

---

## **Evolution of Medical Pluralism in Nigeria: The Case Study of Calabar, Southern Nigeria**

Winifred E. Akoda

### **Abstract**

Medical pluralism or the dependence on traditional, orthodox and church-based medication is not unfamiliar to African communities. In Calabar, a southern Nigerian city and the first capital of modern Nigeria, the subject has not received any serious attention despite of its overwhelming importance over time in the lives of the people in the area. Three phrases, the pre-1846; 1846 to the Civil War period in 1970; and the post 1970 era, have been identified as points of change from traditional through orthodox to church/faith medication. The first phase witnessed great emphasis on traditional based/herbal medicine which prevailed until 1845. In 1846, the medical history of Calabar ushered in a new phase with the introduction of orthodox medicine by the Jamaican and Scottish missionaries and by the end of the Nigerian Civil War in 1970, problems like poverty, inflation and the proliferation of churches forced the gradual decline of emphasis on modern medication and a shift to church/faith medication. Although each of these periods was characterized by new methods in health area, basically the changes did not represent a clean break from the earlier periods. Hence, change and continuity, as is argued, are the two basic elements of medical pluralism in the southern Nigerian city of Calabar.

### **Introduction**

The medical history of Calabar, a southern Nigerian City, from the pre-1846 era to the present-day has undergone series of changes and developments. The primary aim of this work is to analyze the changes from traditional medicine (pre 1846) through orthodox medicine (1846-1970) to church/faith healing (1970-present) in three different epochs with a view to demonstrating that a change in emphasis on a new health care system did not represent a break from the earlier one.

Calabar is cited as a case study in this work because it was the first port of call for both European and Western Missionaries. It is believed here that, what is applicable to the city of Calabar is also applicable to other cities where

Christianity thrived. Calabar is a metropolitan city whose indigenes are made up of the Efik, Efut and the Qua. While the Efut and Qua are situated inland, the Efik people inhabit the coastal area and were also privileged to have the first direct contact with early European missionaries. Consequently the evolution of medical pluralism focuses on the Efik people of Calabar.

### **Pre 1846 Era**

Traditional medication variously called unorthodox, complementary alternative, or herbal medicine was the only method of curing the sick among the Efik people of southern Nigerian before 1846. This type of medical treatment is of hoar antiquity, and indigenous to Africans. About its origin, F. E. A. Ozekhome declares that “traditional medicine is traceable to the very origin of things” (Ozekhome 6), implying that it is as old as man. It is also indigenous to the people (that practice it,) and its knowledge, transferred from one generation to another.

Among Africans in general and the Efik people of Calabar in particular, traditional medication can only be understood within the context of the religious cosmology, customs and tradition of the people. Perhaps, for a greater understanding, it is important to elaborate further that the Efik people worshipped one Supreme Being (Abasi). They also had intermediaries in the form of deities known as (Ndem). These deities were venerated and supplications made to them to grant good health, protection, prosperity, bountiful harvest and fertility to the community. Sacrifices were made in various shrines by priest and priestesses (oku ndem) on behalf of the community. For the prevention of illness, the priest and priestesses, aside sacrificing, also mandated people to take oaths, pour libation, and burn some herbal leaves which were then rubbed as ash into incisions on the body. Ancestral reverence was also a characteristic of the religious cosmology and belief systems of the Efik people. Ancestral spirits (mbukpo) were of two kinds: the good and the bad. The former were protective of the people and warded off illness from families. Like other African groups, the Efik people believed that both health and religion were interwoven. In other words, their knowledge of medicine, universal outlook and religious cosmology are one and same. The belief in witches, wizards and bad ancestral spirits as the causes of illness and bad omen was also a feature of the life of the Efik people.

From the above, therefore, it could be perceived that the Efik people ascribed their medical problems largely to supernatural causes, and in order to solve these health problems, traditional healers (abia ibok) were consulted. Writing on the ‘Healthcare practices and beliefs in Nigeria’, Mindy Early et al., noted that “...traditional healers often focus on maintaining a balance between the invisible world of the deities ancestral spirits of good or evil and other beings inhabiting the “other world” ([www.baylor.edu/charleskemp/nigeria/](http://www.baylor.edu/charleskemp/nigeria/)). Therefore, the presence of disease or illness could be interpreted as a warning sign that there is an imbalance with either the natural or spirit world. In Calabar, traditional healers were revered because of the special powers they possessed. This attribute gave them an advantage over other members of the society

because they were seen as special beings. The Healers were of two types: the general practitioners who attended to the sick by practicing their art on a part-time basis. This category included traditional birth attendants or midwives. The second group was made up of specialists who practiced their art on a full time basis and were experts in certain kinds of illness. They included anti-snake bite experts, bone setters, specialists in convulsion, ear and mouth infection as well as other psychological, mental and nervous disorders. Their charges were very minimal or sometimes free, with only gratification in form of gifts like yams, goats, hen, palm oil and dried meat rendered by patients.

Traditional healers in Calabar possessed instrument or objects which they used in keeping away sickness, diseases and ill luck. These instruments include: Calabashes, white chalk, coloured chalk and raw egg amongst others. The objects when used were intended to effectively combat or prevent illness and promote the well being of the society. Tradomedical doctors as traditional healers are also called, had no special buildings to carry out their assignment. They kept their patients in their homes and administered treatment until they were healthy enough to return to their various houses. Treatment consisted of herbs roots, fruits, grasses (such as elephant and lemon grass), and tree barks, many of which modern science has proven to be of very great medicinal value. Other methods of treatment also included: massage, heat therapy, innovation, exorcism and extraction/suppression of foreign bodies, invocation and orthopaedics (Ozekhome 53).

Below is a list of some of the illnesses that were common among the Efik and their therapies:

**Malaria:** Lemon grass leaves mixed with paw-paw leaves and slices of mango bark to be drunk (lemon grass was also planted around homes to ward off mosquitoes).

**Common cough:** Alligator pepper (ntuen ibok) to be chewed or bitter kola (efiari).

**Eye problem:** Palm-wine to be drunk it was also ingested for the general well being of the body.

**Indigestion:** Milky liquid from paw-paw stem to be drunk.

**Burns:** Application of pap mixed with egg yolk on the burnt body.

The medical value of some of the above named herbs/fruits have been established scientifically and proven to be effective. For instance, palm wine contains yeast which is rich in vitamin A. This vitamin is said to prevent night blindness. Similarly, the milk from paw-paw stem has been proved to contain a digestive enzyme called papain (J. Henshaw, Oral Interview). It should however be noted that these therapies were sometimes not used alone. Prescribed sacrifices, body incisions and protective emblems were administered in more severe cases like accidents, deformity and edema (swelling).

There were several deadly diseases in Calabar during the pre-1846 era, as recorded by early European missionaries. These were yellow fever, black water fever and cerebral malaria (B. B. Dean, & Dean 41). Childhood diseases like measles, small pox, diarrhoea and dysentery were also common. A respondent maintained that it was not difficult to recognize the different diseases

no matter how similar. For instance, the cough groups were classified differently. Thus, whooping cough (ikon ebok), was different from asthmatic cough (ikon obunwek) and tuberculosis (akpaikpai ikon) (J. Henshaw, Oral Interview). From the above analysis, the Efik people were less knowledgeable about the scientific causes of the various illnesses that plagued the area. But they were experts in identifying the basic features of various diseases and establishing a cure for each illness through the discovery and invention of some instruments and medicine unveil to them in treating the sick. Although the major defect of traditional medication has been its unscientific approach to healthcare, it was affordable, economical and effective for its beneficiaries. Hence, by 1846 when the Jamaican and Scottish missionaries introduced orthodox medicine in Calabar, it was received with apprehension. A century later, this apprehension gave way to acceptance, but in spite of this shift in emphasis, traditional medication has not been fully discarded. The snake bite experts, bone setters and traditional birth attendants are still in business especially when patients did not respond to modern healthcare. The next paragraph examines the use of orthodox medicine in Calabar between 1846 and 1970.

### **The 1846 to 1970 Era**

The earliest known source of orthodox medicine came to Calabar under the auspices of the Presbyterian Mission in 1846. The Scottish and Jamaican missionaries of this mission arrived Calabar that year. Although their main aim was to evangelize, most of them combined their study of divinity with medicine before arrival in order to cater for themselves and their families. Examples of such missionaries were Hugh Goldie and Samuel Ederley Junior (Erim and Ndoma Egba 6).

Two major developments made the establishment of modern health care facilities in Calabar inevitable. These were the establishment of a consulate in Calabar, and the creation of the Niger Coast protectorate. In 1885 Calabar had become a consulate. The first occupant of the consulate building was Consul Hewett (B. Dean and Dean, 12). Thus, the city acquired an air of stability with an administrative structure in place. This meant that the consulate would play host to government officials and visitors who may be in need of medical care.

Furthermore, in 1893, there was a sudden increase in European population in Calabar resulting from the creation of the Niger Coast Protectorate. More government officials, factory workers and traders arrived the area, but the climatic conditions proved fatal to these new entrants which resulted in high mortality death rate among the Europeans. Indeed the 1890's witnessed an alarming increase in death toll among the Europeans (Erim and Ndoma Egba 9). Hope Waddell's Log Book entry for 1896 recorded that missionaries and other officials regularly intercepted their stay in Calabar with frequent health holidays at the Canary Isles (Hope Waddell Log Book 13/8/1896), while some returned permanently to their countries (Hope Waddell Log Book 27/1/1897). With these two developments, therefore, the need for modern health care became indispensable. In November, 1897, the St. Margaret Hospital was built. It consisted of two long wards running parallel, and an

administrative block connecting them. At its inception, European doctors and nurses were employed in the hospital, while Africans served as labourers and dressers to assist the medical personnel. The dearth of Africans, especially Efik medical personnel in the hospital was attributed to the fact that only a negligible percentage acquired medical expertise. European missionaries in Calabar rather encouraged people to take up vocations in teaching and church ministrations. No attempt was made to emphasize medical training for the indigenes. The few wealthy individuals who wanted their children to study medicine sent them overseas. Hence by 1898, doctors on the staff list included Allman, Mckinson, Fenton, Wittendale, and Cowan, all expatriates. It was not until the 1920's that Africans began to join the employment of the hospital as medical doctors. Dr. S. L. A. Manuwa set the pace as a Junior Medical Officer in 1927, followed shortly by Dr. L. E. R. Henshaw in 1928. These two doctors spearheaded the "steady Nigerianization of the hospital personnel" (Edunam 59). The Nursing personnel had Sisters Margaret Graham, Scott and Miller. Among the early groups of Africans that were employed as labourers/dressers was one outstanding man, Willy Archibong. Ete Willy, as he was popularly called was associated with the menial jobs of washing the dirty bandages and other soiled dressing of his patients (Erim and Ndoma-Egba 20). Although Willy was an Efik with no medical training, B. Dean described him as "everything from charge nurse to labourer". Aye further noted that Willy Archibong became a household name in Calabar for his faithful services to the public which earned him a Certificate of Honour at retirement in 1932 (E. U. Aye 262).

However, the medical team suffered various setbacks, the most distressing being lack of patronage by the indigenous populace. The negative attitude of the Efik people towards emerging modern health facilities was because a greater percentage of its populace had absolute faith in herbal doctors and were also resistant to modern changes and foreign methods of health care as introduced by orthodox medicine. Moreover, the Calabar society was a closed society before and during the advent of Europeans, where explanations for untoward events could be found within a narrowed brand of causal factors, such as spirits, witchcraft, malevolence of neighbours and relatives (Edunam 80). This situation reflected the extent to which the Efik cosmic view affected their attitude towards modern medicine. Many educated elites still revered traditional medicine healers and remained very loyal to their practices. These Healers were seen as special people who had the expertise to cure both physical and spiritual problems, such as, those mentioned above. The need to fully adopt a foreign system of health care did not arise as long as they were satisfied with traditional medicine. As a result the Efik people practiced a combination of both orthodox and unorthodox health care. It was observed that educated people that needed medical attention attended St. Margaret's Hospital after toying with traditional remedies, or tried both sides, or began with western medicine and concluded with the traditional (Edunam 80). Other reasons for the non patronizing attitude of the local people included ignorance and the lackadaisical attitude of missionary doctors towards public enlightenment programmes to enlighten the society on the use of the hospital and modern health care methods. Professor

James Ana who first patronized the hospital in 1928, recollected that there were no campaigns to enlighten people on its use “it was as though people were supposed to see the hospital situated there and know that they were to go there for treatment” (Edunam 81). Since there were other suitable alternatives of health care, people were not keen on experimenting, elsewhere. Again, reports of being “opened up” in surgical operations were not only alien to the traditional medicine, but terrifying to the indigenes who could not determine how successful these surgeries could be (Edunam 82). Furthermore, the establishment of the hospital in the heart of Government Hill-European enclave- was discouraging to the people and reduced hospital patronage. Most locals hardly went to the area, but were more engrossed on the beach (Marina) axis where they traded with foreign merchants from Europe. These factors were largely responsible for the slow pace recorded by orthodox medicine.

Although orthodox or modern medicine was introduced as early as 1846, a century later, its impact was yet to be felt on the indigenous Efik people. It was only felt by the Europeans in Calabar, government agents, missionaries and war casualties. These developments, however, did not hamper the various strides achieved in the area of specialized medical care and preventive medicine. Between the last decades of the nineteenth and first decade of the twentieth centuries, the Mental Hospital was established. It was given a face lift with more befitting permanent structures between 1951 and 1954. In 1929, the Infectious Disease Hospital (IDH) was built and consisted of a 25 bed ward used for accommodating patients with contagious diseases. Again, a Prison Hospital with eight beds was built. It was jointly founded by the Prisons and Medical Departments. In 1930, a Maternity Hospital was established in Calabar. By 1957, the Maternity Hospital consisted of about thirty four beds where Ante-natal and post-natal clinics were held regularly and the sick infants were referred to the Children’s clinic (Dean and Dean 47). In addition, the Dental Clinic was also established in 1957.

In the area of preventive medicine, much was achieved. In 1953, Tuberculosis test and BCG (Bacilla Culmette Guerin) vaccine were introduced. Calabar was the first town in Nigeria where the vaccination against Tuberculosis was given to all pupils (Preventive Medicine, F. No. C 549/1951-57 p.26, NA/E). By the end of 1954, pupils in Calabar town and outlying villages had been successfully administered with the vaccine and results recorded. Similarly in 1954, a blood donation service was established. Many lives were saved as a result of volunteers who donated blood (Preventive Medicine F. No. C/49/1951-57, p.26, NA/E). Furthermore, due to the intensive vaccination campaigns, small pox, an epidemic which broke out in southern Nigeria in 1957, did not record a single case in Calabar area (Dean and Dean 27). The above developments added to the contributions of the Europeans in making modern medicine attractive to the indigenous people. The provision of pipe born water and strict sanitary conditions in Calabar were also major contributions to the development of modern health care in the area.

From the late 1940’s the Efik people who were, before now, apathetic to the use of modern medicine, were seen adapting to this new form of health

care. In his work Edunam enumerated various factors responsible for this change in attitude (Edunam 98). These factors could be summarized into six parts. First, the role of sanitary inspectors in keeping the city clean by instilling habits of cleanliness in the indigenes. Those who did not obey the sanitary inspectors were persecuted. Secondly, the rise in the number of educated elites who demonstrated their enlightenment by using the services of a modern hospital. Since the educated elites lived among the uneducated, the latter began to imitate the habits of the former. Thirdly, the establishment of private clinics by Nigerian residents in Calabar, for instance, Dr. Ogunro had his clinic at Duke Town, Calabar, while Dr. L. E. R. Henshaw attended to his private patients at home. Added to this was the opening of the Calabar Pharmacy by Mr. Essien in 1947. Fourthly, public enlightenment campaigns which were mounted to boost the patronage of the Maternity Hospital began to record much success. Crusaders such as Theresa U. Edem encouraged women to use the hospital because she had four children successfully there. Fifthly, the “Steady Nigerianization” of the St. Margret’s Hospital from the 1940’s was encouraging to the indigenous population. There was an increase in the number of Nigeria medical personnel like Ekpenyong Ekeng and D. O. Johnson, both pharmacists, Dr. Majekodumi and Dr. B. J. Ikpeme, medical doctors and Miss. Ekeng, an optician, were part of the hospital medical personnel. One can rightly argued that the employment of these indigenous Nigerian Medical staff made the Efik people more comfortable and secured in the hands of their fellow Kith and Kin. This encouraged hospital patronage and by extension the use of Orthodox treatment. Sixthly, the clean and green environment of the hospital itself was a major attraction. It was said that “the moment one was taken into its clean and uncommon environment, one automatically became healed”. Besides, successful operations and illnesses like Tuberculosis, Hernia & Yaws were brought under control which served as an advertisement for the hospital. Patients that had earlier been treated for these illnesses promoted the use of Orthodox health care.

It is pertinent to add that, as the interaction between the local people and the Europeans became more regular, the religion, customs and beliefs of the indigenous Efik people were gradually eroded. This in turn affected traditional medicine which lost its superiority to Orthodox health care.

By 1960 when Nigeria attained its political independence and Calabar became the capital of present day Cross River State, the co-ordination of medical services became transferred to the Ministry of Health. The Health care management Board was directly below it. The post 1960 era was characterized by various developments in the modern health sector. One of these was the establishment of para-medical training institutions like the School of Health Technology; School of Midwifery, and the School of Nursing. The St. Margaret’s Hospital was upgraded to the University of Calabar Teaching Hospital (UCTH). These also saw indigenous doctors fully taking over the administration of Health Care Services from European doctors. Perhaps, the most outstanding development during this era was the evolution of private clinics and hospitals. A panel constituted to re-organise Health Services in Cross River State in the 1970’s explained it thus:

The main reason why private practice is rampant in the first instance is the simple demand and supply situation. The service required by a population that is growing in numbers and sophistication is far in excess of the number of doctors who can provide such service... Because of the shortage, patients know that it is impossible for one doctor to give adequate attention to more than one hundred patients a day. Patients who can afford it divert to private clinics for closer and better attention (Umoren, 34-35).

Besides, poor remuneration for doctors, unavailability of drugs in the hospitals, poor medical attention, unnecessary delay in government hospitals, were other reasons responsible for patients diversion to private clinics and hospitals. In addition, the public was becoming more aware of specialization and patients tended to choose their doctors according to specialties (Umoren 60). Patients that could afford private clinics patronized them in order to receive special attention and care, thereby neglecting government hospitals.

In Calabar, as in other Nigerian towns, the development of private hospitals from the 1970's ushered in the commercialization of healthcare. Consultancy and surgical fees as well as emergency charges began to rise steadily and were not easily affordable by the lower cadre. These problems together with the social and economic problems suffered by the Nigerian State contributed to low patronage of hospitals after the Nigerian Civil War. A major development that exacerbated these developments was the rise of new independent Aladura (meaning prayer) healing churches although, this did not last because of the advent of the Pentecostal churches whose teaching and healing techniques were less ritualistic than that of the Aladura. This would be examined in the next paragraphs.

### **1970 to Present**

Prior to 1970, missionary churches led by the Presbyterian (1846) and the Catholic (1903) occupied a pride of place in Calabar. Unchallenged by others like Islamic or new religious movements, their position of authority was generated not just by the prolonged presence of the missions but also by their educational activity (R. Hackett 137). This is confirmed by the number of schools established by these churches. They include, Hope Waddell Training Institution and Ederly Girls' Memorial Secondary School both of the Presbyterian Mission; Holy Child Girls' Secondary School and St. Patrick's College of the Catholic Mission. By extension, the health and welfare of the Calabar Community was provided for, by the Catholic Church through Catholic Hospitals/clinics such as the Marian Clinic, orphanages, and the Good Samaritan home for the aged. From the 70's the status of missionary churches began to nosedive with the rise of Pentecostal churches in Calabar and in West Africa in general. Allan Anderson, in a study of 'The Pentecostal Gospel' affirmed that:



In the 1970's, partly as a reaction to the bureaucratization process in established churches, new independent Pentecostal and Charismatic churches began to emerge all over Africa, but especially in West Africa.

(<http://artsweb.bham.ac.uk/anderson/publications/>).

The rise of independent churches could be traced to factors other than the then bureaucratization process. For example E. A. Offiong traced the rise of these Churches in Nigeria to the oil boom era where the country suffered several social and economic problems caused by the mismanagement of the oil revenue (Offiong 66). He alleged that problems like political instability, corruption, unemployment, economic deprivation, inflation, deteriorating health and social facilities, spiritual and moral decadence as well as ineffective military and civilian administrations, made Pentecostal churches offer to salvage these ills through their faith clinic (Offiong 66). This stemmed from the conviction that Nigeria's problems be they social, economic or political, could be redeemed by spiritual healing. Accordingly, various methods were used by the Pentecostal churches to lure converts including "spirit-filled" preaching, and prayer style, revolutionary churches, prosperity messages and healing. They also make use of the electronic and print media and recently the internet, to reach out to new converts. In Calabar, the Cross River Radio and Television as well as the Nigerian Television Authority (NTA), Calabar station, play host to some Pentecostal churches like Banner of God's Grace, Christian Central Chapel, God's Heritage centre, Diplomats Assembly and House on the Rock, amongst others.

Although some of these new Pentecostal churches cannot boast of more than one branch (the local branch in Calabar), there has always been attempts to internationalize them through affiliations to Pentecostal churches abroad. European preachers were invited from the 1970's to ordain new pastors and disseminate the Gospel in large crusades. T. L. Osborne, Ernest Angeley and Reinhard Bunnke are among foreign-based preachers that have visited Calabar at one point or the other from America and Germany. Interestingly, the major attraction to these crusades has been the prospect of obtaining healing and not so much of listening to Gospel messages.

Healing has been a major tool for conversion in Pentecostal churches. It is wide ranging and includes the spiritual, physical, material and social-being of the individual and the nation in general (Offiong 68). Healing is usually administered by a man or women of God variously known as Pastor, Reverend, Evangelist, or General Overseer, as the case may be. The healer is believed to be an instrument used by God to give hope to the hopeless and heal the afflicted of their infirmities. Accordingly, spiritual problems like witchcraft and torments of marine spirits; physical ailments such as heart disorder, diabetes, hypertension, asthmatic attacks, and terminal diseases as well as economic misfortunes like poverty and unemployment are believed to be curable by "the man or woman of God". Similarly, Pentecostal pastors offer to heal broken marriages, juvenile

delinquency, drunkenness, indecent lifestyles amongst many other disorders (Offiong 68). These ailments are usually attributed to demonic forces, marine spirits, generational curses and individual sin. Since the pastor heals all kinds of diseases, including the terminal illnesses which orthodox medicine had proclaimed incurable, the congregation is made to believe that they do not need the services of a medical doctor, by extension, orthodox medicine. All needs can, therefore, be satisfactorily supplied in church by faith. In other words, faith is the major requirement for healing, and the Christian Holy Book justifies this with the following words: “the prayer of faith shall save the sick” (James 5 verse 15).

The various methods of healing employed by Pentecostal churches include laying of hands, congregational and intercessory healing, healing by anointing and media healing (Offiong 68-72). Indeed, healing has made Pentecostal churches the ideal place to be in order to solve all problems. Anderson stressed that the “emphasis on healing is so much part of Pentecostal evangelism that large campaigns and tent crusades preceded by great publicity are frequently used in order to reach as many “un-evangelized people as possible”

(<http://artsweb.bham.ac.uk/~anderson/publications/>). Consequently, cinema halls, shops, stores, unused houses, warehouses, bars, brothels, restaurants and night clubs, have been transformed. ([www.eol.ku.dk/cas/nyhornepage/mapper/occasional%20papers/occmusa%20galya/](http://www.eol.ku.dk/cas/nyhornepage/mapper/occasional%20papers/occmusa%20galya/)) Calabar has witnessed a large number of these churches prompting it to be described as a place where the main industry is churches (Hackett VI). This scenario is not only peculiar to the city, as other Nigerian towns such as Lagos, Ibadan, Port Harcourt and Jos where large Christian populations exist have witnessed it. In Calabar, several Pentecostal churches were established as early as the 1970's. These churches could be categorized into three, namely: the post civil war churches, 1970-1974; the oil boom churches, 1975-1979, and the post 1980 churches. The first group included the Spiritual Kingdom church of Christ (SKCC) which was founded by John A. Bassey in Ikot Ekpene and later introduced in Calabar in 1970. The Holy Face Church (HFC) was a prayer group under the Catholic Church in 1971 and later became autonomous. Jesus the Superset Church (JSC) which began in 1971 and the Crystal Cathedral in 1972 (see R. Hackett). The period between 1975 and 1979 regarded as the oil boom era, witnessed the arrival of the American preacher T. L. Osborne and the development of the America style of preaching. The Friends of Jesus (FOJ) was started in 1976 by Efiota Effiom; Christ the Shepherd New Kingdom Flock by Paul Eyo in 1976; the Truth Celestial Church of Christ was brought into Calabar from Lagos in 1978, and in 1979 the Truth and Life Church was founded. The post 1980 era featured the arrival of more Pentecostal churches from Lagos. They included the Deeper Life Bible Church, Winners Chapel, Christ Chapel, Redeemed Christian Church of God, Christ Embassy and Mountain of Fire Ministries amongst others. Indigenously founded churches during the post 1980 era also include Christ Central Chapel (CCC), Liberty Gospel Church, God's Heritage Centre, Truth and Life Church International and Revelation Ministries

to mention a few. These churches, especially the post '80 era churches, have become a Mecca of some sort for people seeking spiritual, physical and economic aid. Some have areas of specialization. For instance, in Calabar, one of the major spiritual problems is witchcraft (ifot) and torments of marine spirits. Hackett perceived phobia for witchcraft as being nurtured by social, political and economic instability (Hackett 327). People tormented by these ailments usually visit Pentecostal churches like the Mountain of Fire Ministries and the Liberty Gospel Church, whose ministers are believed to "specialize" in casting out these problems from tormented patients. Deliverance service is usually held in order to free the affiliated persons from such tribulations. This is usually preceded by prayer and fasting. Physically related illness such as pregnancy complications, tumour, barrenness, terminal diseases amongst others are believed to be cured by faith through the laying of hands. Prayer, fasting and deliverance services are also held weekly for these purposes. Economically, Pentecostal churches have encouraged the poverty stricken, the unemployed and the hopeless through prosperity sermons that are positive and edifying. This was the case during the Trans Atlantic Slave trade era where black slaves who suffered from all forms of oppression and deprivation drowned away their sorrows during Sunday sermons with gospels that promised a better future.

In spite of the fact that Pentecostal healing has diverted people's attention from orthodox medicine to church "medication", not all healings can be substantiated. A. Akwaowo submits that in a situation where healing is not immediately effective, then either the healer or the afflicted person may lack faith. He adds that lack of repentance on the part of the afflicted could be another reason why healing is delayed or not effective (A. Akwaowo 42). It is the dissatisfaction of not obtaining healing in Pentecostal churches that leads people to and from other methods of healthcare system. In Calabar, basically, people commence their journey with orthodox medicine when they cannot be treated or the fees too expensive, a visit to a traditional healer is made which finally terminates in the search for a cure in a Pentecostal church. When they are not cured, the process of moving from one healthcare system to the other is re-enacted until a solution is found. This situation is termed medical pluralism and has been a major feature of healthcare system in Calabar.

### **Conclusion**

This research has arrived at two major conclusions. First, change and continuity has been the major characteristics of healthcare delivery in Calabar between 1846 to date. A transition from the traditional to orthodox and then church healing without interruption from one healthcare system to another has been demonstrated here. Secondly, medical pluralism in Calabar will continue because no single healthcare system has been able to satisfy the health needs of the populace. This has necessitated the movement of people, back and forth from one healthcare system to another. Until this situation is resolved, medical pluralism will continue to be the norm amongst the Efik people of Calabar, Southern Nigeria.

## References

- Akwaowo, A. O. (1987), *A Handbook on Divine Healing*. Calabar: Ephraim Publishers.
- Anderson, A. (2000), "The Pentecostal Gospel"  
<http://artsweb.bham.ac.uk/anderson/publications>.
- Pluriformity and Contextuality in African Initiated Churches  
<http://artsweb.bham.ac.uk/anderson/publications>.
- Aye, E. U. (2000), *The Efik People*. Calabar: Glad Tidings Press.
- Davidson, B. (1975), *African Kingdom*. Netherlands; Time Life International,  
 Dean, B. B. and N. M. Dean (1957), *Diamond Jubilee: The Story of the Calabar Hospitals*. Calabar: Hope Waddell Press.
- Early, M. et al., *Nigerians*: [www.baylor.edu/charles\\_kemp/nigerian/](http://www.baylor.edu/charles_kemp/nigerian/)
- Edunam, E. B. (1998), "The Era of Quite Consolidation" and "Transitional Years of Post War Period" in Erim, E. O. and R. Ndoma-Egbe, *St. Margaret's Hospital: One Hundred Years of Dedicated Service to Humanity, 1897-1997*. Enugu: New Generation Books.
- Erim, E. O. and R. Ndoma-Egbe (1998), *St. Margaret's Hospital: One Hundred Years of Dedicated Service to Humanity, 1897-1997*. Enugu: New Generation Books.
- Gaiya, M. A. B. (2002), "The Pentecostal Revolution in Nigeria".  
[www.eol.ku.dk/cas/nyhornepage/mapper/occasional%20papers/occ\\_musa%20gaiya/](http://www.eol.ku.dk/cas/nyhornepage/mapper/occasional%20papers/occ_musa%20gaiya/)
- Hackett, R. (1989), *Religion in Calabar*. Berlin: Mouton de Gruyter.
- Henshaw, J. Oral Interview; Calabar, 11/01/2009.
- Hope Waddell Log Book, 13/8/1893; 27/1/1897.
- MSN Encarta-Nigeria.<http://Encarta.msn.com/encyclopedia>
- Offiong, E. A. (1999), "Faith Clinic: The Pentecostal Approach to Solving Nigeria's Socio-Economic Problems" in Calabar Journal of Religious Studies, Vol. 1 No. 1. Pp. 66-83.
- Ozekhome, F. E. A.(1982),*The Theory and Practice of Traditional Medicine*

*in Nigeria. Lagos: Okey Okwechime and Company.*

Preventive Medicine F No. C549/1951-57, NA/E.

Umoren, B. (1976), *The Reorganization of Health Services in Nigeria.*  
Calabar: Government Press