Health, ranks among primary issues on the top of developing nations’ agenda. While advancement in medicine and medical care surely increase assurance of wellness it is also acknowledged that the social context where the environmental, organizational and personal factors interact to affect health and general well-being can be better enhanced through an understanding of the health behaviours of such individuals and groups. Such understanding will further enhance intervention activities targeting the prevention, promotion and modification of people’s life styles and proportionately reduce their health risk behaviours. This study maintains that literature has never been aloof to public health advocacy. It illustrates this with the interrogations of public health behavior of Nigerian citizens replete in Ken Saro Wiwa’s collection of short stories titled Prisoners of Jebs and a Forest of Flowers. Using the Social Ecological theory the study analyses selected Short Stories from the two volumes. Wiwa is seen to have used the stories to question the health behavior of compatriots, and to advocate for adoption of better health attitudes. His stories therefore serve as an awakening call for the evolvement of multi-modal strategies for sustainable health.

INTRODUCTION

A health behavior generally implies action taken by a person to maintain, attain or regain good health and to prevent illness; it is a reflection of a person’s health beliefs.

The concept of public health behavior refers to behavior within an environmental context; and how this behavior operates at the individual, organizational, community and societal levels. Interrogating public health behavior is thus an examination of humankind’s actions and interactions with both animate and inanimate objects of the biosphere in contextual environmental space as they account for his general health status. It relates to an assessment or measurement of such interactions’ well-being.

Attempts to explain public behavior necessarily imply an engagement with what Bandura describes as “the triadic reciprocity” that exists among three key concepts which operate to determine the effects of one on others. His concept of ‘reciprocal determinism’ states that ”there is a continuous, dynamic interaction between the individual, the environment and behavior.” (quoted in Colleen A. Redding, 185). Thus a change in one of these factors impacts upon the two. A kind of interactive relationship exists therefore among these three elements.

A wide range of mankind’s behaviours or attitudes place him in precarious health situations. Earlier risky hygiene practices such as non-disposal of faeces in toilets,
keeping of bushes around compounds, not washing hands properly, inadequate facilities for domestic water supply, sanitation and hygiene were the cause of infectious diseases such as diarrhea diseases, ascaris, schistosomiasis, malnutrition, trachoma and many others. These occurred along with infestations of lice, ticks, bed bugs, other insects and rodents in living houses and extended sometimes to the combing of hairs and cutting of toe and finger nails.

Major contemporary health challenges however stem from personal ‘lifestyle’ choices and include alcohol consumption, substance abuse, smoking, use of condom and physical activity. The University of Rochester’s medical Center for example provides a list of Top10 most common health issues to include physical activity and nutrition, overweight and obesity, substance abuse, tobacco, HIV/AIDS, mental health, injury and violence, environmental quality, immunization and access to health care. To this list can be added child and maternal mortality.

Critical public health concerns have centered on finding ways to minimize health risks that threaten mankind’s well-being at all social levels. Operational activities of this level involve intervention services such as behavior modification or improvement, disease prevention and health promotion.

Literary discourse has not been oblivious to public health issues. Literary writers have in fact discussed diseases and traced their causes to both attitudes and environmental factors. Green literature and clinical narratives have engaged with expounding health issues and thereby drawing public attention to lingering health problems that require intervention. One such writer is Nigeria’s late writer, Ken Saro Wiwa, whose two volumes of Short Stories offer us subject matter for examining the public health behavior of Nigerian people.

II

Offering therapy to victims as a mode of health intervention is a postmortem activity as it tends to treat the consequences of disease rather than the causes of health problems. The traditional attitude of government has been to treat diseases when they manifest and to immunize people against falling ill. Likewise, funding for promoting or combating behavior aspects of health are generally negligible. In alternative, appropriate health behavior is conceived as a preventive approach against disease and as a timely stich to save nine in the future. Improvements in water supply, appropriate facilities, sanitation and hygiene are considered most safe behaviours to forestall disease and thereby reduce the propensity for infestation (Esrey,3).

Further researches by Esrey (1994) and Esrey at al (1991) show that safer excreta disposal practices had led to a reduction of child diarrhea of up to 30%. Promoting better excreta disposal and hygiene habits is thus considered as the most important measure to improve public health and reduce human suffering and financial loss.

Increasing people’s knowledge of disease and its transmission in environmental contexts becomes necessary for changing certain attitudes, beliefs and norms that hamper healthy living. “Social ecological approaches that describe the interactive characteristics of individuals and environments that underlie health outcomes have long been recommended to guide public health practice” (Shelly D. Golden et al,1); the reason being that such models “ recognize individuals as embedded within larger social systems and describe the interactive characteristics of individuals and environments that underlie health outcomes” (Sallis et al 465 – 486, quoted in Shelly, 1).

This view of interactive characteristics within environmental contexts is further
emphasised by Stockols (1992, 1996), who argues that “the social, physical and cultural aspects of an environment have a cumulative effect on health”.

Health behavior models are generally linked to behavior change since they define what to measure. And, though the description and or assessment of extant ecological models and theories fall out of the scope of this paper, some concepts or strands of the various theories have been used to advance its propositions and to clarify issues within its focus.

McLroy, Bibeau, Steckler, and Glanz for example, have provided five levels of the Social Ecological interactions that relate to health behavior which they list as: interpersonal factors, interpersonal processes and primary groups, institutional factors, community factors and Public Policy. Three of these factors namely the interpersonal, community and public policy factors are particularly seminal to discussions in this paper. Interpersonal level interventions for example, aim to change the knowledge, beliefs and skills of individuals while public policy interventions target implementing public policies with public health behavior implications or facilitating citizen advocacy.

Social ecological theories of health behavior frequently focus on issues of health Promotion, health behavior change or modification, health improvement, health protective behavior as well as motivational factors that go with them. And, “since they define what to measure, models and theories of health behavior change are inherently linked to the measurement of health behavior” (Colleen A. Redding et al, 180).

Health promotion as a behavioural social science emerges out of a combination of biological, environmental, psychological, physical and medical sciences. It aims to promote health through prevention of disease, disability and premature death by embarking on activities that encourage individuals to willfully change their behaviours. It is the development of strategies to improve health knowledge, attitudes, skills and behavior at the individual, group, community, institutional and systemic levels.

Stiffen Torp, Sami Kokko and Karin C. Ringsberg have outlined three approaches in health promotion as follows: i. The issue approach (such as nutrition and physical activity)ii. the population approach (such as children and the elderly), and, iii. the settings’ approach (such as schools and workplaces) (3-6). Nutrition and physical activity have been depicted as major lifestyle risk factors for morbidity and mortality. Obesity particularly has been fingered as a major cause of chronic conditions including heart diseases, high blood pressure, arthritis, and certain forms of cancers.

Settings have been defined by the WHO (5) as “the place or social context in which people engage in daily activities in which environmental, organizational and personal factors interact to affect health and well-being […]”. Settings based interventions generate health benefits for their inhabitants.

On the over-all, health promotion has the benefit of improving the health status of individuals and families, enhancing quality of life, reducing premature deaths and the costs of medical treatment.

A wide range of concepts arising from models and theories are used to explain people’s attitudes to health behavior promotion, improvement and change. Some of these concepts have been extensively discussed by Becker and Maiman as determinants of compliance with health and medical care recommendations (10 – 24). These, too, have been discussed here as mere fragments of the models and theories. The
concepts of ‘perceived susceptibility’ and ‘perceived effectiveness’ are both components of the Health Belief Model. Perceived susceptibility plays an oracular function in health protective behavior with its proposition that one would normally take precautions to prevent a disease on the belief that one is vulnerable to the disease. Perceived effectiveness on the other hand implies the perspective that one’s “motivation to take action to change a behavior requires the belief that the precautionary behavior effectively prevents the condition” (Colleen, A. Redding et al, 182). The hope of deriving benefits from a particular behavior becomes the driving force for embarking on such behavior.

Bandura’s concept of “Self Efficacy” is beneficial to both fields of Psychology and health behavior change. Its relevance lies in the recognition of an individual’s confidence in his or her ability to carry out a particular behavior.

Rosentock’s contribution of mediating Factors, (cited in Colleen A. Redding et al and listed as demographic, structural, social and educational) to the Health Belief Model is of encompassing significance because these motivational factors are believed to indirectly affect health behavior in several ways.

Government is equally an influential factor in determining health behavior change, in spite of the general tendency towards individual health choices. Governments can, in tandem with multi-national, voluntary and public sector organizations advance health gains of citizens through public health advocacies that target the promotion of personal responsibility, healthy lifestyles and re-modelling of the environment to induce citizens’ engagement in recreational activities. It is thus advised that nations should place greater value on the health of citizens than on commercial gains.

Interrogating Public Health Behaviour in Saro Wiwa’s Short Stories

Criticism is amazed at the sheer quantum of public health concerns in Wiwa’s Short Stories; and the certainty that such interrogations may have been more tendentious than incidental invites keen scrutiny. More astonishing is the fact that this level of engagement with public health matters has hardly been seen in the works of any other Nigerian literary writer.

The first part of the stories in A Forest of Flowers (AFF) is set in Dukana, a village; while stories in part two of the same book, along with selected stories from Prisoners of Jebs, are set in Lagos.

Our interrogation of the public health behavior of the inhabitants of Dukana relies on evidence provided by the female narrator who has just returned home after completing her secondary education in an urban set up. With the level of enlightenment thus attained, she is well placed to comment on the attitudes of her kin.

The first description of the people speaks volumes about their health and social disposition which emerge with an implicit array of causes and effects. The people are an “emaciated, illiterate population […], there was malnutrition, […] disease was rampant […], life for its inhabitants was brutish and short […]. As for water, there was Maagun, a narrow stream full of vegetation, flowing lazily between the stems and roots of giant trees” (AFF, 3).

The above description opens up to some critical health issues that form a vicious circle in which the people are caught. Malnutrition and emaciation for example point to poverty and poor dietary behavior; the presence and source of rampant disease cannot be traced too far from the stream which is an unsafe source of water for multipurpose use in the homes. Mention of illiteracy also presupposes ignorance and, being thus uneducated the people cannot
perceive the risks that they run with certain health behaviours. In the foregoing circumstances therefore the people cannot live a painless and long life.

In addition to the health problems described above which comprise mainly personal health factors, the village’s environment too, is filthy “with overgrown grass everywhere, food crops among the houses works excrement from dogs and children liberally spread on the footpaths” (AFF, 13). A conspiring triad of risky human, physical and environmental factors namely the refusal to take health precaution, the stream contaminated by faeces in run-off rain water and the filthy environment hereby work together to prevent the people from living a healthy life.

In *The Inspector Calls* (AFF11) the narrator tells the story of an influenza epidemic that plagues Dukana, and claims the lives of many people in the village. And when the sanitary inspector sends a circular announcing his visit to the village, there is pandemonium! Described simply as “a local man from another village who was employed by government to ensure that every village was kept neat and tidy” (AFF13), he is equated to “another plague” (AFF12) but this time a visible plague, which can be prevented.

Being thus forewarned of the impending plague of the inspector, the ignorant people of Dukana accustomed to their inviolable and pristine ways deliberately plot to forestall the his visit. The people have aversion for anything that will cause them to change their risky health behaviours. Their attitude can thus be understood from the point of view of Bandura’s concept of self-efficacy and will be given the interpretation that the people have no confidence or do not trust in their ability to be able to change their erstwhile risky health behaviors. But it can also be said that the people only erroneously perceive the role of the inspector as one who comes to bore them with threats and fines and, as uneducated people are blinded to the accruing benefits of a clean environment. Still, the role of corruption as a mediating factor in the people’s refusal to embrace safe health behavior is not ruled out as they readily contribute money and other gift items with which they will buy-off the inspector. But to be doubly sure of safety from the wrath of the inspector the people all desert the village on the scheduled date of visit leaving the village chief and the village wags who entertain the inspector with food and alcohol an also pay him off with money and other gifts. With this attitude the people successfully keep their village from both interference and intervention of government.

“The Stars Below”, another short story in *A Forest of Flowers* exposes the behavior of Nigerians in public places, and draws attention to their lack of concern about the environments around them. At the offices of the External affairs ministry, the staff are divided between the rest who are non-challant about the office environment and Ezi, who is generally hated for being a stickler for neatness. The stair case of the eight storeys building is un-swept for months, the walls are unpainted and pools of phlegm dot each landing. But Ezi sets himself apart for example, by always insisting that his table be kept immaculately clean. He had shown Abel the cleaner how to dust the room, but the cleaner would not just do his job. It was too much work for him. The narrator lucidly sets out this difference in attitude to the office environment. Apart from Ezi, “nobody else in the entire building bothered much, if at all, about how their offices were. [...] Ezi was told that his being a stickler for neatness was considered a pain,” (AFF 97).

The espousal to filth in the offices is shown to be a replication of the outside
environment. The car park where Ezi had left his car on arrival at the ministry premises equally stinks with urine. As he goes to pick his car, the stench of the urine slaps him in the face and he has to hold his nose while he hurriedly opens the car door to go in.

On his way home Ezi finds himself driving through the belch of smoke from coughing cars, orange rinds, the spittings of chewed sugar cane, limp banana peels, hawkers swatting flies from open basins of food wrapped in green leaves or old Newspapers, and garbage”, (AFF 100). Thus, the reader is fed with a litany of the risky health behavior of Nigerians. With such desecration of the environment, disease can not in any way be far from the people. Ezi’s singular health consciousness becomes a big question on the health behavior of the bulk of people around him and it is sad too, that these attitudes have become the established way of life of the people. There is neither the effort nor the tendency to change those attitudes.

The other site of interrogation is the Jebs Prison which is the central setting for all the stories in Prisoners of Jebs, the second collection of short stories that offer us the material to examine the health behavior of Nigerian citizens. The prison is built in response to the desire of dictatorial African leaders to have a place to which they can send their political opponents to rot away, that is, if they do not want to kill them outright. And Lagos, Nigeria’s former headquarters is chosen as site for the prison. Being thus a continental prison its inmates are drawn not just from Nigeria but from all countries of Africa. Interactions of the prisoners gradually yield the distinctive health behaviours of the various nationals.

Having run the prison for some time, the Director observes that the prison environment has become untidy and hence the need to clean it up. This is the focal idea of the story “Operation Clean - Up Jebs”, (POJ 31 -4). The other nationals – Ugandans, Sierra Leoneans, Guineans etc - readily comply with the directive to clean-up the prison, but not so the Nigerians, who quickly rally round to send a protest delegation to the Director. Led by Chief Popa, a typical laggard Nigerian in appearance and character (as described), the delegation is set to confront the director.

The delegation demands to know why the Director is giving them so much trouble in the prison. Chief Popa the leader of the delegation particularly asks the Director if the walls have ever complained to him that they were dirty, or whether the roads have told him that trash was blocking them, and still, if the cobwebs have told him that they want to be removed from the offices. The Chief further tells the Director that all the things he (Director) is trying to do are contrary to Nigerian rules and regulations. Nigerians do not like to paint their walls, clean their gutters, rid the offices of cobwebs, or sweep the floor of their offices. The Chief crowns his protest with a warning “All these things you have asked the prisoners to do are contrary to Nigerian behavior. If you do them, the Nigerian authorities will not be happy. They may remove you from the job of Director or stop giving subventions to Jebs. And then where will you be?””, (POJ, 32).

And as the director ruminates for a solution to this puzzle the chief assures him that what he has told him is the truth, the whole truth and nothing but the truth; and that if he (Director) has doubts he should visit Nigeria and confirm the assertion. Upon this admonishment, the Director sets out on a visit to Nigeria, to confirm what the Chief has said.

The story narrator reports the Director’s further amazement at what he sees when he arrives in Nigeria. The walls of the public buildings are dirty and unpainted. In the public offices, the Nigerians spit and urinate on the steps. This attitude rhymes
with the one displayed by detainees in “Case No. 100”, another story in A Forest of Flowers, where the inmates urinate and defecate in the detention room because the police on duty refuse to escort them to the toilet.

The director also finds out that offices in Nigeria were full of cobwebs and there were piles and piles of dust-ridden files. The streets were full of trash, mountains and mountains of trash “so huge and high, some men and women had built houses in them and lived there on a permanent basis”, (POJ, 33). He also observes that all private homes were un-swept; in the kitchens there were dirty pots, dirty plates, dirty tumblers and trash cans overflowing with effluvium, and that universities, too, were full of grass which no one bothered to cut. The gutters which led nowhere were full of green algae, thick purulent waters in which mosquitoes bred and multiplied. In the Nigerian hotels too, there were carpets which the Nigerians did not know how to clean. (POJ, 33-34).

Having gained true knowledge of the attitude of Nigerians to their environment, the Director returns to the prison, and orders that it should be kept dirty. Upon this order, Chief Popa in hilarity and ecstasy threw an all-night party to celebrate victory for the Nigerians.

Conclusion

Saro Wiwa has demonstrated in these short stories that general well-being and healthy living are not the exclusive concern of any discipline, but that a synergy of the various disciplines is needed to promote health advocacy for the good of all. Thus, in these remarkable stories he has ushered in literature’s modest contribution to the promotion of public health in Nigeria.

The basic stylistic feature in the stories is that of lampoon through sarcasm and indirection. By this approach when the author extolls, he is actually demeaning; and in the same way folly is indirectly implied when virtue is juxtaposed. In the stories that reveal the risky health behaviours of the people of Dukana for example, their refusal to adopt better health behaviours is presented as a desire to protect their time-tested or pristine customs and wisdom.

But when we compare the attitude of the rustic people of Dukana to that of the elites in the Jebs prison, the author’s message becomes clearer. It is then one realizes that the health attitude of Nigerians is phenomenal. The truth is that high or low, educated or un-educated Nigerians display a common aversion for safe health practices and are resistant to behaviour change advocacy. This implies also that these risky health behaviours will persist.

In their discussion of the Transtheoretical model of health Behaviour and its applicability to a wide range of health behaviours, Prochaska, JO and DiClemente, CC, raise the vital issue that “These problem behaviours are important from both a clinical and a public health standpoint because they are associated with increased morbidity, mortality and with decreased quality of life”, (quoted in Colleen, A. Redding et al, 187)

It becomes necessary that we understand the author’s attitude to these health problem behaviours that fellow Nigerians harbor. Rather than make a laughing stock of Nigerians, Wiwa has raised serious questions regarding our general well-being that should prick the minds of everyone in the light of the ever decreasing life expectancy of Nigerian citizens.

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