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ABSTRACT

This study examined the Influence of Cultural Practices on Yoruba People living in Ilorin South LGA, Kwara State. Relevant literature was reviewed and the areas reviewed include; concept of breast ironing, puerperal bath and nutritional taboos and health effects related to the prevalence of cultural practices were reviewed and appraised. A descriptive research design survey method was used for the study. The population of the study consisted of all Yoruba people living in Kwara State. A multi stage sampling techniques was used for this study. The sample consists of two hundred respondents. A researcher designed questionnaire was used as research instrument for data collection, which was validated by three experts in the Department of Health Promotion and Environmental Health Education Department, University of Ilorin and a reliability co-efficient of 0.75r was obtained through test re-test method using Pearson Product Movement Correlation (PPMC). The instrument was administered by the researcher. The three postulated hypotheses were tested using frequency count, percentage and the inferential statistic of chi square at 0.05 alpha level. Findings from the study revealed that: 1. Breast ironing had negative influence on the health of Yoruba people because the calc. X^2 value of 532.24 > table X^2 value of 16.92 at the degree of freedom df 9 at 0.05 level of significance; 2. Puerperal bath had negative influence on the health of Yoruba people because the calc. X^2 value of 259.16 > table X^2 value of 16.92 at the degree of freedom df 9 at 0.05 level of significance; 3. Nutritional taboos had negative influence on the health of Yoruba people because the calc. X^2 value of 780.24 > table X^2 value of 16.92 at the degree of freedom df 9 at 0.05 level of significance; Based on the findings and conclusion of the study, the following recommendations were made; Breast ironing should be abolished as a cultural practice and young girls should be educated on sexual values to avoid premarital sex. Slightly cooler water should be used to bath new mothers and dipping of hand in the water to test it before being used by new mothers. Essential food nutrients should not be restricted for invalid, pregnant and lactating mothers as well as infants. Also equally nutritious food substances should be used to supplement forbidden ones; Individuals and families should put an end to the practice of negative socio-cultural practices and engage healthy lifestyles.

Keyword: Cultural practices, Breast ironing, premarital sex, Essential food, Healthy lifestyle.

INTRODUCTION

Culture is the way of life especially the general customs and beliefs of a particular group of people at a particular time. It is a particular form or stage of civilization. They are the behavior and belief characteristics of a particular social, ethnic or age group. It is the sum total ways of living built up by a group of human beings and transmitted from one generation to another (Reddy & Anitha, 2015).

Culture is a way of life of a people. Therefore, the way of lives of the people can be determined by their development over time in all ramifications as compared to global growth and societal development. Culture acts as a template for the organization of social and psychological processes, much as a genetic system provides such a template for the organization of organic processes (Geertz, 2000). Culture according to Abasiokong (2010) is that complex whole which includes knowledge, belief, art, morals, law, customs and any other capabilities and habits acquired by man as a member of the society. Culture consists of values, attitudes, habits and customs, acquired by learning which starts from the earliest experiences of childhood, much of which is not deliberately taught by anyone and which so thoroughly internalized. That is, it is unconscious but 'goes deep' (Fathauer, 2002).

It is common to think of something crude and bad whenever one talks about cultural practices as it concerns health. Not all cultural or traditional practices are bad. However, some have stood the test of time and have positive values, and others are uncertain and negatively harmful. It is essential to have an idea about cultural practices of some communities because the practices a community adopts fulfill certain purposes for the culture bearers (Idehen, 2007). The cultural practices of people not only affect their health but also affect all aspects of life including social relationships, contribution to societal functioning and condition of diseases. Man living in an interactive society is affected by what happens in his environment and how he reacts to it. All people, no matter the race, have their beliefs and practices concerning health and diseases. Each society or community has its peculiar ways of doing things and these practices go a long way in influencing the people's perception, attitudes and behavior in the management of diseases and health related problems that befall them (World Health Organization, 2007). Cultural practices reflect values and beliefs held by members of a community for periods often spanning generations (Idehen, 2007).

The international community has become aware of the need to achieve equality between the sexes and of the fact that an equitable society cannot be attained if fundamental human rights of half of human society, i.e. women, continue to be denied and violated. However, the bleak reality is that the harmful traditional practices focused on in this Fact Sheet have been performed for male benefit. Female sexual control by men, the economic and political subordination of women, perpetuate the inferior status of women and inhibit structural and attitudinal changes necessary to eliminate gender inequality (Fact Sheet No.23, Harmful Traditional Practices Affecting the Health of Women and Children, 2000).

A number of reasons are given for the persistence of traditional practices detrimental to the health and status of women, including the fact that, in the past, neither the governments concerned nor the international community challenged the sinister implications of such practices, which violate the rights to health, life, dignity and personal integrity. The international community remained wary about treating these issues as a deserving subject for international and national scrutiny and action. Harmful practices such as female genital mutilation was considered sensitive cultural issues falling within the spheres of women and the family. For a long time, governments and the international community had not expressed sympathy and understanding for women who, due to ignorance or unawareness of their rights, endured pain, suffering and even death inflicted on themselves and their female children (Alabi, 2000).

STATEMENT OF PROBLEM

Nigeria has a rich cultural heritage. Cultural practices include extended family, adequate care for new mothers for 40 days after delivery, prolonged breastfeeding, and respect for elders. Many negative practices exist. Most of them affect the health of women and children. About 90% of babies are delivered by mostly untrained Traditional Birth Attendants (TBAs) and healers. Child marriage is a common Nigerian practice as this deprives the girl of education and results in teenage pregnancy. Legislation does not seem to be very effective on this issue. It is hoped that education will allow girls to remain in school until the age of 18. Female circumcision and vaginal mutilation are also common in Nigerian culture (Alabi, 2000).

TBAs and healers have stated that there is severe bleeding after circumcision, sometimes so severe that it leads to death. Other harmful delivery practices include bathing in boiling water; *gishiri* cut, a crude local symphysiotomy and agurya cut (removal of the hymen loop) on 7-day-old females. Bathing in boiling water results in many women being burned or disfigured. A case was reported of one woman who was taken to a hospital with superficial burns as a result of the practice. She had continued to follow this practice despite earlier experience of cardiac failure. It may be easy to persuade these natives to use slightly cold water than to give up completely this entrenched practice. *Gishiri* cut has resulted in vesico-vaginal fistula in many young girls. Most patients with childbirth complications come to the hospital only as a last resort. It is possible that scald injuries are underreported and the total morbidity and mortality rate may be much higher, in both mothers and babies. Understanding this cultural ritual is necessary to devise effective countermeasures. Other harmful practices are purging of infants to get rid of impurities they might have swallowed while in the uterus; uvulectomy in infants and induction of postpartum hemorrhage to clear the uterus of impure blood. The list goes on and on. Women and children are exposed to many unhealthy practices in the name of tradition or culture (Fact Sheet No.23, Harmful Traditional Practices Affecting the Health of Women and Children, 2000). However, to curb all these menance, this study investigated the Influence of cultural practices on the health of Yoruba people in Ilorin South LGA so as to find lasting solutions to these harmful cultural practices.

Research Questions

The following research questions were raised to guide the study:

Do breast ironing have negative influence on the health of Yoruba people living in Ilorin South LGA of Kwara State?

Do puerperal bath have negative influence on the health of Yoruba people living in Ilorin South LGA of Kwara State?

Do nutritional taboos have negative influence on the health of Yoruba people living in Ilorin South LGA of Kwara State?

Research Hypotheses

The following research hypotheses were formulated to guide the study:

Breast ironing is not significantly negative influence on the Yoruba people living in Ilorin South LGA, Kwara State.

Puerperal bath is not significantly negative influence on the Yoruba people living in Ilorin South LGA, Kwara State.

Nutritional taboos is not significantly negative influence on the health of Yoruba people living in Ilorin South LGA, Kwara State.

RESEARCH METHODOLOGY

A descriptive research design of survey was used for this study. The population for this study comprised all Yoruba people living in Ilorin South, Kwara State with an approximate population of 208,700 people (including men, women and children) (National Bureau of Statistics Kwara State, 2006). A total of two hundred (200) respondents were sampled for the study. Simple random sampling technique of fish bowl method was used to select four (4) local Wards in Ilorin South Local Government Area and fifty (50) respondents were selected from each of the four (4) Wards using a systematic sampling technique purposively selected to participate in the study. The researcher designed a questionnaire for the study titled 'Influence of Cultural Practices on Health Questionnaire (ICPHQ)' which was used in the data collection for the study.

The questionnaire consisted of two sections A and B. Section A measured the personal demographic variables of the respondents, while section B measured the hypotheses set on the influence of cultural practices on health of Yoruba people living in Ilorin South LGA, Kwara State. The instrument was validated by three (3) experts in the field of Health Promotion and Environmental Health Education. The reliability of the instrument was subjected to a test re-test method in which the in researcher administered the questionnaire to 20 people in the local government outside the study area within an interval of two weeks. The result of the first

administration was correlated with the results of the second administration using Pearson Product Moment Correlation (PPMC) statistical analysis. A coefficient of 0.75r was recorded and this was considered high enough and reliable for the study. The data gathered for this study was sorted, coded and subjected to appropriate statistical analysis. Section A which involved the collection of demographic data of the respondents was analysed using descriptive statistics of frequency counts and percentage. The inferential statistics of chi square was used to test the stated hypotheses at 0.05 alpha level.

Research Question 1: Do breast ironing negative influence on the health of Yoruba people living in Ilorin South LGA, Kwara State?

Question 1 shows that the positive responses of respondents, SA and A totaled 414 (51.8%) and 295v (36.9%) respectively which equals to 709 (88.6%) of the overall 800 responses. On the other hand, the negative responses of respondents, D and SD, totaled 79 (9.9%) and 12 (1.5%) respectively which in total equals to 91(11.4%) of the overall 800 responses. Since the positive response of the respondents constituted a greater percentage (88.6%) of the total response than their negative response (11.4%), it was concluded that breast ironing will have a negative influence on the health of Yoruba people living in Ilorin South LGA, Kwara State.

Research Question 2: Do puerperal bath negative influence on the health of Yoruba people living in Ilorin south LGA, Kwara state?

Question 2 shows that the positive responses of respondents, SA and A totaled 349 (43.6%) and 238 (29.8%) respectively which equals to 587 (73.4%) of the overall 800 responses. On the other hand, the negative responses of respondents, D and SD, totaled 161 (20.1%) and 52 (6.5%) respectively which in total equals to 213 (26.6%) of the overall 800 responses. Since the positive response of the respondents constituted a greater percentage (73.4%) of the total response than their negative response (26.6%), it was concluded that puerperal bath will have a negative influence on the health of Yoruba people living in Ilorin South LGA, Kwara State.

Research Question 3: Do nutritional taboos negative influence on the health of Yoruba people living in Ilorin south LGA, Kwara state?

Question 3 shows that the positive responses of respondents, SA and A totaled 509(63.6%) and 233(29.1%) respectively which equals to 742(92.8%) of the overall 800 responses. On the other hand, the negative responses of respondents, D and SD, totaled 37(4.6%) and 21(2.6%) respectively which in total equals to 58(7.2%) of the overall 800 responses. Since the positive response of the respondents constituted a greater percentage (92.8%) of the total response than their negative response (7.2%), it was concluded that nutritional taboos will have a negative influence on the health of Yoruba people living in Ilorin South LGA, Kwara State.

Hypotheses Results

Hypothesis 1: Breast Ironing is not significantly negative influence on the health of Yoruba people living in Ilorin south LGA, Kwara state.

Table 1: Chi-square (χ^2) Analysis of the Influence of Breast Ironing on the Health of Yoruba People Living in Ilorin South LGA, Kwara State

S/ N	Items	SA	A	D	SD	Total	D f	Cal. χ^2 Value	Table Value	Remark
1.	Flattening of the breast through ironing, pounding, pressing or massaging causes swelling, burning and irritation.	112 (56.0%)	67 (33.5%)	15 (7.5%)	6 (3.0%)	200 (100%)				
2.	Breast ironing in females increases the risk of breast cancer.	97 (48.5%)	78 (39.0%)	22 (11.0%)	3 (1.5%)	200 (100%)				
3.	Flattening of the breast results to fever and extreme pain.	96 (48.0%)	82 (41.0%)	21 (10.5%)	1 (0.5%)	200 (100%)	9	532.24	16.92	H₀ REJECTED
4.	Breast flattening/ironing almost certainly causes delay in breast growth.	109 (54.5%)	68 (34.0%)	21 (10.5%)	2 (1.0%)	200 (100%)				
Column Total		414 (51.8%)	295 (36.8%)	79 (9.9%)	12 (1.5%)	800 (100%)				

@ 0.05 alpha level

Table 1 is shows that the calculated chi-square (χ^2) value is 532.24 and the critical table value is 16.92 at the degree of freedom (df) of 9 and 0.05 alpha level of significance. Since the chi-square (χ^2) value (532.24) is greater than the critical table value of 16.92, the null hypotheses which stated that the breast ironing will not significantly have a negative influence on the health of Yoruba people living in Ilorin South LGA, Kwara State was rejected. This means that Breast ironing has negative influence on the health of Yoruba people living in Ilorin South LGA, Kwara State.

Hypothesis 2: Puerperal Bath will not significantly have a negative influence on the health of Yoruba people living in Ilorin South LGA, Kwara State.

Table 2: Chi-square (χ^2) Analysis of the Influence of Puerperal Bath on the Health of Yoruba People in Living Ilorin South LGA, Kwara Stat

S/ N	Items	SA	A	D	SD	Total	df	Cal. χ^2 Value	Table Value	Remark
5.	Bathing mothers in hot water immediately after delivery causes rise in body temperature.	90 (45.0%)	55 (27.5%)	41 (20.5%)	14 (7.0%)	200 (100%)				
6.	Hot bath of young mothers immediately after labor or delivery increase their risk of perinatal cardiac failure.	70 (35.0%)	68 (34.0%)	50 (25.0%)	12 (6.0%)	200 (100%)				
7.	Puerperal bath as a result of high body temperature causes fever.	82 (41.0%)	67 (33.5%)	39 (19.5%)	12 (6.0%)	200 (100%)	9	259.16	16.92	H₀ REJECTED
8.	Bathing mothers in hot water immediately after delivery can results to burns	107 (53.5%)	48 (24.0)	31 (15.5%)	14 (7.0%)	200 (100%)				
	Column Total	349 (43.6%)	238 (29.8%)	161 (20.1%)	52 (6.5%)	800 (100%)				

Table 2 shows that the calculated chi-square (χ^2) value is 259.16 and the critical table value is 16.92 at the degree of freedom (df) of 9 and 0.05 level of significance. Since the chi-square (χ^2) value (259.16) is greater than the critical table value of 16.92, the null hypotheses which stated that puerperal bath will not significantly have a negative influence on the health of Yoruba people living in Ilorin South LGA, Kwara State is rejected. This means that puerperal bath has negative influence on the health of Yoruba people living in Ilorin South LGA, Kwara State.

Hypothesis 3: Nutritional Taboos will not significantly have negative influence on the health of Yoruba people living in Ilorin south LGA, Kwara state.

Table 3: Chi-square (χ^2) Analysis of the Influence of Nutritional Taboos on the Health of Yoruba People Living in Ilorin South LGA, Kwara State.

S/ N	Items	SA	A	D	SD	Total	df	Cal. χ^2 Value	Table Value	Remark
9.	Nutritional taboos lead to severe malnutrition in adults	134 (67.0%)	50 (25.0%)	10 (5.0%)	6 (3.0%)	200 (100%)				
10.	Because children are denied of nutritious foods which are prohibited by taboos, they are prone to mild and severe form of malnutrition.	129 (64.5%)	57 (28.5%)	9 (4.5%)	5 (2.5%)	200 (100%)				
11.	Nutritional taboos also result to ineffectiveness of the immune system.	121 (60.5%)	65 (32.5%)	9 (4.5%)	5 (2.5%)	200 (100%)	9	780.24	16.92	H₀ REJECTED
12.	Due to the absence or shortage of nutrients caused by abstinence from nutritious food prohibited as taboos, normal physical or body growth is slowed down.	125 (62.5%)	61 (30.5%)	9 (4.5%)	5 (2.5%)	200 (100%)				
	Column Total	509 (63.7%)	233 (29.1%)	37 (4.6%)	21 (2.6%)	800 (100%)				

@ 0.05 alpha level

Table 3 shows that the calculated chi-square (χ^2) value is 780.24 and the critical table value is 16.92 at the degree of freedom (df) of 9 and 0.05 level of significance. Since the chi-square (χ^2) value (780.24) is greater than the critical table value of 16.92, the null hypotheses which stated that nutritional taboos will not significantly have a negative influence on the health of Yoruba people living in Ilorin South LGA, Kwara State is rejected. This means that nutritional taboos have negative influences on the health of Yoruba people living in Ilorin South LGA, Kwara State.

DISCUSSION OF FINDINGS

Hypothesis 1: Breast ironing was not significantly negative influence on the health of Yoruba people living in Kwara state. The result of the hypothesis test revealed that chi-square (χ^2) value was 532.24 which is greater than the critical table value of 16.92 at the degree of freedom (df) of 9 and 0.05 alpha level. It is therefore concluded that the prevalence of breast ironing has negative effects on the health of Yoruba people in Ilorin South LGA, Kwara State. Ezem and Otubu (2003) who reported in their findings that breast ironing increases the risk of breast cancer and causes burning and irritation.

Hypothesis 2: Puerperal bath will not significantly have negative effect on the health of Yoruba people living in Ilorin South LGA, Kwara state. The hypothesis was tested and a chi-square (x^2) value of 259.16 was obtained which was greater than the critical table value of 16.92 derived at the degree of freedom (df) of 9 and 0.05 level of significance. Thus, a major finding from this result was that the prevalence of puerperal bath has negative effects on the health of Yoruba people in Kwara state. This outcome supports the view of Ezem and Otubu (2003) who conducted a similar study to investigate the negative health consequences of puerperal bath among rural nursing mothers. In their findings, they reported fever, fever and perinatal cardiac failure as major health complication of puerperal birth.

Hypothesis 3: Nutritional taboos will not significantly have negative influence on the health of Yoruba people living in Ilorin South LGA, Kwara state. The test of the hypothesis showed that the chi-square (x^2) value was 780.24 which is greater than the critical table value of 16.92 at the degree of freedom (df) of 9 and 0.05 level of significance. Therefore, nutritional taboos have negative influences on the health of Yoruba people living in Kwara state. Attesting to this finding is the study carried out by Onuorah (2003) who investigated food taboos and their nutritional implications on developing children. He reported in his study that through nutritional taboos, children are deprived of essential nutrients needed for adequate growth and development. He further reported that some health implications of food taboos included malnutrition, ineffectiveness of the immune system and slow physical growth.

CONCLUSION

Based on the findings made in this study, the following conclusion was drawn:

1. Breast ironing significantly has a negative effect on the health of Yoruba people living in Ilorin South LGA.
2. Puerperal bath significantly has a negative effect on the health of Yoruba people living in Ilorin South LGA.
3. Nutritional Taboos significantly has a negative effect on the health of Yoruba people living in Ilorin South LGA.

RECOMMENDATIONS

In the light of findings made and conclusion drawn in this study, the following recommendations were made.

1. Breast ironing should be abolished as a cultural practice and young girls educated on sexual values to avoid premarital sex.
2. Slightly cool water should be used to bath new mothers and dipping of hand in the water to test it before being used by new mothers.
3. Essential food nutrients should not be restricted for invalid, pregnant and lactating mothers as well as infants. Equally nutritious food substances should be used to supplement forbidden ones.

Author's contributions

Dr. AbdulQudus worked on the introduction (body of the work), methodology and analysis of the results.

Prof. Oniyangi did the interpretation/discussions of findings as well as conclusions and recommendations.

Ethical clearance

Taken from Faculty of Education Ethical Review Committee, University of Ilorin, Nigeria.

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Conflict of Interest- Nil

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