



Review article

Print ISSN 2645-2464; E ISSN 2695-1770

Voluntary participation in biomedical research may be hindered by ritualist activities in Yoruba land

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ABSTRACT

Background/Objective: Promotion of health care delivery is largely sustained on continuous clinical and biomedical researches; performance of which depends on voluntariness of participants; in tune with ethical provisions. Volunteering to participate in researches involving blood or body wastes collection may be difficult in a society where stakeholders have repeated reports of usage of body fluids for rituals. This review was done to highlight cultural believes and practices that may make potential participants refuse to consent to researches involving collection of body fluids in southwest Nigeria with a view to recommend a way forward. **Methods/Design:** Review of literature and adaptation of findings to linking attitudes, beliefs and cultural practices to the concept of ethical biomedical research in the modern world. **Result:** Cultural beliefs affect decision making in Yoruba settings; participation in biomedical researches inclusive. **Conclusion:** Culture rain supreme among Yorubas, till date. Researchers should create awareness on relevance of biomedical researches in sustaining quality healthcare services and engage gate keepers before approaching potential participants in Yoruba communities.

Keywords: Biomedical research, Consent, Culture, Ethics, Rituals.

Edited by AO Bello; submitted on 12.09.2018; peer reviewed by QB Suleiman-Abdul, FM Onadipe; accepted 22.09.2019; published 08.10.2019.

Please cite as: Muhibi MA, Amao AE, Muhibi MO. Voluntary participation in biomedical research may be hindered by ritualist activities in Yoruba land. *Int J Health Recs & Info Mgt.* 2019;2(1):3-6.

Conflict of interest: None declared.

Funding disclosure: No funding was solicited for nor obtained for this study

INTRODUCTION

The declaration of the Nuremberg code shortly after the Second World War in 1947 was reported to have warned against involuntary participation of human subjects in medical research. What led to the declaration was the enrolment of some human participants into experiments, which was injurious to them and without their consents¹. Another cruelty was noted in the Tuskegee syphilis study during which researchers observed the effects of untreated syphilis in black men. The study was initiated in 1932 and it was not until 1972 that revelations about the conduct of the study exposed the need for clearer guidance and increased measures that exceeded funding requirements². International regulations such as the Nuremberg code,

Declaration of Helsinki and CIOMS Guidelines, are operational in Nigeria. The Federal Ministry of Health, the National Agency for Drug Administration and Control (NAFDAC), National Health Research Ethics Committee (NHREC) among others, also have additional guidelines, which are enforced, especially in studies involving humans².

Currently, an important part of conducting research in any part of the world is obtaining informed consent³. Failure to consider participants' cultural and linguistic background can result in inaccurate results, and could further worsen participants' willingness, which may result in non-adherence to study instruction. Some cultural activities can have devastating consequences on the participant-researcher

relationship in biomedical researches where human volunteers are needed as participants.

Activities of ritualists have been on the increase in the recent times in Nigeria⁴. In fact, one of the major causes of kidnapping in Nigeria is the preponderance of ritual and spiritual habitude of occultic practices, which do require the use of human parts⁴. Kidnapping for rituals involves killing or severing the body part of abducted persons for the purpose of using it as an object of ritual sacrifice aimed at acquiring money, favour, fame, success, power and protection⁵. The rate of kidnapping in Nigeria was geometrically increased such that more than 2000 innocent people including Chibok girls, politicians, government officials, influential people and kings were reported to have been kidnapped between 2014 and 2017⁶.

The influence of cultural and sacrificial practices on voluntary participation of human subject in research in South-Western Nigeria shall be the focus, in this review. A subsection in this article will highlight the normal history and culture of the Yoruba people, then challenges posed by socio-cultural activities to researchers in South-Western, Nigeria. The importance of understanding political-cultural and religious realities before starting local, national or international human related biomedical research will be reiterated.

METHODS

Review of literature and adaptation of findings to linking attitudes, beliefs and cultural practices to the concept of ethical biomedical research in the modern world.

RESULTS

Demography of Yorubas

Nigeria has more than 500 ethnic groups, with varying languages and customs, creating a country of rich ethnic diversity⁷. The South-West zone, which is occupied largely by Yorubas is the next most populated zone after the North, with six states having approximate population of 28 million people⁸. The Yoruba people (Yoruba: *Ìran Yorùbá*, lit. 'Yoruba lineage'; also known as *Àwon omo Yorùbá*, lit. 'Children of Yoruba', or simply as the Yoruba) constitute an ethnic group of South-Western and part of North-Central Nigeria, as well as Southern and Central Benin Republic⁹.

Attitude on healing and rituals

A typical Yoruba cultural setting promotes visitation to traditional herbal healer, when sick^{10,11}. Ultimately, this has reflected in most Yorubas, that habit of consulting occultists during live challenging situations is so observable in both urban and rural settings. The dominance of illiteracy level in some parts of such region, and among the leaders of occultic clusters has resulted in apartheid attitude in the issue of patient autonomy, privacy and confidentiality and/or informed consent over time^{11,12}. Women and children and even some elderly will sometimes depend on influence of the Chief of the clan (Baale) to succumb to practices, which they would have ordinarily rejected, based on their educational status^{10,13}. There are reports of animals sacrifice to the deities of 'Ifa' and human sacrifice to 'Ogun' in the past, and these are being criminally sustained in the modern times^{11,13}.

Challenges posed by cultural believes and activities

Similar to most African society, cultural beliefs and practices play a crucial part in decision making in most rural communities of the Yoruba land¹². Hence, the situation in which the rate of ritual killing and use of human parts for rituals had just risen⁴ suggests that, if situation is not

addressed, there exist potential hindrances to the participation of subjects in samples collection (e.g. blood, semen, swabs etc.) for biomedical research. This will further be fortified with poverty, illiteracy and cascaded authority in which most Yorubas, especially women and grown-up children still have no legitimate autonomy to take decision^{11,14}.

Sometimes, traditional beliefs encourage the population to perceive bodily fluids as the essence of life, sacrificial symbol, vitality, fertility and source for money. The researchers may be suspected of being diabolical and may be harassed if not murdered by mob, as it is the culture to perpetrate jungle justice against perceived kidnappers, lately¹⁵.

DISCUSSION

Implications for participation in research

Negative perceptions emanating from the frequent ritual killings and kidnapping activities affect acceptance of biomedical researchers and adherence to their requests and can threaten the continuation of an entire research project^{12,16}. It is undoubtedly important for researchers to understudy potential participants' cultural beliefs and degree of education, and subsequently create awareness in order to determine the correct approach in a study that requires them to give a blood samples or other body fluids purely for research purposes^{12,14,17}. It is not surprising that some participants in some studies expressed fears that researchers could use blood samples for rituals, because blood collection is generally viewed with suspicion in African communities¹¹. Rumors about blood draw are not new in Africa as it is a common knowledge in some communities across the continent that blood are used for rituals and initiation into occultism¹⁸. In many communities in Africa and other developing nations of the World, it is culturally inappropriate

to approach individuals to participate in a research project before obtaining permission from community leaders, elders and tribal chiefs^{19,20}. It is the practice of some surgeons in public health institutions in South-Western Nigeria till date, to wait for the family head for consent before performing a major procedure on some females who are alert and of age¹⁹.

Conclusion

Biomedical researchers in the South-West Nigeria need to be concerned about effective communication with research communities than ever before. This is especially in rural settings and when collection of body fluids is involved. The opinion leaders and relevant gate keepers must be convinced to drive the process before approaching potential participants for consents and assents, as the case may be. Also, health research institutes and teams need to be empowered to educate their local populations about ongoing studies. Strategies should be put in place to mitigate unforeseen events that might threaten recruitment to or continuation of a study, such as wild rumors, untrue claims and superstitious attributions. Electronic and social media of domains and pages respected by the community members can be used to inform the broader public about the anticipated researches and feedback on same platform may help in determining how to forge ahead in the work.

Conflict of interest

None declared.

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Authors Contribution:

MMA conceived of the study, initiated its design, participated in literature search, article selection and review, data analysis and coordination and drafted the manuscript. AAE and MMO participated in the design, literature search, article selection and review, data analysis and coordination and reviewed the final manuscript.

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