

A Critical Analysis of the Representation of Women’s Health Conditions in (Yorùbá) Nollywood Films and its Implications.

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Abstract. Literature, through any of its genres, is a reflection of the sociology of the people where it has its sources. It highlights among other things, their beliefs, hopes, aspirations, development and relationships. The film, which is currently the popular theatre among the (African) Yoruba of the South-West Nigeria, is the literary genre through which this study critically examined the implications of the portrayal of female gynecological, physiological and mental health conditions. This was achieved by criticizing selected films whose major and minor themes are gynocentric. The female among the (patriarchal) Yoruba, is seen and related to as a second fiddle, the OTHER; whose existence is basically for procreation and the general well-being of her home, especially that of her husband. This cultural pattern, though in lesser magnitude now than it used to be in the past, permeates the entire aspects of the living of a Yoruba female, including the very important issue of her health. ‘Health’ meant here, is not merely the absence of diseases, but a state of complete physical, mental, spiritual and social well-being. It has been observed that there is a close relationship between patterns of ill-health and social class, gender and race. Apart from this, (cultural) living conditions are very basic in contracting and combating ill-health. Our theoretical framework is therefore hinged on Parsons’ (2008) functionalists’ perspectives on health, to the effect that when people are sick, they are unable to perform their social roles and this hinders society’s functioning. The study concludes that the (African) Yoruba populace needs re-orientation and conscious efforts

towards a change in patrifocal cultural patterns. The Nigerian government must put in place health schemes that have positive considerations for women’s health; for the hands that rock the cradle rules the world.

Keywords: The Yorùbá, Women, Sociology, Health, Re-orientation

1. Introduction

There is a social dimension to health because a lot of things that we know to be health or illness are better understood in social contexts, cutting across cultures and times. While kleptomania for instance will be seen as a psychological problem among the whites, an African may apart from that view, also see it as a spiritual attack through diabolic means. Aside from this, there is also a gender dimension to health. This is because in all patriarchal societies, the female is seen and related to as a second fiddle, a sex created for the major purpose of complementing the existence and well-being of the man. This being so, the issues that concern the health of a second fiddle like the female, is not likely to be of major importance in such societies. This is why we agree with Haralambos et al (2008: 280) that *...the statistics on health suggest that there is a close relationship between patterns of ill-health and social class and...gender and race.*

Trying to define ‘health’ and ‘illness’ brings about a lot of divergence in views. This is because the definitions polarize on objective and scientific basis on one hand and on subjective

awareness on the other. Absence of disease in the traditional medical view is that there is (the possibility of) a normal functioning body (with a degree of variation). Operating within the normal boundaries of these variations, a person can be seen as healthy, but if they are outside the normal boundaries, they are ill/their organs are diseased. In this view, health is defined as 'absence of diseases'. There is also a positive approach to giving a definition of health. In this approach, the concept of disease is acknowledged, but it brings a much broader social element into its function, suggesting that health is not just a physical state but a wider sense of being well, especially in close link with social surroundings. This is the view of the World Health Organisation (WHO) who has defined health as:

...not a merely an absence of disease, but a state of complex, physical, mental, spiritual and social well-being. (WHO, 1974).

Sociologists have also debated on how ordinary people (laymen) have defined health (lay model of health) and have come up with functional definitions, to the effect that 'health is the ability to perform normal daily activities' (Haralambos et al 2008:280-281). It must be also be noted that health is a relative concept; it varies according to social group. Poorer people for instance are less likely to see themselves as being ill, as are older people. Younger and richer people on the other hand are likely to have higher standards of what good health is. This is why sociologists like Eisenberg try to distinguish between disease and illness. In his opinion, Eisenberg (1977) believes that:

Illnesses are experience of disvalued changes in states of being and social functions...diseases are abnormalities in the structure and functions of body organs and systems.

Eisenberg (1977) is saying in essence that illness is something that people experience as having an unpleasant impact upon their lives and activities, while disease is abnormal and harmful physical changes in the body. It is possible then to have a disease and not be ill, and to be ill and to have a disease. Chrisman (in Haralambos et al 2008:29) has suggested that "invasion" (when something from outside enters a person's body,

such as a germ), "degeneration" (when a person is 'run down'), "mechanical" (when some parts of the body such as the kidney, lungs or heart, malfunction) and "balance" (where a person's body, life or relationship with others are disturbed in some way) as the four categories of the causes of illness.

Our theoretical frame work is hinged on Parson's view (in Haralambos 2008) that health is a form of 'deviance' which disturbs society's normal functioning, as such it needs to be controlled and the deviants helped, in order to perform their social roles. The help is to be rendered by (specialist) doctors who should be intelligent, affectively neutral, ready to give universal treatment to patients and who (the doctors) should be highly rewarded in status and finances.

2. Socio-Historical Development of Medical Practice and the use of Herbs.

Man has always tried to take care of his health, to ensure comfort and longevity. This he must have been doing personally at the initial stage of his existence on earth. He must have come to the realization that other people can be more gifted or learned about healing, and must have approached such for treatment, to aid his welfare. The influence and ground breaking contributions of people like Descartes, Pasteur and Koch on micro-organisms as the cause of many ailments, has led in no small measure to biomedical practices.

Jewson (1976), while considering the issue of provision of health services, claims that it had developed along stages that reflect changing relationship between patients, doctors and forms of (medical and technological) knowledge. The stages enumerated by Jewson are 'bedside medicine' (from the Middle Ages to the eighteenth century), when doctors depended on patronages of the wealthy and asked patients what was wrong with them, and "gave treatment according to their patients' views". The next stage was that of 'hospital medicine' in the nineteenth century, whereby the doctor asked the patient where the pain was, elucidated other details and followed these up with a treatment

based on the training the doctor has had in associating symptoms with needed treatment. The third and contemporary stage according to Jewson is the 'laboratory treatment', whereby the patient is given treatment in accordance with laboratory results of test and scientific analysis.

Man, in pre-modern times, must have used the readily available items around him (among which plants/herbs must have been the essential and readily available ones), to cure his ailments. Other non-biomedical treatments that man had employed for his well-being and is still using are aromatherapy, homoeopathy, acupuncture/acupressure, message and reflexology. These treatments are referred to in modern times as a complementary/alternative medicines, and are still used today, albeit with more scientific research now, not only in developing nations of Africa and Asia, but throughout the world. According to Haralambos et al (2008:296), in a research carried out in 1992 by Sharma in Britain, people use complimentary/alternative medicines for chronic health conditions that have not responded to orthodox medicine, because there is a perception that there are fewer side-effects.

The use of complimentary/alternative medicine, especially herbs, is very prevalent in (tropical) African countries like Nigeria, not only because of its efficacious and non-aftermath effect mentioned above, but essentially because of its (economic) affordability and ready availability, when the socio-economic situation of the country as regards non-provision for basic medical amenities is considered. This is why the portrayal of herbalists, diviners and traditional healing homes are common in Yorùbá films whose major and sub-themes have to do with health, for literature reflects the ways of life of the people in the society where it is produced.

3. The Female and her Health among the Yorùbá

The (African) Yorùbá of South Western Nigeria are very patriarchal, until recently when it is in lesser magnitude. The Yorùbá traditionally sees and relates to the female as a being who has virtually no self-worth of her own, unless if

seen as a man's daughter or his wife. She is an *atèyìntò* (a stupid being who urinates from behind), *ohun èlò ẹlẹgẹ* (an article that is very delicate to handle), despite the fact that women work more in the home than the man and she is expected to be more caring. She is also seen as *ẹké and ọdàlẹ* (tale bearer and traitor) (Adagbada 2006). Men, as husbands, see the female as a necessary evil, without whom they cannot sire children; a means by which they prove their manliness and satisfy their sexual urges. She is even denied enjoying the act herself, for her sexual activities are curbed by wicked acts like genital mutilation, infibulation and circumcision, to prevent promiscuity and ensure loyalty and submissiveness to her husband. They are also many negative proverbs and maxims about the females. Some of these are:

Obìnrin sọ iwà nù, ó ni òun kò mórí ọkọ wáyé.
(When a woman is deficient in character, she blames her marital woes on ill-luck).

Obìnrin tí a fẹ nìlẹ ijó, ìran ni yóò wò lọ
(A wife picked at a dance party would be lost at another)

Òbò ò fì banba lájé
(The commercial value of the vagina is not determined by its size)

Ọkùnrin tí kò tí ì kú, iyàwó rẹ ni kò tí ì pa á.
(If a man is still alive, it means the wife is not ready to kill him).

Obìnrin lèkèé, obìnrin lẹdàlẹ, kẹyàn má finu han obìnrin
(A woman is a tale bearer, she is a traitor, it is better not to confide in her).

Kàkà kó sànrà iyá àjé, ó fì gbogbo omo rẹ bí obìnrin, ẹyẹ wá n yí lu ẹyẹ.
(Rather than improve her situation, the witch's offspring are also born females; all are potential witches).

The commonest instance when positive statements and adulations are made about the female is when a discussion centres on her role as a mother -a role which is seen as her primary assignment. It is then one hears maxims like:

Òrìsà bí iyá kò sí
 (There is no deity like a mother)
 Ìyá ni wúrà, baba ni dínjí
 (Mother is like gold, father; a mirror)
 Ìyá lalábààrò ọmọ
 (The mother is a child's confidant)

While there are ailments that are general among the two sexes, such as *ẹfóri* (headache), *inú rírun* (stomach disorders), *lákúrègbé* (rheumatism), *túúlu* (migraine), *ẹyìn dídùn* (backache), *eyín dídùn* (toothache), *eéwo* (boils), *àkàndùn* (witlow), *òdòyì* (dizziness), *jẹ̀dìjẹ̀dì* (pile) and *idí yíyọ* (hemorrhoids), some (ailments) are peculiar to the female. Some of these are *somú-ròrò* (pre-menstrual bloating), *èdà ibú/èdà òró* (spermatic reflux while lying/spermatic reflux while standing erect), *nńkan oşù ségesège* (irregular menstrual cycle), *àirómọbí* (barrenness), *idádúró* (secondary infertility), *iju* (fibroid), *oyún wíwálẹ* (cervical incompetence), *èètaré / ojú ara yíyún* (vaginal thrush / vaginitis) and *ọyàn ọ̀daju* (lactating incompetence). There are corresponding ailments that are peculiar to the males too.

Traditionally, the Yorùbá have male and female *adáhunşe* (herbal healers/traditional doctors) who practice general medicine, however, when a health case is considered to be a result of psychic attack, the services of a (male) or (female) *iyánífa* or *babaláwo* (diviner and esoteric healer) is sought. Some of the *adáhunşe* also specialize in peculiar areas of medicine. *Àrógun* (orthopaedic), *Agbẹbí* (midwifery) and *Ìtójú àrùn ọpọ̀lọ* (psychiatry) are some of such. The *agbẹbí* (midwives) are the most popular among the specialized medical practitioners. This is because of the importance attached to having offspring among the Africans, the Yorùbá being no exceptions. To them (the Yorùbá), a person, whether male or female, who dies without having children surviving him/her, is like a snake that passes on top of a rock without leaving traces. The midwife is normally an experienced female, a mother, who is expected to be versed in the use of *ewé àti egbò* (herbs and roots) for ante-natal, delivery, post-natal and pediatric purposes. The herbs and roots used for treatment can be boiled as concoctions to be drunk, mixed with native soap for bathing

or with shea butter or coconut oil for rubbing on the skin.

4. The Yorùbá Sector of Nollywood

'Nollywood' is the sobriquet for the Nigerian film industry. It is so tagged in similarity to "Hollywood" of American and "Bollywood" of Indian film industries respectively. Ayengbo (2012)⁴ has defined what Nollywood is to be; the totality of activities taking place in the Nigerian film industry, be it in English (Nigeria's lingua franca), Yorùbá, Hausa, Igbo, Itsekiri, Edo, Efik, Ijaw, Urhobo, or any of the over three hundred Nigerian languages. This is because film making in Nigeria is divided along regional, ethnic and religion lines, with each of them seeking how to portray the concern of where it belongs. Initially, all the ethnic and sub-ethnic groups were under the professional umbrella of Association of Nigerian Theatre Practitioners (ANTP) under the chairmanship of late Hubert Ogunde. The initial members included big wigs in theatre then; the likes of Moses Olaiya Adejumo (Bàba Sàlá), Adéyemí Afoláyan, Chief Amata and Eddie Ugboma.

The Yorùbá-language film sector of Nollywood has most of its practitioners in the Western part of the country. This sector has its origin in the Éégun Apidán (masked itinerant dramatists) of pre-colonial period. It is as a result of coming into contact and joining them as a young man, that made late Hubert Ogunde to take their revues and sketches to a higher and modern level, to become stage and travelling theatres around mid-1940s. Other dramatists of the Ogunde tradition include Duro Ladipo, Kola Ogunmola, Oyin Adejobi and Adeyemi Afolayan (Ade Love). These travelling theatre proprietors took their works beyond the stage; into production of celluloid films in the mid-1970s. One of the huge successes of the era was the production of the first Yorùbá celluloid film by Adeyemi Afolayan title *Àjàní Ògún*, produced in 1976. Hubert Ogunde also produced *Aiye*, *Jaiyesinmi* and *Aropin-n-Tenia* Moses Oláiyá Adéjùmò also produced *Òrun móoru*, *Ààrẹ̀ Agbáyé* and *Mọşebólátán*.

The downward trend in Nigeria's economy from the late 1980s made the celluloid films very

expensive to produce; this made the cheaper and readily available video format to become an alternative for the Yorùbá theatre practitioners. *Igi Dá* was the first Yorùbá video⁶ and it was produced by Kólá Olátúndé (Alamu 2010:28). The success of *Igi Dá* opened the floodgate for massive Yoruba video (film) production among other Yorùbá and non-Yorùbá theatre practitioners. A global cinema survey (with the ranking done according to quantity and not necessarily quality) conducted by the United Nations Educational, Scientific and Cultural Organisation (UNESCO) Institute of Statistics in 2009, named Nigeria as the second largest producer of film in the world (Alamu 2010:3). Alamu (2010:6) also say that the UNESCO has identified film and video productions as vehicles of identity, values and meanings which can open the door to dialogue and understanding between peoples and foster economic growth and development. The “growth” and “development” which video feature films is capable of bringing, is what we seek for women, especially as their health is concerned, in this study.

5. Women and Physiological Issues in Yoruba Films

Physiology is the branch of biology that deals with the functions of living organisms or bodily part functions. Socio-biologically, women are generally assumed to be weaker in constitution than men, as such, men handle women (positively or negatively) as weaker vessels. While some men like Rótímí and Jayéolá in *Ajorò* (Joint discussion) and *Ifẹ Mi* (My love) respectively, dote on their wives as they go out of their ways to please and make them comfortable, a host of other men like Gbólágadé in *Óla Tórerá* (Wealth Brings Pride) and Ségun in *Àgbóyé* (Understanding), taunt their wives and make them miserable, believing that pampering and giving one’s wife a freehand is a sign of weakness; not expected from a macho man. They do not give considerations to the exhausting roles the women play as home keepers beside their official assignment in public or private practices.

In *Àimàsìkò* (Time is unpredictable), Akin beats Alice his wife at the slightest provocation. Alice

often goes to the office with sunglasses on, in attempt to hide the bruises sustained from Akin’s slaps on her face. Her mother suspects that Alice is having difficulties with her marriage and she asked her questions. Alice lies that all is well and that Akin is the best husband in the whole wide world. Alice’s case is very similar to that of Torera in the film *Óla Tórerá* where Gbólágadé her husband turns her to a punching bag, beating her black and blue because she dares to warn him against dating Adépàtẹ, the notorious village prostitute. The beatings, humiliations and unhappiness in the marriages of these women make them to become frail and hypertensive. The two women eventually died at the prime of their ages in the films. It was the beatings that Yemisi too receives from her husband that turns her to a one-eyed woman in *Èdùn* (Agony). None of the wife-beaters mentioned here try to seek medical attention for their wives, whom they must have seen as their property; who can be used or treated as they like. The punishable offence of manslaughter committed by the husbands are often seen as the handiwork of God or blamed on the men being under spells by enemies.

Rape is another way by which a woman’s physiology is damaged. It is the physical assault on women through different forms of penetration carried out against a female’s consent. The classification of rape depends a lot on the persons involved and the reason and manner of the act. As such, rape can be done by physical force, coercion and it may be a gang-rape, date rape, spousal rape, rape of children, prison rape, payback rape or war rape. In *Ìsẹjú Mārùn-ún* (Five Minutes), Adébáyò rapes Bísí his friend’s secretary, by coercing her to come to the hotel where he is lodging with his wife, so that the two women can meet, concerning how Bísí will help them get some items in the market. Unsuspecting, Bísí agrees, only to be raped by Adébáyò, who is actually lodging alone in the hotel. Bísí is roughly handled by the rapist and for days she is not able to go to the office. Another example is that of Omóbólá who is raped by her spouse in *Olóri Ilé* (The head of the home). Àkàndé, Omóbólá’s husband works as cab driver, but drinks a lot. He is always seen at drinking joints with his friends, spending money

lavishly. At home, Àkàndé does not give his wife and four children any feeding allowance. The wife does menial jobs to feed their children and she is always tired and frustrated at the end of each day, only for Àkàndé to demand sex from her. She usually turns him down, but Àkàndé will not take ‘no’ for an answer. He forces his way and rapes his wife almost every night. Omóbólá often sustains injuries in the course of the act and has to seek treatment from a nurse who lives nearby. During such periods, her children experience hunger, because she is not be able to go and do the menial jobs that put food on their table.

While women run around with deep concern when their spouses or children have health challenges, we found out that men are less concerned about their wives going through health challenges, as portrayed in Yoruba films. This stems out of the thinking that there are more women than men in the country. As such, if a woman has a (terminal) illness or disease, rather than waste time and money on her, there are several other women out there that men can choose from. In *Àgbéké* (A child who is to be pampered by all), Tobi is diagnosed to have renal failure and as such needs kidney transplant. Dr. Williams her boyfriend and a medical practitioner, who has the same blood group with her, refuses to donate one of his “very” healthy pair of kidneys to her, or at least stay beside her to give her love and assurance during her moments of trauma. He hurriedly travels out on a leave from his place of work. It is Àgbéké the orange seller who volunteers to donate one of her kidneys free of charge. The transplant is successful and Tobi is discharged from the hospital, only for Dr. Williams to turn up to ask for Tobi’s hand in marriage. As expected, the poor girl turns down the request.

6. Women’s Gynecological Concerns in Yorùbá Films

Gynecology is the branch of medicine that deals with the diseases and routine physical care of the reproductive system of women. As mentioned earlier, the female body is differently wired from that of a male by nature, for the specific role of conceiving, gestating, bringing to life and

nurturing a foetus/neonate. These make a lot of difference between the two sexes. Men, for instance, do not suffer from fibroid like Adebimpe experiences in *Ariwo Oja* (Market noise). While a mature and virile man can be aroused and he becomes ready to deposit his spermatozoa for conception during copulation, the female body must experience a menstrual cycle of about 21-28 days, depending on individuals’ chemistry, and her ovule can only get fertilized at the peak of her ovulation period. This is why couples who are trying to make babies often target their copulation at the peak of the female’s ovulation period. This is the exact opposite of what Rótímí does to Jókòtòlá in the Yorùbá film titled *Jókòtòlá* (Sit amidst wealth). Jókòtòlá is a trained accountant with two children, but Rótímí does not allow her to seek employment nor allow her to do any private business from home. He tells her she can only work after completing their family, by having a third child. Jókòtòlá agrees to Rotimi’s plans, but the man refuses to have intercourse with her and does not allow her to use any contraceptive device (to prevent extramarital affairs), yet he chides her for not getting pregnant. In *Ólā Tórerá* too, Gbólágadé knows that he needs to sleep with Torera his wife constantly and take her to see the adáhunṣe in their village for gynecological examination, in order to find out the cause(s) of Torera’s bareness, he refuses to do either. Rather, he runs after notorious Adepaté, the village prostitute, and he is ready to take turns with three other men, to sleep with her.

Women are the ones often suspected and blamed in patriarchal societies for couples’ inability to have offspring. In *Ìyàwó Mi Òwòṅ* (Madam Dearest), Bíòdún is married to Bùkólá, a woman who is about fifteen years younger than him. The couple has no child. Instead of jointly seeking medical attention, he acts as if having a child/ children is not a big issue; a notion which is anomalous to the average African. He claims to have given freedom to his wife to seek medical attention. Bíòdún even frowns at his wife collecting herbal concoction from his own sister. He claims he does not want it because; his sister may later take Bùkólá to a diviner, who may start to tell her all sorts of things about her husband. Bíòdún is later sentenced to a life

imprisonment for man slaughter. In desperation for Ìyá Olóbì (Woman who sells kolanut), Bukky's mother, to have a grandchild, and for Şolá, Bukky's friend, to make sure her friend has at least one child, they both force Bukky to agree to date Daniel, her Ghanaian house-help. Within three months of their relationship, Bukola gets pregnant. She gives birth to a male child thereafter. The means that it is not Bùkòlẹ who has infertility problem all these while, it is Bìódún who needs to be examined for the volume and quality of his semen and its delivery during copulation. He may be aware or not, that he is suffering from any of the several reproductive challenges of men, like oligospermia, premature ejaculation or erectile dysfunction.

Vaginal infibulation through mutilation by trimming off the tip of the clitoris, complete excision of the clitoris, labia minora or major, or fastening the labia majora with stiches or clasps for tighter and more enjoyable penetration by the husband, are some of the methods employed in patriarchal societies to ensure a woman's devotion and obedience to her husband. By these painful acts, the female is made to suffer anorgasmia (the inability to reach orgasm during copulation) as experienced by Şewà, Démòlẹ's wife in *Onikòlẹ* (One who circumcises). This is usually done during a rite of passage or before puberty, but definitely before marriage, so that the female will never experience orgasm and as such will not crave for it. Apart from this, she will not experience satisfaction after an orgasm and tire out while her husband remains erectile and wants more. These practices are not only harmful by making the young females susceptible to infections resulting from unsterilized tools, but they can also lead to death from hemorrhage, especially for the hemophiliacs. This is exactly what happens in *Adẹjẹre* (The crown is vindicated), wherein Olábisí and the other girls die after going through the passage rites for maidens who are getting ready to be married.

Another gynecological issue commonly highlighted in Yorùbá films is complications and deaths resulting from females having to go through dilation and curettage (D and C) when

trying to terminate unwanted pregnancies. Premarital sex and single motherhood are frowned at among the Yorùbá and they do not (yet) practice giving up a child for adoption. As a result of these, a female will want to get rid of a pregnancy that is not accepted by the owner. In other cases, a man may accept that he owns a pregnancy, but that he is not ready to father a child, or that he has no intention of marrying the pregnant female. Without being bothered by the implications of abortion on the girl/woman there and then and in the future, he may buy drugs across the counter in a drug store, use unorthodox herbs or local condiments for the female in question, or take her to a quack or better still, trained medical personnel. In most cases, the females suffer serious health complications or even die in the process. In *Omi Àànú* (Tears of sympathy), Súnmólẹ Owólàńà asks Ojúólápẹ to terminate a sixteen-week pregnancy because he has another woman he intends to marry and he does not have the means to keep two homes. Ojúólápẹ refuses, but he coerced her into having the pregnancy terminated by a quack doctor and the girl dies in the process. In the film *Gbáyẹpẹ* (Longevity), Şemílóore is impregnated by Tóyẹ her boyfriend, but Tóyẹ is not ready yet to get married because he is unemployed, so he tries and convinces Şemílóore to let them terminate the pregnancy. Şemílóore's womb is accidentally damaged in the process and the doctor tells her that she will never be able to get pregnant again.

7. Women's Mental Health in Yorùbá Films.

Mental health is a level of psychological well-being or absence of mental illness. It is the psychological state of a person who is functioning at a satisfactory level of emotional and behavioural adjustment. It affects how people think, feel and act. It also helps to determine how they handle stress, relate to others, and make choices. In *Àjọbí* (Jointly sired) for instance, Àjọbí (the lead-actress) goes through a lot of stress from her parent, especially the father, concerning Adẹbámpẹ as her choice of husband; an act which belongs to the distant past of the Yorùbá marriage tradition, when a son or daughter does not have a say in choosing

a bride or accepting a groom. All the attempts made by Àjòbí to let Chief Gomez her father, realize that Adebampe's low financial status and the fact that he had un-intentionally insulted Chief Gomez in the past, does not stop her from loving him, proves abortive. The father refuses to accept Adébámpé as a son-in-law and starts to make moves to send his daughter out of the country, to sever the relationship. Having nowhere else to find solace, and been unable to cope with the mental stress and agony, Ajobi poisons herself in desperation, as a way out of the situation. She is rushed to the hospital and narrowly escapes death.

Capitalizing, on their more genteel nature, men are known to also toy with women's health. In *Ayòmidà* (Where is my joy?), Arówòlò drugs Jùmòkẹ his late friend and business partner's daughter. He sleeps with her to sire a child, since his wife is not able to give birth to one. Arówòlò gives Jùmòkẹ the impression that she is insane (whereas she is not) and has been raped by an unknown person. He pretends that he is willing to claim the ownership of the pregnancy if she co-operates with him. After giving birth to the child, Arówòlò employs a nanny to take care of him (the child), claiming that Jùmòkẹ is not in good frame of mind to nurse a child. It is with the help of an ex-boyfriend who reports the case to detective police that distraught Jùmòkẹ is saved from Arówòlò's schemes.

Fẹmi in *Jókòótọlá* takes to his father's ideals about what marital relationship should be, to the effect that wives must not be given freedom to do as they wish, or be allowed to have financial independence, if a man must maintain his position as the lord of the home and earn due respect from his wife. As such, he refuses to let Jókòótọlá his wife seek employment or be self-employed, despite her enviable educational achievements. He does the family shopping himself as he does not want her to hold cash. Femi tells his wife that she can start trading after they complete their family by having three children. After the birth of their second child, he refuses to sleep with her and he later travels out the country for almost six months without giving her money for personal up keep and maintenance of their villa, claiming that he has

bought all the food items they need in the house. Jókòótọlá is frustrated. She cannot even pay electricity bills and has to descend as low as borrowing money from one of the domestic staff. So that her society will not label her as 'dálémoşú' (a shameless married woman, who leaves her matrimonial home to live in her parent's house), Jókòótọlá refuses to tell her mother about her ordeal in Femi's hands. Friends too cannot convince her to leave Femi. The heartache becomes so much that she becomes hypertensive. One day, she slumps in the living room and is rushed to the hospital by one of her stewards. The doctors at the (private) hospital delay her treatment for lack funds. At the point of death, Femi arrives to apologize to her, she merely thanks him for wasting her life and she gives up the ghost. Jókòótọlá's case is very similar to that of Tórerá in *Ọlá Tórerá*. Tórerá also dies of high blood pressure as a result of the neglect she experiences and the humiliation she suffers from her bareness, while Gbólágadé her husband galvanizes about the village with Adépàtẹ, the village whore.

Unlike the wrong notions of the past, scientific enlightenment in modern times makes it clear that it is not the female who carries the foetus during gestation that determines the sex of a neonate, but the male. The male has XY (male) chromosomes. During intercourse, if the X chromosome in the spermatozoa fertilizes either of the XX chromosomes of the female ovule, the foetus will be XY (female). If it is the Y chromosomes of the male spermatozoa that fertilizes either of the female's own, the resultant foetus will be XY (male). In essence therefore, the female has no direct bearing over the sex of a baby that is born. Among the Yorúbá, (especially in the past and even now in some quarters), a male child is regarded as the *àrólé* (the pillar of the homestead), as such he is an *adékúnlé* (one who has come to increase the family size). The female on the other hand is seen as *adéúnlé* (one who has come to scatter the house), because of the singular fact that when a female marries, she relocates to her husband's house, leaving her own homestead 'desolate'. Having a male child therefore to the average (African) Yorúbá man, is a guarantee that the family name will not go into oblivion. For this,

most Yorùbá men (even in the this modern age) are usually desperate to have at least one son, even if it means having extra-marital affairs, because in the Yorùbá socio-cultural set up, there can be no ‘bastard’ among the children that a man claims to be his; a ‘crime’ that is unpardonable if committed by a woman. In Àgbóyé, Tinúké, Şegun’s wife, is yet to give birth to a son after two girls. Segun marries Bolanle as a second wife and abandons his family. He moves into his second wife’s apartment and only visits Tinúké and her children once in a while. His friend Báyònlé too, has to marry as many as three wives, all in the search for an *àrólé*. Yétúndé, Báyònlé’s third wife and Bólánlé fall into labour at about the same time and both of them give birth to girls. Tinuke falls ill; she is diagnosed to have high blood pressure and is about six weeks pregnant. She is surprised, because the intercourse she had last with her husband was virtually a spousal rape. She sadly nurses the pregnancy alone; for Segun tells her that he is not interested in the ‘rubbish’ she always gives birth to. Tinúké and Gbemisola, Bayonle’s second wife, also fall into labour at the same time. When Segun is called that his wife is in labour, he tells the nurses that he is tired and wants to sleep. His friend Báyònlé refuses to visit his own wife too. Tinuke delivers a bouncing baby boy and Gbemisola delivers a boy and a girl. The two women are very happy. The doctors are surprised that Tinuke’s blood pressure normalizes immediately she is told the sex of her baby. When Segun hears of the good news, he rushes to the hospital to apologize to Tinúké and he starts to dote on her and their son. Gbemisola overhears the nurses that one of her twin is dead. She asks to know which of them; she is told that it is the male. She shouts on top of her voice and dies.

8. Conclusion

In this study, we have attempted to give a broad view to what is accepted to be good health and otherwise. We have also discussed about the socio-historical development of medicine and analyze traditional medical practices among the Yorùbá people, before focusing on gynecological, physiological and mental health

of women, as portrayed in randomly selected Yorùbá Nollywood films. Entertainment is the basic purpose of literary creations, however, the reader, viewer or listener also gets to be edified and informed while being entertained. We are of the opinion that while it is important for the literary artist to reflect the ways of life, challenges, aspirations and hope of his society in his works, reflections alone may not easily / directly solve the problems. A literary artist must suggest solutions to societal challenges with his creativity. This is the utopia which the Yorùbá film producer must strive towards in the development of his ventures. More than sixty percent of the films exemplified for this study are written and produced by women. This makes their (gynocentric) films appear like placards⁷, in protests against their marginalization, oppression and denigration by a culture slanted in favour of the male, in their society. The concerned male film producers whose films are also reviewed for this study are unbiased men, who have shaken off patriarchal socio-acculturation and are therefore concerned about the welfare of women as their daughters, wives, sisters, mothers, aunts and friends.

We have found out that the socio-cultural views and patterns of life of the (African) Yorubá, put the female at a lot of disadvantages compared to the men. Most women continue to stay in marriages wherein they are abused and violated. This results into physical, gynecological and mental health complications, making them to function productively very below optimal level in all ramifications of existence. We are of the opinion that gender roles and status are more socially constructed than being biologically produced. Inferior gender status affects the psyche of an average African female. This inequality allows for women’s skills to be underutilized. We are aware that some places in the labour market often have gender characters, whereby there are specific places for men and women, still, the Yorùbá need a re-orientation of culture to meet the needs of modern times. Negative myths and religious fallacies about the female must be done away with. The female should be seen as an essential half of the human species, who is entitled without compromise, to a blissful marriage, enjoyable sexual activities,

education, freedom and living a contributory social life.

The fear of being labeled as being not perseverant, disobedient, promiscuous and arrogant as wives on one hand, and that of becoming single mothers without the wherewithal to take care of the children after a broken marriage (since many Yorùbá women as still non-lettered and unskilled), on the other hand, are some other reasons why women remain in health-threatening marriages. Another reason is that many young ladies are married against the advice of their (more experienced) parents and relations. When things go awry and the chips are down, shame will not let them accept that the game is over and it is time to return home. This is because among the Yorùbá, a daughter is not received with open arms if she attempts to relocate to her parent's place from her matrimonial home. Her parent and relations will insist that she goes back and allow the in-laws from both sides to mediate in the disagreement. More often than not, parents do not consider the health implications of a failing marriage. Protecting the family name within the immediate society is likely to be the (first) consideration.

Our suggestion is that young women should insist on having full health investigation that is not limited to blood group, genotype, sperm count and psychiatry, after a man has been thoroughly studied and tested, in a relationship that span adequate duration. Marriage counseling units in places of worship must be made functional with the employment of medical experts. Apart from these, the girl-child must be encouraged and assisted to get formally educated or learn a skill, so that she will not be (too) economically dependent on her spouse. While in school, the female must be taught important courses like rudimentary health science and first aid treatment, Home Management, Sex Education and Gender Studies to prepare her for a blissful marriage in future.

The Federal Ministry of Women Affairs in Nigeria and other non-governmental organizations have a lot of roles to play in the welfare of women. There should be increase in

the number of rehabilitation centres and in the awareness of their existence, for victimized females, in all the local government headquarters, where trained hands will assist abused females to regain self-confidence by seeing counselors and psychologists apart from medical doctors, if need be. Mediation steps can also be taken if the marriage has not broken down completely. There, couples can be advised to put an end to their marriage contract if for instance a wife's 'barrenness' is a result of blood group or genotype incompatibility.

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Videography

<i>Adejare.</i>	Prod.	Oladotun Adebayo	(2006).	Dir.	Tunde Olaoye.	May 31 Concept Film Productions.
<i>Agbeke.</i>	Prod.	Bukky Wright	(2005).	Dir.	Abbey Lanre	Corporate Pictures Limited.
<i>Agboye.</i>	Prod.	Temidayo Ekson	(2016)	Dir.	Muyideen Ayinde	Couple Productions.
<i>Aimasiko</i>	Prod.	Agnes Egbe	(2016)	Dir.	Olawale Adebayo	High Waves Films Production.
<i>Ajobi</i>	Prod.	Yetunde Bakare	(2014)	Dir.	Kunle Afod	Almaroof Standard Investment.
<i>Ajoro</i>	Prod.	Biola Magreola	(2008)	Dir.	Kola Oseni	Magreola Films.
<i>Ariwo Oja</i>	Prod.	Ife Ajisafe	(2017)	Dir.	Adekunle Azeez	Initiative Pictures.
<i>Ayomida</i>	Prod.	Sola Sobowale	(2005)	Dir.	Tade Ogidan	Taiken Ventures & OGD Productions
<i>Edun</i>	Prod.					
<i>Gbayepe</i>	Prod.	Adebayo Tijani	(2016)	Dir.	Muyiwa Ademola	Kazeem Afolayan Films.
<i>Ife Mi</i>	Prod.	Fathia Balogun	(2006)	Dir.	Kunle Afod	Olasco Films Productions.
<i>Iseju Marun un</i>	Prod.	Bolaji Amusan	(2002)	Dir.	Seun Adeniji	Latin Film Productions & Zentury Films
<i>Iyawo mi Owon</i> <i>(Madam Dearest)</i>	Prod.	Tade Ogidan	(2005)	Dir.	Tade Ogidan	OGD Pictures.
<i>Jokotola</i>	Prod.	Biola Adebayo	(2015)	Dir.	Damola Olatunji	Olasco Film Productions.
<i>Ola Torera</i>	Prod.	Fathia Balogun	(2015)	Dir.	Abbey Lanre	Corporate Pictures Limited.
<i>Olori Ile</i>	Prod.	Opeyemi Ayeola	(2010)	Dir.	Muyideen Ayinde	Ayeola Films
<i>Omi Aanu</i>	Prod.	Muyiwa Ademola	(2006)	Dir.	Muyiwa Ademola	MUY Authentic Productions.
<i>Onikola</i>	Prod.	Funmilayo Fibresema	(2013)	Dir.	Funmilayo Fibresema	Fibresema Productions.