International Journal of Humanities and Social Science Invention
ISSN (Online): 2319 – 7722, ISSN (Print): 2319 – 7714
www.ijhssi.org ǁ Volume 3 ǁ Issue 3 ǁ March 2014 ǁ PP.36-43

The Roles of Indigenous Scarification and Body Marks in Traditional Medicine among the People of Bayelsa in the South-South Zone, Nigeria

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ABSTRACT: *This paper explores the roles of indigenous scarification and body markings in traditional medicine among selected communities in Bayelsa State Nigeria. Despite the important roles it played in traditional healthcare delivery prior to the period of colonialism and the embracement of western medicine in the prevention and cure of certain chronic diseases, the practice are gradually becoming eroded. Yet indigenous people still find certain chronic diseases like epilepsy and severe headache very herculean to cure completely using westernized medicine even though they are made available to them. Besides, some of the orthodox medical services may even go beyond the reach of the poor. Thus, descriptive research design was adopted for the study while triangulation of theories was adopted as theoretical frameworks, namely; culture–bound theory, ethnomethodology and functionalism. 60 respondents were non-probabilistically selected for the study using an instrument of questionnaire in three communities. Findings indicated that though the culture of scarification and body markings play significant roles in traditional medicine but the tradition is gradually becoming eroded due to modernization. Policy implications of the study are that traditional medical practice should complement orthodox medicine in some critical diseases and ailments believed to be traced to socio-cultural factor of etiology.*

KEYWORDS: *Roles, indigenous scarification, body marks, traditional medicine, medical therapy*

I. INTRODUCTION

Indigenous scarification and body (tribal) markings play significant roles in African traditional medicine. In African traditional medical parlance, facial marks for example connote treatment of illness for children. In this, traditional healers make incisions on the faces of the children or body to whom aliments like convulsion, pneumonia and measles are infected and needed to be treated. Most times, the medical marks can be made on any part of the body where an ailment infects a person. In addition to this, tribal marks are also used by some ethnic groups as a source of aesthetic/beautification and protection therapy. In fact, among the Tivs women for example, tribal marks are made on faces for beautification and fertility purposes. So also, among the Yorubas and Lubas, body markings are made for aesthetic purposes and sometimes to emphasize the beauty of their women (The Columbia Electronic Encyclopedia, 2007; MacGaffey, 2000).

Strikingly fundamental to this study however, the emergence of colonialism, westernization and other events that accompany the industrial revolution has swept a significant aspect of African cultural heritage replacing it with global cultural trends of modernization (Giddens, 2001), particularly in the sphere of indigenous medicine. Yet the depletion and extinction of these cultural practices as they were known positively to promote the health of the indigenous people prior to the era of colonialism have not been given much attention especially in the sphere of traditional medicine.

In African societies, diseases and ailments are culture bound (see Erinosho, 2012, p.16) and Nigeria as a whole is no exemption. Most of our indigenous medical practices are fast going on extinction due to the influence of western medicine. Yet the indigenous people still find it difficult to cure some of their diseases and ailments using orthodox medicine. In fact, some of these diseases and ailments are beyond the reach of the indigenous people to cure completely using western medicine. Diseases and ailments like epilepsy, mental illness, severe headache and some other critical diseases are believed to be traced to socio-cultural factors other than biological etiology of westernized medicine causing such health conditions. As such, indigenous methods are said to be more efficacious than westernized methods in curing such ailments. Furthermore, the etiology of some of these diseases is believed to be traced to mystical and supernatural factors. In view of this however, its

western preventive and curative measures may be tasking to achieve or even very expensive to afford by the indigenous people as they believed that the efficacy of indigenous medicine is much higher than westernized medicine in preventing and curing such health conditions.

The goal of this paper however, is to carry out a sociological investigative analysis of the significance of indigenous scarification and body markings from the perspective of traditional medicine; to examine the extent to which the practice is still in vogue in Nigerian traditional medical parlance; and to explore the degree of efficacy of scarification and body markings on some critical diseases and ailments among the people of selected communities in Bayelsa State South-South geo-political zone Nigeria.

II. THE CONCEPTS OF INDIGENOUS SCARIFICATION AND BODY MARKINGS

Scarification involves cutting or making an incision into the skin, and then allowing the wound to heal, leaving a permanent scar. Scarification can also be referred to a small incision made into the skin with a lancet, bistoury, or scarificator, for different therapeutical purposes – so as to draw blood, or to discharge some effused fluid. This definition however, describes scarification as a procedure that involves the use of specific instruments to produce a scar and this procedure is meant to serve a healing purpose. Similar to this, scarification has been described as "multiple stabbing" of the skin and this definition was applied to the process which was indicated as a treatment for lupus vulgaris (Ayeni, 2004). A scarification or body (tribal) marking has to do with the practice of embellishing the body with piercing, colourations, tribal marks or scars. It involves the art made on human body which include but is not limited to the face such as teeth filling (see Segen's Medical Dictionary, 2011).

Historically, scarification and body/tribal markings have been a long standing practice that has played a significant role in cultural consciousness and community building among African societies. As Camphausen (1998) asserted though tribal markings has its origin as a practice among Australian Aborigines dating back to 60,000 BC, elements of scarification were dispersed and adopted by many communities worldwide, persisting up till today. In Africa, scarification began with the images at Tassili in the Sahara between 8000 and 5000 (B.C) which show markings that appear to represent scarification. This shows that scarification has long been practiced in some regions of the world and several processes took place before the extent of the practice was realized in the rest of the world. In Nigeria, a number of Ife terra-cotta copper sculptures (Ca. A.D. 1100) and Owo terra-cottas (ca. A.D. 1400) depict elaborate scarification patters, some closely resembling nineteenth-and-twentieth-century such as the Yoruba marks (Drewal, 1988).

On another perspective, body markings sometimes called "body art" are generally used by Africans of all gender for several reasons. Some of these are: for festivals, feast celebrations, daily attire, beauty and strength. In this, each body marking vary from region to region. The Maasai people of East Africa's body markings are primarily to denote the celebration of festival of the Moran or depict who is a warrior. The Turkana people of Kenya use it to show the status of men and women. Body markings among some tribes are to show stages of development or rites of passage such like the Ga'anda and Kao people of Nigeria, body marking especially for girls show each important stage of their development into womanhood (Ossai-Ugbah and Ogunrombi, 2012).

III. THE ROLE OF INDIGENOUS SCARIFICATION AND BODY MARKINGS IN MEDICAL THERAPY

According to Ayeni (2004) there is evidence about the healing or curative role that scarification has played for different ethnic groups. According to him, among the Yorubas for instance, Herbal doctors, priests of the god of herbalism, *Osanyin*, and body artists administer a large number of medicines via incisions on the body. Some made short vertical marks under the eyes (*gbere oju*) of some children signify that medicines have been inserted to prevent the child from trembling, a condition believed to be caused by seeing spirits. A body artist explains: "The mother or parents will prepare a medicine and bring it to the oloola who will then put it in the cicatrices he makes on the child and in this way prevents the child from dying (Ayeni, 2004).

As Ayeni (2004) further noted scarification/body markings serve both religious and spiritual functions to those who use it. It is often a reflection of a widely held beliefs or values that pertain to a given culture. At times it was used for protection, superstitiously believed that evil spirits might be warded off by certain marks. According to Ayeni (2004) among the Yorubas, still birth or children believed to be reincarnated (*abiku*) are given marks on their face and body. This they believed will take away the spiritual powers of the child or the child will be identified when he or she is given birth to again and to stop the death of the child at a tender age, as well as to indicate that when they are reborn, they can be recognized and treated appropriately to encourage

them to remain alive. It is also believed that the marks could be used to wade away evil spirits ravaging around a certain group of people or family. Hence, the marks are not only on the face but also on other parts of the body. For example, medicine for severe headache is put into three cuts in the forehead and medicine to prevent snakebite is put in an incision that encircles the left ankle which must be renewed after the person kills a snake (Ayeni, 2004).

So also, in Yoruba traditional societies, different body marks are used to show different situations. They have a sympathetic scarification used when a person who is loved dies. This mark often referred to as *osilumi,* which is won by friends and family of the deceased. Among the Egun/Egbado, when a child undergoes circumcision and cicatrisation, his relatives have cuts made on themselves to remind them to handle the child gently (Drewal, 1988). In this sense, it has ethno-spiritual significance.

Apart from the trado-spiritual medical significance of body markings and scarification, it functions as element of family members, tribe or royal family identification which distinguish one ethnic groups from the other. For instance, among the Yorubas in Nigeria, tribal marks (such as '*ture, bamu, keke, gombo, abaja, pele*') of some of them are reserved for royal families and they are used to differentiate one royal or tribal family from others; among the Hausas, tribal marks (like '*zuba, yan baka, doddori, bille*'), as well as the Fulanis usually known as *'kalangu*' are used to differentiate tribal families from one another. Although among the Ibos tribal marks are not a common way of identification, but few of them have marks which in most cases are on their temple, an example of their tribal mark is the '*uli*'. So also, among the Tiv, body markings indicate a ritual between two persons (Burton, 2001).

Aesthetically, according to Ossai-Ugbah and Ogunrombi (2012) body markings are used for decoration which is universally practiced among the people of various ethnic groups of Nigeria to enhance beauty and for aesthetic, spiritual, religious or ceremonial purposes. It serves as a sort of expression of beauty, as well as an indication of one's age, title, social status, and membership of any revered group in the society (Oziogu, 2011, cf. Ossai-Ugbah and Ogunrombi, 2012).

Among the Kagoros, a girl is given body marks when she has come to the age of getting married (Meek, 1931). So also, the Nubas use body markings to depict rites of passage and decoration. The Efiks use body marks primarily for ornamental purpose done with the aid of colours especially for women (Rosevear, 1990). Among the Ibos body marks are used to indicate rites of passage while '*uli*' is used mostly by women for ornamentation (Iwuagwu, 1998; Ukwu, 2002).

Indeed, scarification plays significant role in traditional societies of Africa. Among the Togolese for example, there is a cultural stigma attached to epilepsy and there is a negative bias towards people that have the ailment, even within the healthcare field. As a result, patients often seek help from traditional doctors and one of the treatment modalities for epilepsy is scarification. Forehead scarifications are characteristic of epilepsy treatment, with more than 80% of epileptics in Togo bearing forehead scarifications. "When the seizures are rare, scarifications are slim, short (1-3 mm), near the roots of hair on the forehead and concealed; but when they are frequent, known by many people, scarifications are large, long, visible on forehead, the patient showing the sign of his social sentence (Grunitzky, Balogou, and Dodzro, 2000). Therefore, scarification in this sense has ethno-medical implication.

IV. THEORETICAL FRAMEWORKS

The culture-bound theory of diseases views the etiology of diseases as rooted in socio-cultural factors other than the belief that most disorders in humankind could be explained in medical or psychological terms. In contrast to the biological explanations of the causes of health conditions which western medicine vehemently subscribe to, culture-bound theory believes that the causes of diseases and ailments are rooted in the perception of the socio-group. In other words, traditional non-western societies has different interpretations given to health and diseases in different cultures, prompted by the emergence of sub-specialties like Transcultural Psychiatry (Kiev, 1972; Lau and Stokes, 1974 in Erinosho, 2012, p.16) and Medical Anthropology. In this as Erinosho (2012) added there is today, an interplay between culture and diseases. Therefore, many culture-bound syndromes and conditions have now been accepted that the management of these syndromes is more effectively tackled through an informed knowledge of their cultural contexts and the background of patients.

Subscribing to the same view Lambo (1955) and Yap (1951) added that health and diseases are to some extent shaped by culture. Therefore, the concept of diseases is rooted in magic and religion because most people in non-western societies attribute the incidence of diseases to witchcraft, sorcery and mystical forces because of

the widespread belief in all of these forces. So also, what is regarded as diseases in some societies may be seen as normal conditions in other societies due to cultural factors that are connected to the explanations of the causes of such diseases. In other words, the duo are of the view that no uniform notions exist for various disorders across all human societies both in the causes of diseases and ailments as well as their preventive and curative measures.

Ethnomethodologically, each society is viewed with commonsense resources, procedures, and practices through which the members of a given culture produce and recognize mutually intelligible objects, events, and courses of action. It stresses that social actions and social organization are produced by knowledgeable agents who guide their actions by the use of situated commonsense reasoning within the sphere of their social reality (such as the use of scarification and body marks for medical purposes by the indigenous people). Rather than treating the achievement of social organization as a given from which the analysis of social structure could proceed, this theory is directed at the hidden social processes underlying that achievement. It focuses on the properties of commonsense knowledge and reasoning as well as dealing with the socially shared and publicly accountable nature of commonsense reasoning rather than with psychological aspects of cognitive processes. Its primary stance therefore, has been descriptive and naturalistic stance of social phenomenon rather than explanatory or experimental of such phenomenon (Heritage, 2000, p. 856).

With respect to the prevailing treatment of internalized norms as motivational ‘‘drivers’’ of behavior, Garfinkel who was the originator of the theory, noted that the achievement of goals requires actions based on knowledge of real circumstances and that where coordinated action is necessary, that knowledge must be socially shared (e.g body marks among the indigenous people used for medical purposes). By ‘‘making trouble’’ in ordinary social situations, Garfinkel demonstrated the centrality of taken-for-granted background understandings and contextual knowledge in persons’ shared recognition of social events and in their management of coordinated social action. As he concluded, understanding actions and events involve a circular process of reasoning in which part and whole, foreground and background, are dynamically adjusted to one another (Heritage, 2000) in order to achieve their goals within the premise of their social world.

Garfinkel (1967a) in Heritage (2000) showed that the recognition, description, or coding of actions and events is an inherently approximate affair. It indicates that every aspect of shared understandings of the social world depends on a multiplicity of tacit *methods of reasoning*. These methods are procedural in character, they are socially shared, and they are ceaselessly used during every waking moment to recognize ordinary social objects and events. As Garfinkel maintained, the ‘‘trust’’ of the socially shared understandings of social world has a normative background and is insisted upon through a powerful moral rhetoric. Those whose actions could not be interpreted by means of this reasoning were met with anger and demands that they explain themselves. It posited that the underlying *morality* of practical reasoning and the procedural basis of action and understanding is a part (perhaps the deepest part) of the moral order. In regards to this ethnomethodology is of the view that this procedural base is foundational to organized social life and that departures from it represent a primordial threat to the possibility of sociality itself (Heritage, 2000).

From the functionalism perspective, human societies are compared with living organism and maintain that just as a living organism must ensure that parts work together in unison to ensure survival and life, every part of the society must function in harmony (equilibrium) (Akanle and Olutayo, 2013, p. 32). This is however not too distant in the phenomenon of human survival and the quest to maintain healthy living within its socio-cultural environment. The indigenous people have a way to which certain level of equilibrium is maintained in between their existence and their health.

As Émile Durkheim argued sociological explanations ‘‘must seek separately the efficient cause of a phenomenon - and the function it fulfills’’. For Durkheim, sociological analysis would involve assessment of the causes of phenomena and their consequences or functions for meeting the needs of social structures for integration, as well as societal growth (Maryanski & Turner, 2000). Indeed, this explains the quest to maintain healthy living among the indigenous people within the premise of their means and provisions in terms of cultural elements and practices of scarification and body marks in the maintenance of health and growth within the sphere of their society. Though as the traditional societies studied by early anthropologists were generally without a written history, anthropologists and sociologists were confronted with the problem of explaining the existence of activities and structures in these societies (Maryanski & Turner, 2000); which stands to help maintain equilibrium in such social environment within their scope.

Parsonian brand of functionalism maintained that the social universe is conceptualized in terms of four distinct types and levels of ‘‘action systems’’ (culture, social, personality, and organismic/behavioral), with each system having to meet the same four functional needs: (1) adaptation (securing and distributing environmental resources), (2) goal attainment (mobilizing resources to goals or ends), (3) integration (coordinating system parts), and (4) latency (managing tensions within parts and generating new parts). The operation and interchanges of structures and processes within and between system levels were then analyzed with respect to these basic requisites (Maryanski & Turner, 2000; Akanle and Olutayo, 2013), which may also include indigenous scarification and body marks in the sphere of traditional medicine for the purpose of healthy living and growth.

V. MATERIALS AND METHOD

The study adopted descriptive research design. Data were deliberately collected from respondents in three communities, namely; Otuan in Southern-Ijaw LGA, Pereturogbene in Ekeremo LGA and Toru-Oruah in Sagbama LGA respectively in Bayelsa State between September and October 2013 due to the fact that these communities are commonly found to be involved in the practice of scarification and body markings. Sixty *(n = 60)* respondents were purposively selected for the study on the account that observation of either scarification, tribal marks or body marks was made and seen on their body before administered with questionnaires to answer. Despite that all research ethical issues were duly observed ranging from informed consent as well as assurance of anonymity and confidentiality of the reports of findings from respondents; in fact, the design of the questions categories of questionnaire administered to respondents do not take much of their time in the course of the study. Hence, participants’ rights to privacy and time were not invaded.

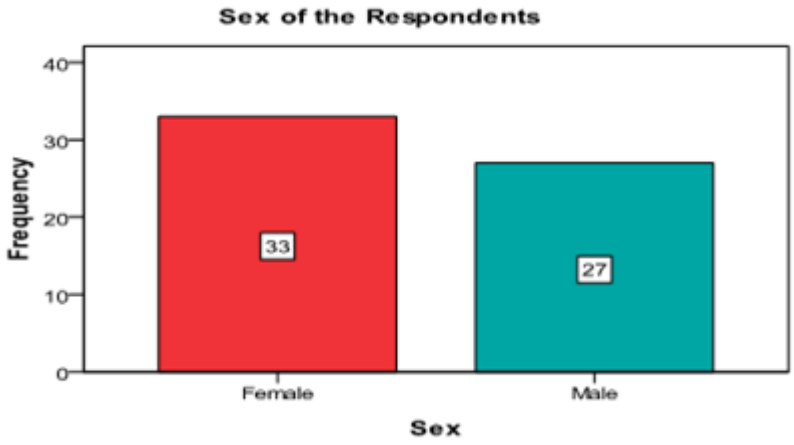
Two categories of questions were asked from respondents in the numerical aspect of the study: socio-demographics and reasons for scarification/body markings especially its trado-medical therapeutic reasons, as well as making attempt to explore the extent to which the practice has been passed to other generations to come through their children. The questionnaire design covered both numerical and non-numerical data so as gather adequate data for the study. Thus, the design of the questionnaire makes a combination of both fixed-choice and open-ended format questions administered to respondents in the three selected communities to gather adequate information for the study.

Data collected for the study was coded and entered into computer programme (SPSS) for the purpose of data cleaning and minimization of data error, thereafter analyzed using simple percentage in table-and-chart format, the means and standard deviation method of analysis for easier data interpretation.

VI. RESULTS AND DISCUSSION

6.1 Socio-Demographics

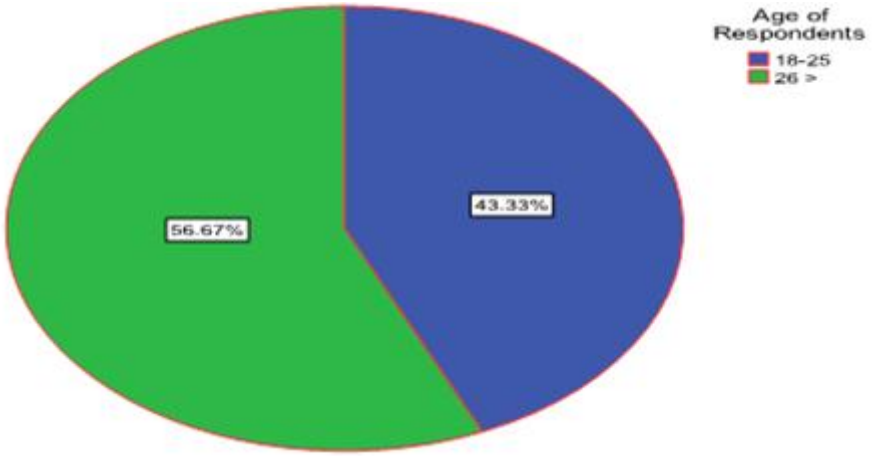
On the basis of the sex of the study respondents, out of the 60 respondents we selected for the study, 33 of them were females while 27 of them were males. This invariably implies that female respondents were more than the males in the study. This may be due to the fact that scar/body markings being a common phenomenon among the females in the study areas (see figure 1 below).



Source: Field Data, 2013

Figure 1. Chart Showing Sex Distribution of the Respondents

On the account of the age of the study participants, two age categories were made for the study: age 18-25 and age 26 and above. As revealed by the study, age between 18-25 year is 43.33% while ages 26 year and above is 56.67% (see figure 2). This means that age 26 year and above is larger than age 18-25 year. This suggests that the subject of our investigation is more common among the age category 26 year and above.



Source: Field Data, 2013

Figure 2. A Chart Showing Age Distribution of the Respondents

6.2 Other Categories of Questions

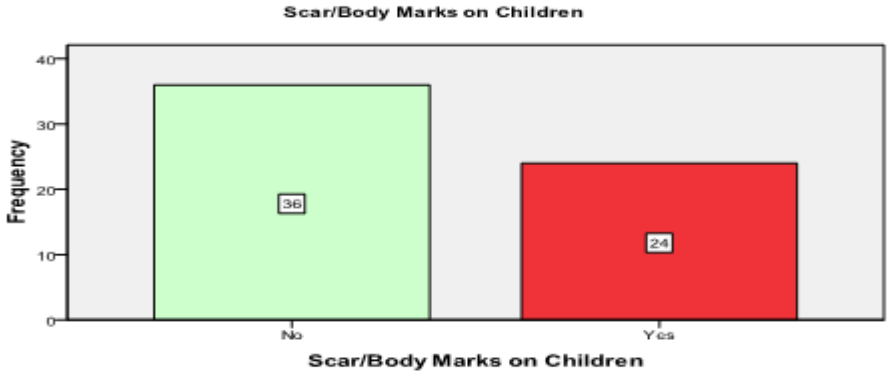
Table 1 below shows the reasons why respondent are bearing scar/body markings on their body, as indicated by the table; medical therapy has mean 1.45 with a standard deviation of 0.79, identification reason has mean 1.48 with a standard deviation of 0.701, while beautification reason has mean 1.22 with a standard deviation of 0.691. In this however, out of the three major reasons given by the respondents for the bearing of scar/body markings, the reason for identification has the largest mean score followed by reason for medical therapy. This invariably suggests that the two reasons which have almost equal mean scores are more cogently accounted for the reason for beautification as the reason for bearing the scar/body markings on their body.

Table 1. Descriptive Statistics on the Reasons for Scarification and Body Markings

Variables	Mean	Std. Deviationn
Medical Therapy	1.45	0.79
Identification	1.48	0.701
Beautification	1.22	0.691

Source: Field Data, 2013. *n = 60; Std. Deviation = Standard Deviation*

Furthermore, an attempt was made to ascertain whether the children of the respondents are bearing the scar/body markings on their body, the result indicates (see figure 3) that out of 66 respondents, 36 of them said 'no' while the remaining 24 of them agreed 'yes'. This implies that despite the significance of the scar/body markings among the respondents, not all of them subscribed to the fact that it can be passed or used for the same purpose it was meant for them to their children.



Source: Field Data, 2013

Figure 3. Chart Showing the Distribution of Respondents by Children Bearing Scar/Body Markings on their Body

Respondents were further asked to comment on the answers given whether 'no' or 'yes'; table 3 shows the summary of their responses as follows: 46.7% of them gave the reason of 'modernization' particularly those who responded 'no', 16.7% of them said the reason for identification especially those who said 'yes', 21.7% of them said reason for medical therapy still among those who said 'yes', while 15.0% of them gave the reason of 'not necessary' as to why it cannot be passed to the children. This suggests that modernization is the major reason why the culture of scarification/body markings may not be passed to the children in contrast to medical therapy reason (21.7%), which the study was made to focus on.

Table 3 Showing Descriptive Statistics of the Comments on Respondents Reasons Why Children are Having or Not Having the Scar/Body markings on their Body

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Modernization	28	46.7	46.7	46.7
	Identification	10	16.7	16.7	63.3
	Medical Therapy	13	21.7	21.7	85.0
	Not necessary	9	15.0	15.0	100.0
	Total	60	100.0	100.0	

Source: Field Data, 2013

VII. MAJOR FINDINGS OF THE STUDY

The findings of the study are based on the objectives of the study. As indicated by the findings of the study, the phenomenon the study was made to focus is more prevalent among females in the study areas, as well as age 26 years and above. So also, the study revealed that medical therapy and tribal identity are more prevalent as to the reasons for scarification/body markings in the study areas which also support the central focus of the study. As to the extent to which the practice is passed from one generation to the other through children, the findings revealed that the larger percentage of the respondents in the study areas do not make much attempt for the tradition to be passed to their children due to the prevalence of modernization that may be accounted for that larger percentage of respondents in the study areas.

VIII. CONCLUDING REMARKS

The central objective of the study was to explore the roles of scarification/body markings in traditional medicine parlance, as well as the extent to which the practice is still in vogue and the extent to which the culture is being passed to the future generations to come through their children. In the view of the findings of the study, in spite the significant roles the culture of scarification/body markings has played in traditional medicine which also complement primary health care delivery system with less expense compare to westernized medical services which may not be compatible with some diseases or ailments in terms of prevention and curative measures in efficacy, the tradition is gradually becoming eroded while the incidence of some of these diseases and ailments are gradually increasing due to the fact that orthodox medicine services cannot properly diagnose, treat and prevent the occurrence of such diseases and ailments simply because such diseases and ailments are culture-bound and not only biologically bound.

Fundamentally however, and in the view of the findings of the study, some aspects of traditional practices such as scarification/body markings needed to be brought to the fore of traditional medicine especially as complement to orthodox medicine where the incidence of critical diseases and ailments are more prevalent in order to reduce high incidence of morbidity and mortality in such areas. In line with this, training of medical practitioners in socio-cultural aspects of medicine including their preventive and curative measures recognizing the fact that some diseases and ailments are culture-bound should be encouraged and designed as part of medical training curriculum so as to guide against the total extinction of these values in traditional medicine.

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