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THE ROLE OF FETISH PRACTICES IN VACCINATION CAMPAIGNS

G. E. Robbins[1]

The Smallpox Measles Programme has met with enthusiastic acceptance in most countries, but in two of them, Dahomey and Togo, it became increasingly apparent that potentially serious problems were being encountered. Reports were received of entire villages fleeing from vaccination teams and their white trucks. There were also accounts of fetishers actively opposing the programme and frustrating efforts to achieve control of the disease. More disturbing, particularly by mid-1968, were reports of recurring smallpox in previously vaccinated areas in both Togo and Dahomey, particularly the known fetish area.

A study was undertaken to determine whether indeed, there was actual resistance to smallpox vaccination, what role the "fetish" played in it, and what could be done to overcome it.

The study began in January 1969 in Togo and continued for nearly three months in both Togo and Dahomey. Interviews were conducted with a variety of individuals, including government officials, fetishers, village chiefs, and villagers. Extensive field visits were made to observe evidence of fetish practices and conduct scar surveys. Programme records were reviewed and the literature was researched to obtain background on Dahomean and Togolese cultures and specifically those parts relating to religious beliefs and fetish practices.

One of the most significant aims of the entire investigation was to determine if the target population in a known fetish area resists or is opposed to smallpox vaccination. Be Town, a suburb of Lome, Togo, was selected by programme personnel because of difficulties with the mass programme there in September 1967 and smallpox had subsequently recurred there despite the vaccination campaign. Vaccine consumption and tally figures indicated a low vaccination coverage, so a mop-up programme to increase overall coverage was conducted in Be in November and December 1968 using multiple puncture vaccination teams. Within this community it was possible to make a comparison between a known "fetish" area and an adjacent one considered a "non-fetish" area.

A sample of 200 individuals over 15 years of age was selected, half of whom lived in the fetish area, and half of whom lived in the non-fetish area of low vaccination resistance. An interview schedule was prepared to determine the age, sex, tribe, and smallpox disease and vaccination histories of each person. The interview also contained questions concerning attitudes towards smallpox; the degree to which the purpose of the mass vaccination programme had been communicated; beliefs about the causes, treatment and prevention of smallpox; willingness to be vaccinated; and the degree to which vaccination was understood as a health measure.

The coverage in the ped-o-jet vaccination programme was 56% for the respondants from the fetish area and 72% for the non-fetish group. The subsequent multiple puncture programme increased the vaccination coverage in the fetish group to 76% and in the non-fetish area to 83%. In addition, other individuals had been vaccinated within the past three years, so that a total of 88% of the sample from both the fetish and non-fetish areas were found to have been vaccinated within that period of time. If either the presence of a scar or history of vaccination was considered, the total vaccination coverage was exceedingly high: 96% for the fetish area and 99% for the non-fetish sample. Little evidence of resistance to smallpox vaccination exists in this fetish area. In fact, it appears to be absent.

The composition of the population of both areas was strikingly different. Whereas the population of the fetish area for the most part were Ewe (76%) and were descendants of the original settlers of Lome, the non-fetish population was fairly evenly distributed among four tribal groups (Ewe, Mina, Ouatchi and Fon). The fetish area residents tended to be more isolated and have less contact with outsiders than their

[1]Health Education Advisor, NCDC/USAID, Regional Office, Lagos, Nigeria

non-fetish neighbours. The latter tended to be employed in the city of Lome, where they were brought into contact with new ideas and a variety of people. This supports the contention that any isolated group of people will resist more strongly new or innovative ideas or procedures than a group with continuous exposure to new ideas and new people.

Smallpox was recognized to be contagious although people in the sample had little idea how the disease is passed from one person to another. Approximately three fourths of the respondants knew that smallpox cases must be avoided because of the possibility of "catching" the disease.

A high degree of awareness of accepted medical practice was evident in both the fetish and non-fetish area, since virtually everyone sampled felt that a dispensary, medical doctor or vaccination had a role in preventing smallpox. Nevertheless as the herbalist is held in high regard too many of the respondants stated they would seek help from him if no satisfaction was obtained from a medical doctor. Over half the respondants believed that herbalists have preparations which can prevent smallpox. Furthermore, the study showed that people will present themselves for smallpox vaccination without having any idea what the vaccination is for, or what protection it provides.

People will accept smallpox vaccinations regardless of fetish beliefs. Virtually everyone in the sample surveyed, in both fetish and non-fetish areas, attributed smallpox to supernatural causes. Most often mentioned were the fetish, whistling at night, the hot sun and the weather. Few people believed, however, that a fetisher could cause people to become ill with smallpox, and even fewer felt that such a person could prevent smallpox. Because of the extremely high smallpox vaccination coverage in the smaple surveyed it is apparent that the influence of the fetish and the fetisher is, at the present time, limited. This is further underscored by the fact that although no Sakpate (smallpox) fetishers were sampled in Be itself, there is evidence from other areas that the priests and their families have been vaccinated and continued to present themselves for smallpox vaccination. Similar investigation in the Dahomean bush showed that villages with a high degree of fetish beliefs had high vaccination coverage in the adult population. On the other hand, villages with little evidence of fetish practice showed poor vaccination coverage. Any resistance to vaccination appears to be due to insufficient health education and advance preparation of the villagers coupled with a suspicion of strangers rather than anything to do with fetish beliefs.

Some individuals felt that vaccination causes malaria, rheumatism, or even smallpox itself.

Information and education efforts have not been entirely successful in Be. Just slightly over half (57%) of the respondants were aware of the Smallpox Measles Programme even though a larger percentage (79.5%) had been vaccinated by programme personnel. Of those who indicated an awareness of the programme, fully 33.0% had been notified by word of mouth, (friends, children at school, market, dispensary), or simply saw the vaccination teams and were vaccinated (26%). A smaller proportion of individuals (25%) heard of the programme by means of the press or radio. This emphasizes the hazard of publicizing urban vaccination programmes solely by these means. Nevertheless, mass media programmes coupled with subsequent efforts which utilize informal inter-personal channels did reach a considerable proportion of the target population.

CONCLUSIONS

Genuine resistance to smallpox vaccination did and perhaps still does exist a Dahomey and Togo but not, perhaps, for the reasons expected before the study was undertaken. Belief in the fetish and the supernatural is the norm, and is deeply woven into the fabric of the culture of these peoples. It is the only way they have of explaining

the relationship of an individual to his environment and the causes of natural phenomena such as drought, pestilence and epidemics of disease. To say that people avoid vaccination or flee from vaccination teams because of the power of the fetish or the influence of individual fetishers is, unfortunately, a convenient means of explaining programme failures when the real reason is unknown or too difficult to determine accurately. Additional field investigations showed the role of the fetisher in opposing smallpox vaccination to be minimal and a more accurate explanation for vaccination resistance should be stated in terms of the fear of vaccination itself and the suspicion the target population may have of anything new and especially of outsiders.

In West Africa today, a majority of programmes to improve the health and living conditions of the people are carried out through government agencies. Yet in many areas, Dahomey and Togo included, and particularly among the people living in rural areas, suspicion of the motives of government and its representatives is widespread. The demands of taxation, of military conscription and other forms of interference that emanate from the outside have taught the villager that the less he has to do with the government and other outsiders, the better off he will be. In both countries the smallpox "eradicator" is severely handicapped because he is an outsider and, more important, an unknown quantity. A visit to the bush will confirm the fact that a stranger, an unfamiliar vehicle or anything, for that matter, out of the ordinary will be regarded with suspicion.

Reports of villagers fleeing from vaccination teams have come from Sierra Leone, too, where there is no strong fetish belief and where fear of vaccination itself has been found to be the reason.

Meetings with chiefs in a group before a region is vaccinated to explain the programme and vaccination technique with the ped-o-jet has been successful in increasing subsequent vaccination coverage in both Dahomey and Togo.

Approaching villages on an individual basis, meeting with chiefs, village elders, and fetishers and working with recognized leaders appear to be a successful means of overcoming resistance to smallpox vaccination.

There is good evidence in both countries that people will accept vaccination without having an understanding of its benefits and regardless of the degree of belief in the fetish and supernatural. Additional efforts in hard core resistant areas must be aimed at gaining the support and confidence of community leaders to overcome fear of vaccination and to allay the normal suspicions directed at outsiders and anything new. Repeated mop-up programmes in the difficult areas of Togo appear to confirm the strength of this approach.