



# Faith Healing Techniques in the Management of Sickle Cell Anaemia in Nigeria

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## Abstract

People living with sickle cell anaemia (SCA) tend to experience multiple sources of therapy complemented by self-care practices. In Nigeria, over 100,000 babies are born yearly with sickle cell anaemia. High prevalence of this disease in Nigeria is attributed to lack of adequate knowledge about it. Data exist on the role of Western medicine and traditional medicine in the management of several diseases including sickle cell anaemia but little is known about faith therapy. This study therefore examined faith healing techniques in the management of SCA outside the medical settings. Using Weber's Social Action Theory and Health Belief Model as explanatory framework, qualitative data were obtained through snowball sampling technique which cut across seven local government areas (LGAs) of Osun State—Atakumosa West, Boripe, Osogbo, Ife East, Ifedayo, Ilesa West, and Ila. A total of twenty Key Informant Interview sessions were held while three case studies were generated from the respondents. The study revealed that treatment techniques include prayer, application of herbs, divination, and counselling. Poor adherence to treatment was noted to be due to emotional trauma being experienced by patients and caregivers. Prayer and counselling were effective therapy to manage the condition. Both Christian and Muslim clerics engaged used prayer and fasting as treatment techniques, even though they also recognized the need for modern medical services. Traditional healers diagnosed the disease with divination and applied herbs and charms as well as appease the perceived spirit causing the disease. The Muslim clerics also use herbs. Majority of the practitioners recognized that the problem of emotional trauma (the major threat to adherence to treatment and positive health outcomes) is best surmounted through prayer and fasting. In terms of treatment, the general trends thus entail combination of faith healing through prayer and fasting, spiritual consultation, and the practice of embracing modern medicine where SCA patients are referred to hospitals. This paper therefore concluded that culture and society provide the context for understanding the prevention and treatment of diseases.

**Keywords** Faith healing · Sickle cell anaemia · Therapy · Traditional healers

## Introduction

Disease, as an external force, disrupts the balance of the body's systems and affects people worldwide. The way diseases are perceived and managed varies across cultures. While some societies rely on modern medicine as

the official approach to managing diseases, alternative care delivery is becoming more popular in certain cultures (Plianbangchang, 2018). Individual choices regarding disease management are influenced by their perceptions of the disease, physical and financial constraints on treatment, and past experiences with healthcare (Akenzua, 1990; Akinyanju, 1989; Lindelow, 2002).

In Africa, cultural values govern illness behaviour (World Health Organization, 2006; Mustapha, 2007), and these values influence attitudes towards pain and the choice of therapy. Some individuals may opt for modern healthcare, while others may seek alternative sources, such as faith healing (Whitten & Fischhoff, 1974). Faith healing involves communal prayers and ritualistic practices like 'laying of hands' to seek divine intervention for physical healing (Barrett,

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2009; Peprah et al., 2018). It is embraced by practitioners of various religions, including Christianity, Islam, and traditional religions. Despite criticisms, faith healing has gained popularity, and some studies suggest that relying solely on it can reduce access to modern medicine, leading to higher mortality rates among vulnerable populations like children and reduced life expectancy for adults (Adzu et al., 2015; Alosaimi et al., 2015; Ribeil et al., 2017).

There is a debate about whether faith healing is harmless or potentially harmful (Dein, 2020; Flamm, 2004a, b). While some argue that it may not be effective, others point out that it could lead to serious harm or even death. Some faith healers may discourage patients from seeking legitimate treatments that could genuinely help them. In Nigeria, faith healing is widely adopted by people, particularly for various health problems, including chronic diseases like sickle cell anaemia, which is a genetic disorder caused by a variant of the  $\beta$ -globin gene (Dixit et al., 2018; Hassan et al., 2017).

Sickle cell anaemia has a significant impact on affected individuals and their families, causing various complications and psychosocial burdens (Adeniyi, 2006; Anie, 2015). While biomedical professionals focus on managing the disease and its complications through medication and specific treatments, faith healers have also treated cases of sickle cell anaemia, but there is limited documentation of their methods (Anie et al., 2010). This study aimed to understand how faith healers manage sickle cell anaemia, considering factors such as cultural beliefs, age, education, and the perception of the disease.

The Health Belief Model was employed to explore the actions taken to manage the disease, including the perceived causes, susceptibility, severity, barriers, and benefits associated with different therapies. Based on this model, individuals consider the seriousness of the health problem and the potential consequences of not taking action to initiate behavioural change. Factors such as past experiences, affordability, and efficacy of treatment influence their decisions to adopt health actions and reinforce positive behaviours.

## Methodology

### Study Design

The study design was exploratory because it launched into the depth of unknown knowledge about the phenomenon under study. The choice of this design was due to the fact

that there are few or no data about the use of faith healing in addressing sickle cell anaemia.

### Study Area

The study was conducted in Osun State, a predominantly Yorùbá-speaking ethnic group in Southwestern Nigeria. It has 30 local government areas and Ife East Area Office. The respondents were sampled from Osogbo (Osogbo LGA), Iree (Boripe LGA), Ila Orangun (Ila LGA), Oke-Ila (Ifedayo LGA), Ile-Ife (Ife East LGA), Garage Olode (Ife South LGA), and Ilesa (Ilesa West LGA). Although there are non-Yorùbá ethnic groups resident in the state, they constitute a substantial minority. However, the scope of the study was limited to Yorùbá people of Yorùbá descent. There is linguistic spread among the people in the state. The socio-linguistic variations among the Yorùbá people in Osun categorise them as Yorùbá-Igbomina, the Oyo-Yorùbá, the Ife, and Ijesa-Yorùbá. The state has primary, secondary, and tertiary healthcare facilities being managed by the local, state and federal governments. Farming activity is predominant in the LGA, but most farmers live on subsistence farming. After farming, the public service is the largest employer of labour. Also, a substantial proportion engages in petty trading and blue-collar jobs.

### Study Population

The respondents were recognized practitioners of faith healing, namely the Christian faith healers, Alfas, and Diviners. Evidence of having treated sickle cell cases at least once was the criterion for inclusion in the study. Snowball sample selection procedure was used to identify respondents. At the end, a total of 20 faith healers were interviewed, namely 7 Christian faith healers, 6 Alfas, and 7 Diviners. Faith healing practices were compared among the different categories of practitioners.

### Research Instruments

In-depth interview was used to obtain information from respondents. The interview guide was produced addressing the key issues of awareness, knowledge, and faith healing practices.

## Method of Data Collection

Some of the faith healers were purposively selected from the study area. Snowball sampling method was used to reach out to 12 of healers. The sickle cell patients provided information about these healers and how to access them. The remaining healers were identified accidentally. Interviews were sought from them at the first point of contact where possible while appointments were requested in many cases. Respondents determined the time and place of interview while they were made to give consent after full explanation of the objective, nature, procedure, risks, and benefits involved in the study as well as assurance of confidentiality of information before the commencement of the interviews.

## Data Analysis

The recorded interviews containing qualitative data were transcribed and translated. These transcripts were then analysed using ethnographic summaries and manual content analysis. The purpose of content analysis was to uncover and describe the perspectives of individuals who engaged in faith healing for managing sickle cell anaemia. During the data analysis process, specific themes emerged, focusing on the knowledge of faith healers and the techniques they employed for managing the disease.

To ensure the quality of the analysis, irrelevant sentences and phrases from the transcribed texts were removed, while relevant ones were synthesized to identify patterns in the similarities and differences of the information obtained. Noteworthy quotes from respondents during in-depth interviews (IDIs) and key informant interviews (KIIs) were directly reported in the report's text.

## Ethical Issue

At the beginning of the interview, the participants were clearly informed about the importance of voluntary participation. This information was communicated to each respondent in their local language, and any necessary interpretations were provided. The respondents were also made aware of their rights, including the right to refuse to answer any questions they found offensive or overly intrusive to their privacy. They were assured that they could withdraw from the interview at any point if they wished to do so. Before conducting the study, ethical approval was obtained from the Ethics and Research Committee of Obafemi Awolowo University Teaching Hospital Complex, Ile-Ife, Osun State. This committee, located in the catchment area of the study site, reviewed and approved the ethical aspects of the research.

## Findings

### The Concept of Sickle Cell Anaemia

Sickle cell anaemia was known and defined differently. Series of definitions were given to this disorder by the respondents. Most of the respondents defined it as *f'oniku f'ola dide*.<sup>1</sup> Other definitions according to the respondents include *r'omo lapa r'omo lese*,<sup>2</sup> *aromoleegun*,<sup>3</sup> *san'gun san'gun*,<sup>4</sup> *aisan eje dudu*,<sup>5</sup> *awoka inu eegun*,<sup>6</sup> *Alore*,<sup>7</sup> and *Olo'nu*.<sup>8</sup> The emerging pattern of defining according to the practitioners is presented in Table 1 below.

### Definition of Sickle Cell Anaemia

Christian faith healers and Muslim clerics, along with other healers, used different names to identify SCA, such as *Alore*, *Awoka inu eegun*, *r'omo lapa romo lese*, *f'oniku f'ola dide*, *aromoleegun*, *san'gun san'gun*, *aisan eje dudu*, and *awoka inu eegun*. Among these, the most prevalent concept mentioned by them is *f'oniku f'ola dide*. The Diviners referred to the disease as *r'omo lapa r'omo lese*, and they did not associate the mortality with *Ogbanje* or *Abiku* syndrome. Overall,

<sup>1</sup> This concept pertains to the intermittent nature of crises in SCA, which has an impact on the social roles of the individuals affected by the disorder.

<sup>2</sup> This concept specifically refers to the joint pain commonly experienced by individuals with the disorder. During sickle cell crises, the arms and legs are frequently the most affected body parts. As a result, this concept is the term used among the Yorùbá in Nigeria to describe the disorder.

<sup>3</sup> This refers to a health phenomenon that leads to bone pain. Interestingly, the same concept is also used to describe rheumatism, as it shares a major symptom involving bone pain.

<sup>4</sup> This also revolves around the matter of bone pain, but this concept places particular emphasis on the intensity of the pain experienced by the carriers. Under this concept, the pain is described as persistent and more distressing in nature.

<sup>5</sup> This is one of the rare occasions when the Yorùbá associates SCA with the blood system. According to their belief, there is a transformation in the blood, leading to an abnormal black colour instead of the traditional red. This alteration in blood colour is thought to disrupt normal body functions, causing the recurrent nature of crises in SCA.

<sup>6</sup> This refers to the circulation of an unidentified element (possibly a virus) throughout the body, with the main aim of targeting the bones. This concept aligns with the biomedical understanding of SCA as a health issue related to the bone marrow.

<sup>7</sup> The concept of SCA signifies the unpredictable nature of the disorder. It represents a phenomenon that can make a skilled healthcare practitioner ineffective or unable to predict its course accurately.

<sup>8</sup> One of the typical symptoms observed in individuals with SCA is the protrusion of the stomach. This condition is commonly referred to as 'Olo'nu', which literally translates to a grinding stone placed in the stomach. As a result, this particular symptom serves as one of the defining characteristics used to describe and identify SCA.

Table 1 Typology of the definition of sickle cell anaemia

	Christian healer	Muslim healer	Traditional healer	Modern medicine practitioner	Primary caregiver
<b>Definition</b>	<ul style="list-style-type: none"> <li>- Genetic problem</li> <li>- Manageable not curable</li> </ul>	<ul style="list-style-type: none"> <li>- Biological problem</li> <li>- Curable</li> </ul>	<ul style="list-style-type: none"> <li>- Biological problem</li> <li>- Curable</li> </ul>	<ul style="list-style-type: none"> <li>- Biological</li> <li>- Defective gene</li> <li>- Manageable not curable</li> </ul>	<ul style="list-style-type: none"> <li>- Biological problem</li> <li>- Misplacement of symptoms</li> </ul>
<b>Prevention</b>	<ul style="list-style-type: none"> <li>- Prayer for right choice in marriage</li> <li>- Genotype screening before marriage</li> </ul>	<ul style="list-style-type: none"> <li>- Spiritual guidance for marital compatibility</li> <li>- Genotype screening before marriage</li> </ul>	<ul style="list-style-type: none"> <li>- Divination for guidance for the choice of right spouse through spirit-matching</li> </ul>	<ul style="list-style-type: none"> <li>- Genotype screening before marriage</li> <li>- Regular Healthcare check-up for children</li> <li>- Complications prevention through dosage of folic acid</li> </ul>	<ul style="list-style-type: none"> <li>- Spiritual guidance for the choice of spouse</li> </ul>
<b>Treatment approach</b>	<ul style="list-style-type: none"> <li>- Prayer and fasting</li> <li>- Referral for Western medical services</li> <li>- Regular clinical and spiritual follow-up</li> </ul>	<ul style="list-style-type: none"> <li>- Prayer and fasting</li> <li>- Herbs</li> <li>- Qur'anic inscription-liquid (Haantu)</li> <li>- Regular clinical/spiritual follow-up</li> </ul>	<ul style="list-style-type: none"> <li>- Herbs/charms</li> <li>- Appeasement</li> <li>- Regular clinical and spiritual follow up</li> </ul>	<ul style="list-style-type: none"> <li>- Oral medication</li> <li>- Daily penicillin for children with sickle cell anaemia</li> <li>- Blood transfusions</li> <li>- Bone marrow transplant</li> </ul>	<ul style="list-style-type: none"> <li>- Oral medication</li> <li>- Prayer and fasting</li> <li>- Western medical services</li> <li>- Usage of other forms of medical services</li> <li>- Irregular pattern of healthcare usage</li> </ul>
<b>Adherence to treatment</b>	<ul style="list-style-type: none"> <li>- Non-adherence is caused by emotional trauma</li> <li>- This is controlled through Prayer</li> <li>- Warm reception of the sick and caregivers/counselling</li> </ul>	<ul style="list-style-type: none"> <li>- Non-adherence is caused by emotional trauma</li> <li>- This is controlled through Prayer</li> <li>- Warm reception of the sick and caregivers/counselling</li> </ul>	<ul style="list-style-type: none"> <li>- Non-adherence is caused by emotional trauma</li> <li>- Appeasement to gods; and warm reception of the sick and caregivers/counselling are used in enforcing adherence</li> </ul>	<ul style="list-style-type: none"> <li>- Adherence to treatment among the patients is very erratic</li> <li>- Efforts at ensuring treatment adherence is done through health talk and counselling on clinic days</li> </ul>	<ul style="list-style-type: none"> <li>- Erratic nature of adherence to treatment</li> <li>- Fear of spiritual attack is entertained</li> <li>- Eagerness for quick results prevents adherence to a particular form of health services</li> </ul>
<b>Perceived efficacy</b>	<ul style="list-style-type: none"> <li>- Effective follow-up enhance efficacy</li> </ul>	<ul style="list-style-type: none"> <li>- Compliance with treatment regimen always facilitates positive outcome</li> </ul>	<ul style="list-style-type: none"> <li>- Efficacy is ensured when the prescribed regimen is adhered to</li> </ul>	<ul style="list-style-type: none"> <li>- Regular checkup and compliance to treatment ensure efficacy</li> </ul>	<ul style="list-style-type: none"> <li>- Efficacy is very difficult to determine due to poor adherence</li> <li>- Emotional supports ensure efficacy in faith healing</li> </ul>

Source: Field Survey, 2023

the consensus among the respondents was that sickle cell anaemia is a biological problem, which aligns with the Western medical perspective of the disease.

### Perceived Cause(s)

The respondents shared a unanimous view regarding the perceived cause of the disease. While they acknowledged the possibility of spiritual attacks causing traumatic situations for the sick or primary caregivers, they did not categorically state it as the primary cause. According to them, individuals affected by the disease may experience a lack of faith in medical explanations, but they still choose to undergo the gradual process of medical therapy. The respondents also noted that people living with SCA (PLSAC) often seek multiple sources of therapy to manage their condition.

### Cure

Both Christian faith healers and Western medical practitioners were of the view that sickle cell anaemia cannot be cured but can be managed. On the other hand, Muslim clerics and Diviners were of the view that the disease could be cured. None of the faith healers believed that spiritual forces could be the cause of the disease.

### Preventive Approach

Generally, respondents agreed that screening for the genotype group before a marriage is consummated is a preventive measure against the disease. However, Christian respondents said that in addition to screening for genotype group, prayer is a potent way of making the right choice in marriage. Similarly, Muslims clerics indicated that spiritual guidance is very important in the choice of marital partner. For instance, data revealed that for Ahmadiyya Muslim, sect screening for genotype group is important before marriage. On the other hand, Diviners indicated that the Yorùbá healing system does not recognize the idea of genotype matching. According to the Diviners, ‘couple-matching’ is guided through consultation with oracle. According to a diviner, ‘Couples whose spirits do not match are likely to have problems and such problems may manifest in poor marital relationship. It may also affect the destiny of children from that marriage’. It was also argued that health problems like children whose parents’ genotypes do not match may be carrier of SCA disease (Wang, 2009). Realizing the effect of SCA, faith healers were of the opinion that intending couples should agree to engage in preventive measures. According to a Christian respondent:

...due to what we have decided upon during the Christian Association of Nigeria meetings, we have

included the necessity of preventive measures like genotype status screening, enlightenment on the need for the intending couples with sickle cell traits (AS) not to go into marriage because of the havoc involved. Also, we usually insist on seeing a medical certificate affirming that the intending couples are compatible in marriage (Female KII, Christian clergy/Faith healer at Osogbo, Osogbo LGA).

Similarly, a Muslim cleric said:

We have discovered in our society (Ahmadiyya Muslim Jam’aa) that genotype screening is compulsory for the marriage to take place. When we discovered that people forge such certificates, we directed the intending couples to hospitals where we knew the Physicians would not agree to sharp practices for authentic screening certification. It was also discovered during a series of experiences being shared by the parents of the people living with sickle anaemia that fear of not having a suitor on time forced them into lying about their genotype status. To address this, we have organized a forum for the Youth to interact, but with caution on premarital sexual relationships. We encourage them on spiritual guidance; at the same time, we never relent in our daily sermon on the danger involved in bringing to the world, the children with sickle cell disorder (KII, Muslim Cleric/Faith healer at Ilesa, Ilesa West LGA).

In addition, a Muslim cleric was of the opinion that there was another preventive measure that couples could adopt to guide against the disease. According to him:

During our weekly Asalatu (Muslims’ general supplications), we invite people who were directly affected by the sickle cell disorder (the patients themselves and the primary caregivers) to come and share their experience with the women, sisters and brothers’ wings of our society. This becomes necessary since it was discovered that the teaching from Medical personnel on this issue was never taken seriously. It was like a fairy tale to them during health talks from the medical personnel (Male, KII, Muslim Cleric/Faith healer at Ile-Ife, Ile East LGA).

In the opinion of the primary caregivers who were the parents and/or guardians of the people living with sickle cell anaemia, reliance on spiritual guidance remains the most potent way of ensuring that the right spouse with a compatible genotype is chosen. Their common view was anchored on the fact that most of them were misguided through unreliable laboratory diagnoses that gave contrary reports about their genotype which eventually led to the unsavoury situation they find themselves in now. A case in point was reported thus:

When we were about to get married in 2002, I suggested to my fiancé to go for genotype screening because I already knew the genotype status, which was AS. My husband was certified as having an AA genotype during the screening. This information gave us assurance to go ahead with our wedding which was solemnized according to Christian doctrine. It was four years later that we got to know that the results were wrong because our second child was diagnosed of SCA after several treatment of the symptoms as other ailments since we believed AS and AA genotypes cannot produce SS. It was through interactions with other caregivers that it became known to me that this situation is a general phenomenon, and this was responsible for various behaviours that emerged in the course of conceiving and treatment of Sickle Cell Anaemia (Female IDI, Primary Caregiver, Ile Ife, Osun State).

### Treatment Approach

Respondents had divided opinions about the treatment approach for SCA. Both Christian and Muslim clerics submitted that prayer and fasting are potent in handling cases of SCA. According to them, the primary caregivers should engage in fasting on behalf of the patient while the clerics may offer to do the fasting in case the primary caregivers are incapacitated. The role of prayer and fasting is to assist in ensuring emotional stability for the patient and that of the primary caregivers for proper healing process to take place. In addition, Muslim healers combined herbs and *Hantu* (Qur'anic verses written on a wooden slate and washed with water for drinking by the health seekers). The Diviners employ herbs and charms as well as appeasement of the spirits or gods to treat sickle cell anaemia. The Western medical practitioners adopt the use of drugs like penicillin for children living with SCA, folic acid to prevent complications, blood transfusions, and bone marrow transplants. All the medical sources affirm the relevance of routine clinical follow-up for the effectiveness of treatment.

As part of their treatment regimen, Christian healers always refer patients to Western medicine especially Obafemi Awolowo University Teaching Hospital and Ladoke Akintola University of Technology Teaching Hospital or University College Hospital, Ibadan. According to respondents, while people are being treated medically, spiritual monitoring and assistance were offered in support. It was indicated that people affected by the disease usually seek spiritual counselling. According to Christian clergy:

People with SC cases are usually referred to LAUTECH Teaching Hospital in Osogbo or Obafemi Awolowo University Teaching Hospital Complex either at Ilesa or Ile-Ife. This has been adding to the

plights of SC carriers and primary caregivers. Available clinics around have not been able to handle SC cases effectively hence the usual referral to Teaching Hospitals when cases become more complicated (Male KII, Clergyman/Faith healer at Iree, Boripe LGA).

To the primary caregiver, the treatment approach depends on the symptoms that manifested at the onset of the disease. It was further pointed out that the symptoms often look like common ailments like malaria hence the treatment along this line. From this point, other symptoms may surface in quick succession hence the need for a variety of treatment approaches in line with whatever symptoms presented. In the words of a respondent here:

...at a point like this, a series of symptoms might have been experienced within a few weeks. It is at this level that people read spiritual meaning into it. Even when one finds it difficult to think along the spiritual causes of this disease (though at this point the definition is largely based on assumption), the influence of family members, peer groups and neighbours will not allow one to be resolute hence the final submission to give in to sourcing for treatment approach from the spiritual realm (Female IDI, Primary Caregiver, Osogbo, Osun State).

### Adherence to Treatment

All faith healers noted that most of the patients and primary caregivers have emotional concern for their condition. As a result, they were desperate for positive treatment outcomes. Hence, they engage in multiple consultations for treatment. In most cases, further search for treatment does affect adherence to ongoing treatment thereby affecting positive health outcome. However, emotional trauma is controlled through prayer and fasting in Christian and Muslim faith healing. The diviners appease the spirits/gods for emotional stability of the patient or primary caregivers in order to enhance treatment adherence (Cassel, 1976; Williams & Anderson, 1994; Dein, 2020). The favourable results of faith healing often create a strong bond between the patients and the healers. This leads to the patients being willing to share their intimate personal issues, be it related to their domestic life or medical concerns, with the healers.

The Western medical system emphasizes adherence to treatment through health talk and counselling on clinic days. Similarly, faith healers themselves alluded to adherence to modern medical therapy as an important source of treatment. This position was corroborated by the primary caregivers as well; however, it was pointed out that realization of this is not always constant on their (primary caregivers) part. The relevance of adhering to one type of healthcare service particularly the modern medicine is always a product

of experience, that is, after several sources of health facilities have been tested with no tangible results (Walters et al., 1997). The illustration of this by a respondent goes thus:

Even where you have very strong faith, the presence of the people near you may not allow that faith to stand when the health condition of the sickle cell patient under one's care deteriorates. Due to the effects of sourcing for appropriate treatment for this ailment, there is always eagerness for quick results; the attendant effect of this is the abandonment of previous therapy for the new ones. The inability to adhere to one treatment therapy, we were later told, was responsible for the deterioration of health condition of the people living with Sickle Cell Anaemia. We are not idiots, we have our own reasons for seeking quick results; the depletion of family resources for the management of this ailment and the issue of unfriendly hospital environments are the major reasons (Male IDI, Primary Caregiver, Ilesa, Osun State).

### Perceived Efficacy of Treatment Approach

Generally, respondents were of the view that efficacy of treatment techniques, clear-cut procedures for effective application of treatment by the respective faith, contemporary programmes like laboratory test/genotype screening, enlightenment programme, and preliminary process of ensuring that each patient is given appropriate techniques enhanced positive results. Spiritual tools were of tremendous help in managing emotional trauma in some of the cases being referred to faith healers. They equally affirmed that treatment adherence and regular checkups enhanced positive outcomes. This is similar to the Western medical model that regular check and adherence to treatment remain the basic antidote for a positive outcome of SCA management.

Data revealed that faith healing is impacting positively on the life of the people affected by sickle cell anaemia. Particular issue raised in this case is that patients would have responded positively to many of the medicines used for the treatment of SCA but could not do so due to psychological trauma. Hence, they fail to adhere to the treatment regimen. According to a respondent:

There is a high rate of compliance with the treatment regimen now. The results obtained in the course of our follow-up and regular visits to health facilities where cases of Sickle Cell Anaemia were handled affirmed this. The rate of patronage of biomedical clinics according to our findings is equally improving, though not as expected but we know that in due course the patronage will increase for those already having the disorder (KII, Christian Clergyman/Faith healer at Ila Orangun, Ila LGA).

Another submission revealed that:

Lots of people are taking interest in genotype screening which is a step towards reducing the incidence of Sickle Cell Anaemia. In due course, steady compliance with the directive of compatibility in genotype status before marriage will translate to almost zero levels of children born with sickle cell disorder (KII, Muslim Cleric/Faith healer at Garage Olode, Ife South LGA).

A clergy reported further that:

As of the last count, we have contracted almost 250 marriages by our Church within Osogbo circuit alone, with everyone being compatible in terms of genotype status. This is commendable, and we hope in the shortest possible time, the message will be complemented by other religious bodies for a positive outcome (KII, Christian Clergyman/Faith healer at Osu, Atakumosa West LGA).

Perceived efficacy another perspective was based on the issue of stigmatization as captured by one of the respondents thus:

Before now, it was always a herculean task for the people affected by sickle cell disorder to share their experiences with the public but the faith healers and sometimes the biomedical practitioners. They do self-stigmatize themselves; they are always bitter about their plights especially those living with the disorder. The interventions of faith healing in one form or the others have assisted and enlivened their spirit. Now they come out to share their experiences with large gathering as a way of convincing them that the disorder is real and trauma involve unimaginable. So, the problem of self-stigmatization is no longer the case (KII, Muslim Cleric/Faith healer at Oke-Ila, Ifedayo LGA).

The primary caregivers also acknowledged the efficacy of strategies being adopted by the faith healers in handling their cases. A particular reference was made to emotional stability through prayer and fasting as well as the manner and approaches these healers usually go about their duties. It is believed that the problem of adherence will be solved if modern medical practitioners could adopt a similar manner of giving 'emotional support and assurance of being in safe hand' to their clients. A respondent reported thus:

We will be economical with the truth when we base the desire to patronize faith-healers for any medical problem (sickle cell inclusive) on ignorance and poverty alone. The common reasons that I was able to gather in the course of sourcing for medical attention for my son were the fear of impatience and unpleasant behaviour on the part of Western medical practitioners. In our position as primary caregivers, we faced a lot

of trauma on a daily basis, when you now remember how unpleasant a doctor or a nurse was during your last visit to the hospital nothing would interest you about their ideas and prescriptions. But in the case of the faith healers, they are specially trained to allay such fear and the desire to discuss every issue bothering one's mind is always there. From such an interactive process, emotions become stable and faith in the advice and 'prescriptions' being given become well entrenched as well. It is through this that the efficacy of treatment is always established. The conviction of efficacy when procured based on personal experiences and what one heard from other fellows sustains the continuous patronage of faith healers for all sorts of ailments including those perceived as incurable by Western medicine (Female IDI, Primary Caregiver, Oke-Ila, Osun State).

## Discussion

Both Christian and Muslim clerics provided treatment for the emotional trauma experienced by patients with sickle cell disease and their primary caregivers. Besides employing prayer, they also utilized hospitals for diagnosis and further treatment of the disorder. However, Muslim clerics supplemented their treatment approach with herbal therapy. They believed in a combination of modern medicine, herbal remedies, and faith healing for managing SCA, although they were uncertain about its curability. Nevertheless, they expressed confidence that patients could experience improvement if they were willing and able to endure the gradual healing process.

Traditional faith healers used divination or diagnostic processes to identify treatment options. Their treatments often involved the use of herbs or charms (administered orally or through incisions on the body) or appeasement rituals, such as appeasing ancestral masquerades, deities, the head/creator, or the 'mother'. Both Christian and Muslim faith healers recommended compulsory genotype screening for intending couples as a preventive measure.

None of the respondents believed that spiritual attacks were the cause of SCA. However, they acknowledged that such attacks could be unleashed to create traumatic situations for patients or their primary caregivers. In such cases, the affected individual might lose faith in medical explanations and turn to faith healing (prayer) for stabilization. The positive outcomes of faith healing endeared many people to this approach, leading them to share their intimate personal issues, whether domestic or medical, with the healers. The common focus of faith healers, to achieve positive health outcomes, involved strict adherence to follow-up regimens.

The findings therefore established that man always reacts differently when confronted with the symptoms of disease condition. Studies have shown that man always reacts differently when confronted with the symptoms of the disease since his basic goal is to increase the span of a healthy life with an emphasis on health not just longevity (Cassel, 1976; Platt et al., 1984; Williams & Anderson, 1994). Furthermore, it was argued that different societies create and manage different concepts of health and illness in line with their environmental peculiarity which was further corroborated (Simpson, 1989; Barrett, 2003; Jegede, 2010).

Hence, the concept of diseases, medical treatment and care, and health and health promotion emerge from the lived experience of people. They reflect the values, beliefs, knowledge, and practices shared by lay people, professionals, and other influential sub-groups. The findings further affirmed the inadequacy of relying solely on the germ theory of disease in order to understand health and illness behaviour. This corroborates the view of Akinsola (1993) who said that man must take into cognizance that germ theory is just one of the various models of disease causation if he is to have a breakthrough in his efforts to prevent, control, or eradicate the major causes of morbidity and mortality in both developed and developing countries (Williams et al., 1983; Platt et al., 1994).

## Conclusion

The study has demonstrated that the understanding of disease, medical treatment, care, and health promotion is deeply rooted in people's lived experiences, their values, beliefs, knowledge, and practices. This highlights the multifaceted nature of healthcare, involving laypeople, professionals, and influential sub-groups. The study further reaffirmed that relying solely on the germ theory of disease is insufficient for comprehending health and illness behaviours. This aligns with the perspective that disease causation is a complex interplay of various models. To effectively prevent, control, or combat major causes of morbidity and mortality, it is crucial to consider a broader range of factors beyond the germ theory, particularly in both developed and developing countries. Thus, this study has highlighted the vital role of faith healing within the Yorùbá culture when it comes to treating sickle cell anaemia (SCA) in some parts of Nigeria. It is noteworthy that despite modern medicine often receiving higher acclaim, faith healing remains widely sought after for various health concerns, including SCA. This study underscores that healing goes beyond merely prescribing medications; it highlights the profound impact of a patient's emotional well-being on treatment outcomes, aligning with the perspective of the World Health Organization (2006).



In essence, the healing process is intricately linked to the emotional state of the patients. This study unveils the interplay between cultural beliefs and healthcare choices, emphasizing that faith healing is deeply rooted in the Yorùbá way of life. It serves as a reminder that understanding disease prevention and treatment must consider the cultural and societal contexts in which these practices take place.

In conclusion, this study not only highlights the prevalence of faith healing in SCA treatment but also underscores the importance of acknowledging culture and society as fundamental factors in our comprehension of disease management and prevention. It prompts us to recognize that healthcare practices are deeply embedded in the cultural fabric of communities, shaping how individuals seek and receive treatment.

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## Declarations

**Ethics Approval and Consent to Participate** On behalf of all authors, the corresponding author states that ethics approval and consent to participate were received from relevant authorities and participants.

**Consent for Publication** On behalf of all authors, the corresponding author states that consent for publication was received from appropriate institution in the study area.

**Competing Interests** The authors declare no competing interests.

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