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"It's My Stepmother"

Witchcraft, Social Relations, and Health Security in Ibibio, South-South Nigeria

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Abstract. – In the 21st century, where health care institutions are relatively accessible to ensure human health, and where (particularly in health care support) the degree of interdependence is continuously emphasized, witchcraft belief among the Ibibio of South-South Nigeria continues to influence social relations, and forms the basis for the determination of health security or lack thereof among the people. Relying on ethnographic study of the Ibibio, this article examines how social relations are constructed within the context of witchcraft beliefs, the influence of witchcraft beliefs on people's understanding of health, and how witchcraft beliefs affect access to health care institutions present in the society. The study reveals that Ibibio people have a strong belief in witchcraft and use this faith to draw a line between the state of well-being, success, and good behavior, and the state of illness, failure, wickedness and bad behavior. The Ibibio's strong belief in witchcraft is a serious factor in explaining why 1) many people ignore modern healthcare facilities; 2) the traditional kinship support system in illness is declining; and 3) morbidity and mortality especially due to HIV/AIDS is on the increase. *[Nigeria, Ibibio, witchcraft, social relations, health care, HIV/AIDS]*

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1 Introduction

The belief in witchcraft among the Ibibio of South-South Nigeria has assumed a dangerous dimension in which individuals believe absolutely that his or her life can be (re)determined by witches. Among the Ibibio aspersions are cast on individuals, especially old women and in recent times on younger children who seem unfriendly and unkind to others. Such women and children are regarded as witches. Regardless of the relationship these people have with others, they are mostly despised and ignored. The influence of this perception on health-seeking behaviors of the Ibibio explains why many Ibibio people reject modern health care services in favour of traditional and faith medicines with which people believe they can counter the power of the witches. This explains the increase in rates of morbidity and mortality among the Ibibio, and also determines social relations and support in times of illness in terms of the supportive roles of kinship network.

Several discussions have been held about witchcraft beliefs, particularly in Africa. Evans-Pritchard first raised a landmark in anthropological awareness about witchcraft in 1937. For Evans-Pritchard (1937: 77–117) witches are associated with misfortune, jealousy, and rivalry. Evans-Pritchard further states that witchcraft beliefs create tensions and conflicts. Nadel (1952: 18; 1954) equally declared that among the Nupe and Gwari of the central area

of Nigeria, witches are unequivocally considered as evil beings who mysteriously destroy life and eat the souls of their victims. According to Redding (2004), witchcraft refers to the causing of harm through the use of supernatural powers. In many African societies, the hostility of witches is seen as a threat to the whole society (Bever 2000: 574; Redding 2004: 520). Witchcraft, therefore, defines a set of attitudes and relationships between two individuals. The first are those perceiving hostility from another either directed towards themselves or to another person in society. The second are those that are regarded as causing the hostility against others. The interaction between the two results in a strained relationship. Witches are regarded as causing hostility, since they are regarded as evincing patterns of behavior that appear to convey deep hostility towards other people in general (Bever 2000: 574). There seems to be little change from Evans-Pritchard's perception of witchcraft and the recent attitudes towards witchcraft in many African societies.

In many African societies, social status and social roles play an important part in witchcraft belief. Among the Ibibio of South-South Nigeria, recently Offiong (1983) pointed out a connection between witchcraft and social structure, as the fear of being accused of witchcraft minimized tensions that were likely to arise in certain social relations, such as between cowives in polygynous families or tensions within a neighbourhood. Related to Evans-Pritchard's opinion (1937), it assumes that witchcraft operates between persons who have close social relations, such as mothers, step-mothers, wives, sisters-in-law, nieces, daughters, grandmothers, wives of friends or uncles, and close friends. This explains Kuper's thought (1947: 175) that among the Swazi of Southern Africa, witches are usually selective and choose those people between whom social bonds already exist as their victims.

The Ibibio conception of witchcraft is still similar to that of the Azande (Evans-Pritchard 1937), except that in recent times the Ibibio do no longer believe in the "inherent quality" of witchcraft. Both the Azande and the Ibibio believe that witches perform no rites, cast no spells, and possess no medicines; the two societies view witchcraft as purely a psychic act (Evans-Pritchard 1937; Offiong 1983). Like the Ibibio, the Nupe of Bida in central Nigeria believe that witchcraft is not hereditary but must be acquired from a person who is already practicing witchcraft. A striking difference in the recent phenomenon of witchcraft between the Nupe and the Ibibio is that while the Nupe believe that witches are mostly women, the Ibibio see witches as being both men and women. And, recently, both old and young persons can be witches which is against the old belief that witchcraft was a cult exclusively meant for the old fogs. However, both agree that old women are the most dangerous witches (Nadel 1954, 1952; Offiong 1983). Like the Azande, the Ibibio believe that every witch has a physical substance and that witchcraft exists in another substance that allows the soul of witches to engage in harming their fellow beings. The Azande conceive of the witchcraft substance as a "round, hairy ball with teeth" which is passed on from parent to child, with all the sons of a male witch and all the daughters of a female witch being potential witches (Evans-Pritchard 1937). Since witchcraft substance is organic, the Azande believe its existence can be determined through a postmortem examination. In contrast, the recent Ibibio belief is that witches possess a witchcraft substance, which contains their mysterious powers that cannot be inherited. Every witch must obtain this substance from an established witch by receiving it through physical cutting, eating it in a dream, or physically swallowing the substance in other ways (Uyanga 1979; Abasiekong 1981; Offiong 1983).

The present-day Ibibio also believe in the physicality of the substance in the stomach, which only a few renowned traditional doctors or spiritualists are able to extract by using supernatural powers in the process of catching the witches and purging the witchcraft from them (Offiong 1983). They give the witch a substance that neutralizes the witchcraft substance in the stomach and forces the witch to vomit it out (Uyanga 1979). Occasionally, at the death of a known witch, children may ask a traditional doctor or spiritualist to remove the substance by cutting the stomach open. Not everybody can see this, since certain supernatural powers have to be used on the substance to make it visible to the uninitiated. This is likened to the Tiv's practice of witchcraft, which also believed in the existence of the substance (*tsav*), which they say grows in the hearts of human beings and some animals. It is said to look like the liver, and it may be rounded or notched at the edges (Offiong 1983). This substance is believed to be red, black, or white, and it can be good or bad (Parrinder 1963: 136).

Witches, with the help of the witchcraft substance, can turn themselves into animals such as dogs, cats (particularly black ones), and owls, and give off a glowing light just as fireflies do. This belief is similar to that of the Akan peoples of Ghana and the Ivory Coast (Parrinder 1963: 135). Witches leave their physical bodies during sleep.

They can even change into rats and eat up the crops, and they can spread diseases among people. They can suck the blood of their victims, thereby making the person look dehydrated or suffer from anemia (Crawford 1967).

Like the Ga of Ghana, the Ibibio believe that witches meet in companies at night while their mortal or physical bodies remain in bed. They travel to the assembly by "planes, or by canoes or bicycles" (Offiong 1983), which are said to consist of such organic substances as groundnut pills. They can turn into owls and fly to the assembly, or into cats, frogs, and dogs and turn back into human beings at the assembly. They meet at a particular spot where their victims are said to be transformed into various kinds of animals, killed, cooked, and eaten. Once this is done the victims will become ill and die (Abia-Williams 1994), if potent traditional therapies are not sought. The prevalence of faith in witchcraft among the Ibibio is so high that it could be said of the people that the fear of witches is the beginning of wisdom. This belief led to a number of practices including individuals claiming to be spiritualists that deal with witchcraft.

Offiong (1983: 81) reported that in 1978, Edem Edet Akpan (alias Akpan Ekwong), who claimed to be a witch-hunter and eradicator, visited almost all the villages and towns in Ibibio land, using his claim of supernatural power to force many people to confess and denounce their witchcraft. Despite the fact that his approach raised a fundamental concern about human rights and psychological influence in 2008, as observed during the fieldwork underlying this article, about 74% of the residents of the Child Welfare Home located in Uyo, Babangida avenue, were suspected child witches who were sent away from their parents and guardians as a result of being accused of witchcraft (Solomon 2008). And in 2009, a number of Pentecostal Churches in Ibibio land often claimed spiritual control over witches (Akpan 2009). Many other pastors also claimed that they are involved in witch-hunting and eradication as their popular sentiments with which they attract teeming followers to their churches (Adeolu 2009). It was equally observed that young and old, educated and non-educated, men and women, Christian and non-Christian Ibibio often attribute some aspects of their failures and misfortunes to witchcraft, and tend to run away from those perceived to be witches.

While the initial anthropological discussions on witchcraft are gradually dying, the recent discussions of Barber, Meyer, and Geschiere (2009) on occultism and African politics and social relations, at the European Conference on African Studies (ECAS) held in Leipzig, Germany,[1] seem to have relaunched discussions on witchcraft as a form of occultism in African beliefs. Coupled with the increasing incidence of witch-hunting in Ibibio land, witchcraft equally seems to be a recreated tradition with new forms and functions. This raises the question of how witchcraft belief influences social relations and people's perception of health, their health-seeking behaviour, and the social support they receive in illness in recent times. Being the main thrust of this article, this is a departure from the existing studies on witchcraft belief in African societies, especially from the exponential sociological works (1983–1990s) of Daniel Offiong on witchcraft belief in Ibibio society in Nigeria. In this article, the major concern is to examine the functionality of witchcraft belief in terms of the contemporary Ibibio perception of health and health-seeking strategies. Through qualitative ethnography, the article similarly explains the influence of witchcraft on morbidity and mortality among the Ibibio.

Following this introduction, the rest of the article is divided into five sections. The first part deals with methodology and research design. Being the second part, the discussion on research process is followed by data presentation where the Ibibio culture in the context of witchcraft is discussed in detail. The third part examines the disease susceptibility and treatment-seeking behavior in Ibibio land within the context of witchcraft belief. The fourth part of the article discusses social relations in the Ibibio health care system. In the fifth section, a case study of AIDS in Ibibio land is presented in such a way, that the nexus between witchcraft, social relations, and health insecurity comes to the fore of the knowledge.

2 Methodology and Design

Study Methodology

This study was based on ethnography conducted among the Ibibio of Uyo, Itu, and Ibesikpo-Asutan Local Government Areas (LGAs) of the Akwa Ibom State in Nigeria, in 2008. In 2009, the Ibibio people occupied thirteen out of the thirty LGAs in which the Akwa Ibom State was divided. The

1 At a roundtable discussion on occultism in Africa at the ECAS conference held in Leipzig between June 4th and 7th, 2009, K. Barber, B. Meyer, and P. Geschiere observed that among others, occultism is being recreated in many forms. Such forms include witchcraft, magic, and rituals in African social and political relations.

remaining seventeen were shared by Anang, Oron, Eket, and Ibeno people. The study adopted multistage random sampling to select the study site, the research communities, enumeration areas, and respondents. Being a qualitative ethnography, the focus was both on the individual and community forming the unit of analysis. The individual unit of analysis is motivated by the need to examine individual perception of well-being and cultural belief in witchcraft which could either promote willingness to seek for care or otherwise. On the other hand, the community as a unit of analysis was adopted in order to measure group perceptions and attitudes towards illness and health, with specific attention to the accusation of witchcraft. The study attempts to validate multiple meanings, structures, and holistic pictures of the Ibibio people in relation to health care and witchcraft as they appear in the study themes. The study themes in reference are the cultural conception and perception of witchcraft, health-seeking behavior, morbidity, and mortality in Ibibio society. It is important, therefore, for this study to capture what people say and do as a product of how they interpret the complexity of witchcraft and the state of healthiness from both the individual and community viewpoints. To establish this, the study pays attention to multiple realities and socially constructed meanings as recently noted by Tanner (2006), as they are attached to health-seeking variables such as cultural beliefs, perception of status and gender disposition, social relations, and the sick role in Ibibio communities. This prevents the qualitative analysis from yielding restrictive and possibly misleading definitions of the research themes (Leach 1967).

Essentially the qualitative methods employed in this particular study are concerned with the processes of health management in Ibibio culture. Rather than merely considering the consequences of ill-health as actions through the organic wholeness of the ethnography or as independent variables of a health crisis, the methods used here focus on cultural meanings and implications of social relations and witchcraft among the studied people. An understanding of why people reject the health care system and stay away from kinsmen who could act as social support in illness in Ibibio society then becomes obvious. This attempt underscores the relativity of culture concepts that qualitative research always attempts to achieve, as emphasized by Ajala (2002) and Nyamnjoh (2005). To this end, the study methodology is directed towards context-bound conclusions, which could potentially point the way to new policies and health decisions rather than scientific generalizations that may be of little use across all cultures. Through the qualitative methods such as in-depth interview, key-informant interview, focus group discussion (FGD) and case study analysis, as employed in this study, the study is context-specific, collaborative/triangulative, and interventionist. In a qualitative research as noted by Tashakkori and Teddlie (1998), it is important to avoid scientific generalization and to focus the particular attitudes and behaviors influencing the respective case study in such a way that the study is specific to its specific context. However, to achieve this ethnographic feature it is also suggested that collaborative methods of investigation, otherwise known as triangulation, be involved (Tashakkori and Teddlie 1998; Rubin and Rubin 1990). Thus, this ethnographic study could conveniently intervene in the society and culture being studied. The domain of intervention in this study is, however, not to alter the culture but rather to understand it and possibly open the culture for planned change (Kerlinger 1986).

To ensure a balanced research perspective, both emic and etic views are carefully considered as the perspective focus for the study. In this case, the study seeks to avoid biases, which may arise from the exclusive use of either the emic or etic perspective (Tanner 2006). Thus, the emic perspective only considers the endogenous cultural attitudes, knowledge, and practices relating to health care management. In contrast, the etic perspective explains how and why the exogenous factors interact with the Ibibio culture and hinder positive health care strategies, and how they eventually cause health risks for the people. To a greater extent the study was driven by emic data, implying that the respondents' values guide our observations. This is simply because the study is concerned with how local culture affects health management in the research community.

Sampling Technique

The larger concentration of Ibibio is located in Uyo township and its metropolis, thus, three out of thirteen local government areas, mostly occupied by the Ibibio in the Akwa Ibom State of Nigeria, were purposively selected for the study. The use of purposive sampling was motivated by the need to select both rural and urban communities where health care institutions are located. Ibesikpo-Asuntan, Itu, and Uyo local Government Areas (LGAs) were selected for the study; two communities then were chosen from each of these areas. In each of the communities, thirty households were selected, tallying 180 households selected through random

sampling. From each of the households, a household head was selected for in-depth interview, resulting in 78 female household heads and 102 male household heads. Two household heads could not be interviewed during the fieldwork, thus only 178 household heads were interviewed. This approach was favoured in the study to avoid unsystematic and obstructive selection of the study population (Agar 1980). Concerning other methods of data collection the study relied on purposive sampling as stated below.

Study Population

The study population comprised 178 household heads for in-depth interview as stated above. There were also 143 key informants purposively selected, which included 74 people living with HIV/AIDS (PLWAs: People Living With AIDS), selected from five Pentecostal Churches that are involved in witch-hunting and eradication and also act as caregivers for PLWAs in Uyo; 24 caregivers from the NGOs and hospitals; twenty-two AIDS caregivers mainly People Living by AIDS (PLBAs); five officials associated with government agencies working on HIV/AIDS; and 18 traditional healers among whom 12 claimed to be traditional witch-hunters and eradicators. The study also conducted 12 focus group discussions of seven participants each, forming a total of 84 participants, selected purposively from those who were identified to be informative during the in-depth interview sessions.

Data Collection and Analysis Procedures

Four methods of data collection were involved in the study: focus group discussions, in-depth/semi-structured interviews, key informant interviews and case study analyses. Field investigation began with a pilot study to test the study instruments for feasibility and to be acquainted with the research sites. It was also during the pilot study that some key informants were identified. Purposive sampling was used to select the sites for the pilot study in both Uyo and Itu LGAs, because there is no area-restriction in Ibibio belief in witchcraft and social relations. Having selected the pilot study sites, another round of purposive sampling was used to select a fair number of respondents based on socioeconomic status and gender. Finally, the study involved 40 key informants divided equally between the two study sites. Thus, the pilot study generated information on the study feasibility and the preparedness of the prospective respondents to volunteer information. This pilot study also yielded an opportunity to fine-tune the research instruments and ascertained the availability of prospective respondents in the study sites.

Following the pilot study were the key informant interviews. Notable people with rich cultural information about the Ibibio were interviewed for their views of witchcraft among the people. The informants included community leaders, religious heads, traditional health practitioners, modern health practitioners, youth leaders, and market women leaders. At this stage, the study still relied on purposive sampling technique in the selection of the key informants. However, the purposive sampling employed here was not random, since the selection was directed towards certain respondents who were regarded as resourceful on the research themes. Since the selection of key informants had been done at different locations in the research communities rather than focusing on a specific location, the interviewed population is thought to be a representation of each of the research communities. Thus, the generated data can be generalized and replicated within the context of the study's spatial domain. The selected key informants were interviewed using pre-designed, unstructured questions arranged in the form of question guides. Field notes and tape recorders were used to record the interviews. The question guides served to keep the interviewer aligned with the research questions. The key interviewer, being the principal investigator and the lead author of this article, led the interviews and directed the informants' responses so as to place them within the study contexts. However, care was exercised to allow the possibility of additional questions, which were instrumental in the generation of holistic data. Specifically, the key informant interviews generated information about people's understanding of health and their cognitive level of power of witchcraft according to their educational status and social background. Key informants also provided information on how the community perceives the "witches," and how that translates to health care and social relations. Thus the key informant interviews yielded very rich, holistic, and expressive data on the Ibibio understanding of witchcraft and social relations. They also elicited information on identity formation in relation to a specific disease that is prevalent in the community. In this case, AIDS is identified as a test case on how identity formation is related to disease management. The key informant interviews generally strengthened the descriptiveness of the data and provided opportunity for

the study to incorporate the informants' voices in the reports.

Then follows the collection of in-depth data, which was fulfilled with the use of open-ended questionnaires as a semi-structured interview technique. The semi-structured questionnaires were both, self-administered (for literate respondents) and indirectly administered by the research assistants (for nonliterate respondents). To avoid inconsistency in the research procedure, at this stage of data collection, the study employed a systematic random sampling system to select the respondents for this section of semi-structured interview. At first, the sites were marked out into enumeration areas (EAs) as noted above, based on the existing delineation of the community into political wards at the local level in Nigeria. Thus, for the purpose of in-depth data, selections were made of one-third of the wards in each of the selected local government areas, as noted in the sampling technique above. The sampled respondents were mainly the household heads. This semi-structured interview was complemented by a participatory observational approach. Here, the investigator participated in religious activities especially "tarry nights" and prayer sessions in the churches. During the interviews, we equally engaged in observations and found that the interviews enhanced deep interaction with the respondents (both males and females). They provided information on the network concerning social relations, the support systems in illness, and the implications of certain attitudes and practices related to belief in witchcraft in Ibibio society. By means of the semi-structured interviews, the study was able to generate some level of variables comparison, based on the use of simple percentage. The data generated here served as corroboration for the data gathered earlier through key informant interviews.

After the semi-structured interview, the fieldwork progressed to focus group discussions. Eight sessions were held for PLWAs and four sessions for PLBAs. The FGD yielded information on the cultural experience of the PLWAs, and how PLBAs relate to PLWAs. FGD also provided information on sociocultural impacts of community attitudes to HIV/AIDS. The last stage of data collection was an intrinsic case study analysis (Stake 2000), involving a very limited number of PLWAs and PLBAs, who purposely were selected for cultural, medical, and social analysis of their knowledge, attitudes, and practices as PLWAs. The PLWAs were selected from care centres run by non-governmental organizations (NGOs) and government clinics, where PLWAs are being cared for as both outpatients and inpatients. The selected respondents were carefully studied concerning their behaviors and attitudes towards others around them. This was done through careful examination of their actions and responses to care and support. Specifically, this approach helped to generate information on self-perception of the witchcraft and also create awareness on the patients' (PLWAs) sick roles and their sickness behaviors.

Data Analysis

Analysis of data was mostly descriptive, relying on content analysis of the generated data. The semi-structured interview data in the open-ended questionnaires were entered into code sheets after careful editing, before they were entered into the SPSS (Statistical Package in Social Sciences) software, relying on the computer commands to run the analysis of variance (ANOVA) by use of simple percentage. We also relied on the computer instructions as indicated in the Text base alpha package in SPSS software to configure the similar and different themes from the data, having earlier used the word process in the software to extrapolate the research objectives into different themes. The results thereby provide an easy means of sorting and categorizing the configured data into different patterns based on our research objectives. This was done manually by the principal researcher as this stage of Qualitative Data Analysis (QDA) cannot be appropriately done through the available software in QDA (Weitzman 2000). The process here includes writing each of the research objectives on a separate sheet or separate sheets of paper and appropriately merging the supportive and nonsupportive data under each of the listed objectives. By the use of the information inferred from the analyzed data the reporting was completed. The information reported is accompanied by verbatim quotes translated into English. They are the recorded responses of the informants during the interviews.

The key informant data were transcribed and translated into English using the traditional manual approach of handwriting before they were typed into Microsoft Word for storage. Also through manual approach the research themes were identified and sorted into likely and unlikely opinions based on the research objectives and assigned to appropriate research objectives, as was done in the semi-structured (in-depth) interviews. Some of these opinions were presented verbatim in the report. The following case study analysis provided the opportunity for the description of the individual understanding and views. The analysis involved reading

of the field notes where observations were recorded so as to extract attitudes and opinions that are related to the research objectives. Since the case study involved only the PLWAs, the study is able to form an insider opinion on PLWAs attitudes in the community. The descriptions of case study analyses were also supported by the respondents' opinions on the examined acts. Focus group discussions were recorded on tape recorders, followed by transcription. Most of the respondents communicated in English, with a minimal number communicating in Ibibio. However, very few responses in Ibibio were translated into English and it was from the English responses that the opinions were grouped according to the research themes. This stage was followed by the sorting of the uncovering themes, identifying the common patterns and the less common themes. The common patterns were then taken to be the popular opinions and became the basis of our argument. Cumulatively, data generated from the four data collection procedures were linked together to form the research report. The reporting style follows a critical interrogation of the responses, in some cases presenting the translated voices of the respondents.

3 Data Presentation

Ibibio Culture in the Context of Witchcraft

Located in the south-south portion of the Federal Republic of Nigeria, Ibibio are of Bantu origin and were said to have migrated from Cameroon Plateau. They first settled around Arochuckwu in the present-day Igbo land, which later formed the Ibibio northwestern ethnic neighbor (Ekong 2001). The Igbo, according to Talbot (1926) successfully pushed the Ibibio from their Arochukwu sanctuary in the south, towards the Bight of Bonny between A.D. 1300 and 1400. Ibibio eventually settled beyond the Cross River, earlier inhabited by the Ekoi and Efik (Izugbara et al. 2005). They remained in that area which was characterized by a mangrove forest adjourning the Bight of Bonny, where the Ibibio's closest neighbours to the south, the Oron people, are found. Ibibio land lies between 4˚ latitude 25′ northeast and 7˚ longitude 30′. Here, the people believe in witchcraft. This belief rests on the stiff competition for space, which arose as Ibibio space was constrained by a large pool of water that would not allow the people to have enough land for successful farming. Thus the competition for scarce resources bred rivalry in terms of social and economic relationship among the people. It can be suggested that as the competition increases, witchcraft is held, on the one hand, as a social control that ensures everybody's compliance with social etiquettes of the society, and on the other hand, as a measure to eliminate unkind persons that accumulate more resources at the expenses of others. While the above thesis can partly establish the belief in witchcraft among the Ibibio, other ideas are not foreclosed. Rather than dealing with these ideas here, our concern is the link between witchcraft in contemporary Ibibio society and health security.

The Ibibio word for both witch and witchcraft is *ifot*, which is used in two senses. In the first usage, a witch is any person who behaves abnormally, that is, outside the expected patterns of behavior with a tendency towards mischief. Parents might thus refer to a child who behaves mischievously or in any other abnormal forms as a witch.[2] According to the majority of our informants, among the abnormal behaviors, which are likely to earn one, the stigma of being a witch are manifestations of antisocial behaviors, such as not being fond of greeting people, living alone in an isolated area, enjoying adultery, exacting too much for sales of anything, committing incest, walking about during the night, crying at night (in the case of children), not showing adequate sorrow at the death of a relative or somebody from within the community, not taking proper care of one's parents (particularly aged parents), children, wife or wives, and hard-heartedness.[3] In general, this perception is similar to Offiong's observations that (1983) witches are mean-looking, mean-acting, or otherwise socially disruptive people whose behavior deviates significantly from cultural or community norms.

To the Ibibio, relying on the cultural association of witchcraft, deviance is not an attribute inherent in behavioral forms; it is rather an attribute that assumes psychosocial and preternatural explanations. According to some observations from the field, through these explanations the Ibibio define what constitutes proper behavior, and those who significantly deviate from such patterns are generally referred to as witches, that is, wicked or antisocial, or even asocial people. However, as these characteristics are also associated with sorcerers (*ibok*), the Ibibio distinguish between witchcraft (*ifot*) and sorcery (*ibok*). In the second usage, a witch refers to a

2 Personal interview with Pastor John of the Salvation Ministry, Uyo. He was interviewed in Uyo in 2008.

3 These symptoms were supported by all traditional witch-hunters interviewed in Abak and Ibeskpo. Only three of the pastors of the Pentecostal churches engaged in witch-hunting acclaimed those symptoms.

person whom the community suspects of practicing witchcraft. That is a person who has confessed to practicing the art, or a person who has been identified by traditional doctors, spiritualists, or fellow witches to be a witch. In relation to Offiong's observation (1983), this study found out by a woman informant (though not confirmed as a witch) that the moment a woman confesses by herself that she had killed somebody or caused misfortune on another person in a mysterious manner, such a woman is a witch.[4]

A witch in the Ibibio worldview is a woman possessing the qualities described above in the first usage of the term. When an individual confesses being a witch or is identified as one, people are usually not surprised since the person is said to possess many antisocial and/or asocial characteristics. As the characteristics believed to be associated with witches are well understood, it is discovered from the field investigation that anybody who possesses such characteristics is labeled as a witch. Long before the confession or accusation of being a witch occurs, people gossip about the behavior of the person in question. They talk about seeing the individual making surreptitious visits to people who are known witches. In the opinion of a key informant, who is also a traditional birth attendant (TBA) in Uyo: *"et eke owo odo ibnne mimmo, itimm mimmo ke ndab, amana abo ke enye ino mimmo udia ken dab. Mmo ese bo ke aba owo, akpan akpan owowan, ese ino udia ndab,"* [5] which means that they saw the person chasing, flogging, or whipping them in dreams and that the person makes others eat in dreams and associate a particular (wo)man as the person giving the victim food to eat in the dream. As far as the Ibibio people are concerned, all this confirms that the person is a witch. Thus, witchcraft accusation follows a process of discussion and affirmation among relatives and friends before the accuser actually makes the accusation among the Ibibio.

In Ibibio land, witchcraft is also a mystical or supernatural power that causes harm, including death. According to an informant, the power is purely psychic, involving the art of incorporeal vampirism by which the soul of the victim is removed and transformed into a subhuman or inanimate object, such as a goat, a sheep, or a cow (or any animal of their choice), a stone, and rags, among many others things.[6] By so doing, according to another traditional healer interviewed, witches cause the extraction of blood and body fluids from their victims, thus provoking in the victims a slow and wasting disease. The traditional healer also stated that witches do this by transferring the souls of their victims into domestic animals such as cats, birds, and goats, which in turn assume strange and esoteric behaviors. This belief explains why many Ibibio have hatred for rearing cats, which is regarded as the commonly used domestic animal for this purpose. Once the animal into which the soul of the victim has been transferred is slaughtered and eaten by the witch, the victim dies instantly.[7] This is a symbolic cannibalism carried out invisibly, with only the witches knowing how the process functions.

The Ibibio identify two kinds of witchcraft: black (*obubit*) and white (*afia*). The purpose of black witchcraft is to commit evil. Those who possess it are the ones who engage in destructive and diabolical acts, such as bewitching and killing their victims, bewitching their victims' money or even changing into rats and eating up the victims' crops.[8] They can do almost any evil, and thus the Ibibio attribute almost anything evil to them. On the other hand, those who possess white witchcraft are harmless. They are true witches, but they do not kill or harm people, instead they use their power to protect their families and their loved ones. People also believe them to be more powerful than their black witch counterparts. Although they attend witches' meetings, they do not practice the ceremonial cannibalism as black witches do. Asked during interviews why some became white witches, the respondents who were not confirmed to be witches replied that it made them powerful. This is another way of saying that it gave them status within the community, because witches are feared and non-witches avoid conflict with them. This status is also probably one of the reasons why people confess to being witches. People also said that some witches became white witches in order to protect themselves and their families from black witches.

4 Personal interview with the woman head of a household in Itu: She was 73 years old when she was interviewed in June 2008. She lived alone in her small hut, but claimed that all her children were in different cities in Nigeria where they were working. She also said that she discourages her children from visiting the village regularly because of the witches.

5 Personal interview with a traditional birth attendant, who claimed anonymity but labeled TBA1. She was interviewed in Uyo and aged 56 years.

6 Personal interview with a traditional healer in Uyo. The interview was held at Fourtown in Uyo. The informant was 63 years and claimed to be involved in witch hunting.

7 Personal interview with a pastor who is a witch hunter in Ibeskpo village. He was interviewed between July and August 2008.

8 Inferences from interviews held with TBA 1 (see note 5 above).

Witches can kill their victims through accidents, childbirth, drowning, and disease, although they do not kill all of their victims. They may decide just to torture some of them. In such a case they remove the soul of the victim and either put it in water, or hang it on a tree or over a fireplace, or flog it every evening, as earlier claimed by Offiong (1983). While 97 out of the 178 interviewed household heads supported this, they further claimed that the person remains ill all the time and can only be rescued if the witches are given what they want. At times, they refuse to accept anything until compelled by a supernatural power to let the victim go. Thus, some serious health insecurities, such as complications at child birth, chronic diseases, and HIV/AIDS, are associated with the practices of witches.

The Ibibio use the term *abia ibok* or *abia mfa* to include the practitioner of good (both curative and preventive) medicine as well as a sorcerer (*ifot*) whose medicine is used to harm people. Despite the fact that their professional ethic prevents them from harming their clients, the Ibibio generally fear traditional doctors since they are trained in both good and bad medicine. Thus, many Ibibio believe that traditional healers are the only professionals that can control witches. The Ibibio could not afford to stop seeing a traditional doctor or a spiritualist because in almost every illness they are likely to suspect the involvement of witches, which only the traditional doctors and spiritualists can treat. This could be observed in the case study of a woman who is a university graduate of microbiology in Uyo, Obong Essien road, and whose child suddenly fell sick in 2008 during the fieldwork underlying this article. The woman insisted that she was taking her child to a church for treatment, even when she knew that the child had a convulsion. She declared that another woman who pinched her husband was a witch wanting to kill her child so as to prevent her husband from returning to her. Besides taken the child to the church for treatment, she also insisted that the place for the treatment must be far from her home. This practice of travelling outside of one's community for treatment by a traditional doctor or spiritualist is prevalent among the Ibibio. This is because the witch who is the cause of the illness in most cases likely is to be a member of one's family or community, mostly one's mother or stepmother. Therefore, it is better to be far away from the area where the suspected witch resides. Once the spiritualist or traditional doctor diagnoses the cause of the illness to be witchcraft (if it is not witchcraft, it must be the result of filial impiety or some other thing that will demand traditional or spiritual treatment), the relatives of the sick person will not only seek the cure but will also try to discover who is responsible and create many other forms of accusation against the cult of witchcraft. Also in the case study narrated above, the informant's sister, Rose, who was preparing for her wedding around that time, told the first author of this article in an interview that the main target of the witch who was disturbing her nephew, was to curse her failure in her proposed wedding. Rose, at this time, also was a final-year graduate student of the University of Uyo.

Ames (1959) noted that among the Wolof in Gambia exists the belief that a witch launches her attack when motivated by hatred, envy, greed, or jealousy. In the case of the Ibibio, the informants explained that what the victim or his people do is to review the list of those who are likely to feel such emotions towards him and then set about trying to discover who the guilty person is. More often than not, it turns out to be an enemy of the sick person. Often the suspected witch is within the extended family, usually the stepmothers in polygynous families, mothers-in-law, or grandmothers. This culture of the Ibibio in the context of witchcraft and health security explains a number of forces in disease susceptibility and treatment-seeking behavior in Ibibio land.

4 Disease Susceptibility and Treatment-Seeking Behavior in Ibibio Land

Health and illness behaviors are influenced by the sociocultural beliefs, values, and traditions of a people (Ojo 1966; Mume 1976). More interestingly, Brodwin (1996) in his study of the Haiti medical system observed that two primary categories of decision influence taking medical decision. The first is the decision about what treatment shall one seek? The other is to what extent a behavior is responsible for one's illness? In addition to these two questions bothering a medical decision, beliefs and values in the medical system are motivated by belief in the causation of the illness. These beliefs shape the people's perception of illness, how they interpret the symptoms as well as where, when, and how they seek treatment for the disease condition. In Ibibio land, diseases and ill-health are attributed to natural, supernatural, and hereditary factors (Offiong 2001). Among these factors, explanations of disease based on supernatural causes are perhaps the most dominant and widespread among the people. According to multiple observations from the field, that suggest a general practice, when Ibibio

people say that a disease condition is caused by supernatural forces, they mean that the condition is inflicted upon the sufferer by malevolent spirits (*idiok spirit*), usually connected to witches. The behavior of these spirits is said to be mediated by human agents. In other words, the wicked spirits believed to be responsible for disease are said to use human beings, mostly close relatives of the victim, in order to reach their target. The Ibibio believe that a man can cause a fellow man to be sick or to "diminish the vital forces of another man."[9] This opinion was similarly supported by Offiong (2001). This is said to be achieved through witchcraft and sorcery, often involving the use of such elements as herbs (*odun*), roots (*ikon ikod*), and animal or mineral substances.

The Ibibio do not believe that death can simply occur naturally. Death, disease, and misfortune are caused by wicked spirits (witches), perpetrated through human agents who are usually represented by people closely related to the victim, for example, spouse, offspring, in-law, parent, or neighbour. As noted from the field observation, the cause of disease in Ibibio land is usually ascertained through divination performed by traditional diviners or by a spiritualist. In contrast, Uyanga (1979) earlier had posited that the pervasive belief in witchcraft and other mystical forces in the context of the etiology of disease and ill-health, made the notion of disease susceptibility through witchcraft to be so widespread in Ibibio land. The health belief has not changed in contemporary Ibibio land as Ibibio people still generally have a heightened consciousness of their vulnerability to illness due to witchcraft. Thus, an Ibibio man or woman steeped deeply in traditional beliefs is very suspicious of people, especially of his immediate relatives. He or she is careful about exposing personal secrets to people, especially information relating to their health or any treatment they are seeking. An elderly Ibibio man in an interview maintained that *"kuyak awo adiono idak idip mfo, kodo idoho afid owo ema owo,"*[10] meaning: don't allow people to know your deep secrets because some people don't love their fellows. This perception supports a popular Ibibio saying, *amo unam amo ke atan awot*, i.e., those who afflict you are the ones you are telling your problems to.

The above further underscores the Ibibio sensitivity to witchcraft and insecurity of health. With regards to health, Ibibio people are more likely not to pretend to be well than to disclose their true health condition, for fear that the person to whom they disclose such information may actually be behind their suffering or may maliciously decide to make the situation worse. This is particularly true of pregnant women. In an observation of pregnant women attending "Traditional Birth Homes" (TBH) in Uyo, a practice typical of many other rural communities of Ibibio land, it was discovered that they did so secretly without telling their neighbours and their relatives. Thus, according to Nelson (2008), this is to guarantee protection during the process of child delivery. 17 out of the 23 pregnant women involved in birth group discussions and key informant interviews maintained that if they told people about their health-seeking strategy, the information may eventually reach their enemy-witches (*usua*). Generally, pregnant women were very suspicious of people, including their mothers-in-law. This suspicion stems from the popular belief that a woman can be attacked by her closest relatives, when she is pregnant. Pregnancy in Ibibio land is regarded as the peak of a woman's vulnerability. To manage their vulnerability regarding an attack, as observed in some health care institutions mostly traditional and faith-based during the fieldwork, most pregnant women in Ibibio land irrespective of social class adopt many strategies, including regular attendance at TBHs, fasting, and prayer in spiritual homes (*ufok akam*). At the faith-based healing centres the pregnant women mostly rely on the use of olive oil and holy water, administered to them by spiritualists as a form of immunization against attack. The immunization, according to a pastor who is engaged in faith healing, is targeted against witches to keep the witches away from harming both the mother and the expected child during childbirth.

There is also evidence suggesting that disease susceptibility in Ibibio land is linked to specific places, the types of people who gather in the place, and the nature of social activities present in such places. The places include burial ceremonies, palm wine drinking parlours, child-naming ceremonies, and scenes of communal festivals. Burial ceremonies are regarded as very dangerous, because they attract all kinds of people, including wicked ones. Among the most prominent are the witches. Ibibio people believe that most of those who attend burial ceremonies are witches, who deliberately go there to wreck havoc.[11] Of course, not all Ibibio

9 Personal interview with Obong in household interview at Itu, July 2008.

10 The informant was interviewed in Abak. He was 71 years old when interviewed in June 2008.

11 Interview held with a male key informant (KI 15) in Ibeskpo in July 2008. Informant was 51 years old.

people believe in this assertion, but certainly 103 out of 178 household respondents confirmed their belief in it. Closely related to the above is the belief that those aggrieved by the death of someone may seek vengeance and an innocent person may fall victim. Accordingly, most people either do not attend burials or if they do so, they refuse to eat or drink anything served to them there, for fear of being poisoned by witches. Some people go to the extent of fortifying themselves with native charms to protect themselves from such an attack. The same applies to attending ceremonies and drinking in palm wine parlours.

Palm wine places present an interesting case for examining beliefs about disease susceptibility in Ibibio land. Palm wine (*ukot nsun*) is a favourite drink throughout Ibibio land, and palm wine parlours constitute important places for recreation, social get-togethers and discussion about important issues, ranging from family life to politics. Ibibio people derive joy from drinking palm wine in the company of other people, because it affords them the opportunity to converse, tell stories and jokes, and share important information. However, this context also increases their vulnerability to disease attack. The Ibibio believe that someone can be poisoned through palm wine. Therefore, most palm wine drinkers (*nwonkpa*) either drink it alone or rely on native concoctions to fortify themselves against poisoned palm wine.

Furthermore, Ibibio people believe that a church member can harm a fellow member. Worship services and other church activities promote sustained interaction between people, with potential for misunderstandings and conflicts. For fear of being attacked in church by witches, many Ibibio will not close their eyes while praying in the church.[12] This belief increases the fear, when two persons are engaged in conflict. Where the conflict is very deep, the fact that the parties in the conflict meet regularly may deepen the malice, and attack on one party by the other is easy because of the frequency of contact. Thus, most people in Ibibio land hold that even in the church one must be careful, especially of the witches in the church who pretend to be godly. A key informant noted that this type of witch is very dangerous, because they are "very deceptive. They know Bible verses very well and preach against evils; they are good in prayers and many of them are extroverts. They ask others for prayers, while closed eyes in prayers, they turn to be dragon of evils and explore the inner structures of the person, through which they cause harm against the person. As for me I do not close my eyes in the church for prayer, unless it is my pastor that is praying."[13]

Social Relations in the Ibibio Health Care System

The relationship between social networks and health care among the Ibibio people holds a dialectical disposition. On one hand, it is negative in that it increases susceptibility to disease and in turn limits one's social contact. On the other hand, social networks play an extremely beneficial role in health care where individuals provide social support in illness. Here our discussions centre on the Ibibio model of social relationships and the institutions in the health care system in context with witchcraft belief.

Of all the health care institutions, traditional medicine as the indigenous health care system is very popular in Ibibio land (Abia-Williams 1994; Akpan-Umana 2001). Ethnomedical practice in Ibibio land constitutes a rich blend of dynamic medical knowledge, ancestral experience, interaction between health care and witchcraft, as well as the construction of social relationships in illness within the template of witchcraft belief. This practice is deeply rooted in the cultural history of the Ibibio people and establishes the perception that all diseases are caused by witches. Though traditional medicine has evolved through time in accordance with changes in the cultural, material, and spiritual environments of the people, yet it still hangs on the above basis for understanding human vulnerability, susceptibility to disease, and disease therapy. From its inception until now, traditional medicine in Ibibio land has thrived on the social relationships that exist between, on the one hand, the practitioners and their patients, and on the other, between the practitioners and the witches who caused the disease in the patients. Thus, a traditional medical practitioner mediates between witches and patients. As observed from traditional healers during the fieldwork, traditional medical knowledge and practices then not only include knowledge of medicinal herb, diagnostic and therapeutic skills, but also the knowledge of how to appease witches or in more extreme cases how to punish them. Such knowledge is handed down from one generation to another through oral transmission. In most cases, the traditional doctor transmits this knowledge and

12 Personal interview held with KI 9 in Uyo. She is a woman attending an orthodox church in Uyo. She was 37 years old.

13 Personal interview with key informant 37. Interview held in Fourtown, Uyo in July 2008. The informant is a woman aged 67 years old.

skill to his son, usually the firstborn (*akpan*), a relative, or to someone of whom he is convinced he will preserve the heritage and further transmit the knowledge to others in future. The transmission of ethnomedical heritage is, therefore, influenced by the institution of kinship and by strong values. Human relationships thus form another nexus of social relationship in the traditional medicine of the Ibibio people. As a matter of fact, among the Ibibio, it was a general opinion of the interviewed traditional healers that without training under an experienced and renowned herbalist or traditional doctor one cannot gain social acceptance as an ethnomedical practitioner, even if one's therapeutic skills are verifiable.

In the opinion of Van der Geest (1997) disease conditions are diagnosed and explained in terms of and use of metaphors of social relationship, particularly those involving members of the same kinship group. This is particularly so in contemporary Ibibio ethnomedical practice, as observed in the field, where Ibibio traditional birth attendants (*mbia uman*) explain (or attribute) maternal morbidities due to adultery, witchcraft, or infraction of taboos, all of which are issues of social relationship. Similarly, bitterness, malice, hatred, slander, and evil intentions are believed to be associated with life-threatening disease conditions such as ulcers, cancer, and pneumonia. It is also observed that the people hold the belief that ancestors can visit people with diseases, especially if they have been neglected, traditions have been infracted, or unpardonable errors are committed in the performance of rituals. At the societal level, communal problems such as the disruption of the social order are believed to cause health problems among people. Traditional health care in Ibibio land, as in many traditional societies of Nigeria like the Yoruba of southwestern (Ajala 2002) and the Igbo of southeastern Nigeria (Izugbara et al. 2005), is marked by empathy – the deep personal involvement of the healer in the treatment of his patients. Kinship sentiments are usually evoked during the therapeutic process, and this helps the patient to recover quicker. As observed in the field, Ibibio traditional healers eschew informality during therapeutic processes; they relate on a deeply emotional level with their clients, asking personal questions and discussing health concerns very elaborately.

The services of traditional healers are usually rewarded either in cash or in an exchange for some sort among the Ibibio. As observed during the fieldwork, traditional birth attendants (*mbia uman*) who assisted deliveries were rewarded with dried fish, soap, clothes, and money for the purchase of kerosene to be used for the lighting of the birth home. For other healers such as herbalists and bonesetters, the reward is usually pecuniary. Rewards demonstrate careseekers' appreciation for the service utilized, and it is said to guarantee the sustainability of the healing. Rewards have strong social values and go a long way to strengthen social ties between traditional healers and their clients.

Among the Ibibio people, seeking treatment for disease conditions is equally influenced by social relationships. The network of social relationships to which an individual belongs plays a very critical role in one's quest for health care. As once noted, health is an informational good (Izugbara et al. 2005), thus as observed among the Ibibio where a sick person in Ibibio land obtains care, the type of treatment he or she chooses and everything else he or she does in the quest for health preceded by the therapeutic information he or she receives from people, especially from family members, neighbours, and other members of the community. Indeed, even a person passing by the individual on the street can convey information based on which critical treatment-seeking decisions for disease conditions are made. Thus Richman's (1987) observation, regarding African societies as a space where kinship and community play a crucial role in social support especially in illness, is very true relating to Ibibio land. A response to everyday greetings such as "how are you doing?" (*abadie*); "how is your body?" (*idem abadie*), the more probing form of the former, may prompt the person, making the greeting, to volunteer useful information that may enable the sick person to gain access to the much needed treatment for his or her condition. It was also commonly observed among family members and relatives of a sick person to enquire about effective medicine for the sick person's condition.

Underlying the above is that most treatment-seeking itineraries in Ibibio land involve the family of the sick person and are often prompted by the response obtained from such enquiries. In support of Abasiekong's position (1981) as a matter of fact, the family may even override the individual's (i.e., the sick person's) decision regarding health care. Beyond seeking and obtaining therapeutic information on behalf of the sick person, the family also gives practical support to the sick person both at home and at the healer's place. Usually one or two family members stay with the sick person to assist him or they will cook and serve food, fetch water, and wash clothes. This, however, depends on the severity of the illness and the degree to which the sick person is dependent on other people. The family provides food and pays for the treatment of the

sick person, since illness often restricts the sick person from engaging in his or her income-generating activities. The family gives practical support and provides everything the sick person will need during the period of illness until he/she recovers. This underscores the concept of social support, which is very substantial to health and well-being in Ibibio land.

It is necessary to mention the role of the family in the performance of therapeutic rituals. As stated earlier, an integral part of Ibibio ethnomedical cosmology is the belief that disease may result from such supernatural causes as infliction from witches, infraction of cultural taboos, and of duties and responsibilities to ancestors. In Ibibio ethnomedical practice, treatment for disease conditions with supernatural etiology often involves rituals, including the sacrificing of an animal (*uwa*), such as a sheep or a bird, and the pouring of a libation, which usually involves the family of the sick person. In most cases, elderly members of the family are required to offer prayers on behalf of the sick person, confess his/her sin and plead for pardon. Similarly, the animals, drinks, and food used for the ritual are provided by the family. Having examined the context of social relationship in disease management among the Ibibio of South-South Nigeria, what follows in our discussion is an examination of the declining trends in social supports in times of illness, using the case of AIDS to illustrate how the perception of witchcraft in Ibibio land leads to the exclusive use of traditional medicine and faith healing; and how the link between witchcraft and AIDS causes a decline in social support which essentially is needed in HIV/AIDS management.

AIDS in Ibibio Land: Witchcraft, Social Relations, and Health Insecurity

In many societies, HIV/AIDS has attracted accusation of many forces. In Haiti, for instance, mostly the blame is against the Western gay tourists who visited and imported HIV to Haitians (Farmer 1992); in contrast, the increasing incidence of HIV/AIDS in Soweto, South Africa, is blamed on witchcraft (Ashforth 2005). In all, it suggests that HIV/AIDS rest more on people's perceptions and beliefs; and such perceptions and beliefs largely influence the response to its treatment. Specifically, according to Ashforth's study (2005) in Soweto, the fear of witchcraft has escalated in tandem with the ravages of the AIDS pandemic. The death of young people, who should be in the prime of life, and the symptoms of the illnesses contracted by AIDS sufferers are commonly associated with "the malicious assaults of witches" (Ashforth 2005: 9). As observed among the Ibibio of Nigeria, HIV/AIDS has also made the belief in witchcraft to become more popular. Thus, the part played by AIDS in reinforcing the belief in witchcraft and further legitimizing the claim of this preternatural causation of disease cannot be overemphasized in the cosmology of disease and health.

Inferred from many of the respondents, the emergence of HIV/AIDS (*udono Itia-ita*) in Ibibio society in the 1990s reopened a popular belief in its cultural perception as a disease inflicted on victims by witches. The Ibibio earlier had constructed the belief that disease can be caused by preternatural forces, but as hardly any other disease had spread so rapidly throughout society like AIDS, for many people such a belief lacked rational evidence to support it. The prevalence of HIV/AIDS, its symptoms, and entire culture made the Ibibio associate the disease with witchcraft. Even when it was established that the infection was due to unprotected or illicit sex, people still apportioned the disease to witches. They rationalized that it was the witches that pushed the victims into unprotected and illicit sex and destroyed the victim's immunity against the hazard of unprotected sex.

The connection between HIV/AIDS and witchcraft specifies a channel of care in AIDS among the Ibibio. Like in other protracted diseases, many AIDS patients resort to either faith healing or traditional medical practitioners for health care at the onset of AIDS. This is simply because they believe that their problems are caused by witches who are draining their blood, as they continue to experience wasting away and loss of weight. In the case of loss of appetite due to AIDS, witches are also blamed for preventing the victims from eating. And so since there is a very strong belief that only traditional medicine and faith healing can counter the witchcraft, many people living with AIDS (PLWAs) resort to traditional medical practitioners and faith healing in churches for treatment. Healing processes include ritual and identification of witches that are responsible for the infliction among the relatives of the victims. The traditional practitioners spiritually screen every relative of the victim who visits the victim at the healing home. Anybody suspected to be the witch would not be permitted to visit the victim again. Similar processes are employed in churches where faith healing is practiced. The patients are first sanctified through spiritual bath or prayer, then fasting and repeated all-night prayer vigil follows. These are meant to remove the witches' influence from the patients.

The belief in the potency of traditional medicine in AIDS care is as strong as that of the church-based faith healing among the Ibibio. While church-based faith healing is used by Christians, non-Christians mostly rely on traditional healing. This was affirmed by one of our PLWA key informants in Itam, May 2008.[14] In one of my visits to him, he told me that faith-based healing is good. He further stressed "if not for the power of my pastor, I would have died. Those witches meant to kill me by all means, but my pastor refused to release me for them. Hey! Pastor Timothy is very strong. He is going to come to pray for me in the village square on Saturday, all the witches in this village would see fire. I have been warning them to desist from me, if they refused, they would see hell on coming Saturday." I advised him to go to the hospital in Uyo, I even volunteered to give him some money for the hospital and agreed to pick him up from his village every other day and take him to the hospital in Uyo in my car, but he refused my offers and he said that his disease was not a hospital disease. He said that "Pastor Timothy has talked to God on my behalf and God has promised him that he would deliver me from those witches. The biggest problem before was that we did not know those witches that were responsible, but through prayers we have identified them, and we [he, his wife and six children] have left my father's village where they are. It is my stepmother who headed those witches that are disturbing me. We are now in my wife's village. They are good here. They had witches too, but through the efforts of Pastor Timothy, all witches here have ran away." Unfortunately this PLWA died in church in July 2008, during an all-night vigil prayer organized for him. Among others the above case study suggests that the belief in witchcraft associated with the incidence of AIDS strains social relations between individuals and those suspected to be witches, as well as specifying the channel of social support in AIDS. Due to lack of trust among closely related people, health status is rarely discussed.

The role of kinship network during illness as a social support is greatly affected. As experienced in the case of the key informant 14, stated above, many PLWAs withdrew from contact with their relations due to the belief that the witches causing problems for them are among their close relatives. They then lose both psychological and financial support from their kin, support which is necessary to sustain them through the agony of AIDS. As PLWAs keep themselves out of the public eye due to the perception that their enemies (witches) might see them, they are equally inaccessible to basic public information on AIDS management. The belief in witchcraft and its link to disease and illness is not decreasing among the Ibibio, in spite of the increasing access to Western education and the influence of Christianity in Ibibio culture. Accusations and counteraccusations of witchcraft remain the popular practice among the Ibibio people, and witchcraft belief continues to influence health-seeking behaviors with punitive implications for morbidity and mortality in Ibibio land.

5 Conclusion

Although witchcraft has a number of positive functions in society, such as reducing tensions and acting as a form of social control, yet its negative implications for disease management are immense and seriously undermining the health security of the Ibibio people. For ages, the Ibibio attach great importance to witchcraft and such belief shapes the perception of health security as well as determining the understanding of disease and health. Belief in witchcraft similarly influences people's health-seeking behavior and determines the nexus of social relations in disease management. Evident from the above reported data is that belief in witchcraft increases the morbidity level of the people as many ignore modern health care, believing that many diseases are caused by witches. It also increases people's vulnerability to mortality due to exclusive reliance on the traditional healing system. Finally, as the belief in and fear of witchcraft continues to occupy a significant place in the Ibibio's understanding and management of disease, its implication for the health security of the community is grave.

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14 Personal interview with Akpan (KI 14) in Itam. Akpan was 52 years old in 2008, and fell ill for about two years. He was formerly in Lagos where he contacted HIV/AIDS and withdrew to his father's village and later to his wife's village for fear of witches in his father's village. He died in the church in July 2008, while still receiving faith-based care.

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