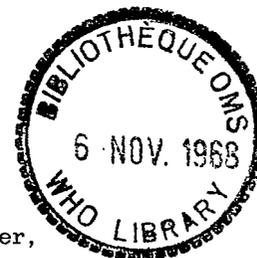




CULTURAL RESISTANCE TO SMALLPOX VACCINATION  
IN WEST AFRICA

by

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During the course of the present smallpox eradication programme in West Africa, enthusiasm and acceptance of vaccination has been a norm rather than an exception. However, in three adjacent countries of this large area, encompassing the southern portions of Dahomey, Togo, and Western Nigeria, a strong cultural resistance to vaccination has been encountered which in some instances has strongly influenced the operation of the eradication programme in these areas.

At the time of the first European contact with this part of West Africa in the late 1600s a highly organized religion existed in the then Kingdom of Dahomey which, it was found in subsequent centuries, resisted to a greater extent than other cultures the appeal of either Islam or Christianity. This religion was a polytheistic one with a complex mythology to explain the relationship of the individual to his environment, and the causes of most natural phenomena. According to this system of belief, a supreme god in the distant past had delegated authority over the various kingdoms of the world to his sons. To his eldest and first-born son he gave control of the earth, and to his second and next born control of the sky. As the main weapon of the ruler of the sky he gave thunder and lightning. However, the main weapon of the lord of the earth was smallpox. It was thought that the god of the earth, who nourished man by giving him maize and millet, and all other grains of the earth, when moved to punishment caused the grains men had eaten to come out on their skins. This was the cause of smallpox.

Between the first contact of Europeans with Dahomey until it became a French colony in 1892, two kings of the then Kingdom of Dahomey died of smallpox, and one military expedition against the neighbouring Yoruba of Western Nigeria had to be recalled because of an epidemic of smallpox among the invading troops. Smallpox thus played a prominent role in the religious life and history of Dahomey.

Today, among the tribes in Dahomey which once comprised this former kingdom, among neighbouring tribes in Togo, and, in addition, among many Yoruba in Western Nigeria, the belief that smallpox represents a supernatural phenomena or a divine visitation by a god still exists. Smallpox is viewed as a punishment for wrongdoing, either on the part of an individual, a family, or a village; and the proper corrective measures are ceremonial and sacrificial, not vaccination. A conservative estimate of the population involved would be between three and five million people.

In every village in Southern Dahomey and Togo, and in many areas of Western Nigeria, there exists today a local herbalist or "fetisheur". It is these individuals who have responsibility for the care of the sick and the protection of the village from medical ills. In addition there are specialized priests who have been raised and trained from childhood in the service of a particular god. Since smallpox is thought to have a supernatural origin, the care of an individual case of the disease or the protection of a village during an epidemic is the sole jurisdiction of the fetisheur. Should a case of smallpox occur, he is

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consulted immediately, and the family must pay for his services. If a person dies of the disease, only the fetisheur has the right to perform burial and "purify" the household, and all the possessions of the diseased become his. Each village has its own shrine or "fetish" to the smallpox god which is built and consecrated by the fetisheur. Many of these were built generations before the fetisheur was born, and care and worship of them were passed down the familial line to the present day fetisheur. They are considered to be the dwelling place, temporary or permanent, of the god and the place where the god can be consulted and appeased.

It is generally believed that the fetisheur can, of his own volition, cause an epidemic of smallpox. That fetisheurs can and do save scabs and crusts from active smallpox cases for the purpose of variolation has been proven. Most fetisheurs are themselves protected from smallpox by variolation. In treating a case of smallpox, the fetisheur usually administers oral potions of herbs and then vigorously applies lotions of palm oil to the skin causing the otherwise intact lesions to break open. It is the material from these lesions that the fetisheur collects and saves for future use according to general belief. The nature of the potions used in the treatment are carefully guarded, as are, in addition, the rituals followed when a fetish is consecrated and when a person who has died of smallpox is buried.

Resistance to vaccination experienced during the course of the smallpox eradication programme has been encountered on two levels. First, it has occurred when the villagers themselves have opposed vaccination because the smallpox outbreak in their village was viewed as a social or supernatural stigma and not as a medical phenomena where vaccination, or any other medical practice could furnish a meaningful approach. Secondly, it has occurred when the fetisheurs have actively resisted vaccination because it represented a threat to their standing in the community. In the eastern portion of Togo near the Dahomey border, entire villages fled en masse before the Togolese teams as a result of having been prewarned by the fetisheur. In Western Nigeria a vaccination team was met with drawn knives when publicity posters circulated prior to the campaign asked the population to make war on smallpox. The word for smallpox in the local language was identical to the name of the local earth god, and the population was highly incensed, feeling they were being asked to make war on one of their own deities. Schoolteachers and local officials in both Dahomey and Western Nigeria have been threatened with smallpox or worse by fetisheurs if they assisted vaccination teams with health education and publicity. Resistance to vaccination in all such areas has created, in addition, difficulties in surveillance and reporting of smallpox; cases are usually hidden due to the fear that a vaccination team may be summoned by local authorities if the cases are known.

In spite of such resistance several instances have occurred in the three countries where local beliefs, ingrained though they might have been, were overruled in favour of vaccination. In the village of Hon in Southern Dahomey cases of smallpox had been occurring continually over a nine-month period. At the time the village was first visited by the Smallpox Eradication Programme medical officer, the chief of the village, after facing smallpox continually for nine months had lost confidence in his fetisheur. He thought the fetisheur had become old and tired, and had lost his power. The chief was then willing to accept vaccination for his village and actively assisted in the vaccination activities. In a nearby village where more than 100 cases and 40 deaths had occurred over a four-month period, the fetisheur and his assistants consulted a Grand Priest of the smallpox cult who resided in the capital city Cotonou. After carrying out his instructions to the letter and finding no decline in the number of cases in their village, they were willing to be vaccinated and were among the first in line when the vaccination team arrived.

Preparatory meetings with the chiefs of villages about to be vaccinated have been found to be effective in increasing the subsequent turnout and participation of the population. Meetings with the fetisheurs, though much more difficult to arrange, are planned for the future and hopefully will be even more productive.

SUMMARY

While cultural resistance to smallpox vaccination has not been frequent in West Africa, regions exist in Togo, Dahomey, and Western Nigeria where large populations view smallpox as a supernatural phenomenon. Proper sacrifices and ceremonies must be carried out by the local fetisheur and vaccination is both opposed and feared. Such deeply ingrained resistance to vaccination can be overcome. New approaches are needed to convert and enlist the aid of fetisheurs, and to encourage the population to accept vaccination and report known cases of the disease.

The purpose of the WHO/SE/- technical information series of documents is to acquaint interested research and public health workers, as well as WHO staff, with the progress of smallpox research and eradication by means of:

- (1) summaries of some relevant problems of fundamental, epidemiological and operational aspects;
- (2) field project reports and other communications on particular research and eradication aspects which would not normally be published by WHO or elsewhere;
- (3) papers that may eventually appear in print but, on account of their immediate interest or importance, deserve to be made known without delay.

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