere. There is certainly as much family competition as there is among America's familiar Joneses. There is concern for political amenities in that they want their village to have electricity and running water throughout. They are involved in efforts to expand the local school facilities so their youngsters won't have to go to the city to study and become corrupted by "city life." And they are very generous and altruistic in the help they give their relatives and friends who are in need.

Yet Osegere is a village where the estimated mortality rate for children from birth to five years was almost 45% for every 1,000 live births.* It is hardly possible to diagnose the cause of death exactly except on the basis of a description of symptoms, because most children die and are buried without having been seen by a health worker. From the symptoms, however, the most common causes of death are (not in order of precedence) diarrhea, tetanus, convulsions, fever, prematurity and respiratory conditions. It has been estimated also that 50% of the children between six months and five years pass through a phase of kwashiorkor** of some degree of severity. If this is true, it has great significance for Nigeria in its attempts to meet the health needs of the people in the future.

It becomes increasingly clear that a long-term attitude toward coordination between a scientific and traditional medical system is necessary to meet the obvious health needs. The aim should be to promote a rational approach to health problems instead of the prevailing attitude of resignation to supernatural and evil forces against which many have felt themselves powerless.

There is no country in the world, however modern, which does not contain pockets of citizens in whose lives superstitious beliefs play a major part. The difference is one of degree. A very poignant comment on this subject was made by the Dean of Lagos University Teaching Hospital:

"The educated man is likely to be more rational than the uneducated. Yet one of the striking things in Nigeria today is that our educational system has not produced this desirable result, at least not in impressive amounts. For example, if you write an



OSEGERE HEALTH CENTER

* This number has been decreased by almost 1/3 since the team entered the village.

** Protein-calorie malnutrition.

article in the popular press today denying the existence of ghosts, you will get a flood of letters — obviously from people who are literate and therefore to some extent educated — telling you how wrong you are and some even offer what they believe to be evidence in support of their point of view. Or if you visit Government offices, you will find educated clerks who put charms in each other's seats or believe that their prospects of promotion can be influenced by such charms. It may be argued that these are all people who did not study science at school. But this is not the complete answer, because even people who have studied science in school often appear to put the science they have learned in one compartment of their minds, and other aspects of their daily lives in other compartments, so that they do not mix." *

If Nigeria is to reduce that degree of difference and the number of superstitious people, it is necessary to concentrate on furthering science and technology in health as well as other critical fields. It is of prime importance that children be taught to understand the world around them. This also requires that parents and teachers be brought into the picture. Adult education classes could play a useful role in this process.

It is significant that much research has been carried out by foreigners. For wider acceptance and application of science as something in which everyone has a vested interest, it is imperative that more research and discovery be pursued in Nigeria by Nigerians, and that the number of scientific workers be rapidly increased.

Another area that needs attention is that of vital statistics. There is no way of accurately assessing where, what kind, and how large the problems are without a data collection system. Knowledge gained from statistical facts allows for better planning and more advantageous utilization of the resources available. It goes without saying that statistics are of invaluable help when presenting proposals to governmental or private agencies, especially when requesting financial aid.

I had a mixture of reactions to this village, its people, its problems, and my colleagues. On the one hand, I was appalled at the environmental conditions under which the people live. On the other hand, I was amazed that so many do survive and are able to perform the extremely demanding physical labor required of them. According to all my nursing and public health training, they should not, with the limited kinds of food available, extreme weather conditions, pervading existence of bacterial and parasitic health hazards, be able to function on any kind of normal level. Yet they do.

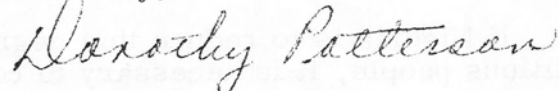
I was sometimes amused and puzzled by the way I, and some of my colleagues, responded to the villagers. There was a mixture of objectivity, deep personal involvement, and sometimes utter contempt for some of the practices and beliefs which had to be dealt with, directly or indirectly. Most of the time, I could afford to be idealistically and professionally committed to this work because it is so obviously necessary to Nigeria's growth and development. My colleagues, being Nigerian, even though ethnically different, had a personal impatience with some of the interruptive factors, except when these factors had relevance to

* Njoku, E. "Science in a Modern State," Proceedings of the Science Association of Nigeria I-III, (March 1962), p. 27.

their own background. My lack of knowledge and understanding freed me from some of the conflicts with which they were saddled. I could defer when the situation required without chafing.

On the whole, I am optimistic about the health situation. Nigeria, like Osegere, can achieve a good measure of success over the years because there are many interested and dedicated people ready to help, and, more important, there are many warm, receptive people eager to help themselves.

Sincerely,



Dorothy Patterson

Received in New York October 23, 1964.