



## **CULTURE AND RESPONSES TOWARD DISEASES AND WELLNESS AMONG THE ELDERLY IN AMANSEA COMMUNITY OF AWKA NORTH LGA, ANAMBRA STATE**

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### **ABSTRACT**

Culture has been found to significantly influence how people perceive health and respond to illness, shaping their choices between traditional remedies and modern medical treatments. For the elderly, these cultural beliefs play a crucial role in health outcomes and access to care. Thus, understanding and addressing these cultural factors is relevant to promoting positive health behaviors and improving wellness in diverse communities. Thus, this study investigated culture and responses toward diseases and wellness among the elderly in Amansea community of Awka North LGA, Anambra State. Three research questions and one hypothesis guided the study, while social constructionism theory constituted the theoretical framework. The design for the study was mixed methods research design. A sample of 204 respondents was drawn from the population of the study. The questionnaire and in-depth interview guide were the instruments used for data collection and were administered on a face-to-face basis by the researcher with the aid of two research assistants. Quantitative data for the study were processed using SPSS software. Descriptive statistics such as frequency distribution tables, simple percentages and graphic illustrations were used to analyze the quantitative data while content analysis was used for analyzing the qualitative data. The study hypothesis was tested with chi-square inferential statistics. The study found that the most prevalent cultural orientation pertaining to disease and wellness is modern medical orientation. The study also found that culture positively affect the response of both the elderly and younger persons of Amansea towards disease and wellness issues, hence the culture of Amansea supports modern medicine and visit to clinics for treatment. Based on the findings of the study, it was recommended that stakeholders in Amansea community should regularly review existing cultural practices related to health and illness behaviour as this will ensure that outdated or non beneficial norms and practices are eliminated.

**KEYWORDS:** Culture, Disease, Social constructionism, Responses, wellness

### **INTRODUCTION**

Health, disease and wellness are determined by several factors including genetic inheritance, personal behaviors, access to quality health care, and the general external environment. Studies like Omer, Zakar and Zakar (2021) situated a link between cultural factors and health. For some types of social variables, such as socioeconomic status (SES) or poverty, robust evidence of their links to health has existed since the beginning of official record keeping.

According to Stonington, Holmes and Hansen (2018), cultural behaviors have important implications for human health. Human beings are social animals with an innate desire to conform to socially accepted norms and values. Over periods of time, some of these norms become standards that all members of the community are expected to adhere to. Deviance from these standards is seen as absurd, wrong, or frankly abnormal. However, many of these cultural mores have no scientific basis and, some of them actually promote behaviors with negative



health consequences.

Culture, a socially transmitted system of shared knowledge, beliefs and/or practices that varies across groups, and individuals within those groups, has been a critical mode of adaptation throughout the history of human beings. Cultural norms and values, passed down through generations, can influence lifestyle choices, dietary preferences, and even the perception of aging itself (Achen, Atekyereza & Rwabukwali, 2021). In short, the influence of social and cultural variables on health involves dimensions of both time (critical stages in the life course and the effects of cumulative exposure), as well as place (multiple levels of exposure). The contexts in which cultural variables operate to influence health outcomes are called, cultural environment (Hernandez & Gibb, 2019).

In recent years, social scientists and social epidemiologists have turned their attention to a growing range of cultural variables as antecedents of health. These variables include acculturation, social deprivation, social networks and social support, and the psychosocial work environment, in addition to aggregate characteristics of the social environments such as the distribution of income, social cohesion, social capital, and collective efficacy (Hernandez & Gibb, 2019).

On a continental level, culture plays a significant role in shaping wellness and illness behavior among the elderly across different regions. In Asia, for example, Pan (2022) presumes that cultural values such as filial piety often influence family dynamics and care giving, impacting the elderly mental well-being. In Europe, social support structures vary, and cultural attitudes toward aging may affect how seniors perceive and cope with illnesses (Dai, 2016). In North America, individualism can influence the preference for independence in managing health, while in South America, strong family bonds may lead to increased reliance on familial support. In Africa, traditional beliefs and community connections may shape how the elderly seek healthcare, incorporating both modern and traditional healing practices.

Understanding cultural nuances is crucial for tailoring healthcare strategies and support systems to better meet the diverse needs of elderly populations worldwide. This multifaceted issue encompasses a broad range of cultural dimensions, from traditional beliefs and practices to socio-economic influences that shape the perceptions and responses toward diseases and wellness in the elderly population.

Cultural diversity significantly influences how different communities conceptualize health and illness, impacting their responses to diseases and approaches to wellness. Cultural beliefs and practices often play a pivotal role in shaping health-seeking behaviors and the utilization of healthcare services among the elderly. For instance, some cultural groups may place a strong emphasis on holistic approaches, combining traditional remedies with modern medicine, while others may adhere strictly to conventional medical interventions.

The importance of culture on health behaviour across various places and time prompted this study since such studies have not been carried out in the study area. Amansea as an Igbo community has several cultural norms and orientations that may have affected the health seeking behaviour of the elderly and their overall responses towards diseases and wellness. Knowledge on this subject is limited in the study area as no empirical study has adopted mixed methods design to collect first hand data. This prompted the researcher to investigate culture and responses towards diseases and wellness among the elderly in Amansea community of Awka North LGA, Anambra State.



## RESEARCH QUESTIONS

The following questions were asked to guide the study.

1. What popular cultural orientations are associated with diseases and wellness among the people in Amansea community, Awka North L.G.A?
2. In what ways do younger persons and the elderly respond to diseases and wellness issues in Amansea community in Awka North L.G.A?
3. How does culture affect responses of younger persons and elderly population towards disease and wellness issues in Amansea community of Awka North L.G.A?

## STUDY HYPOTHESES

The understated hypothesis guided this study:

Females are more likely to accept to have been affected positively by culture in their response towards disease and wellness issues than their male counterpart in Amansea Awka North Local Government Area.

## REVIEW OF RELEVANT LITERATURE

### Concept of Culture

Culture is a complex and multifaceted concept that encompasses a wide range of elements, including beliefs, customs, language, traditions, arts, and values that are shared by a particular group of people. It shapes the way individuals perceive the world around them and influences their behaviors, interactions, and social structures (Little & McGivern, 2014). In the field of Sociology and Anthropology, the most acceptable definition of culture was given by Edward Burnnet Taylor in 1871 when he defined culture as a complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society. Throughout history, various cultures have developed and evolved in different parts of the world, each with its unique characteristics and expressions. On a continental level, culture plays out among various people and this shows how unique it can be across various places and people.

According to Kerubo (2016), Africa is a continent known for its diverse cultures, languages, and traditions. For example, the Maasai people of East Africa have a rich cultural heritage characterized by their distinctive clothing, beadwork, and cattle herding lifestyle. Their traditions include elaborate initiation ceremonies for young men and intricate social hierarchies within their communities. Also, many other parts of the continents have various cultures that shapes illness and health behaviours especially with the use of herbs and other traditional practices that is unique to such people (Edet, Bello & Babajide, 2019). Many African cultures have traditional healing practices involving herbal remedies, spiritual rituals, and community support systems. However, access to modern healthcare varies greatly across the continent, with rural areas often having limited resources. Asia as a continent is the home to some of the oldest and most vibrant cultures in the world. In India, for instance, the Hindu religion plays a significant role in shaping cultural practices, from colorful festivals like Diwali and Holi to rituals such as puja (worship) and yoga. Additionally, countries like Japan have a unique blend of ancient traditions and modern innovations, as seen in their tea ceremonies, martial arts, and technological advancements (Mundhe, 2023). In countries like China and India, traditional medicine such as acupuncture, Ayurveda, and traditional Chinese medicine are still widely practiced alongside modern healthcare. There is also a strong emphasis on preventive measures such as dietary habits and physical activities with regards to health issues. North America on the other hand is the home to a diverse array of cultures, shaped by indigenous peoples, European colonization, and immigration from around the world. For instance, Native American



tribes have unique traditions, languages, and spiritual beliefs that vary from tribe to tribe. In addition, the United States is often referred to as a "melting pot" of cultures, with influences from Africa, Asia, Europe, and Latin America contributing to its cultural mosaic (Idi & Oberiri, 2020).

South America as continent is also known for its rich cultural heritage, influenced by indigenous civilizations like the Inca, Maya, and Aztec, as well as colonial powers like Spain and Portugal. Indigenous healing practices are still prevalent in many parts of South America, alongside modern healthcare systems. Traditional remedies, shamanic rituals, and plant-based medicines are often used to address health issues (Reynolds, 2021). Australia's indigenous cultures, often referred to as Aboriginal or Torres Strait Islander cultures are among the oldest surviving cultures in the world. These cultures are characterized by a deep connection to the land, spiritual beliefs, and oral traditions passed down through generations. Indigenous cultures in Australia and Pacific Island nations have their own traditional healing practices, which may include herbal medicine, storytelling, and connection to the land.

In conclusion, culture is a dynamic and multifaceted phenomenon that shapes human societies in profound ways, in every part of the world. Culture as well shape the health habits and behaviour in seeking solution to health-related issues. From the traditional practices of indigenous peoples to the modern innovations of globalized societies, culture encompasses a wide range of beliefs, customs, and expressions that contribute to the richness of human experience. Thus, the way illness issues are treated in a given community or among people can be affected and influenced by their culture.

### **Concept of Disease**

Disease is a term laden with complexity and nuances and eludes a singular definition due to its multifaceted nature. From biomedical to sociocultural perspectives, scholars have grappled with understanding and defining disease, each offering unique insights into its essence and implications. Biomedically, disease is often characterized by deviations from normal physiological functioning. According to Naviaux (2023), disease manifests as disruptions in the body's biological processes, leading to observable signs and symptoms. This perspective emphasizes pathology, focusing on molecular, cellular, and systemic dysfunctions underlying illness. From this lens, diseases are often classified based on etiology, pathophysiology, and clinical manifestations, enabling medical professionals to diagnose and treat patients effectively.

However, this reductionist view neglects the broader context in which disease occurs and challenges the biomedical model by highlighting the sociocultural dimensions of disease and illness. The view posits that disease and illness are not solely a biological phenomenon but also a social construct shaped by cultural beliefs, values, and practices. Thus, sociocultural approach of disease and illness emphasizes the subjective experience of illness, acknowledging the influence of social norms, stigma, and power dynamics on individuals' perceptions and experiences of disease (Amzat & Razum, 2014).

It is worth noting that the concept of disease extends beyond the realm of biology and sociology to encompass ethical and philosophical dimensions. In his exploration of the ethics of disease, Svalastog, Donev, Kristoffersen and Gajović (2017) contends that disease raises profound moral questions regarding suffering, autonomy, and justice. They argued that ethical considerations are integral to medical decision-making, as healthcare providers navigate complex issues such as end-of-life care, resource allocation, and patient autonomy.



Thomasma's ethical framework emphasizes the need for a holistic approach to disease that integrates biomedical, sociocultural, and ethical perspectives.

From a philosophical standpoint, disease challenges notions of normalcy and identity. Sontag (1978) explores the metaphorical dimensions of illness, arguing that disease is not merely a biological aberration but also a metaphor for social, psychological, and existential struggles. She contends that society often stigmatizes illness, relegating individuals with diseases such as cancer or AIDS to the margins of society. Sontag's insights highlight the profound impact of societal attitudes and cultural narratives on the experience of illness, emphasizing the importance of compassion and solidarity in confronting disease.

In summary, disease defies a singular definition, encompassing biological, sociocultural, epidemiological, ethical, and philosophical dimensions. Biomedical perspectives focus on pathological mechanisms, while sociocultural approaches emphasize the social construction of illness. Epidemiological insights shed light on population-level determinants of disease, while ethical and philosophical inquiries raise moral and existential questions about the nature of suffering and healing.

### **Culture - Health Dialogue and the Elderly**

The transmission of cultural knowledge within communities can contribute to a unique set of health behaviors among the elderly. Understanding the intergenerational transfer of cultural practices is crucial in comprehending the diverse responses toward diseases and wellness in elderly populations. Socio-economic factors further compound the complexity of this issue. Disparities in access to healthcare resources, educational levels, and economic status can shape the health outcomes and responses of the elderly. Vulnerable populations facing economic hardships may encounter barriers to obtaining appropriate healthcare, leading to delayed interventions and compromised wellness (Wee, Yeo, Yang & Hannan, 2012).

The prevalence of chronic diseases among the elderly adds another layer to the problem. As cultures evolve, so do the diseases affecting older populations. Chronic conditions such as diabetes, cardiovascular diseases, and neurodegenerative disorders require long-term management and care. The cultural lens through which these conditions are perceived influences the adherence to treatment plans and lifestyle modifications among the elderly. Cultural attitudes toward aging also contribute to the complexity of the problem. In some societies, aging is revered and associated with wisdom, leading to positive health-seeking behaviors. Conversely, in cultures where aging is stigmatized, the elderly may be less likely to seek medical attention or engage in preventive health measures. Understanding these cultural nuances is essential for developing effective strategies to promote healthy aging ((Hernandez & Gibb, 2019).

Furthermore, the impact of globalization on cultural values and practices cannot be overlooked. Migration and cultural assimilation can result in a hybridization of health beliefs and behaviors among elderly populations. This dynamic interplay between traditional and adopted cultural elements creates a unique context that shapes responses toward diseases and wellness.

### **Cultural Orientations associated with Diseases and Wellness**

Rosén (2015) investigated how cultural factors influence the occurrence of overweight and obesity among adults in Babati town, Tanzania. A qualitative field study in Babati was conducted in February and March 2014, to gather information and identify how culture influences health perceptions and behaviours. In this study, the theoretical concept of the PEN-3 cultural model was the tool used in order to identify the underlying causes that lead to a particular behaviour and action. The results of the study shows that overweight in Babati is not only caused by the increasing urbanization, a growing middle-class, new ways of labour where





physical activity is not necessarily needed and changes in food and eating habits. The study also found that attitudes, knowledge and perceptions issues have a much higher impact. Being overweight is often associated with perception of wealth and health; this is why many strive to achieve that ideal, both men and women. Again, the study found that culture proved to have a significant role as everything that people does and what decisions they make can be linked to their cultural belonging, which ideals people aims for, food choices, perceptions of physical activity and risk perceptions about illness. The study thus concludes that culture cannot be excluded in interventions on health.

### **Effects of Culture on the Responses towards Disease and Wellness Issues**

Kahissay, Fenta and Boon (2017) explored the indigenous beliefs of ill-health causation among those living in the Tehuledere Woreda /district/ in North East Ethiopia from a socio-cultural perspective. The study employed a qualitative ethnographic method informed by Murdock's Theory of Illness. Participatory observation, over a total of 5 months during the span of one year, was supplemented by focus group discussions (n=96 participants in 10 groups) and in-depth interviews (n=20) conducted with key informants. Data were analyzed thematically using narrative strategies. In these communities, illness is perceived to have supernatural (e.g., almighty God/ Allah, nature spirits, and human agents of the supernatural), natural (e.g., environmental sanitation and personal hygiene, poverty, biological and psychological factors) and societal causes (e.g., social trust, experiences of family support and harmony; and violation of social taboos). Therefore, the explanatory model of illness causation in this community was very similar to that of the Murdock model with one key difference: social elements need to be added to the model.

### **Adverse Effects Culture has on People's Response towards Disease and Wellness Situation**

Toliat (2023) investigated the multifaceted influence of traditional cultural practices on the health status of adolescents in Ojo Local Government Area (LGA) of Lagos State, Nigeria. In light of Nigeria's diverse cultural landscape, the research addresses the varied traditional practices and their potential repercussions on the physical health indicators, social support systems, healthcare-seeking behaviour, and overall health outcomes of adolescents in the region. A Likert scale-based questionnaire was administered to a representative sample of adolescents in Ojo LGA. Preliminary findings suggested that: i. There is a diverse perspective among adolescents regarding the influence of traditional cultural practices on physical health. While a significant proportion perceived these practices as having a positive impact, a notable minority held contrasting views. ii. The study revealed mixed perceptions about the impact of traditional cultural practices on the social support system for adolescents. While many believed in the social benefits of these practices, there were also significant groups with differing opinions. iii. The data gathered provided insights into the healthcare-seeking behaviour of adolescents in relation to traditional cultural practices. The findings suggested that while some adolescents believed in the contribution of traditional practices to better healthcare services, others had contrasting opinions. Additionally, a considerable proportion of adolescents felt more comfortable discussing their health concerns with traditional healers or spiritual leaders compared to medical professionals, potentially due to cultural competence and access barriers. iv. The study also revealed diverse perspectives on the relationship between participation in traditional cultural practices and health outcomes among adolescents. Some believed in the positive effects, while others saw potential negative consequences. These varying perceptions emphasize the need for further research to explore the intricate link between traditional cultural practices and health outcomes, considering cultural and contextual factors. These indicate a nuanced relationship between traditional cultural practices and the health of adolescents. The



study illuminates specific cultural practices that correlate with positive health outcomes as well as those associated with potential health risks. Social support systems embedded in these practices emerge as significant factors affecting the mental and emotional well-being of adolescents.

Okafor, Oyewale, Ohazurike and Ogunyemi, (2022) assessed rural women's knowledge, perceptions and attitudes regarding mental illnesses and the role of traditional beliefs in their management in Epe Local Government Area of Lagos State, Nigeria. The study was a cross-sectional study with a total of 295 rural women recruited through a multistage sampling method. A pretested interviewer-administered questionnaire was used to collect data. Summary and inferential statistics were measured using Epi Info version 7. The level of significance was predetermined at 5%. A total of 253 questionnaires were adequately filled and analysed. The study found that just over one-third (35%) of respondents had good knowledge and only 26% had positive attitudes towards mental health and illness. About 45% reported that mental illness should first be treated in 'the traditional way', whilst 47% felt that there was no need for collaboration between orthodox and unorthodox healthcare for mental illness. Sociodemographic variables were significantly associated with knowledge (educational level  $p = 0.001$ ) and attitude (marital status  $p = 0.001$  and ethnicity  $p = 0.001$ ).

### **How Cultural Orientation towards Health and Wellness can be Improved**

Kahissay, Fenta and Boon (2017) explored the indigenous beliefs of ill-health causation among those living in the Tehuledere Woreda /district/ in North East Ethiopia from a socio-cultural perspective. The study employed a qualitative ethnographic method informed by Murdock's Theory of Illness. Participatory observation, over a total of 5 months during the span of one year, was supplemented by focus group discussions ( $n = 96$  participants in 10 groups) and in-depth interviews ( $n = 20$ ) conducted with key informants. Data were analyzed thematically using narrative strategies. In these communities, illness is perceived to have supernatural (e.g., almighty God/ Allah, nature spirits, and human agents of the supernatural), natural (e.g., environmental sanitation and personal hygiene, poverty, biological and psychological factors) and societal causes (e.g., social trust, experiences of family support and harmony; and violation of social taboos). Therefore, the explanatory model of illness causation in this community was very similar to that of the Murdock model with one key difference: social elements need to be added to the model. Members of the study community believe that supernatural, natural and social elements are linked to ill-health causation. A successful integrated primary health care strategy should include strategies for supporting patients' needs in all three of these domains. Also, the results implied two-way medicine needs to be developed with ongoing research, and health educations must take the traditional customs into consideration, for integrating interventions in the health care system in ways that the general public accepts yielding a better health outcome.

### **THEORETICAL FRAMEWORK**

This study is anchored on Social Constructionism. The theory was introduced in the field of Sociology by Peter L. Berger and Thomas Luckmann, through their 1966 book "The Social Construction of Reality: A Treatise in the Sociology of Knowledge. Over time, other scholars like Michel Foucault, Judith Butler, and Harold Garfinkel have also made significant contributions to the theory.

The major assumption of social constructionism is that reality is not an objective, fixed entity, but rather is shaped and constructed by social interactions, language, symbols, and cultural beliefs. In other words, reality is not discovered, but rather created or constructed through human activity and shared meanings within social contexts (Alexandra, 2018). This perspective



challenges the idea of an objective reality and emphasizes the importance of understanding how different social groups construct their own realities through their interpretations and interactions.

In relation to the present study, social constructionism highlights how cultural norms and discourses shape perceptions of health, illness, and wellness. Thus, cultural representations in media, literature, and other forms of discourse influence how individuals perceive their bodies, health conditions, and treatment options. For instance, cultural narratives about body image and beauty standards can impact individuals' attitudes towards diet, exercise, and self-care practices. Within this framework, cultural beliefs, norms, and values influence how aging and health-related issues are understood and interpreted within a society. For example, in some cultures, aging may be viewed as a natural process to be revered and respected, while in others, it may be stigmatized or associated with decline. These cultural constructions profoundly influence how individuals and communities conceptualize and respond to diseases and wellness practices among the elderly, shaping healthcare systems, care giving norms, and social support networks accordingly.

Specifically, in Amansea, cultural beliefs surrounding health and aging may heavily influence how diseases and wellness are perceived and managed among the elderly. For instance, traditional beliefs about the causes of illness, such as supernatural forces or ancestral spirits, may impact the types of treatments sought by the elderly population. Additionally, societal expectations regarding the role of elders within the community, such as being revered for their wisdom and experience, may affect how they perceive and prioritize their own health.

Furthermore, social networks and support systems within Amansea community play a crucial role in shaping responses to diseases and wellness among the elderly. Family structures, community organizations and religious institutions can all contribute to the dissemination of health information and the provision of care for the elderly population. Additionally, stigma surrounding certain illnesses or health conditions may influence whether individuals seek medical attention or disclose their health status to others.

Despite its explanation of the impact of culture on health behaviours, critics argued that social constructionism can lead to relativism, where all beliefs are considered equally valid because they are all socially constructed. This can undermine the concept of objective truth and overlooks the role of empirical evidence in understanding phenomena. Other critics also argued that social constructionism tends to oversimplify complex social phenomena by attributing them solely to social constructions, overlooking the role of individual agency, biology, or other factors in shaping human behavior and society.

## **MATERIALS AND METHODS**

The study area is Amansea located in the tropical rainforest region and is situated between latitude 6°12'N and longitude 7°06'E (Ikpeze & Onyido, 2015). The community is made up of five villages namely: Orebe, Amaowelle, Umuokpala, Ebeagu and Okeukwa. Amansea has an estimated total population of about 76,858 (Awka North L.G.A Department of Planning and Statistics, 2023). However, study participant were drawn from only those aged 18 year and above, including the elderly. The mixed methods research design was used for this study and a sample of 204 was drawn from the target population of the study. The questionnaire and in-depth interview guide were the instruments used for data collection and were administered on a face-to-face basis by the researcher with the aid of two research assistants. Quantitative data for the study were processed using SPSS software Version 24. Descriptive statistics such as frequency distribution tables, simple percentages and graphic illustrations were used to analyze the quantitative data while content analysis was used for analyzing the qualitative data. The





study hypotheses were tested using chi-square inferential statistics. The qualitative information that was collected from the field in Igbo language were transcribed verbatim and thereafter translated to English language after which they were thoroughly edited and analyzed thematically using narrative method of qualitative data analysis. These qualitative data complemented the quantitative data to establish a synergy between the findings.

## RESULTS/FINDINGS

The researcher distributed 204 questionnaires. However, 198 (98%) of the questionnaire were correctly filled and returned. Consequently, the quantitative analysis of this study was based on the 198 correctly filled and returned questionnaire. Also, this analysis is complemented with information collected from the in-depth interview.

### Personal Data of Respondents

In this section, the researcher presented and analyzed the demographic characteristics of the respondents such as gender, age categories, religion affiliation, and marital status, level of education, occupation and income. Results are presented in table 1

**Table 1: Personal Data of Respondents**

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Gender</b>		
Male	120	60.61
Female	78	39.39
<b>Total</b>	<b>198</b>	<b>100</b>
<b>Age</b>		
18 - 27years	30	15.15
28 - 37years	25	12.63
38 - 47years	40	20.20
48 - 57years	70	35.35
58years and above	33	16.67
<b>Total</b>	<b>198</b>	<b>100</b>
<b>Religion Affiliation</b>		
Christianity	90	45.45
Islam	50	25.25
African Traditional Religious	35	17.68
Others specify	23	11.62
<b>Total</b>	<b>198</b>	<b>100</b>
<b>Marital Status</b>		
Single	45	22.73
Married	80	40.40
Separated	20	10.10
Divorced	25	12.63
Widowed	18	9.09
Others specify	10	5.05
<b>Total</b>	<b>198</b>	<b>100</b>
<b>Level of Education</b>		
No formal Education	10	5.05
FSLC	20	10.10
SSCE/GCE	75	37.88
BSC/HND/DIP/NCE	60	30.30
M.Sc.	20	10.10
Ph.D.	13	6.57



<b>Total</b>	<b>198</b>	<b>100</b>
<b>Occupation</b>		
Farmers	12	6.06
Civil Servant	24	12.12
Teachers	28	14.14
Self- employed	91	45.96
Unemployed	29	14.65
Retired	14	7.07
<b>Total</b>	<b>198</b>	<b>100</b>
<b>Level of Income</b>		
Below N5,000 - N5,000	12	6.06
N5,001 - N50,000	35	17.68
N50,001 - N100,000	90	45.45
N101,000 - N1,000,000	50	25.25
N1,000,001 and above	11	5.56
<b>Total</b>	<b>198</b>	<b>100</b>

**Field Survey, 2024**

Table 1 shows the personal data of respondents based on gender, age, religion, marital status, education, occupation and income. In terms of gender category of the respondents, it can be seen that 120 (60.61%) are male, while 78 (39.39%) are female. This shows that the majority of the respondents are male.

**Analysis of Research Questions**

**Research Question 1:** What are the popular cultural orientations associated with diseases and wellness among the people in Amansea community, Awka North L.G.A? Answer research question 1 are presented in tables 2, 3 and Figure 1 respectively.

**Table 2: Respondent's views on the common notions or orientation on health and illness behaviour in Amansea, Anambra state**

<b>Response</b>	<b>Frequency</b>	<b>Percentage</b>
Diseases are associated with the gods	25	12.63
Diseases are believed to be caused by germs	109	55.05
Charms causes diseases	37	18.69
Don't know	27	13.63
<b>Total</b>	<b>198</b>	<b>100</b>

**Field Survey, 2024**

Table 2 shows the 109 (55%) constituting majority of respondents believed that diseases are caused by germs. This result corresponds with the response of an IDI respondent who opined that:

The major belief and orientation among our people are that diseases are caused by various microorganisms when one does not keep his or her surrounding neat. If a person refuses to keep his utensils and other household items clean, such person is highly prone to diseases and can fall ill anytime because of various unhealthy practices and bacteria **(45 years old, Male, Businessman, Amansea)**

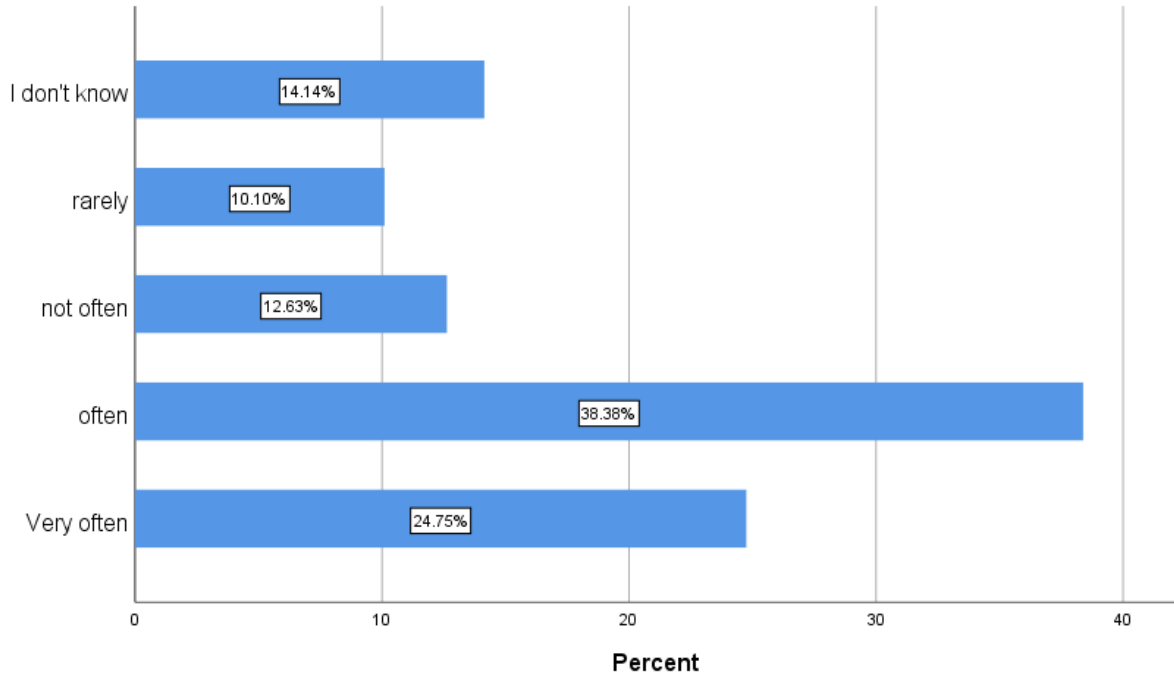
This response implies that diseases are believed to be caused by germs resulting from uncleanliness and unhealthy practices. Another respondent opined that:

There are many things that cause illness and diseases. The major ones to me is the kind of life a person live. A lot of people live unhealthy lifestyle and don't really care for their health and this one major cause of disease. Again, there are some diseases that come with nature and it cannot be prevented. Again, there are spiritual causes of diseases like the one sent from an enemy **(37 Years old Female, Trader, Egbeagu, Amansea, Awka).**



This response implies that diseases occur from unhealthy lifestyle practices, old age and spiritual causes.

**Fig 1: Graphical representation of respondents' views on how often are cultural orientations and notions associated with diseases and wellness subscribed to in Amansea, Anambra State**



**Field survey, 2024**

Figure 1 shows that majority of the respondents (38.38%) agreed that cultural orientations and notions associated with diseases and wellness are often regularly subscribed to in Amansea, Anambra State.

**Table 3: Distribution of respondent's view on the most prevalent pattern of cultural orientations associated with diseases and wellness among the people of Amansea**

Responses	Frequency	Percentage
Traditional Medical Orientation	42	21.21
Spiritual Orientation	36	18.18
Modern Medical Orientation	68	34.34
Illness Prevention Orientation	25	12.63
All of the above	12	6.06
Others Specify	15	7.58
<b>Total</b>	<b>198</b>	<b>100</b>

**Field Survey, 2024**

Table 3 shows that 68(34.34%) being majority of the respondents agreed that modern medical orientation is the most prevalent pattern of cultural orientation among the people of Amansea. This response aligns with the response of an IDI respondent who opined that:

To me and most people I know, we rely on medical facilities and we visit clinics, hospitals and pharmacy whenever we are sick because it is more effective and potential in curing sickness and diseases. Although, there are cases where people visit traditional clinics and churches for healing based on their diagnosis (**50 Years, Male, Civil servant, Amansea**).



This response implies that there are several orientations associated with health as illness among the people of Amansea however majority of persons who subscribe to traditional medical and spiritual orientation. Another respondent’s opinion also supported the result in table when he stated that:

The orientation given to me when it comes to tackling diseases and illnesses is that of modern medicine. Again, majority of people in my community believe in the potency of white medicine. There are other forms of healing that some people choose like going to spiritual centers, shrines and local tradomedical homes but most people ok Amansea makes use of hospitals and other health centers when they are ill **(45 years old, Male, Businessman, Amansea)**

This response shows that majority of residents and people of Amansea make use of medical facilities when they are ill.

**Research Question 2:** What are the ways younger persons and the elderly respond to diseases and wellness issues in Amansea community, Awka North L.G.A

**Table 4: Distribution of respondent's view on the most popular way younger persons and the elderly population respond to diseases and wellness issues in Amansea community in Awka North LGA**

Responses	Frequency	Percentage
Visit to shrines and native priest for divination	36	18.18
Visit to Orthodox (modern) health centers	135	68.18
Self-meditation	27	13.64
<b>Total</b>	<b>198</b>	<b>100</b>

**Field Survey, 2024**

Table 4 shows the respondents' view on the most popular way the people and the elderly respond to diseases and wellness issues in Amansea community of Awka North LGA .is principally through visit to Orthodox (modern) health centers. Majority of the respondents being 135(68.18%) said they visit the Orthodox (modern) health centers while 27(13.64%) of the respondents indicated they practice self-meditation.

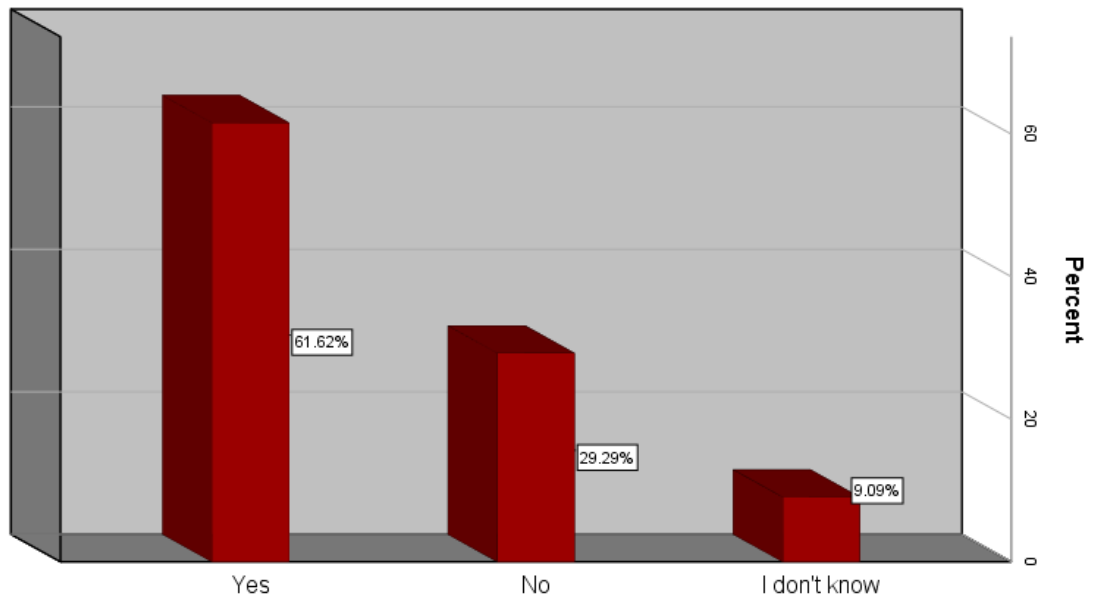
This result supports the response of an IDI respondent who opined that:

The elderly people in Amansea from experience are users of modern medical facilities and medicines. From my experience as a pharmacist, the old ones in this area always do the needful by coming for drugs and their medications when they fall ill. Even when referred to the hospital or bigger clinics for treatment or diagnoses, they do that diligently. Again, I have observed that those with grown up children are encouraged by their children to regularly go for checkups **(43 Years Old, Female, Pharmacist, Amansea)**

This response implies that majority of younger persons and the elderly in Amansea make use of clinics and modern medical facilities and medicines when they are ill.

**Research Question 3:** How does culture affect responses of younger persons and elderly population towards disease and wellness issues in Amansea community of Awka North L.G.A?

**Fig 2: Graphical representation of respondents' views when asked whether culture play out in the response of both the elderly and younger people towards diseases and wellness issues in Amansea community of Awka North LGA**



**Field Survey, 2024**

Figure 2 shows that 61.62% of the respondent, being the majority agreed that culture does play out in the response of both the elderly and younger people towards diseases and wellness issues,

**Table 5: Respondents' views on the specific cultural orientations and practices influencing the nature of responses of younger people and the elderly towards disease situations**

Responses	Frequency	Percentage
Traditional religion practice	20	16.95
Patriarchal system	12	10.17
Traditional authority system	59	50.00
Traditional economic structure (community help option)	27	22.88
<b>Total</b>	<b>118</b>	<b>100</b>

**Field survey, 2024**

Table 5 shows that majority of the respondents (50%) agreed that both elderly and younger persons in Amansea community perceived traditional authority system as a beneficial cultural orientation and practice influencing the nature of responses of the people.

However, this result differs from the response of an IDI respondent who explained:

The cultural orientation and dominant practice that influencing the nature of responses of the people and the elderly towards diseases situation is the socialization pattern among the people. People are socialized from when they are little to seek treatment when ill and this is a major thing that influences how people act when they fall ill even in old age **(45 years old, Male, Businessman, Amansea)**.

This response implies that socialization is a very important factor influencing the nature of responses of the people and the elderly towards diseases situation. Another respondent as opined that:

There seems to be a culture of wellness that people have in Amansea. I believe that the discomfort that comes with illness and sicknesses makes people to go for treatment or do whatever it takes to get well. Again, I believe that the way people are educated to seek medical attention is the main reason why people choose to seek treatment when ill **(43 Years Old Female Pharmacist, Amansea)**





This response also points to socialization as the major factor influencing the nature of responses of the people and the elderly towards diseases situation.

**Table 6: Respondents' views on how culture positively influence responses of both the elderly and younger people towards diseases and wellness issues in Amansea community of Awka North LGA**

Responses	Frequency	Percentage
There are cultural practices that support ill persons with finance for treatment	25	12.63
There are cultural practices that provides ill persons with emotional support	36	18.18
There are cultural practices that engage people in tradition rituals to cure their diseases and illnesses.	33	16.67
Cultural practices support modern medicine and visit to clinics for treatment	64	32.32
All of the above	40	20.20
<b>Total</b>	<b>198</b>	<b>100</b>

**Field Survey, 2024**

Table 6 shows the respondents' views on how cultural practices of Amansea people positively influence responses of elders and younger persons in the community towards diseases and wellness issues. The views attest to the fact that culture positively influences both elderly segment and younger persons towards diseases and wellness in Amansea. This is by supporting modern medicine and visit to clinics for treatment. This result supports the response of an IDI respondent who opined that

The major way the culture of Amansea positively supports the response of both the elderly and people towards diseases and wellness issues is by accepting modern medicine which is an important aspect of treatment to human illness. There are cultures that are heavy on traditional medicine and socialize their people to adopt it but it is not so here in Amansea. Our culture supports modern medicine and this is a plus when seeking treatment to illness and diseases (**43 Years Old Female Pharmacist, Amansea**)

This response implies that the acceptance of modern medicine by the culture of Amansea is the way culture have positively support positive response to illness

**TEST OF HYPOTHESIS**

In this section, the hypothesis stated in this study was tested at .05 level of significance

**Hypothesis:** Females are more likely to accept to have been affected positively by culture in their response towards disease and wellness issues than their male counterpart in Amansea Awka North Local Government Area.

**Table 7: Crosstabulation between gender and influence of culture towards disease and illness response**

Gender	Does culture play out in the response of both the elderly and young people towards disease and wellness issues in Amansea community?			Total
	Yes	No	I don't know	
Male	70	39	11	<b>120</b>
Female	52	19	7	<b>78</b>
<b>Total</b>	<b>122</b>	<b>58</b>	<b>18</b>	<b>198</b>

$x^2= 3.47, df=2, p= .0923$

Table 7 shows the test of hypothesis 2. From the table, it can be seen that there is  $x^2$  value of 3.47, a degree of freedom (df) of 2 and a p-value of .0923. Since the p-value is greater than .05, the alternative hypothesis was rejected. This implies that females are more likely to accept to have been affected positively by culture in their response towards disease and wellness issues



than their male counterpart in Amansea Awka North Local Government Area.

## **DISCUSSION OF FINDINGS**

The study investigated culture and responses toward diseases and wellness among the elderly in Amansea community of Awka North LGA, Anambra State. The study found that the common notion or orientation on health and illness behaviours in Amansea is that diseases are believed to be caused by germs. The study also found that this cultural orientation and notion associated with disease and wellness is often subscribed to by the people of Amansea. The study also found that the most prevalent cultural orientation is modern medical orientation (i.e., the use of modern medicine and medical facilities). This finding supports earlier findings of Leijen and van Herk (2021) who found that social characteristics of a country affect preference for professional healthcare. This implies that there is consistency on the effects culture can have on the preference of modern medicine among people. The findings from research question one also supports the findings of Rosén (2015) that found that culture have a significant role in everything that people does and what decisions they make.

It was also found that the people of Amansea respond positively to illness challenges. The study also found that there are norms and practices that influence responses of the elderly towards solution when ill in Amansea community. The study further found that the most popular way the people and the elderly respond to diseases and wellness issues is by visiting Orthodox (modern) health centers.

Regarding the third research question, the study found that culture play out in the response of both the elderly and young people towards disease and wellness. It was also found that there are cultural norms and practices that positively influence responses of the elderly towards solution when ill in Amansea community. The study again found traditional authority system as the specific cultural orientation and practice influencing the nature of responses of the people and the elderly towards disease situations. It was further found that culture positively affect the response of both the elderly and people of Amansea towards disease and wellness issues among the elderly population as the culture of Amansea supports modern medicine and visit to clinics for treatment. This finding contradicts the findings of Omer, Zakar and Zakar (2021) who found the influence of culture and traditions as a barrier to use of modern medical facilities.

The hypothesis tested, showed that females are more likely to accept to have been affected positively by culture in their response towards disease and wellness issues than their male counterpart in Amansea Awka North Local Government Area.

## **CONCLUSION**

Based on the findings of the study, it was concluded that cultural orientation plays a significant role in shaping the health behaviors of the elderly population in Amansea community, Awka North LGA. Given the fact of cultural dynamism, the new dominant cultural belief in Amansea aligns with modern medical practices, and most elderly individuals now seek treatment at orthodox health centers. To enhance health outcomes, the study concludes that reviewing cultural practices, community education and improving access to medical facilities are important.

## **RECOMMENDATIONS**

Based on its findings, the study recommended that:

1. The community cabinet and chambers in Amansea should regularly review existing cultural laws and practices related to health and illness behavior as this will ensure that outdated



or ineffective health practices are revised or eliminated to promote positive illness behaviors and encourage the use of modern medical treatments.

2. Non-governmental organizations (NGOs) and other relevant agencies should organize consistent enlightenment programs to educate community members about the importance of adopting positive illness behaviors as these initiatives would help in debunking health misconceptions and encourage the elderly and other residents to seek proper medical care.

3. Government officials should prioritize the provision of adequate healthcare facilities in Amansea and these centers should offer comprehensive health counseling and treatment options, ensuring that community members have easy access to professional medical advice and services.

4. Parents in Amansea should be encouraged to pass down positive illness behaviors to their children. By instilling awareness of the importance of early medical intervention and healthy practices, future generations will be better equipped to maintain good health and respond effectively to illness.

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