

## **SOME ESAN-NIGERIA INDIGENOUS KNOWLEDGE MODELS IN THE SERVICE OF SOCIAL MEDICINE**

### **Algunos modelos de conocimiento indígena de los Esan (Nigeria) al servicio de la medicina social**

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**Abstract:** Indigenous Knowledge Models (IKM) is a spin-off of Indigenous Knowledge Systems (IKS). These models in Esan have synonymous status with peculiar universals which are religiously respected. In contemporary times, knowledge has grown to the extent that there is often a general assumption that such models are somewhat infantile and without empirical and medical basis. It is within this cusp that this paper evolves. The ethnographic method of inquiry was primarily relied on to provide data in this study and it included interviews, observational techniques, questions and answers sessions, and a literature search. Fifty (50) persons out of which thirty were elders and the others young and old adults were respondents. Semi-structured interviews were conducted and data were elicited and analyzed. Findings reveal that although the people believe in multiple variables in illness causation, and that there are spiritual connections in physical illnesses, there are also physical illnesses that are avertable if good health habits are practiced. It is therefore suggested that the understanding of indigenous knowledge models will be of great benefit to healthcare practitioners in evolving apt policies in the services of community dwellers.

**Key words:** *Esan; illness; health; beliefs; indigenous knowledge; medicine.*

**Resumen:** Los modelos de conocimiento indígena son un derivado de los sistemas de conocimiento indígena. En la comunidad Esan, estos modelos tienen el estatus de universales particulares que son religiosamente respetados. En la época contemporánea,

el desarrollo del conocimiento induce a menudo a suponer que, en términos generales, tales modelos son algo infantiles y desprovistos de cualquier base empírica y médica. El presente artículo se enmarca en este contexto. El método en que se basa el presente estudio tiene una orientación esencialmente etnográfica y los datos estudiados se han obtenido a partir de una investigación que ha consistido en entrevistas, técnicas de observación, así como en sesiones de preguntas y respuestas a la luz de una selección bibliográfica. Cincuenta (50) personas, de las cuales treinta eran mayores y los demás jóvenes y adultos, fueron encuestados. Se realizaron entrevistas semiestructuradas de las que se obtuvieron los datos analizados. Los hallazgos revelan que, si bien las personas creen que múltiples variables están implicadas en la causalidad de la enfermedad y que existen conexiones espirituales en las enfermedades físicas, también existen enfermedades físicas que se pueden evitar si se practican buenos hábitos de salud. Por lo tanto, se sugiere que la comprensión de los modelos de conocimiento indígena será de mucha utilidad para los profesionales de la salud a la hora de idear y desarrollar políticas adecuadas en relación con la salud de los miembros de la comunidad.

*Palabras clave: Esan; enfermedad; salud; creencias; conocimiento indígena; medicina.*

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## **INTRODUCTION**

Today, there is a growing nostalgic feeling in research and scholarship. For a very long time, indigenous knowledge systems have suffered a high measure of neglect (Ocholla and Onyanha 2006; Bruce & Baloyi, 2017). While this neglect was first caused by western imperialism, in recent times, even the products of western education who should have been the champions of the African renaissance have suddenly turned more catholic than even the Pope. In this quagmire, one is beset with either the thought of going the way of the masses by playing down any matters of cultural import or going the lonely path of studying one's culture—a tendency that may make the researcher unpopular if not controversial. Without a doubt, the indigenous knowledge system is the bedrock of rational reasoning of the indigenous people.

In sum, our forebears had philosophy and understood nature perfectly well. The only snag was that quite often, they ascribed any

observation that they could not immediately provide answers for to extra-terrestrial agents. Indigenous people have always been given to critical thinking but proper documentation of their beliefs was tardy in coming. The indigenous people of Esan are a gerontocratic society and so, the words and opinions of the elderly are not contested. To forestall any further inquisition into what the people hold tenaciously, statements like these are our ancestral beliefs or laws of the land are often used to decapitate further search. That the natives kept the rules but were not interested in the basis for such beliefs does not in any way indicate an absence of a grounded theory based on scientific foundations. In this paper, the authors attempt an exploratory investigation of selected Esan indigenous models and argue for the need for a deeper understanding of our environment.

### **ESAN WITHIN THIS STUDY**

To start with, it is considered important that we define the territory whose *weltanschauung* we intend to discuss. To do this, a few questions will be asked and they are: Who are the Esan people? Where are they found? What does the term Esan connote in this paper? As is the case with English words that may have more than one meaning, the term Esan has two meanings. It is used as a name of a territory occupied by a people within a given landmass, and also a language spoken by the inhabitants of that given territory. Speaking from the geographical sense, the Esan occupies a landmass of about 2,814 square kilometres (Oseghale, 2019). Esan forms the Edo Central Senatorial district of Edo State, Nigeria. Owing to its historical origin, the social and political organization of the people relies greatly on that of Benin (Okojie 1994 and Okoduwa, 1997). Historically,

the people are believed to have migrated from Benin Empire at different epochs with the first batch happening around 1025 B.C. (Ojiefoh, 2002). Before the coming of the Europeans, Esanland had already been constituted into social and organized/socially organized groups that were overseen by the Onojie, who, in ancient times, probably descended from Bini or led the people to victory and so would be made king for his historic act. No Onojie (King) is subject to another and they respect each other as demanded by the traditional culture (Ebaluneigbeifoh, 2012:5). The opinion above supports the fact that Esanland is autonomous and headed by kings-Enijie which is the plural noun for kings while Onojie is the singular noun for a king. In Esan, God (Osenobua) superintends over all human activities. In most cases, Osenobua is often called Ose for short. Christianity came into Esanland through missionary activities in 1902 (Okojie, 1994). This notwithstanding, three basic religions are practiced in the area and they are traditional religion, Christianity and Islam.

## **RESEARCH METHOD AND MATERIALS**

In carrying out this study, the ethnographic method of inquiry was primarily adopted to provide data and answers to the myriads of questions raised in this work. To extract relevant data from respondents, we adopted some measures which included interviews, observational techniques, and a literature search. Esan which is made up of kingdoms are grouped into five local government areas for administrative convenience and their headquarters are Ubiaja, Uromi, Irrua, Ekpoma, and Igueben. Semi-structured interviews were conducted and data were elicited from fifty (50) persons out of which thirty were elders and the others young and old

adults. The information elicited from the investigation forms the data subsumed in this study.

## **INDIGENOUS KNOWLEDGE AND ESAN VIEW OF ILLNESS**

To ensure a smooth transition in this paper, it is first of all considered important to define the indigenous knowledge system. According to Emeagwali, (2014:1),

Indigenous knowledge system (IKS) may be defined as the cumulative body of strategies, practices, techniques, tools, intellectual resources, explanations, beliefs, and values accumulated over time in a particular locality, without the interference and impositions of external hegemonic forces (this is however not to say that there are no moments where such interference may be helpful).

According to the World Health Organisation (WHO), health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It is important to note that since its pronouncement and when it entered into force in 1948, it has not been amended. This definition is in itself vital in that health goes beyond the physical or mental malfunctioning but shades into the social aspects of life. While discussing the Esan, Aluede (2010) reported four classes of disease causation among the people. These are, on the one hand, Emianmhen which is natural sickness. The ailments under this category are those contracted from poor living conditions, heredity, and sexual promiscuity. Emianmhen-Ason, night sickness, refers to a disease caused by witches and wizards. In this case, while the sickness may manifest itself in natural form, careful prognosis and diagnosis are required so that the related forces can be appeased to facilitate prompt healing. Emianmhen-Arinmhin is a

sickness caused by ancestors, gods, and spirits. This type of sickness is often contracted through neglect of ancestors, village gods, eating of totem animals, and breaking of community regulations. Lastly, Emianmhen-Arialusi is a kind of sickness carried over from past earth life through an unexposed crime before death: when one reincarnates, one begins to suffer and can only be cured by the offering of sacrifices. As far as this paper is concerned, much attention will be given to some models geared toward the aversion of certain physical illnesses in the people's healthcare care system. In what follows, we will examine certain Esan indigenous models like talking while eating, techniques of cutting pounded yam, eating late dinners, expelling catarrh with force from the nose, the habit of chewing clothes, and Ota in daily Esan living and their health implications.

#### **a. Talking while Eating**

It is an offense punishable by denial of meals if a child is caught talking while eating. Not talking while eating is highly encouraged in Esan homes. This is so because, during the action of swallowing, the airway is closed. When one talks as in phonation, the airway is opened and due to the proximity of these structures (pharynx, larynx, esophagus, and trachea), food particles may go into the airway and this action goes with deleterious consequences. This opinion is corroborated by Mahapatra when he draws from Hindu beliefs on avoidance of talking while eating but further stretches the discourse by providing a scientific explanation on why not to talk while eating. To him,

Epiglottis which is a leaf-shaped flap in the throat prevents food from entering the windpipe and the lungs.... During swallowing, the epiglottis closes to prevent aspiration of food into the windpipe, forcing the food to go along the

esophagus towards the stomach instead. When we talk while eating, coughing to clear the food material out of the trachea may occur or may get serious by choking which may be fatal (2020:1)

**b. Ways to cut pounded yam into morsels without finger imprints on the pounded yam.**

Pounded yam was and still is the staple food of the Esan people. During major ceremonies like marriages, burials, house warming, initiation, and coronation ceremonies, a pounded yam is served. Almost every home has pounded yam meal or in recent times its equivalent at least five times a week. This meal is eaten with bare hands and not cutleries. Consequently, early in time, children are taught the art of cutting pounded yams from the mass with the hand. First of all, they were often warned to cut a handful of pounded yams without leaving fingerprints. While in the various Esan towns, elders may tell youngsters that it is forbidden to cut and leave fingerprints on the pounded yam, they may hinge it on a strong spiritual implication. There are enormous reasons why this admonition was put in place; some of which are to instill the appropriate table and social etiquette. And the other point is medical in that there is the likelihood that some morsels could be retained in the fingernails. When such particles are not properly cleaned off, bacteria could settle in there, and because cutleries are often not used when eating, with infected fingers, individuals could auto-infect themselves.

**c. Eating late dinners**

In Esan, there is a deity that forbids adherents from late dinners. Devotees of such religious groups forbid late-night meals. Beyond this, elders and homeowners also do not like late-night meals. Whether it is an idea first

mutated from the traditional religious background and later blurring into general practice, this issue is explainable. Explainable in that most communal practices are an outgrowth of religious observances. Late-night dinners have become a misnomer in today's Esan. Interestingly, this tendency is in tandem with current medical knowledge as it is also not advisable. Late meals are injurious to health. Management of peptic ulcers denounces late meals amongst others. Gladwell (2020) and Reinagel (2020), give reasons why eating late at night regularly is a health risk. He identifies among others, increased risk of obesity, impairment of memory and learning, eating disorders, increased risk of gastro-oesophageal reflux disease (GERD), disturbance of sleep schedule, may affect pregnancy, and can affect metabolism and digestion; it can also affect pregnancy, digestion and, more generally, metabolism. Reinagel (2020) suggests that late-night eating could cause one to eat more calories than one needs, the risk of unwanted weight gain may be more dangerous for one's heart.

**d. Expelling or blowing catarrh with force from the nose**

“If with force catarrh is blown from the nose, it will result in deafness”. This proverb takes us to human anatomy and physiology. It sends a signal that the eardrum is tender and could rupture as a result of the exertion of much force. Amazingly, the traditional Esan people know the connection between the ear, nose, and throat which is an area of specialization for physicians. For example, Farag, who is a medical doctor at Ohio State University, identifies three risks of blowing one's nose too hard. According to him, the act could lead to nose bleeds, ear infections, and eardrum rupture (2019:1).

**e. The Habit of Chewing Clothes**



*Ukpon-i mhonse se na ha nuo bhu 'nu-* No matter how beautiful and neat a piece of cloth is, it should never be chewed. This is a proverb in Esan and it is religiously kept with a high measure of responsibility. Of all the possible functions of wearing clothes, its primary function is to cover the body. Covering the body, it shields it from numerous infections. This, therefore, presupposes that clothes are likely to harbor dirt and all other forms of microbial entities which are capable of harming humans, and condoning the habit of chewing it has public health implications. This habit could introduce strange ailments into the body. It is in the realization of this fact that people are discouraged from chewing clothes.

#### **f. *Ota* in Esan daily living**

Indigenous Knowledge Systems are not confined to the material sphere but are often interconnected with spiritual and non-material realms of existence (Emeagwali, 2014:1). This is exactly the case in Esan, *Ota* is that kind of debility that befalls people or couples who mate in the daytime. Funny, it might sound, this practice has health and ethico-economic implications. Early in time, Okojie (1994: 155) remarked that

No matter how anxious a couple might be about raising a family, it was a sin all over Esan to have a sexual relationship during the daytime, and for this purpose, a day meant from cockcrow to sunset! Many people indeed had extra respect for this law as a result of Obienmen of Irrua, Oreimenun of Ekpoma, defensive medicines for war, etc.

He explains further that this law was put in place so that laziness will be discouraged. In his explanation, if newly married couples and farmers stay off their farms to enjoy themselves, hunger may overtake the land.

In Esan, this subject matter is topical. Because of its nature, we discovered divergent views yet in the end, we see a compromise. Here we would like to share notes from some of our interviewees out of which three are female and three-male. Firstly, we intend to share the thoughts of the females. As posited by Agbonifoh (2021),

...this is the only area my grandmother advised me on when I was getting married. She said that I will give birth to an albino, should I indulge in it. Guess my response? I told her that I will drop the curtains and the room will become dark. She warned me seriously not to try it.

Abulime (2021) avers that some people believe that having sexual intercourse in the daytime results in giving birth to an albino. Secondly, some traditional people mostly in Ekpoma believe that such acts are against their deities and so the couples involved are expected to go to their community for cleansing. We find the position of the third lady quite insightful; insightful in that she is a devotee of traditional religion and a respected Priestess in her own right. According to her, mating in the daytime with the sun in the sky is an abomination. This act is indecent. It could spoil protective medicine previously marked on one's body and it brings *Idobolo*<sup>1</sup>. Whoever indulges in it wallows in abject poverty (Arebamhen, 2021).

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<sup>1</sup>*Idobolo* in Esan is the same as *Idebono* in Urhobo, Delta State, Nigeria. The nearest English equivalent for this word is hindrance. This word covers myriads of troubles, problems, unpalatable life's challenges, negativities and calamities.

The positions above have a wide spectrum from the thoughts of albinism to going against the spiritual constructs of the people. We would like to share the thought of three males on this subject matter before attempting any further analysis. In the opinion of Eigbike (2021), the reason is simple: economic! Where does a sexual activity or any thought of it fit in the life of an Esan farming couple? None! But as is the wont of human beings, they would have given it social legitimacy in spiritual rationalism: it is forbidden! Another interviewee sheds more light on this matter when he remarks that the forbidding of daytime sexual intercourse between married couples in Esanland does not have spiritual undertones. It was a traditional order that gradually crept into spiritual order. The essence of the order was to sustain moral and socioeconomic standards. Let us look at it closely for better analysis and understanding:

1. It was a rule or order used to discourage laziness. A man who has his vineyards to work on to enable him to feed his family will not shun the good day and go running for his wife sexually during the day. We both know that sex weakens men physically and mentally.
2. The old structure and design of houses then lacked privacy. Even when men had their cribs, they were easily accessible to children. Sexual moaning cannot be controlled to a zero silence. To bemoan is one of the sexual satisfactions. Sex is sacred and should be reverend.
3. Sexual intercourse between couples is kept secret from children. This moral category is very important. Children must never be allowed to experience sexual intercourse between their parents or other adults. That will harm deep the traditional moral code and the mental state of the children. So, the whole gamut of the order was moral and socioeconomic, not spiritual (Izebkhokhale, 2021). Similarly, Imhansoleva (2021) opined

that sex avoidance (especially by a married couple) during the day may be to encourage productive economic activities among pairs as night is better suited for such relaxation. Another reason is the possibility of children or anyone else noticing the "masquerade dance". From the foregoing, we have heard of the agricultural, economic, and social implications of having sexual intercourse in the daytime. We would like to reduce these reflections to hypothetical instances so that we could cast a brighter light on the issue.

The drive for sex consumes unquantifiable man-hours in preparation and lobbying for the act. Bhaktipada explains this issue succinctly when he observed that:

We are pleasure-seeking creatures. Everyone shuns pain and pursues pleasure. Pleasure in this world means gratifying the senses by contact with sense objects. To gratify the sense of smell, I smell a redolent flower. To gratify hearing, I listen to music. To gratify sight, I look at something beautiful. To gratify taste, I eat and drink. To gratify my touch, I feel an object with my hands. Because sex brings all these senses into play, it is the most intense form of sense indulgence. During sexual intercourse, all the senses are excited and gratified (1988:15).

Although the spiritual implications of sex in the daytime are outside the remit of this paper, we need to look more closely at such implications because knowledge should be sought holistically.

## **CONCLUSION**

In this paper, we examined some indigenous knowledge models of Esan people about public health/medical practices. In the course of this investigation, we observed that there are some obvious positive correlations of ideologies in some Esan traditional belief systems and medical practice. For example, the indigenous people of Esan believe that talking while eating, eating late dinners, and expelling catarrh with force from the nose is bad. We have found out from available literature and medical evidence that such tendencies are inimical to healthy living. By the same token, we also noticed a form of traditional advocacy where the habit of chewing clothes in the mouth and *Ota* in daily Esan living were believed to have grave health and economic implications.

In Nigeria, where there are no well straightened out health policies, where the available health facilities are not maintained and health insurance schemes for the greater populations of its citizens are limited, individual health challenges and expenses are borne by them. And ill-health often takes untold tolls on patients' finances. It is, therefore, reasoned that if by way of advocacy these issues of public health importance are drummed hard into the minds of community dwellers and properly enforced by parents and caregivers, the principle of health is wealth will be effortlessly achieved. This is so because someone who enjoys good health is not likely to need a physician.

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### **Interviews**

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Izibili, Matthew (M) Ugboha, Nigeria. 8 February 2021.

### **Appendix**

Questions that were administered to the subjects interviewed for the research.

1. Who are the Esan people?
2. Where are the Esan people found?
3. What are the traditions of origin of Esan people?
4. What relationship has the Esan with Benin?
5. What is the landmass do the Esan people occupy in Edo State, Nigeria?
6. How autonomous are Esan towns?
7. Who are the traditional heads of Esan towns?
8. What is disease in Esan?
9. What are the classes of disease causation in Esan?
10. Is social dysfunction considered as disease?
11. Do you talk while eating?
12. Why is talking while eating unacceptable in Esan?
13. What are the probable consequences of talking while eating?
14. Why do most Esan homes dislike fingernail growing?
15. Can fingernails harbor disease causing agents?
16. Can food be eaten at any time of the day and night?

17. Why are late dinners discouraged?
18. Why are people admonished not to expel catarrh with force?
19. Has the nose any relationship or link with the ear?
20. Is it a good habit to chew clothes no matter how clean?
21. Are there any probable consequences of chewing cloths?
22. Are there any set rules governing when sexual intercourse should be had?
23. What wrong if sexual intercourse is had among consenting adults at any time of the day?
24. Is it true that sexual in the daytime can bring forth poverty?
25. Is it a mark of immorality to mate in the daytime?
26. Are there any religious/spiritual consequence of mating in the daytime?
27. Where such consequences exist, are both men and women affected equally?
28. Are there any religious/spiritual gain in abstaining from mating in the daytime?
29. What is Ota in Esan?
30. Are there moral benefits of avoiding sexual intercourse in the daytime in Esan?