BJMHR
British Journal of Medical and Health Research
Journal home page: www.bjmhr.com

Influence of Cultural and Traditional Practices on the Management and Prevention of Hypertension in Some Rural Settlements in Delta State, Nigeria

Ofili Mary Isioma[1]*, NcamaBusisiwe Purity[2]
1. Department of Nursing Science, College of Health Sciences, Delta State University, Abraka, Nigeria.
2. School of Nursing and Public Health, College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa.

ABSTRACT

Hypertension is a global health challenge affecting many adults. Cultural perception has been identified to affect disease progression and management. This article describes the experiences of a typical rural community in Delta State Nigeria in terms of their various traditional and cultural practices and the influence these have on the management and prevention of high blood pressure in the community. An ethnographic study was conducted utilizing in-depth interviews method. Ten known hypertensive patients were purposively selected who had blood pressure readings of ≥140/90 mmHg observed on three separate occasions from a previous survey conducted in the same community, and who had also confirmed their use of traditional practices in the management of high blood pressure. The traditional and cultural practices identified were: medicinal plants, sacrifices, scarification and tribal marks. Anti-hypertensive drugs were used alongside with traditional practices and where these traditional practices fail, local diets served as a remedy. These cultural practices such as local foodstuffs and dietary preferences (especially the palm kernel soup, which is a high cholesterol item), may either predispose them to risk factors of certain diseases or promote their health (as do the medicinal plants and some herbal preparations). Models of community based management of hypertension in rural settings is highly recommended. This will help retain and preserve relevant cultural values and serve to maintain community wellbeing.

Keywords: Hypertension, Tradition, Culture, Management, Rural community, Nigeria.

*Corresponding Author Email:isiomamary@yahoo.com
Received 20 March 2015, Accepted 28 March 2015

Please cite this article as: IsiomaOM *et al*.,Influence of Cultural and Traditional Practices on the Management and Prevention of Hypertension in Some Rural Settlements in Delta State, Nigeria. British Journal of Medical and Health Research 2015.

INTRODUCTION

Hypertension, also known as high blood pressure, is one of the most common non-communicable diseases, affecting a high percentage of adults. Nigeria is one of the most populous countries in West Africa,with inhabitants from a range of different ethnic groups and cultural practices,with the largest groups being the Igbos, the Yorubas and the Hausa. Along with these dominant groups there are alsonumerous minor ethnic groups (over 250) with their own traditional and cultural practices[1]. These cultural and traditional practices include medicational therapypractices (with use of plants and minerals) and non-medicational therapypractices (sacrifices, rituals, acupuncture, manual and spiritual therapies)[2]. These cultural and traditional practices cut across people of different socio-demographic characteristics, creating significant differencesamong them, and are also passed on from one generation to another. Most Nigerians, especially those living in rural communities, do not have access to western medicine, and it is estimated that about 75 per cent of the population still prefer to solve their health problems consulting traditional healers[3]. Where access to western medicine exists, the high cost of imported materials and ingredients used for producing them poses a considerable challenge. Also, many rural communities have great confidence in the effectiveness of traditional medicine and faith in the wisdom of their forefathers and ancestors. This reflects their embrace of social, cultural and religious characteristics which western medicine seems to neglect. Recent reports in developing countries have shown that more people prefer to use traditional medicine. Studies have also shown that 70% to 80% of Africans seek help from traditional healers before thinking of western medicine[2,4]. In Nigeria, a study by Olateju (2005)[5]showed clearly that Africans believe firmly in traditional medicine, and that among the Nigeria population western medical practice is seen as unable to cover all their medical needs. Likewise in South Africa, it has been noted that traditional healers play a significant cultural and spiritual role in the health of the populace and are consulted first in up to 80% of cases, especially in rural areas where there is a scarcity of Western medical provision[4]. In Ghana, West Africa, an average was reported of one traditional medicine practitioner for 400 people, compared to one medical doctor for 12,000 people[6]. In South Africa, approximately 80% of the population use traditional medicine[7].It is therefore important to have an idea of the various traditional and cultural practices peculiar to a rural community because the practices a community adopts fulfil specific purposes for them[8]. This study describes the experiences of a typical rural community in Delta State Nigeria in terms of their various traditional and cultural practices and the influence these have on the management and prevention of high blood pressure in the community.

Ethical considerations

Ethical approval for this study was granted by the Humanities &Social Sciences Research Ethics Committee of the University of KwaZulu-Natal, Durban, South Africa (protocol reference number: HSS/0525/013D). Gate-keeper's permission was also obtained from the ruler of Ibusa community (the Obuzor of Ibusa).

MATERIALS AND METHODS

Design and setting: The study employed an ethnographic design. An ethnographic study was conducted in Ibusa community in Oshimili North Local Government Area of Delta State, Nigeria. The study was in three phases: (i) a quantitative epidemiological survey aimed at establishing the prevalence of hypertension in the rural community, (ii) a qualitative in-depth interviews, and (iii) development of guidelines for management of hypertension. This article/paper reports on the individual in-depth interview method. Delta State is one of the six states in the oil-rich South-South region of Nigeria and is made up of 25 local government areas (LGAs), 10 being urban and 15 rural. Oshimili North Local Government area is one of the 15 rural LGAs. Ibusa community is one of the communities located in Oshimili North Local Government Area and is made up of ten villages with an overall population of 20,166[9]. Each of the villages has at least a primary school but only four have a secondary school situated in the village. There are three primary health care centres (two are functional), one general hospital and one maternal and child health centre serving the ten villages in this community. There are no facilities for pipe-borne water, though some villages have functional boreholes. The villages are linked by untarred roads and the residents are predominantly farmers and hunters.

Sampling method and procedure:

Ethnographic research makes use of qualitative enquiry to describe and interpret cultural behaviour with the intention of learning more from the members of a group about their worldviews of the phenomena of interest[10]. Ethnographic design usestriangulationto ensure validity and reliability of the research design in both qualitative and quantitative approaches used during data collection. It is triangulate in the sense that the qualitative data collected makes the quantitative data valid and reliable because the same persons that participated in the quantitative phase are also participants in the qualitative phase. The ethnographic data was validated through the different data sources (history taking during the epidemiological survey, the key-informant interviews and the Nominal Group Technique meeting). This data-source triangulation is used in mixed-method research studies where qualitative and quantitative methods are used together. Ten known hypertensive patients were purposively selected who had blood pressure readings of ≥140/90 mmHg observed on three separate

occasions from a previous survey conducted in the same community, and who had also confirmed their use of traditional practices in the management of high blood pressure. The inclusion criteria were: adult male or female 18 years and above, observed blood pressure readings ≥140/90 mmHg, mental stability, not pregnant, no target organ damage or co-morbid condition, willingness to participate and ability to communicate, current resident of Ibusa community and confirmed use of traditional practices for the management of high blood pressure. Mental stability here means clear connection between mind and response during interview[4] Target organ damage and co-morbid condition were identified during history taking, and the key informants were fully aware of their hypertensive and co-morbid conditions. The language spoken in Ibusa is Igbo. The major exploratory questions asked from which the themes emerged were:

1. Please can you mention the various traditional and cultural practices that have been used to prevent, treat or cure the various diseases (hypertension inclusive) in your community.
2. The issue of violation of a taboo, insult of an ancestor/spirit and forceful acquisition of assets (like plots of land) is a popular lifestyle behaviour in the community that attracts a penalty called (Obimapu/Nkuso), which means "high blood pressure". In view of this, what has been the treatment for this disease and how has it helped in the prevention and management of hypertension?
3. Has there been case(s) where these traditional and cultural practices failed to do its work and what were the remedies to that?
4. Are there any other means you use concurrently with the traditional and cultural practices for the prevention and treatment of hypertension?

The exploratory questions were translated into the local language (Igbo). This is desirable especially for those who are not able to understand English. In addition, there are concepts and constructs that cannot be comprehended by the Ibo speaker if left in the original language of their formulation, that is, English. The questions translated into Igbo were:

1. Biko kwuo ụzọ ọdịnala dị icheiche e sirila gbochie maọbụ gwọọ ọrịa ga maọbụ gwọọ ụmụ obere ahụ ọnwụnwụ n'obodo gị dịkaọbara mgbali elu
2. Ihe gbasara imerụ ala, asọpụrụghị mmụọ ndị nna nna anyị ha iweghara akụ na ụba n'ike (dịka ala) nke na-emerị mgbe niile n'obodo. ntaramaahụhụ ọ na-ebute bụ 'obimmapụ' nke bụ ọbara mgbali elu. n'ihi nke a, kedụ ụzọ e si agwọ ọrịa a. kedụ ụzọ o sirila nye aka igbochi nakwa ibelata ọbara mgbali elu?
3. O nweela ebe maọbụ mgbe ụzọ ọdịnaala ndị a agwọtalighị ọrịa a, kedụzi ihe e mere maka nke a?

4. O nwere ụzọ ọzọ ijikọtara ya na usoro ọdịnala were gbochie ma gwọọ ọrịa ọbara mgbali elu n'obodo unu?

All participants were asked the same exploratory questions. As observed by Streubert and Carpenter (1995), there are three central characteristics of ethnographic research: the researcher as an instrument, the researcher as a fieldworker, and the cyclic nature of data collection and analysis. The authors emphasise that studying a culture requires an intimacy with the participants who are part of the culture, and that doing such allows the investigator the opportunity to become the conduit of information shared by the group. In addition, the investigator as a fieldworker is expected to be in the place where the culture of interest is. The interviews were conducted in the participants' homes by the principal researcher, who speaks and understands the local language. The researcherthus becomes an instrument, identifying, interpreting and analyzing the culture under study through observation and recording of cultural data. As well as being a participant observer who provides the opportunity to gather information in the outsider's view (the "etic" view),the researcher also needs to access the "emic" view of the culture under study through collection and review of relevant historical records, journals and artefacts that give further information in addition to the language, beliefs and experiences provided about the phenomenon of interest[11]. The principal researcher took field notes and had the opportunity to see and observe some of the traditional practices the participants were using – in particular the medication therapy (native medicine). The interviews were audio-taped and translated verbatim by the principal researcher. The representative of the study community who speaks the same language helped in double checking the verbatim translations; he also explained and interpreted the meanings of some idiomatic expressions used by some of the participants. This ensured the trustworthiness of the information.Following Streubert and Carpenter (1995)[11], emphasis was placed on 'what was seen' (looking and observation) and 'what was heard' (listening), accompanied by questioning for clarification and supporting artefacts. Anecdotal notes and observations were recorded in field notes,noting the date, time, place and verbatim recordings of communications. This was in compliance with the three principles of documentation of observations in ethnographic study noted by Spradley (1980)[12]– the language identification principle, the verbatim principle and the concrete principle – thereby identifying the words and language of the persons making remarks or speaking rather than recording situations only in the observer's language, and enabling recordings of native expressions and documentation of what is seen and heard without interpretation to avoid limiting access to valuable cultural insights.Data were gathered in a cyclic manner allowing for regular interaction and frequent revisit back to the informants to get clarifications even about data already collected,

answering questions that may lead to other questions as necessary. A colleague of mine working towards a PhD in same discipline participated in the data coding (an independent coder) and in some analysis procedures. Each participant was given feedback on his or her transcription to ensure correctness of captured information, thereby ensuring its trustworthiness. Direct quotations from the informants were used that summarize or illustrate the concept or theme being described. The principal researcher translated the transcriptions back into English and read the translated interviews several times to establish good understanding. According to Lacey and Luff (2007)[13], the principal researcher needs to undergo five stages for the data analysis, using framework analysis which shares some of the features of qualitative analysis and of what is often called 'thematic analysis

Familiarization:

Whole or partial transcription and reading of the data.

Identifying a thematic framework:

This is the initial coding framework which is developed both from *a priori* issues and from issues emerging from the familiarization stage. This thematic framework was developed and refined during subsequent stages.

Indexing:

Applying the thematic framework to the data using numerical or textual codes to identify specific pieces of data which correspond to differing themes (more commonly referred to as codingin other qualitative analysis approaches). Numerical categories ranging from 1 to 10 were used for the coding process.

Charting:

Using headings from the thematic framework to create charts of the data so that it can be easily read across the whole dataset. Charts can be either *thematic* for each theme across all respondents (cases) or *by case* for each respondent across all themes. In the chart boxes, I inserted line and page references to relevant passages in the transcripts. I also included some text (e.g., key words or shortened quotations) as a reminder of what was being referred to.

Mapping and Interpretation:

This means searching for patterns, associations, concepts and explanations in the data, aided by visual displays and plots. At this stage, concepts were defined, the range and nature of phenomena were mapped, typologies were created, associations within the data were found, and explanations were provided and strategies developed. The areas the analyst chooses to focus on will depend both on the themes that have emerged from the data and the original research question(s).

These stages were undertaken in a linear fashion and therefore all data were collected before analysis began. In this study, the themes emerged from areas of the data which answered the original research questions.

RESULTS AND DISCUSSION

Ten participants, two males and eight females, were interviewed. All the participants were residents of Ibusa community in Oshimili North LGA in Delta State. Their ages ranged from 46 to 79 years and the majority (80%) were unemployed. Formulated themes for data obtained during interviews with the ten participants were as follows:

Theme 1: Identified traditional and cultural practices and their functions

Theme 2: Other means used alongside the traditional and cultural practices

Theme 3: Remedies employed on failure of the traditional and cultural practices to do its work, based on the hypertensive patients' experiences

Theme one: Identified traditional and cultural practices and functions

According to participants' discussions, two major categories emerged from the data related to identified traditional and cultural practices and functions. Each category was outlined and discussed separately.

Category one: Medication therapies used for hypertension management

The medication therapies that emerged were subcategorized as follows:

Medicinal plants/ herbs from stems and roots of specific plants including dry roots

These medicinal plants/antihypertensive herbs,chiefly the African *Rauwolfia*, are used for cardiovascular diseases like hypertension and stroke. The dried roots soaked in local gin with addedspiceshelp in alleviating headache as experienced by hypertensive patients.

'The dry roots are super, God created these plants for some purpose in life, there are wonders in herbs [mkpọlọgwụ]'. (P1, Female, 78)

'Indeed the medication from leaves is worth it'. (P8, Female, 49)

Herbal preparations (in powdered form = palm frond + "nzu" + "ụzịza")

The ingredients mentioned above for this herbal preparation are ground together,exposed to heat to char them, and then dissolved in water or local gin before consumption; the "*ụzịza*" is an ingredient which helps to loosen blood which is believed to be thick, related to hypertension.

'The native chalk [nzu] when mixed with the hot spice is fantastic, I feel light weighted after taking the medication'. (P8, Female, 49)

'The hot spice must be added in the preparation, it dissolves accumulated thickening'. (P3, Female, 60).

Herbal preparations (in form of pomade and ointment)

This is a ground herbal medicine prepared mostly in a medium of palm kernel oil [*ude-akụ*] and salt. It is used for rubbing affected parts of the body as in stroke.

'When it was prescribed for me, I was concerned (complaint)about my body, I was also watching my complexion'. (P5, Male, 49)

'Anything that palm oil is added, automatically becomes cleansed'. (P5, Female, 72)

Herbal preparations (in form of drinks) and water from sacred stream

This is mixed with the dry herbal medicine before drinking. Water from a sacred stream can be prescribed for consumption when the patient feels hot (excessive sweating) and for tiredness. It also helps to cool the body and relax the nerves.

'If I take the English water (bottled water) which my children bought, I have watery stool, I prefer natural [oshimili] water'. (P1, Female, 78)

'The stream is nearer, I fetch once a day as prescribed and it looks pure.' (P8, Female, 49)

'I do not know how it works, my sweating a lot has reduced, it helps'. (P9, Male, 46)

Herbal preparations (in form of bathing soap called "Nshankọta")

This herbal preparation is pounded with the native soap (*Nshankọta*) and is used for bathing; such soaps are mostly used for skin diseases, though they can be prescribed for a hypertensive patient if the high blood pressure is attributed to 'matched poison'.

'It cleanses away all my body spots, even the ones herbs cannot cure'. (P1, Female, 78)

Concoctions and decoctions ("ọgwụnkwu")

This is mostly prepared in liquid forms and are used for dizziness and blurred vision as experienced by hypertensive patients.

'This native medicine [ọgwụnkwu] is what I always use whenever I feel dizzy, indicating that my blood pressure was high'. (P2, Female, 57)

'It calms my nerves, makes me feel sleepy, when I wake, I am better'. (P4, Female, 60)

'I was asked to take it at night, (complaint), they said it works better that time'. (P9, Male, 46)

Category two: Non-medication therapies for hypertension management

The non-medication therapies that emerged were subcategorized into the following:

Ancestral powers of healing

Participants gave acknowledgement to the presence of ancestors throughout their lives whether they were healthy or sick, and emphasized that for things to go normally, proper communication with the ancestors must be maintained. In this study, they also reported that there must be peace between them and the ancestors because threatening the relationship might bring ill health and in some cases prevent and inhibit healing. In order to resolve problems with the ancestors, ceremonial sacrifices involving animals may be done and

specific people are invited to witness the ceremony. The participants also stressed the need for every event that occurred in the family to be reported to ancestors. They believe the ancestors serve as a witness and judge and oversee every human action and movements.

'When we do things in absence of no one, we think we are safe, really our ancestors (gods)are seeing us, and can strike when we least expected'. (P6, Female, 79)

'I normally take my native medications at night, it is believed it works better at night when our ancestors are most awake'. (P1, Female, 78)

Open confession in an oracle/shrine and Sacrifices (with animal and animal parts)

This cultural practice takes place after identification of the offender in a crime. Most times, the offender will not want to perform such a cultural practice and will be ostracized from the community and left to suffer the consequences (any form of ill health) of his/her act. From the discussions with the participants, the belief emerged that high blood pressure ("*Obimapu/Nkuso*") is a penalty after violation of a taboo, insult of an ancestor/spirit or forceful acquisition of assets (like plots of land), andthat it can be treated through sacrifices as directed by the mouthpiece of the gods. After the sacrifices are performed it is believed that the patient will be free, and that failure to do as directed by the gods may cause the patient to lose his/her life. In most cases, cultural beliefs and values relating to hypertension as a disease and its management are considered to be beyond human control.

'The truth is that is (complaint) that only men are allowed to visit the shrine, anyway a woman is only seen but not heard in a community'. (P5, Male, 49)

'One does not know when the gods are angry,well as a man, I always give to the gods their sacrifices from time to time'. (P9, Male, 46).

'All I know is that a woman is not seen in a shrine often, she only goes to market to buy items needed'. (P2, Female, 57)

'Going to the shrine can be scaring, the gods if not attended to rightly, may reject some sacrifices'. (P3, Female, 75)

'I like going to the shrine only when I want to witness vindication of an offence'. (P4, Female, 60)

'Severe punishments for desecrating [alụ] a land can be very expensive and shameful'. (P6, Female, 79)

Oath taking ("ịnwuiyi") and bond affirmation ("ịgbandụ")

These practices are mostly used for vindication and performed in front of a shrine or oracle. In seeking to exonerate someone from a particular crime which may cause ill health such as*Obimapu/Nkuso,* if the person had actually committed the crime, the oath-taking will strike back at the person involved, thereby exposing the offender. These cultural practices are

mostly used in cases where high blood pressure is seen as a penalty after violation of taboo, insult of an ancestor/spirit or forceful acquisition of assets (like plots of land).

'All I know is that a clear mind fears no accusation but oath taking proves everything'. (P4, Female, 60)

'If you take a bond, you must drink some concoctions, that is the rule'. (P9, Male, 46)

Scarification and tribal marks especially on the face ("ịgba-ochi")

This is the cutting of tribal marks with charred herbal products rubbed into the bleeding marks to effect healing, especially on the face. Participants described this cultural practice as yielding positive resultsbecause it is undertaken according to specific indications. In this rural setting, it is regarded as very good for management of high blood pressure resulting from a curse having been placed on a family lineage. As testified by a participant, her headache and dizziness subsided after the scarification and tribal marks. This cultural practice helps where curses cannot be reversed especially when the person who placed the curse is no more alive.

'Sometimes, I do not like to do it because it leaves a distinct feature about me'. (P7, Female, 65)

'Tribal marks [ịgba-ochi] was the only thing I think has survived me till today'. (P6, Female, 79)

Theme 2: Other means used alongside with the traditional and cultural practices

Because the participants also use other means alongside the traditional and cultural practices it is not always possible to isolate the actual influence of these cultural and traditional practices on the management of high blood pressure. Four categories emerged from data which related to other items used concurrently with the traditional and cultural practices.

Category one: Use of anti-hypertensive drugs for hypertension management

Some participants agreed with the fact that they used some anti-hypertensive drugs concurrently with the traditional and cultural practices. On observation, these drugs were diuretics and anxiolytics. Examples of each are normoretic and lexotan respectively. These drugs are taken either by prescription, self-medication and advice from friends and relatives. They prefer taking these anti-hypertensive drugs at day time and the native medicine at night.

'There is no harm in trying the two because I believe they cannot mix (drug interaction) in the body'. (P4, Female, 60)

'I normally take the English one (Western medicine) in the morning, native at night'. (P1, Female, 78)

'The English medicine (anti-hypertensive drug) makes me urinate too much and I do not take it always'. (P2, Female, 57)

'I like taking the anti-hypertensive drug given to me by a medical (from hospital) because it relaxes my body'. (P9, Male, 46)

'My son in abroad [obodo-oyibo] told me it stops fast heart beat, I am still trying it'. (P7, Female, 65)

'My sister is the one that brings it (anti-hypertensive drug) for me, she has a chemist shop, so is not fake'. (P8, Female, 49)

Category two: Drugs bought from chemist shops

High blood pressure is also managed by the use of drugs bought from chemist shops. Chemist shops, also known as patent medicine sellers or vendors (PMV), are the easiest and cheapest source in most rural settingsfor obtaining medications. These drugs which were originally meant to be sold over the counter and are non-prescription medications now require prescriptions for multiple disease (Osamor, 2011)[14].

'This chemist shop near me is well known in the community, I buy from him because he knows all the drugs for various illnesses'. (P2, Female, 57)

'At least you do not have to stand (like in hospital) on the line (queue) for it, saves my leg pain'. (P5, Female, 72)

Category three: Lifestyle modification for hypertension management

Some participants also used lifestyle modification alongside the traditional and cultural practices. Excessive salt intake is a common practice in most riverine areas in Nigeria, with salting and smoking commonly being used as methods for preserving the fish which is available there. Those who have become aware that increased salt intake is a major risk factor now prefer to consume fresh fish which has not undergone any preservation method. In this study community, another traditional food which is widely enjoyed and cannot easily be eliminated is palm-kernel soup.

'Fresh fish [azụ-mmili] gives me better taste in my soup'. (P1, Female, 78)

'If you cook any type of vegetable soup[ọha] or ụgba, the spicy salt [ogili] is always the soup herb'. (P8, Female, 49)

'The beauty of palm kernel soup [ose-akwụ] does not need much vegetable [kpa-akwụkwọ]'. (P2, Female, 57)

Categ*ory four: Supplements*

Out of the ten participants, only one reported that he takes some supplements because of the side effects of the herbal preparation he was taking. He explained that it was the herbal doctor who prescribed and gave him the supplement.

'I was asked by my doctor (herbal doctor) to take supplements because the herbal medicine is said to have side effect'. (P9, Male, 46)

Treatment Feedback

Some of the participants testified that their symptoms subsided following the use of these traditional and cultural practices,and there were also some who explained that after they have taken the medication they are expected to report back the results to the native doctor/healer for further instructions. There were also cases where these traditional and cultural practices failed and the participants claimed they sought other remedies.

Theme 3: Remedies employed on failure of the traditional and cultural practices to do its work based on the hypertensive patients' experiences.

Category one: Therapeutic occultism, including prophesy and revelations from chief priest of a deity.

This type of traditional practice is the first line of treatment for any form of disease or illness in most rural settings. It is consultation of the chief priest of a god in regard to the patient's condition to discover the cause(s) of the disease and which type of traditional or cultural practice will be best suited for treatment. As described by the participants, the activities of therapeutic occultism include prayers, reciting and singing of incantations, making invocations and preparing fetish materials to appease an unknown god or deity. Practitioners of therapeutic occultism include diviners or fortune tellers who use supernatural or mysterious forces and perform a miscellany ofcryptic practicesand gestures (such ascastingdown of magic stones, cowries, coins, kola-nut seeds, or divining rods and reading messages in a pool or glass of water) to treat various diseases. With their ability to deal with the unseen and the supernatural, they are usually held in high esteem by community members. These practitioners of therapeutic occultism are believed to have extrasensory perception, being able to see beyond the ordinary man, receive telepathic messages, consult oracles and spirit guides, and succeed where other traditional and cultural practices as well as western medicine fail. Participants also reported that they are expected to pay some specific amount before receiving the services of a therapeutic occultist.

'Though is expensive but life [ndụ] and truth are in prophesy and revelations [afa]'. (P3, Female, 75)

'The power of a prophet to see far lies in his destiny [akalaka]'. (P9, Male, 46)

'Kola-nut seeds is very essential in every therapeutic occult activity because it ushers wellness'. (P3, Female, 57)

Category two: Prayers and spiritualist churches

Another important remedy employed by these hypertensive patients is prayersin visits to spiritualist churches where the prayers are recommended by the pastors who are the overseers of the church. Participants expressed the belief that life without ill health occurs when there is

a good relationship and constant peace between man and his environment (signifying God, the ancestors and other unknown deities). When the traditional cultural practices fail, the patientsgo elsewhere and seek remedies to their problems through prayers which also play a significant role in their religious and social life. These acts of prayers are to be encountered in various religious beliefs and doctrines including both the African traditional religion and the Christian and Islamic religions. This supports the saying in Igbo language that *'ọnyekwe, chi yaekwe'*, which translates as*One's faith is God's command*.

'I just started attending church regularly now at by-pass area, this anointing oil is working for me'. (P6, Female, 79)

'My dear (talking to the interviewer),is the faith I have in God's miracle that will save me not those activities at odd places'. (P6, Male, 49)

Category three: Living a virtuous life

According to Igbo culture, good health is primarily and most easily acquired through morality: living a virtuous life without any form of crime or immoral act. Participants reported that maintaining virtue is a primary necessity of life. They also described how some traditional healers and native doctors emphasise the issue of living a virtuous life as a tool for promoting healing of diseases or ailments.

'If you keep your hands clean (free from any form of evil), no form of evil shall befall you in life'. (P2, Female, 75)

'I believe my virtuous life is what is sustaining me today'. (P6, Female, 79)

'My native doctor made it emphatically clear that I should keep my hands clean, the herbal preparation he gave me will not work if I have a hand in that case'. (P4, Female, 60)

Category four: Use of local diet/food

Some local diets available in that community were also used as remedies. These include soups prepared without any vegetable like *azụigwe* soup, which is traditionally believed to cure any form of illness; other soups are *alụlụ-isi* soup, *oseakwụ* soup (also known as "palm kernel soup") and *agbonogba* soup (slimy like in nature). The problematic aspect of thesefoodstuffs is that they lack the nutritive qualities of certain recommended diets and food for hypertensive patients (especially fruits and vegetables), and this makes the patient more prone to poor control and management of their hypertension, thereby leading to complications.

'When all other means fail, is good to fall back on our local diet especially palm kernel soup[oseakwụ] because palm oil is a neutralizer'. (P4, Female, 72)

Category five: Use of alcohol (non-refined local gin)

Delta State is a riverine area and people from riverine areas tend to consume alcohol in great quantities. In consequence, some study participants continue to be predisposed to this risk factor. An additional control problem in this regard is that participants who take herbal concoctions or preparations (dry and powdered), prefer to dissolve them in alcohol rather than in water. One of the participants indicated that he takes the local gin unrefined, which portends a major risk factor for high blood pressure.

'Alcohol does not affect me as long as I eat food before drinking'. (P9, 46)

Nowadays, in search of permanent cure for chronic conditions like hypertension, people often choose to explorea variety of available treatments and sources of help. For example, when an individual falls sick, he/she may consider visiting a hospital (government-owned or private), consulting chemist shops (patent medicine sellers), consulting traditional or native doctors/healers or even prefer to do nothing at all and allow nature to take its course. In Nigeria and other developing countries in Africa, studies have shown that people seek help from traditional healers before thinking of western medicine (WHO, 2002, as cited by Lotika, et al., 2013). In this study, the traditional and cultural practices identified for the management of high blood pressure were categorised into medication and non-medication therapies, reflecting the symptom management. The symptoms in question include headaches, tiredness, excessive sweating, and dizziness and blurred vision. The medication therapies, mostly herbal preparations such as the dried roots soaked in local gin, herbal preparations dissolved in water from a sacred stream, and various concoctions and decoctions ("*ọgwụnkwu*"), were used for headache, tiredness and blurred vision, respectively. There were also some few non-medication therapies –such as sacrifices (with animals and animal parts),invoking ancestral powers of healing, and scarification and tribal marks – that serve the same purpose as the medication therapies. Similarly, in a study conducted among Shangaan patients in Limpopo Province in South Africa, liquid herbal medicines were used for tiredness and excessive sweating, and dried roots of herbal medicine for headache; "*Baso*" for dizziness and scarification, also known as "*Ku Lumeka*", was reported to be very good for high blood pressure[15]. The Shangaans also believe in ancestral powers of healing as cultural care for hypertensive patients[15]. Among the Akan tribes of Ghana in West Africa, medicinal plants such as*Tetrapleuratetraptera*, *Alstoniaboonei*, *Anthocleistanobilis* and *Uapacaguineensis*, prepared in form of decoctions, were widely used for the management of high blood pressure (Abel & Busia, 2005)[6]. Likewise, the Akan tribes also used certain non-medication therapies such asrecourse to spiritualists or diviners (fetish priests and priestesses), shrine devotees and faith healers who use prayers, bible and holy water for healing purposes[6]. Contrastingly, they also use Coca-Cola for dissolving herbal mixtures and also have certain dietary

recommendations for patients with hypertension (no cooking with salt, no fatty foods and no Coca-Cola except with herbal mixtures). Results from this study showed the use of various other means alongside with the traditional and cultural practices. Included among theseauxiliary means were anti-hypertensive drugs prescribed by an orthodox doctor, drugs bought from chemist shops (patent medicine sellers), lifestyle modification and supplements. Similarly, in a recent study conducted in Gauteng Province in South Africa, it was reported that hypertensive patients also use traditional and western medicine concurrently for the management of hypertension[4]. In South West Nigeria, specifically the Idikan community in Ibadan, patients who visited the hospital for health care also used the traditional medicine and patent medicine vendors for the management and prevention of high blood pressure (Osamor, 2011)[14].As regards the remedies employed on failure of the traditional and cultural practices, therapeutic occultism,such ascasting of magic stones, cowries, coins, kola-nut seeds, divining rods orreading of messages in a pool or glass of water, served as one of the remedies. Correspondingly, Risenga, et al. (2007)[15] identified instances of therapeutic occultism,suchascasting of bones for interpretation, as sources for diagnostic assistance, while scarification ("*Ku lumeka*") and steam inhalation ("*phungula*") served as the associated remedies.

Limitations

Given the study design and sampling strategy, one should (in relation to external validity) be cautious when generalizing these findings to other settings in Delta State. The findings are therefore transferable only to other settings with similar population/behavioural/economical characteristics. However, other rural settings within Delta State are likely to be similar to those in the current study and hence should increase the external validity. Additional studies should be conducted in other settings within Delta State and elsewhere in Nigeria to replicate/validate these findings.

CONCLUSION

The traditional and cultural practices of any community not only have an impact on the health of its members, but also affect all that concerns their life and existence. The traditional and cultural practices adopted by hypertensive patients in Ibusa community has an influence on the management and prevention of their hypertension, since some of these practices,such as local foodstuffs and dietary preferences(especially the palm kernel soup,which is a high cholesterol item),may either predispose them to risk factors of certain diseases or promote their health (as do the medicinal plants and some herbal preparations). A key finding in this study, similar tosome findings from other developing countries in Africa, is the concurrent use of traditional and Western medicine. On the other hand, hypertension care is mostly

hospital/clinic-based care, and easy access to this is yet to be established in most rural settings. Further studies on the sociological aspects of hypertension are recommended to identify reasons for the concurrent use of traditional and Western medicine inrelation to developing models of community based management of high blood pressure in the rural settings. This will help retain and preserve relevant cultural values and serve to maintain community wellbeing.

ACKNOWLEDGEMENTS

The researcher thanks the College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa for financial support, my employer, Delta State University Abraka, Nigeria, through the AST & D Programme by Tertiary Education Trust Fund for their invaluable financial support. Most importantly, the paramount ruler of Ibusa community (the Obuzor of Ibusa), the community leaders and the study participants who consented to participate in the interviews.

REFERENCES

1. Ojua TA, Ishor DG, Ndom PJ. African cultural practices and health implications for Nigeria rural development. International Review of Management and Business Research. 2013;2(1):176-83.
2. WHO. Traditional medicine strategy 2002-2005. Geneva: WHO2002.
3. Adesina SK. Traditional medical care in Nigeria. 2007.
4. Lotika AA, Mabuza LH, Okonta HI. Reasons given by hypertensive patients for concurrently using traditional and western medicine at Natalspruit Hospital in the Gauteng Province, South Africa. Afr J Prm Health Care Fam Med. 2013;5(1):Art. #458, 7pages.
5. Olateju MA. The structure of Yoruba local drug advertisement International Journal of African and American Studies. 2005;1(8):78-90.
6. Abel C, Busia K. An exploratory ethnobotanical study of the practice of herbal medicine by the Akan peoples of Ghana. Altern Med Rev. 2005;10(2):112-22.
7. SATMERG. South African Traditional Medicine. Blackdogbegone; 2012 [cited 2014 29th October].
8. Idehen CO, Oshodin OG. Insights into Benin traditional methods of disease prevention. International Journal of African and American Studies. 2007;1(8): 114-117.
9. Nigeria National Population Commission. Nigeria demographic and health survey. Maryland: Nigeria National Population commission; 2009.
10. Polit DF, Hungler BP. Nursing research: principles and methods. New York: Lippincott; 1999.

11. Streubert HJ, Carpenter DR. Qualitative research in nursing, advancing the humanistic imperative. Philadelphia: J.B Lippincott Company; 1995.
12. Spradley JP. Participant observation. New York: Holt Rinehart Winston; 1980.
13. Lacey A, Luff D. Qualitative research analysis: The NIHR RDS for the East Midlands/Yorkshire &the Humber; 2007.
14. Osamor PE. Health care seeking for hypertension in South West Nigeria Medical Sociology Online. 2011;6(1):54-69.
15. Risenga PR, Botha A, Tjallinks JE. Shangaan patients and traditional healers management strategies of hypertension in Limpopo Province. Curationis. 2007;30(1):77-84.