

THE YORUBA CULTURAL CONSTRUCTION OF HEALTH AND ILLNESS

AYODELE SAMUEL JEGEDE

University of Ibadan, Nigeria

ABSTRACT

The central thesis of this paper is that the definition of social phenomena is culturally determined, and, therefore, the explanation of health and illness is a function of culture. As a result, this has significant implications for health-seeking behaviour. The study, carried out in a Yoruba community, obtained ethnographic data through in-depth interview and non-participatory observation methods. The Yoruba worldview influences perceptions of health and illness and the prevention and cure of ill-health. In fact, the 'ayanmo' mythology plays a significant role in the explanation of health conditions. While good health signifies a positive destiny (*ayanmo rere*), ill health is considered to be a negative destiny (*ayanmo buruku*). Pathways to prevention and cure usually favour the patronage of the traditional healing process, while hospital care is sought only when all other attempts have failed. Hence, the mortality rate is generally still high.

1. INTRODUCTION

Yoruba is one of the three major ethnic groups, and the second most populous, in Nigeria. The people occupy the south western part of the country, stretching from the upland area to the hinterland of the Lagoon. They speak the Yoruba language. The people are traditionally farmers, most of whom now engage in white-collar jobs and trading activities. Like other African societies, the people were once predominantly traditional worshippers who worshipped various gods and deities. They held a worldview containing a supreme being known as *Olodumare* (God). As descendants of a common ancestor (*Oduduwa*), they shared a common worldview. Like other African societies, the following five categories of religious practices can be observed, as Mbiti (1969) has recorded:

1. God as the ultimate explanation of the genesis and sustenance of man and all Things;
2. Spirits, made up of superhuman beings and spirits of ancestors;
3. Man, including human beings alive and those not yet born;
4. Animals and plants or the remainders of biological life; and
5. Phenomena and objects without biological life.

In addition to these five categories, there is a vital force, a power or energy permeating the whole universe. For the Yorubas every plant, animal and natural

phenomenon is a carrier of the divine. God is the source and the ultimate controller of the vital forces, but the deities are the intermediaries between man and God. A few human beings are endowed with the knowledge and ability to tap, manipulate and use the vital forces, such as medicine men, witches, priests and rainmakers. Some use it for the good and others for the ill of their communities and fellow human beings. In order to appease the gods, people have to perform rituals and to make sacrifices. There are numeral rituals such as those for the fertility of human beings, crops and animals; for birth, initiation, marriage and death; for rainmaking, planting and harvesting. For the Yorubas, nature is not an impersonal object or phenomenon: it is filled with religious significance. The invisible world is symbolized or manifested by visible and concrete phenomena and objects of nature. According to Mbiti (1969), the invisible world presses hard upon the visible, and the African people 'see' that invisible universe when they look at, hear or feel the visible and tangible world. The physical and spiritual are the two dimensions of one and the same universe.

Although Christianity and Islam have replaced traditional religions, the thoughts of the people about life, and their attitude to it, are still shaped by the old worldview. This, however, they exhibit in their day-to-day interpersonal interactions, within and outside the churches and mosques.

Health and illness are two opposing phenomena underlying Yoruba philosophy. This is explicitly understood in the '*ayanmo*' myth (destiny). *Ayanmo* is a predetermined factor of the individual's existence on earth. This could be either positive or negative. Yorubas believe that every human being chooses his or her own life pattern. For them:

Each human being acquires a destiny prior to birth before crossing the threshold that separates existence in the other world (*Orun*) from the existence in the other world (*Aye*). However, after acquiring this destiny in *orun* the individual is induced to forget the contents of that destiny before crossing the threshold that transforms the individual into a corporeal being. Once in this world the only way for an individual, who is ignorant of his or her fate, to gain knowledge of that destiny is through divination, where it is believed that the witness of destiny (*Eleri ipin*) reveals aspects of that divine plan to the inquirer through highly trained diviners (Payne 1992).

This suggests that whatever will happen to the individual in life is a reflection of his or her *ayanmo*. The concept has been explained by various scholars (Dos Santos and Dos Santos 1971; Abimbola 1967; Morakinyo 1983). A verse in the *Odu Ifa* (divination verse) '*Ika Ofun*' reveals that:

*Akun 'le yan eda
Oun l'ada 'ye ba
A d'aye tan oju ukan gbogbo wa
Sugbon eda na ko see pada lo yan omiran
A fi etutu lo ku.*

Meaning:

What was chosen kneeling down
Is what we find on arrival in this world
On arrival in this world, we became too
Impatient (too much in a hurry to achieve our potentials).
But it is impossible to go back and choose another,
To prevent the deterioration of things is the only course of action left.
(Dosumu 1949, cited in Morakinyo 1983).

This verse shows that *ayanmo* is a permanent phenomenon but can be influenced, as already explained by Morakinyo (1983). According to Morakinyo, what is chosen is the *ori* (inner head). It can be manipulated before, or upon, reaching this world (*aye*). As a result, a defective *ori* is referred to as *ori buruku*. Yorubas equate *ori* with *ayanmo*, hence they believe that '*ori eni l'ayanmo eni*'. Therefore, since it is what been chosen in the other world (*orun*) it thus translates to *ayanmo* in the world (*aye*)¹. It is possible to interfere with *ayanmo* through the evil machinations of enemies (*ota*). Therefore, to protect one's *ayanmo* or to prevent it from being damaged, certain sacrifices (*etutu*) must be offered as may be directed by the oracle (*ifa*) through a diviner (*babalawo*)². According to the 207th verse of the *odu ife ogundatatura*:

*Ori rere nii segun ota
Ori aisan l'ota di ni adipa*

Meaning:

It is a good head that overcomes the enemy
It is the defective head that the enemy renders
permanently impotent.

This philosophy is not limited to *odu ifa* but also expressed in the day-to-day activities of the people through music, poetry, communication and so on. For instance, *Ijala* chants³ show this expression vividly. According to Babalola (1966), an *ijala* chant states as follows:

¹ Yorubas believe that, whatever happens to somebody in life, the head is to be held responsible, thus the phrase '*ori ni elejo*'. For a detailed explanation, see Morakinyo (1983).

² The author has discussed this in detail in another paper (Jegede 1994).

³ The traditional Yoruba poetry usually rendered in songs by hunters.

*Bi ori ba nda rokoroko l'aamu
Yio da bii pe ko le roko t'egbe re
Ika kii fe k'a r'eru k'a so
Bi ori ba nda sodesode l'aamu
Yio da bii pe ko lee p'eran t'egbe re
Atari l'alayanmo, ori l'elejo
Ko s'oosa tii –ba 'nii –ja l'ehin ori eni
Ori eni nii wipe k'o ye 'ni,
Akande omo o see fi 'ja gba.*

Meaning:

If a farmer's head is against him
It will appear as if he cannot work like his colleagues
The wicked don't want one to unburden his burden
If a hunter's head is against him
It will appear as if he cannot fish like his colleagues
A man's head is his most intimate deity
There is no *orisa* working against one except ones head
It is a man's head that decrees success for him
Akande is a difficult child to earn by quarrel.

This statement has implications for social interaction. Firstly, it involves the interaction between man and the supernatural beings (vertical relationship), and secondly, it is concerned with man-to-man interaction (horizontal relationship). As a result, people tend to suspect one another and consider other fellow human beings as potential enemies. Since man is not an 'island' to himself, he needs to interact with other fellow human beings. In consequence, people tend to seek protection against unforeseen attacks from enemies. Therefore, the Yoruba concept of preventative and curative care is part of the day-to-day existence of the people which is informed by their health beliefs. The average Yoruba man would also try by every means to avoid any violation of taboos so that he could maintain a good relationship with the supernatural beings. To do this, parents sometimes, on the birth of a child, enquire about the destiny of the child through the Ifa oracle. This procedure, known as '*itele*' or '*itese*', is a common practice in traditional Yoruba society because it helps people to understand and predict the future personality of a child. This then provides clues about the specific taboos to be observed and the rituals necessary for the care of the child, and also helps them to prepare the child for a prosperous and fulfilled life⁴. This is not just a myth but has implications for its application in modern health care, which is the topic of the present this paper.

⁴ Personal communication with Dr. A. S. Osunwole of the Institute of African Studies, University of Ibadan, an expert in Beliefs System and Traditional Medicine, September 2000.

Thus, this paper intends to examine the cultural construction of health, illness and perceived preventative and curative measures, and finally, its aim is to discuss the implications of receptivity for the modern health care services.

2. METHOD OF DATA COLLECTION

The study of knowledge, attitudes, beliefs and practices related to the use of the Expanded Programme on Immunization (EPI), which has been implemented in several communities in the Akinyele Local Government Area (LGA) of Oyo state, was supported by the Council for the Development of Economic and Social *Research* in Africa (CODESRIA). Akinyele is a Yoruba community located about 15 km north of Ibadan, the regional headquarters of the defunct South western Region and now the capital city of Oyo State. The study primarily aimed at providing information on the influence of social and cultural factors in the use of the EPI in the area. Qualitative data have been analyzed for this paper mainly using data from the in-depth interviews conducted and the non-participatory observations made. The respondents were mainly mothers (*iya*) of children under five years of age (*omo owo*), and they were deliberately selected from different locations of the community, taking into consideration the social class differences of the study area to ensure that every social strata was represented. The research employed an emic view for the evaluation and interpretation of the data received, the research being centred on individuals of Yoruba stock who have live most of their lives within Yoruba culture. Mothers were purposively selected for interview because they were in the best position to discuss the subject matter. Mothers who were not of Yoruba stock were excluded from the study even though they were married to Yoruba men. Thus, Yoruba culture is the basis of our analysis. In all, 50 women were interviewed in depth using a study guide prepared and pre-tested before the commencement of the data collection.

The study was informed by the poor level of immunization in Nigeria. On average, only about 24 percent of Nigerian children had received full immunization as of 1998. Studies have shown that mere passive acceptance of the measures supplied by the health system is an inadequate basis for a successful 'case follow-through' for the full cycle of immunization (Raharjo and Corner 1990). Hence, there is need to examine how people define health and illness in order to understand perceptions of prevention and cure.

3. THE PROCEDURE USED IN THE DATA ANALYSIS

The data analysis is purely descriptive as a result of the method used to obtain information (qualitative). The qualitative data was entered into thematic matrices which allowed the configuration of common patterns and differences

using the Text-based Alpha software. The information supplied was accompanied by phrases in quotation marks, which represent the recorded explanations supplied by the respondents. Words which are popular are emphasized in italics, while the use of parentheses indicates observations or clarifications made by the researcher.

4. RESULTS

4.1 CONCEPTS OF HEALTH AND ILLNESS

The data reveals that mothers consider their children healthy if they are well (*san*) and not ill. Many of the mothers tend to describe health with a positive statement: *alaafia*, *sere*, (not ill), *jeun daadaa*, *mu daadaa* (eating well), *ko ru* (not thin), *sun daadaa* (sleeping well), *su daadaa* (defecating well), *to daadaa* (urinating well), and *wo daadaa* (emotionally stable), rather than the negative description (not well). We observed that certain minor illnesses like *iko eyin* (cough accompanying the growth of teeth), *out* (cold), *iba* (fever), *igbe eyin* (diarrhoea accompanying the growth of teeth), *inu dodo* (spasm), and *paanu* (baby skin rash after birth) are normal conditions in child development, and therefore parents do not panic about such illnesses. One third (30 per cent) of the informants described a healthy child using negative statements: *ko lee jaun* (inability to eat), *ko sun* (inability to sleep), and *o nru* (losing weight), and another 10 per cent of the respondents could not describe any attribute of a healthy child. But 60 percent of the respondents could describe some positive attributes of a healthy child, including good appetite, being active, putting on weight and eating well.

Illness is an aspect of *aisan* (not well) or, less often, a description of one of the specific symptoms noted in the negative statements about health. Since parents perceive health as the absence of the specific diseases considered normal for many children, the description of illness in terms of abnormality is significant. This is not always the same as symptoms, and emphasises more a worsening in a child's normal condition of ill-health. But for adults, like the Parsonian sick-role model, illness was identified as a phenomenon interfering with normal daily activities and for which competent help must be sought. But unlike Parsons, they evaluate illness in terms of personal and non-personal phenomena. The personal aspect involves pathological organs while the impersonal aspect deals with distasteful behaviour, such as *ole* (thievery)⁵.

Generally, illness is an abnormal phenomenon which requires corrective action. Some conditions which could have been identified as diseases in medical terms are not regarded as such because they are considered normal under certain circumstances. These include certain childhood illnesses that parents described

⁵ The author has discussed this in detail elsewhere (Jegade 1994).

as normal. In other words, they were considered as necessary conditions for a child's developmental process. Raharjo and Corner (1990) observed a similar perspective amongst the Acehnese of Indonesia. In the course of this study we observed similar attitudes to sickness among adults. Adult members of the households who exhibited certain symptoms such as weakness, cold, cough and catarrh were not considered sick because their conditions were regarded as normal since they were still able to carry out their normal daily activities. A person is regarded being sick only when he/she is immobilized and is unable to perform the expected normal daily roles.

The role of the 'significant other' in determining when the condition of a child is no longer normal is very important (Jegade 1998). Friends, neighbours and family members helped to determine the degree of seriousness of another's health by sharing their past experiences with the mother of a sick child. In addition, health workers played significant roles in this respect. For instance, one mother indicated that:

I did not know that my daughter was suffering from typhoid fever until a doctor examined her and told me. I thought that she had malaria (*iba*).

4.2 PERCEIVED CAUSES OF ILLNESS

Most of the respondents (96.5 %) indicated four etiological perspectives on illness causes. For them, illness can be traced to enemies (*ota*), which include witchcraft (*aje*), sorcery (*oso*); gods (*orisa*) or ancestors (*ebora*); natural illness (*aare*) and hereditary diseases (*aisan idile*). A small proportion, 1.5 per cent, revealed no knowledge of the causes of diseases. About half of the respondents indicated that children's diseases are natural, while the other half could not attribute illness to any cause, that is, they did not know the causes. However, earlier studies by Erinoso (1978) and Oke (1982) have classified the causes of illness into three categories, namely supernatural, preternatural or mystical, and natural forces. But they failed to take into consideration the Yoruba belief about hereditary diseases. Although it may be argued that this can be included in the classification but the belief of the Yorubas about such illnesses is fundamental to their principle and practice of sociation, since the illnesses are considered incurable for genetic reasons. It was indicated by one person that:

When the gods inflict somebody with disease, this kind of disease can only be treated by traditional healers, who will consult with the oracle (*ifa*) to know the cause and appropriate cure.

Another respondent stated that:

In order to cure illnesses caused by the gods they must be appeased, and this can only be achieved with the assistance of the *babalawos*.

In some cases, certain childhood diseases were attributed to the anger of the gods, especially when taboos had been broken. Some parents also linked this with the high incidence of infant mortality (*abiku* in Yoruba terminology). Some diseases were attributed to the evil machinations of certain persons who seemed to bear certain grudges against the sufferer. Respondents stated that the *aje* (witch) and *oso* (sorcerer) can inflict diseases on people through their mystical power. Apart from these categories of people, certain traditional healers (*babalawo*) are considered to have the power both to cause diseases and also to heal the sufferers. For example, a respondent attributed her son's ailment to an affliction put on him by witches:

Three days ago my baby just cried in his sleep and he immediately convulsed. We tried to examine him but nothing was found to be wrong with him. Since then the boy has not been well. This was how my last daughter started before she died two years ago. This is the work of witches. Polygamous marriage is a difficult thing. I am the third wife of my husband. I am not on good terms with the other co-wives.

Another respondent narrated a story about a witch who confessed to many acts:

Last year a woman on our street confessed that she was a witch and that she had killed ten people, including her own daughter. She said that she usually went to the highways in order to cause accidents whenever she needed blood. According to her, she killed her daughter when it was her turn to entertain her cult members at their meeting.

The use of spells against other people was also mentioned. For instance, one respondent told a story about how she was inflicted with *ata*⁶. According to the respondent:

One day I woke up to find that a spot on my leg had swollen up. So I tried to examine it, but nothing was found. Later I went to meet my uncle who after applying pepper to the spot confirmed it to be *ata*, when I said that it hurt. At that time I did not know anything about such things. Later, I was taken to a *Babalawo*, who treated me and gave me a preventative charm against the condition.

What is significant in these cases is that none of them sought modern health care. They were treated by traditional healers. Certain illnesses are not dangerous, but they are usually taken serious when they interfere with the normal daily activities of the sufferer. These were attributed to a variety of

⁶ One type of disease occurs which, when some is afflicted, will cause swelling at the infected part of the body and later a large and incurable sore. Normally, it will swiftly consume the flesh and is usually accompanied by very severe pain. It has no orthodox medical solution. It kills easily if it is not detected early. It is usually detected by applying pepper to it. If it hurts in the process then it is confirmed as *ata*. Few people can detect it easily without the examination of, e.g., a *babalawo*.

causes, such as bad weather, dirt, excessive cold and heat, eating bad food, and so on. These all fall into the category of natural causation.

4.3 PREVENTATIVE CARE

The concept of prevention was generally applied to all types or categories of diseases. There are different means of prevention for different categories of diseases. Generally, respondents believed that there should be harmony in their daily living and in all relationships with their fellow human beings. Illness was, therefore, regarded as a failure to maintain such harmony. In order to maintain harmony one must use a variety of methods and thereby prevent illnesses. For instance, in preventing diseases caused by a god and one's ancestors, one should avoid actions that could anger them. In most cases, sacrifices (*etutu*) were offered to ward off the anger or wrath of the supernatural beings. One respondent, however, indicated:

One of the ways of preventing diseases in this community is that the elders usually perform rituals and offer sacrifice to ward off the wrath or anger of the gods and ancestors. This is usually done on a regular basis.

Another respondent stated:

Since it is difficult to avoid spirits completely, another way of preventing them from causing illnesses is to obey their taboos (*eewo*).

Respondents also indicated that diseases caused by enemies (*ota*) such as witches and sorcerers could be prevented by the use of charms (*oogun*). Charms in this category included amulet (*onde*), ring (*oruka*), scarification (*gbere*), and other concoctions that are usually taken orally (*abuje*). They argued that these will render impotent whatever has been inflicted on the victim.

Furthermore, ordinary diseases can be prevented by avoiding things that can cause diseases, such as living in a hygienic environment, avoiding eating certain types of food, and avoiding cold and excessive heat. Respondents believed that by doing all these it is possible to remain healthy. But there is no known prevention for *arun idile* (hereditary diseases) except by avoiding individuals from such a group.

All these remedies were applied to children in order to prevent them from becoming ill. Some parents indicated that they observed certain taboos and used charms in order to protect their children from illness. For instance, one respondent stated:

Whenever I am pregnant I always avoid eating certain types of food such as beans, okro, snail and rabbit meat, which are family taboos. If any member of the family breaks the taboo, any child born of that pregnancy will remain a sickler throughout his/her life.

Another respondent indicated:

When I had my last baby I was told to use only cold water for him because he is *olomi-tutu*⁷. Whenever an attempt was made to use anything other than cold water fetched from the shrine of *Osun* at the river, the child was always sick until I complied with the taboo.

On the use of charms to prevent illnesses a respondent stated:

Charms are used to neutralise any spell cast against somebody. I always make sure that I get something in the form of a ring (*oruka*) and scarification (*gbere*) for my children and these give them immunity for life.

We also observed the case of a girl whose face was full of marks. The mother was interviewed to discover the reason for the marks, and she revealed that:

When she (the girl) was born she used to be sick very frequently. In order to understand the cause of the sickness I took her to one *babalawo* who diagnosed her as *emere*⁸ and warned me that if immediate action was not taken she would die in the usual way. He then prescribed that these marks should be made on her and that the appropriate medicine should be rubbed on them, which would prevent her from seeing her spiritual colleagues. Since then she has gradually stopped being sick so often.

We also interviewed another respondent whose child had something like a bangle (*ide*) on her legs. The woman revealed that it was there to protect the child against illnesses.

4.4 PATHWAYS TO TREATMENT

Pathways to treatment usually start with home remedies, after which the patient either goes to a *babalawo* or to the *ile-iwosan* (hospital). In most of the cases studied, more than two-thirds of our subjects revealed that they had attempted the traditional healing process before going to the hospital. We also observed that they mainly explored the hospital services only when all of their other attempts had failed. This is similar to the findings of Lambo (1955) and Omordion (1993). For instance, a respondent indicated:

What I did when my child was sick was that I tried home remedies first, but when the symptoms persisted I took him to a traditional healer where the problem degenerated, before I took him to the hospital. In fact, the boy recovered within a week in the hospital.

⁷ A category of children who are allergic to hot water and drugs. They use mainly cold water that is usually drawn from the shrine of the Osun river early in the morning in a pot and for which the drawer (usually the mother) sings a special song.

⁸ A spirit child who always come and go usually referred to as 'born to die'.

Most respondents supported this view. However, we observed that health-seeking behaviour (HSB) was influenced by the perceived seriousness of diseases. Illnesses not considered serious were mostly treated with home remedies, while the serious ones were taken to the *babalawo*, and more serious ones were taken to the hospital after all other attempts had failed. Generally, the home remedy was the first point of call in the health-seeking process, while hospital was usually the last option. The result of this was high mortality owing to the delay in seeking hospital treatment, since cases that mostly reached the hospitals were terminal. For instance, a woman explained how her daughter died a few days after she was admitted into the hospital. According to her:

When my daughter was sick I treated her with some herbs and some drugs that I bought at the medicine store. I thought that it was a fever. Later, a neighbour advised me to consult a *babalawo* who had helped her when her own child was sick, but her condition became worse. By the time we took her to the hospital her condition had deteriorated and the girl died two days later. In fact, it was a sad experience and I don't want to talk about it again.

5. DISCUSSION

Perception, the process by which information is gathered and interpreted (Marshall 1994), is central to the analysis of social phenomena, and cultural analysis is crucial to the planning and implementation of health care services (Richman 1987; Raharjo and Corner 1990; Last 1993; Caplan 1993). According to Maclean (1974), the spread of knowledge about the wealth and variety of African cultures, the widespread appreciation of African art, and the growth of African Studies, have all tended to leave largely untouched the prevailing misapprehensions regarding the role of traditional concepts of health and illness which have shaped the healing practices and therapeutic choice. As pointed out by Maclean (1974), "the real value of African medicine lies not in its materials but in the methods and concepts which underlie their use. It is characterized by its ability to supply meaningful answers to questions which are relevant to patients and practitioners alike".

Thus, illness among the Yorubas has raised a lot of questions which may be viewed as a product of the social and cultural environment. Our data has revealed that the Yorubas classify illness into four broad types according to the perceived causes. Illness is seen as an enemy which is synonymous with the preternatural or mystical classification of Erinoso (1978, 1998); Erinoso and Oke (1994); and Oke (1982). In other words, the gods and ancestors are identified as supernatural, and so, too, are diseases seen as having a natural origin which can be regarded under a similar set of categorizations. But the fourth category, which is the hereditary type of illness, did not feature in their classification. Although it may be argued that hereditary diseases can be

classified under the influence of the supernatural forces, in some ways they are different. More than the other categories, this has implications for both interpersonal and inter-group relations. However, although this is not the focus of the present paper, there is need to examine further this aspect in order to understand the configuration of inter-personal and inter-group relations.

The implications of the pathways to health-seeking behaviour are enormous. First, this may encourage harmful traditional practices, such as incision and scarification. Rather than taking sick persons to hospital, traditional sources of health care have been employed which have been injurious to patients. Some of these traditional practices have been identified as gateways to HIV/AIDS infection, especially because of the crude instruments used in the process.

Another problem is the wrong diagnosis of ill health. The data revealed that respondents fell victim to the inadequate diagnostic procedure. This resulted in wrong prescription and treatment. Although the process of diagnosis has not been followed in the present study, the perception of causal factors was the main determinant of therapy. For many of the respondents, this approach undoubtedly led to a delay in their search for health care and to outright rejection of hospital as the best therapeutic alternative. The same is true of prevention. But the hereditary type of ill health requires different preventative measures. This may lead to an avoidance of relationships in terms of spouse-selection and friendship-making. When a family is labelled as suffering from a particular inherited disease, people tend to avoid its members in every situation. Nobody would want to marry into such a family nor maintain a friendship amongst them.

6. CONCLUSION

The implication of this study is enormous with regard to the acceptance of modern health care services. If the perceived causes of diseases determine the choice of prevention and treatment, then there will always be a delay in seeking modern health care. This is likely to be the case only after all other attempts have failed. In most cases people resort to hospital treatment only in the terminal stages of an illness, and therefore the condition has usually become unmanageable and the result is death, which makes people refer to hospitals as *ile iku* (houses of death).

REFERENCES

- Abimbola, W. 1967.
Ifa: an exposition of the Ifa literary corpus. Ibadan: Oxford University Press.
- Babalola, S. A. 1966.
The content and form of Yoruba Ijala. Oxford: Clarendon Press.
- Bynum, W. F. and Porter, R. (eds.) 1993
Companion Encyclopaedia of the History of Medicine. London: Routledge.
- Caplan, A. L. 1993.
The concepts of health, illness and disease. In: *Companion Encyclopaedia of the History of Medicine*, Bynum, W. F. and Porter, R. (eds.), pp. 233-248. London: Routledge.
- Dos Santos, E. J. and Dos Santos, D. 1971.
Esu Bara, principle of individual life in the Nago system. Colloques Internationaux du Centre National de la Recherche Scientifique, Paris.
- Erinoso, O. A. 1978.
Notes on concepts of disease and illness: the case of the Yoruba in Nigeria. **Nigeria Journal of Economic and Social Studies** 18(3).
1998
Health Sociology. Ibadan: Sambookman Pub.
- Erinoso, O. A. and Oke, E. A. 1994.
Some basic concepts in medical sociology and anthropology. In: *Sociology: Theory and Applied Malthouse Social Science Studies*, Otite, O. (ed.). Lagos: Malthouse Press.
- Jegede, A. S. 1994.
'Aisan' as a social term in the Nigerian perspective on illness. Award-winning paper for the second worldwide competition for young sociologists for the International Sociological Association.
1998
African Culture and Health. Ibadan: Stirling-Horden Pub.
- Lambo, T. A. 1955.
The role of cultural factors in paranoid psychosis among the Yoruba tribe. **Journal of Mental Science** 1(1): 2239 – 2266.
- Last, M. 1993.
Non-western concepts of disease. In: *Companion Encyclopaedia of the History of Medicine*, Bynum, W. F. and Porter, R. (eds.), pp. 634-660. London: Routledge.
- Maclean, U. 1974.
Magical medicine: a Nigerian case study. England: Penguin Books.

- Marshall, G. 1994.
The concise Oxford dictionary of sociology. Oxford, New York:
Oxford University Press.
- Mbiti, J. S. 1969.
African Religions and Philosophy. London and New York:
Heinemann.
- Morakinyo, O. 1983.
The Yoruba ayanmo myth and mental health care. **West Africa
Journal of Cultures and Ideas** 1(1): 61–92.
- Oke, E. A. 1982.
*Traditional health services: an investigation of providers and the
level and pattern of utilization among the Yoruba*. IUP.
- Omorodion, F. 1993.
*The sociocultural context of health behaviour among Esan
community, Edo State, Nigeria*. **Health Transition Review** 3(2):
131–150.
- Otite, O. (ed.) 1994.
Sociology: Theory and Applied Malthouse Social Science Studies.
Lagos: Malthouse Press.
- Payne, n. 1992.
*Towards an emancipatory sociology: abandoning universality for
the true indigenisation*. **International Sociology** 3(2): 161–70.
- Raharjo, Y. and Corner, L. C. 1990.
*Cultural attitude to health and sickness in public health
programmes: a demand creation approach using data from West
Aceh, Indonesia*. **Health Transition Series** 2: 522–533.
- Richman, J. 1987.
Medicine and health. London and New York: Longman.