

## Dying Commitment of Healthcare Services in Okun-Yorubaland: A Historical Assessment

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### **Abstract**

This study investigated the dying commitment of the Okun-Yoruba communities towards the provision of healthcare services. The period between 1950s and 1980s was a revolutionary year for the progressive unions of the Okun-Yoruba communities. The Okun-Yoruba educated elite returned after their studies outside their communities to be dissatisfied and disillusioned with the general condition of healthcare services and schools in their home communities. They therefore mobilised their communities for the provision of healthcare centres. This study therefore, uses historical tools of analysis to survey the strategies adopted by the Okun-Yoruba elites through the formation of Progressive Unions. It highlighted the early prospects and challenges encountered and more importantly, the taking over process of these maternities and hospitals by the Kwara State Government as part of its social responsibilities to the development of Local Government Areas. The study concluded that the taking over of the communities' health centres flourished before the military government took over the government in 1983 through a coup d'état. In addition, the lost spirit of communal welfarism, was part of the erroneous beliefs inculcated into Okun-Yoruba people that community social development was the responsibility of the government, which over time deadened the provision of healthcare services in Okun-Yorubaland.

**Keywords:** Okun-Yoruba, Communities, Missions, Healthcare, Hospitals

### **Introduction**

Healthcare service predates the establishment of colonial rules in Africa. Africans maintained their healthcare through the application of indigenous therapies.<sup>1</sup> The healthcare practitioners held sway in the business of applying medications to different health challenges before the introduction of western medicines by the missionaries and

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later the colonial governments. It suffices to mention here that contrary to the popular opinion by some Eurocentric scholars who argue that Africans did not portray any viable form of knowledge to maintain their healthcare before the arrival and introduction of western healthcare falls into the category of what Oyebola refers to as junk statements.

Paul has argued that Okun-Yoruba people, the focus of this study maintained their balanced healthcare before the introduction of western medicine by the Sudan Interior Mission and Roman Catholic Mission.<sup>2</sup> The *Babalawo*, *Elegbogi* and *Oluseomo* were prominent in the business of administering herbs, concussions and roots to solve different healthcare challenges. However, the arrival of the missionaries signalled a radical change from the indigenous practice of the Okun-Yoruba people. It is very significant to note that the introduction of western healthcare delivery into Okun-Yorubaland was not intended as a gesture to enhance the development of the area<sup>3</sup>. The propagators (missionaries) used the establishment of western medicine as a means to an end. In other words, their primary intention was to convert the native population to Christianity. But they saw the introduction of western healthcare services as a good instrument to the achievement of their primary goal. The mission became so successful in Okun-Yorubaland that socio-cultural practices of the people became transmogrified.<sup>4</sup>

### **The Okun-Yoruba and their Environment**

The History of Okun-Yoruba people have attracted the attention of many scholars such as Ade Obayemi, Yemi Akinwumi, Famule and Apata. They are one of the groups that cluster around the confluence of rivers Niger and Benue. This area is located on the north-eastern part of Yorubaland and Southwest middle of the Niger Basin. They have lived in their present environment several centuries past. Okun-Yoruba historians have come to the consensus that the progenitors of the groups migrated from Ile Ife.<sup>5</sup> Only a few section of the group emphasise autochthonous theory of origin where the progenitors of the Okun-Yoruba people were argued to have emerged around there without migrating from anywhere.<sup>6</sup> Even though majority of Okun-Yoruba people trace their origin to Ile Ife, there are other groups that lay claim to Iddo as their source of origin.<sup>7</sup> These divergent opinions of origin have been explained by Olomola and quoted extensively by Paul.<sup>8</sup> He is of the opinion that any of the Yoruba town's claim the origin is as good as claiming Ile Ife because those towns also claim Ile Ife as their point of dispersals. This seems to lay to rest what could have been unnecessary arguments of origin.

The Okun-Yoruba people do not have Obaship in the classic Ife/Oyo pattern and this probably justifies the reasons early European anthropologists referred to them as segementary societies. Their socio-political organisation is gerontocratic in nature and ties closely to the clan system according to Ade Obayemi and quoted by Iyekolo.<sup>9</sup> Economic prosperity was part of the reason advanced by several scholars why the Okun-Yoruba clustered around the bank of the confluence of rivers Niger and Benue. The people

are agrarians, cultivating land and planting crops for their survival. Several years of socio-economic interactions with other dwellers of the confluence regions such as Igala, Ebirra, Tiv, Idoma, Alago, the Afo, Koro, Gade, Bassa Komo, Gbari and Nupe, among other have in one way or the other influenced their histories appreciably.<sup>10</sup> Their interactions with the above people seem to have influenced them so much so that their identities have been severally mistakenly miscarried.<sup>11</sup>

## **Okun-Yoruba Communities and their Consciousness for Social Responsibilities**

The geographical location of the Okun-Yoruba people, has long presented them to dangers. In the first instance, they are far away from their kith and kin (Yoruba) in the West. They are situated in the gateway between the forest region of the south and the savanna of the north. They by no means enjoyed any modicum of protection from other bulk of Yoruba in the West, let alone from the other groups in the middle-belt region or from the North. It was this that made them to fall prey to different kinds of onslaughts from external aggressors during their pre-colonial period. The first encounter of this was the invasion of the *ogun gonigon* (gonigan war). These were armed raiders from far west who bombarded Okun-yorubaland to abduct people so as to be used in support of war efforts during the Yoruba internecine warfare. Abejirin, argues, that several Okun-Yoruba people were abducted and carried away as slaves. Most of them were used as carriers and garrisons to support their war efforts.<sup>12</sup>

The more ruthless and most devastating onslaught came from Nupeland. This was a build up to Uthman Dan Fodio Jihad of 1804 and its expansionist drive to the south as argued by Mason in 1970, and countered by Ade Obayemi in 1980. By 1830s, Nupe Kingdom had fallen to the Jihadists.<sup>13</sup> The politics of the established Kingdom of Nupe, does not form the focal point in this discussion. Mason, Obayemi and Apata had done much study on the political development and its accompanied intrigues and counter-intrigues. The focus of this discourse here is the Nupe invasion into Okun-Yorubaland, and how that built up the communities to social responsibilities.

By 1834, the Nupe kingdom had come out of political upheavals following the political crises that followed Mallam Dendo, and the eventual established political powers. Peace eventually returned as a result of the full supports the Kingdom enjoyed from the Sokoto Caliphate. As part of the extended Kingdom of Sokoto Caliphate, Nupe Kingdom was expected to advance regular supply of slaves and tributes in form of cowries and farm produce.<sup>14</sup> Years of devastation had famished the whole of Nupe Kingdom and economy. Thus, the economic repression made it imperative for the new political kingdom to look elsewhere, where the requirement of its allegiance and political loyalty were measured by the regular supply of the above materials on yearly basis. It was this pressure that prompted Nupe Kingdom into southwards movement in search of slaves

and farm produce to make up the deficiencies at home. Since Okun-Yorubaland did not enjoy any form of protection from other Yoruba people in the West, it was easier for the Nupe army to ravage their land from 1834 up till 1897.

Okun-Yorubaland suffered heavily socio-political and economic reckonings. *Ogba* (tax masters) were stationed in each community of Okun-Yoruba people who ensured regular flow of tributes and slaves to Nupeland. Each Okun-Yoruba community was on its own until deliverance came from the West Africa Frontier Force (WAFF), which was established to protect British Companies along the coast of West Africa.<sup>15</sup> The Royal Niger Company in the confluence region was established in 1887 by the British government. The company was granted a charter for all economic activities around the confluence of rivers Niger and Benue in 1899. The company was more interested in economic matter of the region rather than its political affairs. Adeyinka reported that the company was not ready to accommodate any rival to her economic monopoly in the confluence region.<sup>16</sup>

This explains the reasons why the company took the prompt step of rescuing the area when some Okun-Yoruba communities wrote a letter, which was directed to the missionaries in Lokoja about the spate of ruthless condition of the Okun-Yoruba and Akoko people, which did not allow maximum economic production in the axis.<sup>17</sup> However, the letter was referred to the Royal Niger Company by the missionaries, which by charter, had the legal right over the whole territory. It was the obstruction to the economic prosperity of the company in the confluence that made the company to order the dislodgement of the Nupe hegemony in Okun-Yorubaland. It was this that culminated in the combined efforts of West Africa Frontier Force and the Ogidi Grand Alliance of 1897.

The above scenario had further implications for the Okun-Yoruba people. In the first instance, each of the Okun-Yoruba community had the responsibility of re-grouping, restructuring and channelling a course that would enhance its economic prosperity, which had been battered as a result of decades of ruthless internal colonialism by the Nupe overlords. Each of the communities started in earnest to put radical reconstructions in place to bring out its suppressed condition out of the woods. This was coupled with the effort of the missions as noted in earlier studies.

The Sudan Interior mission, Church Missionary Society (CMS), and Roman Catholic Mission (RCM) among others made their inroads into Okun-Yorubaland. They constructed mission stations, built schools and hospitals in major towns.<sup>18</sup> Other communities, which were not privileged to have missionary presence, took it upon themselves to establish community's schools as well as building community maternities and hospitals.

## **The Roles and Impact of the Communities in the Provision of Healthcare Services in Okun-Yorubaland**

As indicated above the roles and impact of the communities in the social development of Okun-Yorubaland predated the era of the missionaries and colonial government. However, aggressive moves came when the missionaries and the colonial government fully established themselves. Mission stations and schools were built in some major Okun-Yoruba towns such as Egbe and Kabba by the missions. By 1930s, the impact of the missionary activities had become noticeable in several Okun-Yoruba communities.<sup>19</sup>

On healthcare service, which is the focus of this study, the impact of Sudan Interior and Roman Catholic missions were unparalleled. The Sudan Interior Mission established Maternity Hospital in Egbe in 1908, and outstations in Mopa and Isanlu in 1927 and 1951 respectively.<sup>20</sup> Roman Catholic Mission built its maternity hospital in Kabba in 1932. These maternities were inadequate for the entire population of Okun-Yorubaland. It was these inadequacies that informed various communities of the need to establish Community Maternities to cater for the healthcare services of their people. It must be noted that of the five distinctive groups of the Okun-Yoruba people, i.e. Iyagba, Kabba, Bunu, Ijumu and Oworo. The Missions only established maternities in Iyagba and Kabba communities. The distance of these communities was far apart that sick persons died on transit in the process of conveying them to maternity centers for medical healthcare. According to Eyinmoyan, it was partly because of the above challenges that many communities came together to discuss how their communities could establish one.<sup>21</sup>

In this respect, the roles and impact of Social Unions often called Social Progressives cannot be over-emphasized. These unions were formed by Okun-Yoruba young men, most of who had been educated in the mission schools and had travelled out of their various communities. Coleman, captures the development of unions when he wrote that 1920s was the dawn of Nigerian age of ideas for progressing and improving unions and was quoted by Aduke and Temeghas.<sup>22</sup>

The recognised needs of the elite to come together for the mutual assistance and improvement of their idea as well as their feeling of obligations toward their homeland were acute. These emergent social unions of the Okun-Yoruba communities were operational patterns of participation in socio-economic development of the whole of Okun-Yoruba communities. Topmost of these unions were: Isanlu Progressive Union, Mopa Welfare Society, Kabba Development Union, Aiyetoro Gbedde Development Association, Egbe Makun, Ijumu Development Movement, Ife-Olukotun Descendant Union, Ponyan Development Association, Jege Development Association, Ere Welfare Association, Amuro Community Development Society and Omo Okeoyi Progressive Union among several others. Many of these Development Unions pioneered the building of Dispensaries for their communities. For example, Aiyetoro Maternity, Isanlu Maternity, Iyara Maternity Hospitals, Ogidi Maternity, Ayede Maternity, Agbaja

Dispensary, Egbeda Dispensary and Out Dispensary. These were among the various maternities and dispensaries, established by various communities in Okun-Yorubaland.

It is significant to note that each of the communities also made effort to get dispensers from the Western Region of Nigeria to man the dispensaries and maternities while assistants were sought among the Okun-Yoruba people to help the dispensers. Salaries of these workers were paid by the communities. Each family in the community was expected to contribute a certain amount within its financial ability every month toward the running of the maternity/dispensary. Each of the communities constituted committees that took oversight functions of the maternities and dispensaries.

As part of the responsibilities of the committee, money contributed by people was judiciously utilized for overhead costs and procurement of drugs and other materials needed. It is noteworthy as reiterated by one informant, that there was no record of any misappropriation of funds by any member of the committee. It was also a part of the responsibility of the committee to advice the community on critical issues that related to this health. Such matters bordered on recruitment of staff, materials and defaulters of monthly contributions of the families in the communities.

Issues bordering on the urgent needs of the maternity/dispensary were discussed with the committee by the dispensers. These were in turn taken to the community by the committee. Members of the community with health issues were treated and charged moderately to cover part of the overhead costs. Between 1972 and 1974, when the government effort in establishing General Hospital in Okun-Yorubaland was just one, that is, Kabba General Hospital, there were already four major maternity hospitals, which were established through community efforts.<sup>23</sup> These hospitals were established in Aiyegunle Gbedde, Ejiba, Jege and Aiyere. Other communities established Secondary Schools in Okun-Yorubaland. Apparently, Okun-Yoruba communities through their various progressive unions recorded appreciable performance in term of self-help projects. These maternities and dispensaries were managed by the communities until the government took over the responsibilities of sending dispensers and other workers in 1979.

## **Problems and Prospects of Government taken over the Responsibilities of Community Maternities and Dispensaries**

As a part of the responsibilities of the government to provide basic healthcare for her citizenry, the government deemed it necessary to takeover certain social responsibilities from the communities in the late 1970s and 80s. These responsibilities include among others, schools, maternities and dispensaries which were established and managed by the communities. The taking over of these projects entailed the responsibilities of maintaining the maternities and dispensaries and the overhead costs became that of the government. Monthly family contributions were stopped. Since the government paid the

salaries of workers as well as the overhead costs, there was no basis for the family to contribute towards the maintenance and running of the maternities and dispensaries. Even though, the taking over of the overhead costs of this maternities and dispensaries was good, much was left to be determined regarding its efficiency.

In the first instance, the communities heaved a sigh of relief as the burden of running these institutions was lifted from their shoulders but little did they realise that the development would lead to the death of the projects. The government promised the people that the taking over of the maternities and dispensaries would improve their standards. Not only that, they promised to improve them until they became full-fledged hospitals. It would appear the statement of the government at that time appeased the communities. Apparently, it was as if their long dream of having hospitals in their domains was gradually coming to a reality.

For the period of a few years, Ojo argues that the government's policy of taken over, of the dispensaries and maternities, total commitment was injected by the government and the dispensaries and maternities functioned well.<sup>24</sup> This was because; more qualified personnel were posted to the various maternity hospitals. Since government would not employ those who were not qualified in medical field, it was generally believed that the development would further boost the standard of these health institutions.

The government also enlarged the scope of the maternities and dispensaries. Initially, only few maternities established by the communities could handle more than dressing of sores and to prescribe drugs for malaria fever. Critical cases were referred to the General Hospitals in the few major towns in Kwara State. As part of the acknowledgement and appreciation, during the eve of the State Government take over of the health institution in Kwara State, the State Governor stated that:

All the development activities being undertaken by the various communities in the rural areas are in fact part of the development at the grass-root ... level, which all the Local Governments are supposed to champion ... from all indications so far; the communities are the pillars of development activities in the rural areas.<sup>25</sup>

The above statement shows that the State Government was impressed with the efforts of the communities in Okun-Yorubaland. But when the government took over, it was calculated that more serious cases would be handled by the maternities and dispensaries. The first step, which the government took, was to enlarge all the health institutions. More equipment was brought and more personnel such as security officers and ward attendants etc were also hired to improve the effectiveness and efficiency of the health institutions in the State. Job opportunities were also created for some categories of people. For instance, security personnel were hired from the immediate communities where maternities and dispensaries were established. Critical cases that made people to travel far away for medical attentions were handled by the maternities.

The government worked assiduously in terms of providing necessary materials for these community maternities with the hope of upgrading them to General Hospitals. As noted by Adefila, the Second Republic Government of the then Kwara State was in good direction in respect to the provision of healthcare services to the people before the military took over power in 1983, setting back the good plan of the democratic government.<sup>26</sup>

Despite the laudable prospects as enumerated above, the effort was also bedevilled with diverse challenges. In the first place, the attribute of self help, which has been part and parcel of the Okun-Yoruba people, was lost. Hitherto, as carefully analyzed in this study, the Okun-Yoruba people have been self dependent. The idea of the government taking over their social responsibility as part of the function of the government to her citizenry made them to abandon their social responsibility for their communities. Over time, governmental responsibility became rather over-burdened to the extent that she could no longer cope with her responsibilities.

The spirit of self-help, which the Okun-Yoruba people lost since 1979 could not be regained. According to Olowojaiye, the problem of over-reliance on the government for social amenities was part of what caused the socio-economic under-development of Nigeria including Okun-Yorubaland.<sup>27</sup> Most of the community progressive unions in Okun-Yorubaland were no longer driven by the ideology of positivism and welfarism to their communities. Rather, they became social critics of the government. As a result of maladministration of the military on Nigerian politics, some of the health centres, which were taken over by the government from the communities in the late 1970s and early 1980s, had gone into extinction. All efforts to revive the lost spirit of the progressive unions in various Okun-Yoruba communities have been a herculean task over the years.

## **Conclusion**

This study exposed the commitment of the Okun-Yoruba communities with specific focus on the roles of the Progressive Unions, which were established by their elite after completing school in the early 1950 to 1980. The early establishment of schools (primary and secondary) most especially by Sudan Interior Mission (SIM), Church Missionary Society (CMS) and Roman Catholic Missions from 1925 upwards in different part of Okun-Yoruba communities sparked the yearning zeal of the parents in ensuring the enrolment of their children in the mission schools.

The zeal for pupils' enrolment was initially greeted with apathy. Parents could not see the need to release promising and faithful children for schooling. They perceived such as an act of mortgaging the future prospects of such children. However, lazy and the children of unloved wives were released to the White men. Their thought was that such children would suffer as slaves in the hands of the White people in schools. However, most of these children completed their elementary schools successfully and the most brilliant ones were sent abroad for further studies. Some of these people graduated to



become spokespersons for their various communities. Others were absorbed in the missions' schools as tutors/teachers. Those who went to school became advantaged over the other children who were not allowed or released for schooling. It was this that changed the attitude of Okun-Yoruba people to school enrolment. Every parent accordingly wanted their children to go to school.

Thus, by 1960s, the general outlook of the Okun-Yoruba environment had changed. The educated elite of the communities came back to establish various Progressive Unions. These Unions became the prime movers for the establishment of healthcare enters (maternity and hospitals. However, as part of the efforts of the democratic government during the Second Republic to seek as well as to legitimize their mandate embarked upon different projects for various communities. Not only that, different projects, which came on board as self-help commitment of the locals were taken over by the government.

The Okun-Yoruba communities did not contest the taking over of these projects, as experienced in some other places, perhaps, because of the government's orientation and promise to improve the standard of the health centers. Even though, there were palpable improvements, accredited to State Government's effort to improve the scope and the personnel capacities, the effort was short-lived because of the coup d'état of December, 1983. The maladministration of the military and their lack of care for the welfare of the people eventually led to the death of some of these maternities and hospitals. Not only that, it did not create rooms for the Progressive Unions to rejuvenate the spirit of commitment towards their community healthcare development. This eventually led to the death of communities' commitment toward the provision of healthcare in Okun-Yorubaland.

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