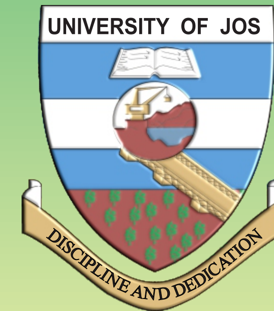
Jos University Press Ltd

UNIVERSITY OF JOS



ENCRYPTED MOSAIC: CULTURE, PATRIARCHY AND HEALTH BEHAVIOUR(S) IN A MODERNIZING NIGERIA

INAUGURAL LECTURE

BY

PROFESSOR ILLAH SANI JOHN
FSONTA

Professor of Drama and Theatre
Department of Theatre and Film Arts,
Faculty of Arts,
University of Jos.
Jos - Nigeria.

== UNIJOS INAUGURAL LECTURE SERIES 71 ==

Thursday, July 2, 2015.

ENCRYPTED MOSAIC: CULTURE, PATRIARCHY AND HEALTH BEHAVIOUR IN A MODERNIZING NIGERIA

BY

PROF. ILLAH SANI JOHN

For all the advance of science in modern times, it tells us virtually nothing about the human psyche upon which that advance has entirely depended.
***IT LAWSON**: CARL JUNG -DARWIN OF THE MIND*

A) CONCEPTUAL AND THEORETICAL FRAMEWORK

It is difficult interrogating or problematizing what the UN has incriminated as Harmful Traditional Practices (HTPs-CEDAW: 1979). This is because they are latched or nuanced into behaviours that are normative. They are used to refer to knowledge, attitudes and practices that developed in earlier times, but continue to hold sway in the present, and impact our health behavior in severe ways. They are ideas, beliefs and customs that are defended and promoted as “our culture and tradition” even though they are obsolete and probably, without scientific foundation.

Culture, that apparently innocuous gamut of habits, values, ideas and practices (Williams: 1958) exercises a subtle tyranny over our consciousness, and behavior. In other words, the way we behave in the present has its foundation laid in some distant, probably untraceable past, hence encrypted mosaic. The features of this mosaic include:

(i) Structured density- we are unable to penetrate its matted layers to decipher or decode its encrypted figurations, because its key is lost to us in the present or because its message is ritualized or totemized, in an esoteric form like the riddle.

For example, it is not common knowledge that the peoples, cultures and languages of Nigeria's North Central Zone (The Middle Belt) have a common ancestry in the Kwararafa Kingdom. That is because, today, they exist in different states and have no immediate recall to the history of the last seven hundred years. But linguistic data show the cultural affinity between the Igala, Idoma, Alago, Mada, Doma, Ebira, Nupe going back 700 years. The Igala cast this riddle:

RIDDLE: *Ap'ochi ne ge j'ochi* (Idoma: meaning, you use the bark of a tree to identify the tree)

ANSWER: *Ekp'oli ma du m'oli* (Igala: meaning, you use the bark of a tree to identify the tree)

In the present, the Igala have no access to the Idoma component and vice versa, hence the riddle. Other non-linguistic, performative forms, enshrouded in myth, ritual, and theatre like the masquerade, might unravel more of the encrypted mosaic.

(ii) It is **heritage,** to which we are obligated. We were socialized through it and have come to accept it as given for the purpose of survival, identity, and solidarity. It mediates our future conduct and how we present ourselves, as human artefacts, of this culture in motion. For example, in many traditional cultures, it is forbidden for the left-handed to eat with their left hand. They are beaten, starved and flogged to condition them to use the right hand. In spite of this, every once in a while they hand-switch to their natural inclination of using the left hand.

In similar vein, marriage outside the immediate community and culture is considered taboo. It is a form of betrayal of the values of the tribe, since the other tribe is normally considered uncivilized, wayward, promiscuous and vagrant. This process of **otherification** is mythologized by case studies of failed marriages to dissuade would –be dissidents. This is how this encrypted mosaic as heritage protects, renews and extends itself from generation to generation, by adoption and adaptation.

(iii) The material form of this encrypted mosaic-architecture, diet, infrastructure, farming patterns- is easily discernible, split open and decoded. The non-material, immanent, esoteric form is more complex because it is encrypted in consciousness, emotions, feelings, personality, in total, the mind. It is to the mind we must turn, as the custodian of values past, if we are to understand the residual influence of culture on current health behaviour. In other words, while, according to Thompson (1991),

> *Culture is a society's total way or pattern of life, the distinctive ways of a society as perceivable at a given point in time, ways of thinking, feeling, believing and behaving,*

the mind of the given epoch, directs the course of action, with the given resources, to come to bear its imprints overtime.

The mind is a living organism with *Universal* inclination and local regional particularities. It is the transactional receptacle of culture. In other words, it conducts and receives, being the seat of ideas and their *imaging* vessel, the

business of culture requiring the injection of values. Since cultures are constituted, primarily of /as ideas or express ideational intent, they are driven by the ruling ideas of the moment. In another context, within a materialist framework, Karl Marx (1845**: The German Ideology**) also talked about ''the ruling ideas of the age being the ideas of the ruling class". Marx was not too concerned with the role of the mind as such, but with the social conditions with which it must engage.

Sigmund Freud was. He focused on the transactional capacity of the mind. He

> *Initially attempted to subdivide the mind, in terms of different levels of consciousness, emphasizing the unconscious. Though he abandoned that theory in favour of his tripartite id, ego, and super ego, he held that the different functions of the mind operated at different levels.*

While Freud's theory might not have had universal application, because of the geographical limitation of his data, he was able to map or sketch for us the boarders of the human mind. It is not usual, in the literature, to underscore the strategizing role of the mind but Cultural Psychology cautions that we must not belittle the mind in the cultural process. According to Shweder (1984).

> *Cultural psychology is the way cultural traditions and practices regulate, express and transform the human psyche, resulting less in psychic unity than ethnic divergences in mind, self and emotion.*

Of course, there is a cultural basis to behavior, especially health behavior. But it is to Carl Jung we must turn for the qualifications of the mind in the cultural process, by threading the interfaces between him and Sigmund Freud. Jung based

his discussions on Plato's I*deas*, Kant's *forms* and Schopenhauer' s*prototypes*. He did not believe that the mind was a *tabularasa*, a plane template for a person at birth. Rather, a person has recourse to a "collective unconscious" which "would serve as a repository of cultural imprints that shape human behavior right from childhood". It manifests in "archetypes" which are carried from one generation to another. According to Jung,

> *The archetypes form a dynamic substratum to all humanity, upon the foundation of which each individual builds his own experiences of life colouring them with his unique culture, personality and events.*

This is the point of emphasis for this discourse. Every individual inherits this encrypted mosaic, with all its dynamic ramifications, but he is also free, even as dialectically bound, to exercise his discretion or engage with it as it pleases him. He might choose to repeat, validate or adopt its crude (*primitive*) forms, for, according to Claude Levi Strauss "the structure of primitive thought is present in our minds". That is, have recourse to earlier acceptable modes of behaviours, like popping into the bush to ease oneself or answer the call of nature. Or one might upgrade his consciousness to the present, thereby enriching the encrypted mosaic.

With reference to health behavior, it is necessary to emphasize the role of the mind. It chooses what to adopt, what to reject, what to place in abeyance. We have seen instances from the field where VIP toilets have been provided, and people go behind these to pee. Or where soap or ash is provided for hand washing

after using the toilet, and the individual just walks out unperturbed! The point to also emphasize is the enabling social framework, that is;

i) Family

ii) Peers

iii) Curriculum (Education)

iv) Advocacy (media, mentoring)

v) Oversight

vi) Infrastructure (toilets, hospitals)

If these are in disarray or perceived to be ineffectual, the mind could suffer or adopt moratorium that is, remain fixated on earlier attitudes, values and consciousness

B. NIGERIA'S CULTURAL MINDSET AND HEALTH BEHAVIOUR

By mindset is meant the pre-disposition to think, act and behave in a particular way. In a conceptual sense, there is no unilinear mindset that is immediately, on the face of it, isolable and observable as Nigerian. That is not to bow to colonialist historiography that Nigeria is peopled by over 250 nationalities and tribes, and as such there must be about 250 mindsets. It is also not to accept the neo-liberal tripod of the Hausa, Igbo and Yoruba as representative of Nigeria's cultural effervescence.

Rather than pander to several ethnic narratives, no matter how radical, by Nigeria's cultural (especially literary –dramatic) elite, trying to carve niches for

themselves in the geo-political firmament, the directive principle of our cultural mindset is our engagement with the Western World for 700 years. The period witnessed the slave trade, direct colonization, independence, neo-colonialism, and now globalization, the highest phase of imperialism. Many of Nigeria's indigenous cultures have reacted to this engagement in various ways: some acquiesced, some compromised, others went into sub-hegemonic opposition. However, beginning from about 1914, through the colonial period into independence, a Nigerian Cultural effervescence, with a Western central nervous system, has evolved to satiate and suture the alienation of the elite from their material cultures. They might list **Amala, Tuwo 'n' shikafa, Akpu** as their main foods. They might be seen in **Agbada, Kaftan** and knotted **wrappers,** and other insignia of tribe, ***ad valorem*.** They might have access to "the collective unconscious" of the Hausa, the Igbo and the Yoruba, but suffer nostalgia, alienation and disconnection because of their choices and lifestyles. When we talk about the Nigerian mindset therefore, we refer to a preponderance to fall in line with a Western-nuanced archetype or its opposites. This is fractured along 3 lines, implicating health behavior along the way:

B1. NIGERIA'STRADITIONAL (RESIDUAL) CULTURAL MINDSET

Williams (1978) did refer to this type of mindset as *residual*, that is developed over an earlier historical epoch but continues to be relevant in the present. It is slow, tedious, obsolete and encouched in the patriarchal values of village

communities at rural level across Nigeria. From Imane (Kogi State), to Mada (Nasarawa State), Yargula (Kastina State), Yakawada (Kaduna State), Ushongo (Benue State) ,many of these communities "live in close inter- relationship with nature" (Soyinka :1976), cut off from basic modern amenities of health, education, pipe borne water, road infrastructure and electricity.

These are subsistence farming villages. Taboos, rumours, unsubstantiated protocols and other barriers dominate the consciousness and mindset. It was what Marx called the level of the development of productive forces mediating consciousness –school roofs are blown off, Primary Health care centres are in dilapidation, roads are a billowing of dust. People live in broken mud houses and mosquitoes rule the night.

The National Population Commission puts Nigeria's population (2012) at 170 million. Half of this population, that is, 50% live in the rural areas. In statistical terms, about 85 million Nigerians live directly in rural areas. If we add this to undefined semi-urban, satellite communities, and other pockets of rurality in the hearts of cities, then we should be close to 100 million. In similar vein, the National Bureau of Statistics (NBS) estimates (2012) that about 61% of Nigeria's population live below the poverty line of $ 1.00 a day. Most of these; of course live in the rural areas. In effect, the sociology of Nigeria's rural areas is evident from these statistics. According to Urevbu (1997)

> *A common feature is that… these… are regions in which most of the people are poor… and have a low, sometimes a very low quality of life with many still returning to their traditional cultural practices.*

Wherever poverty is endemic as in Nigeria's rural areas, and people live in close inter- relationship with nature, a superstructure of consciousness would have, overtime been erected in mediation of the level of the development of productive forces. The resultant psychology will exhibit values, habits and behavior that are basic, couched in local traditions, mythologies and mindset that are accepted as such, even if inimical to their health as in the following scenarios:

B1a. **OPEN DEFECATION**: This is not a UN listed harmful traditional practice but should be treated as such.

It is common, widespread and mainstreamed into local consciousness. Only few households have hand-dug VIP toilets. The culture or tradition is to pop behind the house or the near-by bush when pressed. So the Hausa call it **Bayan Gida** (behind the house), the Idoma **Ipachi** (in the bush), the Mada of Nasarawa State **Nge wei ten** (going to the backyard), the Egon, also of Nasarawa State **Am yi ngu** (behind the house), the Igala say **Ubioko** (behind the bush). A Tiv man will tell his friend, **Orne Mzanber de mza to ho fele** (My friend, let me visit the bush briefly). Of course open urination, nobody takes notice of. In view of the circumstances or contexts in which these take place, proper cleaning up after defecation does not take place- maize cobs, leaves and sticks have been known to be used. Hand washing too, does not happen.

The danger this health behavior poses is grave, with flies shuttling between the households and the bushes. Linguistic data reveal, reflect and mediate the extent to which this practice is grafted into the communal psyche and they are rolled over into post-traditional society. Recently, under the auspices of UNICEF and Katsina RUWATSA, we concluded a series of FGDs on the Development of Hygiene Messages and Field Testing of Hygiene Pictorials for Cultural Adaptation to Peculiarities in Katsina State. The FGD was located in 3 communities of Kabomo ward, Bakori LGA- Ungwar Doya, Ganjar, Yargula. Some of the questions on the FGD guide include:

- Do you have latrines in your homes?
- Who has the responsibility of cleaning the latrines?
- What times do you consider critical for hand washing?
- What do you use for hand washing?

- How often do you wash your hands in a day?

FGD GUIDE ON WASH, BAKORI LGA, Katsina State, July 4th-8th, 2013.

That these questions are on the FGD Guide shows how deeply this health behaviour is engraved on consciousness. It also reveals the need to constantly assault this mindset at various levels of government and non-governmental organizations, using a broad spectrum of approaches.

B1b. GENDER –BASED DISCRIMINATION AND TRADITIONAL HEALTH PRACTICES

At the heart of the residual mindset is patriarchy, the ideology upon which the allocation of gender roles, based on sex and sexual orientation is cast. Patriarchy,

> *Is a social system in which males are the primary authority figures central in social organization, occupying roles of political leadership, moral authority and control of property, and where fathers hold authority over women and children. It implies the institutions of male rule and privilege and entails* ***female subordination.***

In most rural communities, patriarchal ideology so permeates all aspects of life that, it is taken for granted. It is assumed to be **natural**

According to Bell Hooks (1974)

> *Patriarchal thinking shapes the values of our culture. We are socialized into this system, females as well as males. Most of us learned patriarchal attitudes from our family of origin and they were usually taught to us by our mothers.*

Based on this, a system of gender discrimination against women has been instituted. From birth, the girl-child is only barely tolerated. She is most likely to be overlooked in terms of those to enroll in school. She does most of the household chores including fetching water from a far away stream, getting firewood, processing farm produce and cleaning up. She is most likely to be circumcised, coerced into hawking to support the family, and married out early. In effect, women come to be associated with mentality, weakness and second class status, because society has conferred these on them. For the purpose of this discourse, the set of patriarchalide as which trigger gender discrimination also lead to a lack of knowledge about preventive measures and inappropriate health

seeking behavior. According to the African Development Bank Report (2002/2003),

> *Traditional mentalities still hamper the use of contraceptive practices. This has led to high levels of infant, child and maternal mortality, which is greater in Africa than on any other continent.*

EARLY MARRIAGE: It is one of these traditional practices. While the Nigerian Constitution (1999) sets 18 years as the age of consent, this co exists with obnoxious customary laws and practice condoning giving girls as young as 10/11 years out in marriage. The reasons given are religious and cultural. And the husbands were supposed to wait for 3-5 years to allow the girls to mature. They never do! During childbirth, labour becomes prolonged, pressing "the unborn child against the pelvis, cutting off blood flow to the vesico-virginal wall. The affected tissue may die, leaving a hole." The

> *VVF is an abnormal fistulous track extending between the bladder (the vesico) and the Vagina that* ***allows for the continuous involuntary discharge of urine into the vaginal vault.*** *In addition to the medical sequealae from these fistulas,* ***they often have a profound effect on the patient's emotional well-being.***

At such moments, the young girl-wives are abandoned by their families, unable to bear the cost of the VVF repair, in public places across Nigeria. A study of the **Bori Cult** in Northern Nigeria reveals that most of the female initiates are victims of early marriage taking shelter in the cults, which also exist on the fringes of society.

SHARP WIDOWHOOD PRACTICES: These are common but vary across Nigeria, depending on the cultural contexts. These include denial of property, evacuation of children from their mother, exclusion, sexual assault, being forced to marry the dead husband's relative and shaving of the head. According to Agunwa (2011*),*

> *Among a tribe in the old Mid-west, she (widow) is given a ritual pot to carry on her head. While carrying this pot, she is asked to confess her sins against the man… In another place, before the man is buried, the widow is stripped naked and made to have the last sexual intercourse with the man by lying with the corpse in a room all night.*

The most hazardous is that in many of these communities, funeral is proceeded by an inquest. The ritual inquest includes the widow being mandated to drink the water collected after washing the corpse, to prove she had no hand in the death of the late husband. To force a widow into drinking water used in washing a corpse after **rigor mortis** has set in, has grave implications for health beyond the misguided fears of a villagized mindset.

CHILD HAWKING: While **the Convention on the Rights of the Child, and Nigeria and the Rights of the Child** advise communities to "avoid traditional practices which are harmful to the health of the child", child hawking is a culturally accepted form of child labour, which the UN has legislated against. It can be observed across all cultures, from village paths to national highways, that children are augmenting the family income, selling groundnut, pure water and

plantain chips. In many instances these children have been lured into child prostitution through the obnoxious practice of **juye –** the act by unscrupulous men of buying over a hawker's wares, and detaining him/her in his room for the whole day. In this day and age, where STDs, HIV/AIDs and other diseases are ravaging rural communities, the simple gesture of sending a child to the street could have dire health consequences.

FEMALE GENITAL MUTILATION (FGM)

This practice involves the surgical removal of critical parts of the Female genitalia. This is a global problem. In Nigeria, it is practiced in many rural communities for a variety of reasons, including:

- It is ordained by our forefathers
- It reduces promiscuity among girls
- It is a taboo for the part removed to touch a baby's head during child birth

In such communities, it is a rite of passage performed annually for young maidens. In 1998, again under the auspices of UNICEF, University of Ibadan, and University of Jos we undertook a TFD workshop in Iseyin (Oyo State, Nigeria). Based on the data generated from the field, we decided to focus on Female Genital Mutilation (FGM) which was common, wide spread and mainstreamed into the community's consciousness. As Dapo Adelugba (2004: 10-11) was to note,

> *One of the main challenges of the scenario finally agreed on was how to treat convincingly before a community (audience) an issue as sensitive as Female Genital Mutilation (FGM). The arguments in favour stress tradition. The men like to see FGM enforced because they believe that lack of FGM makes the women promiscuous. But is there a scientific basis for this belief? No.*

The older brigade of women, and the traditional religious establishment also opposed any attempt to change the status quo because this was part of their cultural heritage, taking place in the broad context of the **Oro** Festival. The only concession we could extract was for the young maidens to provide their individual razor blades, rather than the practice of using one **traditional knife** for every girl.

This shows how consciousness can lag behind development. In the era of the HIV/AIDs pandemic, female circumcision, under whatever cultural guise, is an invitation for disaster. Of course,

> *Diseases are often the consequence of personal and communal beliefs and practices that are at variance with accepted modern health care practices and hygienic practices.*
>
> *UNICEF-* ***Country programme of Cooperation 1997-2001***.

It is evident that the rural setting was the incubator of Nigeria's cultures today. Every Nigerian has a direct linkage with this culture even though it is in decline, hence residual. Many Nigerians continue to derive and drive their identity constructions through the residual maze. That is why many cultures project their tribal identity with the tribal marks on the face. This scarification is derided in Nigeria by the names they call it for example, staff sergeant for the Igala three

horizontal marks below one vertical mark on each side of the face. In the final analysis residual ideology pre-occupies itself with protecting its values through particular customs, habits and attitudes that are inimical to health.

B2 NIGERIA'S URBAN CULTURAL MINDSET AND HEALTH BEHAVIOUR

Nigeria's urban mindset is urbane, diverse and heterogeneous, some concurrent aggregate always mutating, always hybridizing. It is a *potpourri*, an amalgam of habits, attitudes and values baked in various regional residual situations and transported to the urban arena, by people in search of economic and political dividends. Depending on where you are in Nigeria's urban landscape, its cultural base varies but enters into an interactive relationship with Western cultural ideology. Some mutation is always taking place in language, diet and attire. In Lagos, Yoruba is the dominant regional base. In Kano, it is Hausa. In Enugu, it is Igbo. There are other sub-regional centres like Lokoja (Igala), Makurdi (Tiv) Otukpo (Idoma), Minna (Nupe), Maiduguri (Kanuri) staging mutations of various kinds, with a proletarian underbelly.

By the recent projections of the UN, the world's urban population is expected to hit 4.9 billon people by 2030. That is to say that by 2030, "it is expected that 60% of the World Population will live in urban areas". Nigeria too is urbanizing fast. Vast areas of satellite communities are being guzzled up by megacities like Lagos, Ibadan, Abuja, Kano, Kaduna and Port Harcourt. Every

day, thousands of people throng into the cities, in search of greener pastures. Infrastructures are over stretched. There are housing shortages. Alienation is rife.

There is a near- proletarian consciousness to the urban mindset. Contrary to their expectations, people are finding it difficult to survive in urban areas, so the psychology is volatile. They therefore fall back to their primordial sentiments, more characteristic of the rural mindset, to find succour. There are pan-ethnic associations like I.C.D.A (Igala Cultural and Development Association), Yoruba community, **Ohaneze Nd' Igbo** (the pan –Igbo cultural group), **Opiatoha** (the pan-Idoma women's group) across Nigeria's cities. These associations have ethnic days, on which they resurrect their ethnic cultures, like masquerades, for public display. There are even culture-based restaurants like **Mama Calabar, Iya Al'amala, Hajia Mai Masa, Akpu Joint.**

These provide escape valves from the harsh, depersonalized alienation of city-life. People retain and recall these ethnic consciousnesses to navigate social trauma on a daily basis. Pidgin is the convenient language of transaction and interaction on buses, in markets and on construction sites. But as tranquil as it might appear, there is always a competitive jostling taking place between these consciousnesses, some challenging, some accommodating, others still, **subdued**.

What refuses to be subdued, however, is health behaviour, in the face of social and environmental strictures. Open defecation is still rampant. There are only few public toilets, so people take cover under a tree, behind a building, a parked car, any open space to ease themselves. In motor parks, the National Union

of Road Transport Workers Union (NURTW) has built water system toilets, but people prefer to go behind them to ease themselves. Even in government secretariats and other public buildings, toilets are packed up with old disused typewriters and sundry. So workers convert behind every block to a urinary outpost. Of course, hand washing after such exercises does not take place. The potential for the fast spread of viruses is rife in every city, because of attitudes and habits transported to the highly urbanized environments.

Many gender-based discriminatory practices thrive in these cities. Hawking is rampant. The girl-child is in bondage, on the streets hawking with the attendant health risks involved (outlined above) or in the homes of elites, as maids, subject to sexual abuse and other forms of mistreatment. They are taken from their village homes with the promise of providing them with education or vocational training, but their reality is different. Early marriage is equally widespread, especially in northern Nigeria where there is an upsurge in fundamentalist consciousness. The rampant cases of VVF are the evidences, with the victims abandoned to begging and destitution in the vicinity of major hospitals. In fact, there was the recent outrage of a senator of the Federal Republic, "marrying" an under-aged girl from Egypt. There is also the unreported practice of young men going into "their villages" to poach under-aged girls in marriage. This harmful traditional practice is not on the wane.

Information is difficult to come by on Female Genital Mutilation (FGM) in urban areas. But the BBC has reported the practice of Asians living in the U.K

taking their daughters back home for the cut. We know of instances of concerned parents taking their daughters to Teaching Hospitals to have the operations done or importing a village masseur. The whole matter is shrouded in secrecy, but it can be measured by the general level of subscription to residual values, as outlined above. Where it is not practiced, it is condoned as private matter. However, patriarchy is taught as a virtue, as the way of our forefathers, nuanced into proverbs, and is therefore likely to be used subtly, in schools, churches/mosques, social media thereby reinforcing these harmful traditional practices.

One queer fact of urban life and the urban mindset is the recourse to traditional medicine, as solution to mind-boggling ailments. There are vibrant traditional medicine stores and practitioners. The practitioners (bokas, babalawos, dibias) are registered under the Association of Traditional Medicine Practitioners of Nigeria. They hold annual trade fairs in major cities and have regular adverts on Radio and Tv. While this practice cannot be judged by the standards of Western (orthodox) medicine, it is necessary to underline the fact that it is an adjunct of African Traditional Religion. It is patronized by all classes of Nigerians and is a major health behaviour.

As convoluted as this urban mindset might be, health behaviour, as shown, is mediated by inherited values, habits and knowledge. In Jungian terms, there is **immediate recall** to these in situations of alienation, estrangement and adversity. But the need to identify also predisposes people to residual forms of consciousness especially in the disarticulated template of megacities.

B3 NIGERIA'S ELITE CULTURAL MINDSET AND HEALTH BEHAVIOUR

Nigeria's elite was created by colonialism in its own image. Colonialism handed over political and cultural power to this elite class at independence. In the words of Fanon (1961), this led to "the establishment of imperialist identities" in the new nation-states. Cabral (1966), Rodney (1974), Chinwezu (1975), Amin (1977), echoed similar thoughts, to the effect that this elite molded itself on the values and taste of the West, disconnecting themselves "**materially**" from their heritages.

They preside over the apparatuses of state, but even then, they continue to deride all tertiary health institutions as inadequate and unsuited. They therefore retain medical consultants in their private capacities. They also undertake medical tourism to India, the U.K and the USA annually for **check up**. But in spite of this, residual culture retains a foothold in their unconscious. They do not undertake many of the harmful traditional practices because they clash with their modes of Western life, but lodged somewhere are vestiges of patriarchy, as evident in the media, their ideological apparatuses.

C. TRANSACTING APPROPRIATE HEALTH BEHAVIOUR IN A MODERNIZING NIGERIA

It is established that harmful traditional practices, as listed by the UN protocol, are prevalent across Nigeria's cultures. This is because, as fractured as Nigeria's culture is along emergent class lines, these practices are the products of

consciousness fabricated in the past. They have become normative, and are mainstreamed into religion, socialization, education, performance, the media and all social life. This is how effective a stranglehold on consciousness patriarchy is and it is the harbinger of all the harmful traditional practices.

Patriarchy is inimical to appropriate health behavior in a modernizing world. It rationalizes gender discrimination, it protects early marriage scarification, and it runs against common scientific sense. Against all proscriptions, child hawking and other forms of child labour are glossed over as cultural imperatives. From all angles, culture holds the key to appropriate health behavior in modern Nigeria.

By the nature of modern society, it is imperative that we pay attention to the residual impact of culture on health behavior. To disregard this is to engage in peril. Unfortunately, as the UN recognized in the 60s and 70s, culture was always in the backseat of development. In Nigeria, since independence, cultural policy has been celebrative and revivalist. Now, it is disarticulated in various private sector-driven franchises and commoditized for public consumption. Hence, Cultural Policy and Health Policy have never been married, so appropriate health behavior is held hostage by inappropriate cultural consciousness. It is necessary, therefore to deconstruct culture to make it amenable, or less inimical to appropriate health behavior, or still, less tolerant of harmful traditional practices. The following measures might be useful.

i. **DE-COMMISSIONING PATRIARCHY**

To tackle these harmful traditional practices, patriarchy needs to be decommissioned, since it is the conceptual and ideological bedrock of Nigeria's culture, and this culture permeates our consciousness. Most harmful traditional practices derive their ideological strength and justification from it. The way to de-commission it is through legislation, based on the directive principles of the 1999 constitution. These general principles may not suffice, because patriarchy is a banana peel, implicating all aspects of life, therefore specific legislative actions are needed to de-commission it.

Patriarchy has always been masqueraded as "our custom and tradition" or the ways of our fathers". In effect, issues of early marriage, scarification, child hawking /labour, female genital mutilation, sharp widowhood practices, open defection are consigned off as sacrosanct. Their images are parceled and presented at National Festivals of Arts and Culture, Carnivals, State and local fiestas. Proverbs of obscenity (Ojoade 1984), mainly against women and children are presented on radio as **"words of our fathers are words of wisdom"**. Nigerian home videos use them to garnish their storylines for aesthetic effect. Of course most of all the so-called wisdom is obsolete.

By de-commissioning patriarchy through legislation, all cultural values and practices with "phallocentric intent" should be sanctioned out of festivals, carnivals and fiestas. That is, no state event shall present, promote, condone, garnish, and employ a language riddled with patriarchal discriminations. A

discussion should be initiated with the Christian Association of Nigeria (CAN) and Jamatu Nasir Islam (JNI) to force clergy to demythologize and amend their sermons in similar vein. The National Assembly, and the State Houses of Assembly should enable a legislative platform to re-educate traditional rulers and elders, since they are the custodians of cultures in which patriarchy is enshrined and perpetrate practices that are deemed harmful. This is because, according to Obbo (2005:22-23),

> *Cultural leaders are often opposed to modern legislation which they see as eroding their authority especially in matters pertaining to gender roles and expectation.*

Legislation against what is deemed as cultural practice is always difficult, because the advocates are there in the legislative houses. We have seen this in the Case of the "Child Rights Act or Young People's Law. But these harmful traditional practices, in addition to being major health issues, are also Rights issues. They should be made justiciable. That is, a child who is given tribal walks, forced into hawking, subjected to female genital mutilation, or a widow who is forced to drink the water used in bathing the husband's corpse should have legal recourse. We cannot continue to embalm these practices as culture.

ii. CURRICULAR REFORM

Education is a strategic key to a long term change in consciousness. But it is not just in terms of improving the enrollment, retention and quality education for girls" (Obbo, 2005: 23). It is in terms of curricular reform. The existing curriculum

is patrimonial in spirit and unscientific in parts, most likely to reinforce rather than contradict notions already received at home. Note the gender relations in Achebe's celebrated ***Things FallApart,*** Clark's ***Song of a Goat*** or still Zulu Sofola's ***Wedlock of theGods***. All the necessary supervisory agencies- National Universities Commission (NUC) National Board for Technical Education (NBTE), National Commission for Colleges of Education (NCCE), Universal Primary Education Board (UBEB) should create a partnership to de-commission patriarchy from the curriculum. This will create, on the long run, a new personality, a new cultural identity, since "cultural identity offers a central analytical frame for addressing African health issues" (Airhihenbuwa, 2005:17)

iii. **JUDICIAL OVERSIGHT**

Nigeria is a signatory to many UN protocols. These include Convention on the Elimination of All forms of Discrimination Against Women (CEDAW), and Convention on the Rights of the Child (CRC). The former (in Art 5a) states that,

> *State parties shall take all appropriate measures… to modify the social and cultural pattern of conduct of men and women, with the view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women.*

As it is, state parties are only invited to seek to **modify**, and nothing more. It has to be more than this. The judiciary needs to be given legislative bite to carry out specific oversights through partner agencies and NGOs.

iv. INCREASED ADVOCACY: SOCIAL MEDIA

Advocacy remains critical to dealing with our encrypted mosaic. The Nigerian archetype requires regular and sustained conscientization. UNICEF's Country Programme of Operation (1997-2001:224) states that "intermittent mass mobilization campaigns have taken place, using conventional media". However, the conventional media are losing ground daily to the social media, through mobile phones and the internet. These need to be targeted, since they are young people's media of choice. They are more likely to take to values honked to them through these because they are chic, trendy and swag as opposed to the propaganda laden conventional media.

CONCLUSION

In concluding this discourse, I need to merely re-state Carl Jung, that the encrypted mosaic of the mind, as cultural archetype, continues to teleguide our behaviour, even though materially, we are disconnected from it. It has residual power to pre-dispose us to conduct our health behaviour in a particular way. In the cases outlined above, harmful traditional practices are linked to our cultural identity, and this is enshrined in patriarchy. Because of this, we do not want to tamper with our given heritages, advocated in festivals and carnivals, in churches and mosques, in the media, and even encoded in the languages we use. While we might be appalled with these harmful practices, we continue to tolerate them as culture, thereby implicating our health

and the rights of others. I have therefore suggested ways to de-commission patriarchy which is the ideological harbinger of these practices. An interface needs to be created at the level of cultural and health policy formulation to drive appropriate health behaviour in a modernizing Nigeria.

REFERENCES

Adelugba, D et al, ed. (2004) **Clapping with One Hand -National and Zonal Workshop Reports, Abuja, U.I /UNICEF, Abuja.**

African Development Bank (2002) **Gender, Poverty and Environmental Indicators on African Countries** (2002-2003), Abidjan.

Agunwa, T. (2011) "Bad Widowhood Practices in Nigeria: Its Adverse Effects on Widows" in Journal of Research and Development vol. 3. No 1.

Airhihenbuwa, C. (2005) "Theorizing Cultural identity and Behaviour in Social Science Research" CODESRIA Bulletin, Nos. 3& 4

Amin, S. (1977) "The Development of Underdevelopment" –Imperialism and Unequal Development, Washington Dc, Monthly Review Press.

Anyagu, VA (2002) "Negotiating Ethnic Identity in Consmopolitan Theatrical Performance : A comparison of the Residual and the Dominant in **Odumodu** Theatre'', University of Jos PG Seminar Paper.

Cabral, A. (1966) **The Weapon of Theory** – Address to the Tricontinental Conference of the Peoples of Asia, Africa and latin America, Havana, 1966

Cabral, A (1974) **Revolution in Guinea**: **An African People's struggle, London, Stage 1.**

Chinweizu (1975) **The West and the Rest of Us: White Predators, Black Slavers, and the AfricanElite**, Random House.

Compass Project Nigeria (2007) **A Community Empowerment Success Story: Nigerian Communities Taking Action to Improve Health and Education** Abuja.

Dandaura, ES & Adeoye, A.A.(2010) **Culture, Identity and Leadership in Nigeria**, Ibadan SONTA /KRAFT Books

FGN/UNICEF (1997-2001) **Master Plan of Operations -Country Programme** of Cooperation Abuja.

Gouws, A. (2005) "Rethinking Development from a Gender Perspective", CODESRIA Bulletin No 3&4.

Illah EJS & Warritay B eds(2004) **Child Rights Theatre for Development (A workbook for Practitioners and Students),** Abuja, U.I/ UNICEF.

Lawson, TT, **Carl Jung, Darwin of the Mind** London Karnac Books.

Lenin, V.I. (1965) **On the Emancipation of Women** Moscow, progress publishers.

Levi Strauss, C (1966) **The Savage Mind, Paris**, Librairie pion.

Mamdani, M., ed. (2000) **Beyond Rights Talk and Culture Talk**, Cape Town, David Philip.

Marx, K (1932) **The German Ideology**, Moscow, Marx -Engels Institute (1894) **Das Kapital**, veriag Otto Meisner

Obbo, C. (2005) "Gender Equity, Human Rights and Development", CODESRIA Bulletin, Nos. 3&4.

Okin, S.M. (1999) **Is Multi –Culturalism Bad for Women?** New Jersey, Princeton University Press

Ojoade OJ (1984) "Obscenity in African Culture'' paper at the Conference on Popular Culture and the Media, A.B.U. Zaria.

Rodney, W. (1974) **How Europe Underdeveloped Africa** Washington Dc, Howard University Press.

Shweder, R.& Levine, R.A (1984) **Cultural Theory: Essays on Mind, Self and Emotion**, New York, C.U.P

Soyinka, W. (1970) **Myth, Literature and the African World**. C.U.P

Somner, C (1979) **Reading Ideologies**, New York Academic Press.

The World Bank (1996) **Nigeria, Poverty in the Midst of Plenty. The Challenge of Growth with Inclusion** (A World Bank Poverty Assessment-Report No. 14733-UNI)

Thompson, L.A. (1991) **Origin and Development of Concepts: Culture and Civilization**, Ibadan Afrika Links Books

UN Document (1976) **Convention on the Elimination of All Forms of Discrimination Against Women** (CEDAW)

UN Document (1990) **Convention on the Rights of the Child** (CRC)

UNICEF (1995) **Nigeria and the Rights of the Child,** Abuja, FMWASD

UNICEF Nigeria (2001) 2000 Annual Report, Lagos.

Urevbu, A.O (1997) **Culture and Technology**, Paris, UNESCO.

Williams, R. (1958) **Culture and Society (1780-1950)** London

Williams, R. (1978) **Marxism and Literature**, London, OUP.