

**AN EVALUATION OF THE EFFECTIVENESS OF TRADITIONAL  
MEDICINE AMONG RESIDENTS OF BENIN CITY**

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**BEING A PROJECT SUBMITTED TO THE DEPARTMENT OF  
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## CERTIFICATION

This is to certify that this project work was carried out by OKELEKE ESTHER CHIDIMMA with Matriculation Number SSC2010564 and is adequate in scope, content and quality in partial fulfillment of the requirements for the award B.Sc. in Sociology and Anthropology in the Department of Sociology/Anthropology, Faculty of Social Sciences, University of Benin, Benin City, Edo State.

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Date

## **DEDICATION**

This work is dedicated to God Almighty for making his Grace sufficient enough for me throughout my undergraduate journey in this prestigious institution. I also dedicate this project to my lovely Aunt and my Mother , Mrs Felicia Uzuh and Mrs Mary Azuh for their love, care, support and prayers in my academic pursuit thus far.

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## ABSTRACT

*Traditional medicine has played a key role in world health in spite of great advances observed in orthodox medicine in recent decades, traditional medicine still makes an important contribution to health care delivery system. These societies thus developed indigenous medical systems through interactions with their environment to ensure the health needs of the people were met. The World Health Organization estimated that 80% of the developing countries depend on traditional medicine to meet their healthcare needs. Due to the increased use of herbal medicine, there is an urgent need for the appropriate systems of quality control in the practice as well as in the production and use of the medicines. The main objective of this study is to find out the perception and utilization of traditional medicine among residents of Benin city in Edo-State. The specific objectives of this study were: to ascertain the factors influencing the utilization of traditional medicine as perceived by Benin city residents; Ascertain how Benin city residents perceived the efficiency and effectiveness of traditional medicine in Benin city; to find out the challenges hindering the utilization of traditional medicine; and to measure the extent of utilization of traditional medicine among residents of Benin city. With the one-time cross-sectional study designed subsumed in survey research design both quantitative and qualitative data were collected from 400 respondents 5 interviewees respectively; they were analyzed using frequency and percentages tables, chat and the Spearman's rho correlation statistical tools. A significant proportion of the population still patronizes traditional medicine due to its ability to explain the hidden cause of illness and consequently cure the illness. There is a significant relationship ( $p$ -value =0.00 <0.05) between affordability, cheapness and traditional medicine has stood the test of time and lower level of education, income status and certain age group of traditional medicine. The Functionalist theory and the Health Belief Model were used as a theoretical guide to examine the people's perceptions towards the utilization of traditional medicine, the study further recommend that Effective and safe use of traditional medicine should be promoted in order to recognize traditional practitioners, as well as to train them to produce refined herbal medicines. Hence Traditional Medicine Practitioners should be properly trained to keep them updated with contemporary trends in the world of health and epidemiology.*

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the Study

The wellbeing of people in the society is very paramount and it is an essential phenomenon in any social system. Thus, different era of human existence developed several measures in ensuring the sustainability and wellness of its members and are guided towards the improvement of their livelihood. The use of plants or plant parts and other alternative therapies in the improvement of health contribute immensely to indigenous knowledge commonly referred to as ethno-medicine. (Ogunkunle & Ashiru, 2011). In traditional societies, herbalism was a way of life rather than a trade as it later turned out to be. If a person fell sick, the other person who knew just what to use went to the nearby bush and brought back herbs that gave relief to the sick (Ogunkunle & Ashiru, 2011).

According to Adefolaju (2011), the need for good health is central to all human societies. It is important to know that only those who are fit can perform its duties towards the survival and growth of the society. Human being has the tendency to fall ill. They are unfit to perform certain functions as predicted by the society. The sick suffers from pains and discomfort as a result of illness which becomes a burden to relations, friends and the community who will have to divert and concentrate their energy and resources to them.

Ladele & Bisi-Amosun (2014) proposed that the health of rural people is very important in attaining sustainable rural development. The wellbeing of an individual is valuable and it is the basis of all happiness. Health affects the productivity of people in the societies which influences their overall livelihood. One of the reasons why the

Millennium Development Goals (MDGs) established by the United Nations touch on health shows that the importance of good health cannot be overemphasized. Societies have established different traditional methods of handling their health problems using available local means. The use of traditional medicine as medicine is as old as humankind and it has been a remarkable part of man's healthcare system.

Traditional medicine refers to health practice, approach, knowledge, and beliefs incorporating plant, animal, and mineral based medicines, spiritual therapies, manual techniques, and exercises applied singularly or in combination to treat, diagnose, and prevent illness or disease (Wassie, Aragie, Taye & Mekonnen, 2015). Moreso, "traditional medicine as defined by World Health Organization is the sum total of knowledge, practices and practice, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental and social unbalance and which relies extensively on experience from and observation handed down from generation to generation whether verbally or in writing" (WHO, 2008).

Traditional medicine is appreciated for its total care approach, easy access and cost effectiveness, more personal and apparent lack of side effects. In view of the vast health care delivery, countries like China, Ghana, India and Germany earlier have established Government sponsored Agencies and even Universities solely for research and promotion of their traditional medicine; the belief that traditional medicine is ineffective and unscientific still occupies the minds of some people, even though not as strongly as it once was (Silas, Mamman, Laah & Yusuf 2015). Some countries like India and China, for instance, have advanced very sophisticated contemporary and alternative medicine systems such as ayurvedic and acupuncture for decades (Addae-Mensah, 2002; Agyare, Mensah, & Osei-Asante 2006).

The prevalent use of traditional medicine is becoming profitable and global. Billions of US dollars are spent yearly on traditional medicine in many advanced countries. For instance, in 2012, 32 billion dollars was spent in the United States of America on dietary supplements, an amount expected to increase to 60 billion dollars in 2021 (Lariviere, 2015). The World Health Organization estimates that the global market of traditional medicine is approximately US \$83 billion annually (Robinson & Zhang 2011). Traditional medicines also contribute to the development of pharmaceutical treatments. Over half of pharmaceutical drugs were initially derived from plants (Wassie, Aragie, Taye and Mekonnen, 2015). Some prominent examples including digitalis, quinine alkaloids and morphine, which were obtained from plant sources (Avendano & Menendez, 2008).

Studies has shown that about 60% of the world's

## **1.2 Statement of the Problem**

There seems to be an increasing trend in health care delivery whereby the use of traditional medicine as alternative or complementary approach is increasing with the aim to treat several health related challenges. Although traditional medicine is widely used in the Nigerian society especially in rural areas and among the lower class, conventional health practitioners are skeptical about traditional medicine and this perhaps explain why people have negative perception and poor knowledge of traditional medicine (Adeniyi, Olufemi-Adeniyi & Erinoso, 2015).

Traditional medicine embraces unorthodox knowledge systems that were developed over generations but the practice faces some challenges. For instance, there are worries about the lack of information on traditional medicine herbal-based treatments regarding the composition, traditional medicines are natural products and their

chemical composition varies depending on several factors such as plant species, the anatomical part of the plant used as well as the storage, effect of the sun and humidity, type of soil, time of harvest and geographic area (Wassie, Aragie, Taye & Mekonnen, 2015).

Traditional medicine is very popular but has been challenged on many grounds; one of such is that its popularity is based on subjective experiences of patients (Erinosho, 2006). Akinleye (2008) asserted that some of the key issues in traditional medicine range from; incorrect diagnosis, imprecise dosage, low hygiene standards, the secrecy of some healing methods and the absence of written records about the patients, thus making it difficult to ascertain legitimate and effective therapy and the activities of the therapists.

Traditional medicines have an inadequate evidence base when measured by these standards as the tests for quality and standards for production tend to be less rigorous and controlled. Also, products may escape the strict regulations set up to ensure drug safety and practitioners may not be certified or licensed (Chan, 2008). Some people in the urban areas have this belief that traditional medicine is crude and its contents diabolical; requirements and methods for research and evaluation of traditional medicine are relatively complex (World Health Organization, 2008).

Though, there is a great variety of plants used in traditional medicines; the variety varies with indigenous cultures and belief, causing severe difficulty in the standardization of traditional medicines (Adeola, 1992; Abubakar, Musa, Ahmed & Hussaini, 2007 & Adefolaju, 2011). Adefolaju (2011), opined that in Nigeria for instance the wide spread of traditional medicine lack proper registration and concrete knowledge on the herbs they administer on their patients. Despite the spread of

Traditional medicine practice globally; it has however faced a lot of difficulty in the hands of government officials in Nigeria who look at it with contempt; which has resulted to the unwillingness of government personnel in Nigeria to accord herbal medicine key position in health care delivery system as it is the case in China and India (Adefolaju, 2011).

Though a lot of studies have been carried out by scholars (Adeniyi, Olufemi-Adeniyi, Erinoso, 2015), (Aragie, Mekonnen, Taye & Wassie, 2015), (Erinosho, 2006), (Akinleye, 2008), on this topical issue of traditional medicine and the patronage by the people, none of these studies have focus on the perception of traditional medicine in Benin City. This study seeks to find out the perception and utilization of traditional medicine among Benin City residents. This study therefore centers on the perception of traditional medicine among residents of Benin City in Edo-State in the context of their awareness, knowledge about the efficacy or otherwise of traditional medicine and how the totality of their experiences, bio-data and other socio-cultural variables affect their perception of traditional medicine for the purpose of this study.

### **1.3 Research Questions**

Based on the gaps and problems exposed and raised in the statement of the problem for this study the subsequent questions emerged:

1. What are the factors influencing the utilization of traditional medicine as perceived by Benin city residents?
2. How do Benin city residents perceived the efficiency and effectiveness of traditional medicine?
3. What are the challenges hindering the utilization of traditional medicine in Benin city in Edo State?

#### **1.4 Objectives of the Study**

The main objective of this study is to find out the evaluation of the effectiveness of traditional medicine among residents of Benin City in Edo-State. Other specific objectives are to:

1. Ascertain the factors influencing the utilization of traditional medicine as perceived by Benin city residents
2. Ascertain how Benin City residents perceived the efficiency and effectiveness of traditional medicine in Benin City.
3. Find out the challenges hindering the utilization of traditional medicine.

#### **1.5 Significance of the Study**

Numerous scholars have written on traditional medicine, only few scholars have related the effectiveness of traditional medicine in prevention and reduction of disease in Nigeria. This study would provide an in-depth knowledge on the importance of traditional medicine. This study would serve as key performance indicator to the general public on the relevance of traditional medicine and its utilization. Empirically, this study would be relevant as it would provide expository data, in that; it would generate information for Nigerians around the globe. The outcome of this study would be a veritable and relevant tool for the formulation of policies that would address the negative perceptions of people towards the use of traditional medicine.

This study would stand in the advancement of theory and best practice for sociologist, public health, community health and health practitioners. The study would also be of immense benefit to the public, organization and private individuals on the need to utilize traditional medicine. Hence the study would contribute to the advancement in

the theoretical orientation of the field of medical sociology and anthropology in Nigeria context.

The findings of this study would serve as a reservoir of knowledge that would enable researchers, teachers, professionals, medical sociologist and anthropologist to value the importance of traditional medicine as well as contributes on how the health of the people can be improved, restored and be promoted to further better the lives of citizens. Also, the study is relevant as it would provide firsthand insight into some of the key challenges faced by traditional medicine practitioners and the utilization of traditional medicine. In order to curb these challenges effectively, this study would be very useful in the sense that it would identify different hidden causes of illness and consequently cure the illness.

Furthermore, the study would serve as a bridge in awareness on the importance of traditional medicine and the wellbeing of the people. Thus, this would help to regulate the need for and suggest various effective traditional techniques aimed at improving the health needs of the people. As a final point and most significantly, the study would help guide policy makers regarding the impact of traditional medicine as part of the first set of retort mechanism for medical emergencies among residents of Benin City in Edo State.

## **1.6 Scope of the Study**

The study seeks to find out the perception and utilization of traditional medicine. The study was carried out in Benin City, Edo state, Nigeria. The study population was among residents of Benin City who are 18 years and above. Five opinion leaders from the four communities was selected for the basis of the study; the traditional medicine practitioner, community leader and Odionwere was also selected for in depth

interviews about their perceived knowledge and attitude towards the use of traditional medicine.

## CHAPTER TWO

### LITERATURE REVIEW AND THEORETICAL FRAMEWORK

#### 2.0 Introduction

This section embodies the review of relevant literature on the specific aspects that the subject matter of this study would be analyzed from. The theoretical framework within which this study will be carried out is also contained in this section.

#### 2.1 Traditional Medicine Practice in Nigeria

Traditional medicine is the oldest form of healthcare known to mankind. Traditional medicine has been used by numerous cultures throughout history. It was an integral part of the development of modern civilization. Primitive man observed and appreciated the diversity of plants available to him. The plants provided food, clothing, shelter and medicine. Much of the medicinal use of plants seems to have been developed through observations of wild animals and by trial and error (Falodun & Imieje, 2013).

The principle of practice in traditional medicine is premised on the belief that human being is both physical and spiritual being, and that certain type of disease have supernatural undertone as well as the invasion of foreign object into the body. The psychological and sociological factors are put into consideration in the account of the symptoms of the disease regarding traditional medicine. Thus, in traditional healthcare practice the holistic nature and culture-based approach is an important aspect, and sets it apart from conventional western approaches. Many Africans, especially rural people and poor people in urban centers, rely on the use of traditional medicine when they are ill (Antwi-Baffour, Bello, Adjei, Mahmood & Ayeh-Kumi, 2014).

Traditional medicine has been with us in Nigeria since the beginning of time and had sustained our people over the centuries. It can be said that traditional medicine practice in Nigeria dates back to the time when clusters of people started living together as Nigerians. Traditional medical practice is one of the most valuable heritages of the people's culture. The quest for suitable and sustainable health care system in Nigeria led to the introduction of western medical practice. Those who may have lost faith in western medicine are going back to the type of health care system which their fore fathers enjoyed and benefited from. This has elevated traditional medical practice in Nigeria from its marginal status to almost the main stream in terms of health care delivery (Okojie, 2013).

Opara & Osayi (2016) emphasized that traditional medicines developed from ecological resources and that people embraced tradition medicine in desperation for survival and to improve livelihood generally. The prehistoric man used traditional medicine as the first medicines, it has been used by generations; they are part of every cultural tradition that has sustained the development of traditional medicine in Nigeria. In the past, our forbearers depend basically on traditional medicine and various therapeutic methods for the treatment of various abnormalities and to cure several types of diseases (Ekeopara & Ugoha, 2017).

Traditional Medicine Practitioner is seen as a person who is recognized by the community in which he/she lives as competent to provide health care by using vegetable, animal and/or mineral substances and certain other methods based on the social, cultural and religious background as well as the knowledge, beliefs and, attitudes that are predominant in the community regarding physical, mental and social wellbeing and the causation of diseases and disability (Borokini & Lawal, 2014). Statistics has shown that Nigerians have a deep belief and reliance on the services of

traditional medicine practitioners for their health care needs. An estimated 75% of the population still prefers to solve their health problems by referring traditional medicine practitioner (Adesina, 2008).

Gurib-Fakim, Brendler & Eloff (2010) noted that African traditional medicine is holistic involving both the body and the mind; the traditional therapists typically diagnoses and treats the psychological basis of an illness before prescribing medicines, particularly the use of medicinal plants to treat the symptoms. Borokini & Lawal (2014) asserted that healing is part of the whole complex religious attempt by man to bring the physical and spiritual aspects of the universe as well as man who lives in it into the desired consistent harmony. “wholeness” is not strange to the African mind. Healing is fundamental religious practice because African cosmology demands that life in the world must be kept free from problem especially ill-health and impediments that may thwart the fulfillment of desired goals.

Ogundele (2007) emphasized that knowledge acquired from traditional medicine is transmitted from generation to generation, mother to daughter, father to son, so as to sustain these traditional medicine practices. Indigenous education in medicine is very important in early childhood and it is done mainly in the rural setting. Every opportunity is a chance for teaching and learning by the parent of the child. Parents can stop on their way to the farm to get some plants and explains their medicinal values to the child, this continues until the child gradually becomes knowledgeable about certain local plants and the environment. Knowledge and skills acquired were strictly guarded because the practitioners made their living through successful provision of health care to the people (Borokini & Lawal, 2014).

Owumi (1993) affirmed that knowledge of herbal medicine is acquired through inheritance or by apprenticeship. In the past, many of them practiced the art as a hobby or as a form of community service with little or no financial rewards thus making the practice “pure and efficacious”. ‘Trado-medical knowledge system is well structured and has lived through generations to maintain harmony between mind, soul and body with its socio-cultural and religious context’.

Ethnic groups in Nigeria have diverse traditional health care practitioners apart from western health care counterparts. “Babalawo” according to the Yoruba, “Dibia” by the Igbo while the Hausa refer to them as “Boka”. A person must be professionally trained through the process of tutelage for the attainment of the status of a traditional medical practitioner; the process of training differs from one community to another. There is a wide variety of traditional medical practice including those who claim to be specialist in their sectors, for example, general practitioner, bone-setter, herbalist, traditional birth attendant, traditional gynaecologist, traditional massage and traditional psychiatry among several others. They usually depend on animal parts, mineral substances, vegetables, and certain other methods such as incantations, divinations and prayers (Owumi & Jerome, 2008).

**General Practitioner:** A trado-medical practitioner who engages in general practice is one that is skillful, knowledgeable and concerned in solving general health problem of their client. General trado-medical practitioner is often a person with long experience in the treatment in more than one disease.

**Bone Setter:** These are specialists in the treatment of any form of bone disorder. The Bone setter concentrates on the adjustment and manipulation of the bones, muscles,

nerves and the joints. Most bone setters are specialists, making use of their physical hands methodically in curing patients with bone disorders.

**Herbalist:** The herbalist mainly gives herbal treatment and applies other simple natural method to cure their patient. The herbalist mind is centers on the knowledge of herbal application and takes care of visible ailments and heals the patient with herbal medication.

**Traditional Gynaecologist:** Traditional gynaecologist are specialist in the treatment of disease that affect women only. They have unique ways of treating women diseases. In the treatment of women with disorders, they employ natural methods and make use of herbal medicines and manipulation. The midwifery specializes in all kinds of women disorders before, during and after child birth. They also take part in the traditional techniques of contraception and advice their client on the method.

**Traditional Massage:** Traditional medical massage is done by specialists in that field. Massage is the delicate manipulation of the soft tissues of the body and is done directly upon the skin in a methodical manner. Massage therapy hold significant position in traditional medical practice. They apply this therapy in the treatment of diseases/ailments that affect the nervous system, the circulatory system and the muscular system.

**Traditional Psychiatry:** Traditional psychiatry involves the treatment of all forms of mental disorder, together with physical disorders. Traditional psychiatric practitioners usually adopt the method of asking psychological investigative questions to determine whether the patient had committed some evil deeds and if so convince the patient to confess and sacrifice will be made on the person behalf. In some cases, if the mental disorder is due to anxiety the traditional psychiatrist would give the necessary advice

and encouragement that would enable the patient to recover fast from being depressed; if the mental disorder is as a result of chemical imbalance which is caused by displacement of the vertebrae of the spine, the treatment generally applied is to fortify the body with the needed materials by means of herbal remedies and mild massaging on the spine (Okojie, 2013).

## **2.2 Factors Influencing the Utilization of Traditional Medicine in Nigeria**

The health need of the people in Nigeria is not fully met irrespective of the fact that modern health care services have been put in place in the rural areas. The issues of the health care in Nigeria is linked to unemployment, poverty and ignorance which surround the average Nigeria, making accessibility difficult, thereby leading them to resort to traditional medicine (Opatola & Kolawole, 2014).

Moreso, Ojua, Bisong & Ishor (2013) pointed out that the increased use of traditional medicine is as a result of ineffectiveness of some drugs that are either expired, fake or adulterated, expensive, lack of curative strength to combat certain diseases, costly and shortage of competent health practitioners in orthodox/modern medicine in Nigeria, are basically some of the reasons why traditional medicine has enjoyed high level of utilizations. This equally explains the fact that high efficacy of herbal products, safe delivery since the products are natural and low cost of herbal medicine when compared with conventional medicine has made quite a number of pregnant women to patronize traditional medicine (Fakeye, Adisa & Musa, 2009).

Tamuno, Omole-Ohonsi & Fadare (2010) opined that lower level of education is associated with the use of traditional medicine in Africa, income status, age and so on is also a factor; In Nigeria, this equally explains some of the reasons why traditional medicine has enjoyed high level of utilizations. This equally explains the fact that high

efficacy of herbal products, safe delivery since the products are natural and low cost of herbal medicine when compared with conventional medicine has made quite a number of pregnant women to patronize traditional medicine (Fakeye, Adisa & Musa, 2009).

According to Adepoju (2005), culture is another important factor in understanding the utilization of traditional medicine, the influence of the belief system on the therapeutic choice and its utilization cannot be overemphasized; people with a particular religious affiliation will seek experts that are competent, Beliefs play an important roles in traditional health care system because some steps taken to procure medicine are sometimes directed towards supernatural beings, particularly the spiritual aspects like prayers, sacrifices, charms and incarnations. The people believe that disease is anything that affects the body physically and spiritually; more of the steps taken to prepare and administer most traditional medicines are spiritual in form and medicine derives its power from physical and spiritual properties (Adepoju, 2005).

Over the years, it has been discovered that individuals choice of traditional medicine is attributed to poor road network which becomes difficult in accessing such areas, the individual culture also play an important role determining the habit and ‘treatment-seeking behaviour’ it may be that traditional medication is the first choice, with the hope that they produce fewer side effects/reactions or not effective enough, or they may want to have a taste of modern medications and also want to try traditional methods as well; people may also perceive orthodox methods as unfriendly, costly, complicated or ridden with corruption (Graz, Kitua & Malebo, 2011).

Social, cultural and socioeconomic factors play a key role in influencing Traditional medicine; the use of traditional medicine alongside or even in place of orthodox medicine in their cultures prevails specifically in certain ethnic groups compared to

others. 'Factors including affordability, availability, cultural familiarity of traditional medicine and family influence contribute to the continued use of traditional medicines in developing countries'. Countries, such as China, Korea, and Vietnam, insurance fully cover traditional medicine/complementary treatment and products (Hussain & Malik, 2013).

According to Hussain & Malik (2013), the increasing recognition of traditional medicine reflects the changing beliefs and needs in recent time, which includes prevalence of chronic diseases, an increase in public access to global health facts and concerns about the adverse effect and costly nature of conventional health care; some of these aspects are increasing the exploration with an increased evidence-based method for traditional medicine that can bring about positive changes as regard prevention and controlling of illness.

### **2.3 Efficiency and effectiveness of traditional medicine in Nigeria**

According to Bempah (2011), shown that traditional medicine has proven to be very effective but its methods of preparation and application need to be refined. This is because some diseases such as broken bone, sprain, malaria fever, and so on are better cured using traditional medical practices than orthodox medical practices, but the mindset of people, especially those in the developed world toward the orthodox medical practice discourages them from using traditional medicine. On the other hand, there are misconceptions that Orthodox medicine cannot treat every condition effectively, and some drugs have other side effects (WHO, 2008).

Mortality and morbidity rate in developing countries is high, especially in Nigeria and other part of the state, due to the outbreak of diseases, accidents, maternal complications and other related ailments and this has a serious implication on the

demographic characteristics of the population, As such people are required to source for alternative healthcare services to cater for their healthcare needs, hence the increase in patronage of trado-medical services (Silas, Mamman, Laah & Yusuf, 2015).

The global use of herbal medicinal products continues to grow and many more new products are introduced into the market, public health issues, and concerns surrounding their safety are also increasingly recognized, although some herbal medicines have promising potential and are widely used, many of them remain untested and their use also not monitored; this makes knowledge of their potential having an adverse effects very limited and identification of the safest and most effective therapies as well as the promotion of their rational use more difficult” (Ekor, 2014).

The potency of most traditional is further compromised by poor quality controls, inadequate cataloging and the deficiency of information for patient. The study carried out by (Raynor, Dickinson, Knapp, Long & Nicolson, 2011); it is relevant to ensure that the general public including healthcare professionals should be aware of the dangers accompanying the use of these products and improve on the quality to ensure safety.

## **2.4 Theoretical Framework**

Health Belief Model was adopted for this study. The functionalist theory explained the utilization of traditional medicine while the Health Belief Model explained the perception of traditional medicine.

### **Health Belief Model**

The Health Belief Model was developed in the early 1950s by social scientists Hochbaum, Kegels and Rosenstock during the US public health service in order to understand why people fail to adopt disease prevention strategies or screening test for

the early detection of disease (Croyle, 2005). Later in 1970s and 1980s, Health Belief Model was further developed by Rosenstock and Becker. The Health Belief Model is a psychological model that attempts to explain and predict health behaviour. It focuses on the beliefs and attitudes of individuals; it proposes that person's belief in particular threat of an illness or disease together with a person's belief in the efficacy of the recommended health behaviour or action will predict the likelihood that the person will adopt a given health seeking behaviour (Croyle, 2005).

The theory provides an ideal context in which the perception of people toward traditional medicine can be understood. Health Belief Model suggests that a person's belief in personal threat of an illness or disease together with a person's belief in the effectiveness of the recommended health behaviour or action will predict the likelihood that the person will adopt a given health seeking behaviour (Glanz & Bishop, 2010), the Health Belief Model posits that six constructs predict health behaviour: benefits to action, risk susceptibility, barriers to action, risk severity, self-efficacy, and cues to action (Becker, 1974; Champion & Skinner 2008; Rosenstock, 1974).

The Health Belief Model breaks down health decisions into a series of stages and offers a set of variables that influence health action. In the Health Belief Model, the possibility that an individual will follow a preventive behaviour is influenced by their subjective weighing of the benefits and costs of the action; the perception includes the following fundamentals:

**Perceived susceptibility:** Personal susceptibility is one of the more powerful perceptions in prompting to adopt healthier behaviours. The greater the perceived risk, the greater the likelihood of engaging in behaviour to decrease the risk. It is rational

that when people believe they are at risk of certain kind disease; they will be more likely to do something to prevent it from happening. “Increased perception of susceptibility or risk is linked to healthier behaviour and decreased susceptibility of unhealthy behaviours”.

**Perceived seriousness of the condition:** The severity of the condition and its impact on life style creates a pressure to act, but does not determine how the person will act. Questions might include “If you got the disease, how serious would that be?” when perceived susceptibility and seriousness combined is termed perceived threat.

**Perceived benefits of an action:** Opinion of persons on the significance or value of certain behaviour in reducing the risk of developing a disease. People tend to embrace healthier behaviour when they believe the new behaviour will decrease their chances of developing disease. “Will the proposed action be effective in reducing the health risk?” Does this course of action have other benefits”? It is the person’s beliefs that are influential rather than factual evidence.

**Perceived barriers to action:** This entails an individual’s evaluation of the impediments associated in adopting a new behaviour; this is one of the significant constructs in determining behavioural change. ‘For a new behaviour to be adopted a person needs to believe the benefits of the new behaviour balance the consequences of continuing the old behaviour’; this enables barriers to be overcome and the new behaviour to be adopted.

In the light of the above analysis, the important of functionalism on the perception and utilization of traditional medicine cannot be overemphasized, the overall wellbeing of rural dwellers is very essential in achieving sustainable rural development. Health is the most precious of all things and it is the foundation to all happiness. The fact that three out of the eight Millennium Development Goals (MDGs)

developed by the United Nations emphasized on the relevance of health, indicates that the need for good health should be taken into cognizance.

Various functional traditional methods have been established by many societies for handling their health problems using available local resources. Traditional medicine has been in existence since creation and it has been an integral part of man's healthcare system. Though, traditional medicine does not have systematic proof. It is relatively cheap and accessible as most of the materials used are locally available. Usage over the years proves that it is of high value. In recent times, traditional medicine is used by people in response to their health needs and is also used primarily for treating, curing and controlling diseases as well as maintaining good health. However, the belief that traditional medicine is not effective and scientific still occupies the minds of some people, even though not as strongly as it once was (Silas, Mamman, Laah & Yusuf 2015).

On the other hand, the Health Belief Model, is another important model to this study in the sense that, it proposes that a person's belief in particular threat of an illness or disease together with acceptance in the efficacy of the commended health behaviours or actions will predict the possibility that the person will adopt a given health seeking behaviours, that is the use of traditional medicine. This study above further explains the health behaviours in line with the objectives of the study and that the likelihood of people adopting a given health related behaviour is a function of the perception of a threat to their personal health and their belief that the recommended behaviour will reduce this threat. When a threat is perceived by a person such a person is stimulated into action by making use of the preventive health action, most especially when the recommended preventive health action benefit outweighs losses.

## **2.5 Research Hypotheses**

1. There is no significant relationship between the perception of rural dwellers and the utilization of traditional medicine.
2. There is no significant relationship between affordability of traditional medicine and its utilization.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 Introduction**

The ultimate objective of any research entails various methods and strategies applied to get information and data. Kumar (2011), defined research methodology as ‘all the procedures and techniques used in collecting and analysing data collected for the purpose of a particular society’ This section of this study which focuses on the evaluation of the effectiveness of traditional medicine among residents of Benin City in Edo-State, contains the techniques and methods for data collection. The subdivisions of this chapter includes: population of the study, method of data collection, sample size, sampling technique and sampling procedure, research design, instruments of data collection, and the method of data analysis

#### **3.1 Research Design**

This research work made use of two types of research strategy; the qualitative and the quantitative research strategy. Based on the number of contacts, the research design used was the cross-sectional design also known as the one-time survey design or status studies. This research design was used in finding out the effectiveness of traditional medicine by taking a cross-section of the population of study at a time. Secondly, with regards to the design based on the nature of investigation, this study made use of the non-experimental research design which retrospectively links the perception of traditional medicine to the utilization of traditional medicine, without controlling for any of the variables by the researcher.

#### **3.2 Population of the Study**

The target population of this study was all residents of Benin City. It comprises of male, female, married, unmarried, divorced, never married from 18 years and above

reason been that these group of persons have the knowledge about the perception and utilization of traditional medicine. The population of Benin city in Edo State is 112,746, comprising 53,834 males and 58,912 females. Nigerian population census projection (2017) Oredo has a population of 28,460 people residing in Oredo.

### **3.3 Sample Size**

The sample size for the study was three hundred and eighty-one (381) adult members from (18 years and above) who are residents in Benin City in Edo State. The sample size was statistically determined using Krejcie and Morgan (1970) sample size formula due to the fact that the target population is known.

Using the formula below

$$S = \frac{X^2 NP(1-P)}{D^2(N-1) + X^2 P(1-P)}$$

Where:

S= Required Sample Size

X= Z value (e.g. 1.96 for 99% confidence level)

N= Population size

P= Population proportion (expressed as decimal (assumed to be 0.5 (50%))

D= Degree of accuracy (5%), expressed as a proportion (0.05), it is margin of error.

In using Krejcie and Morgan (1970) for known population, the study population for Benin City resident is (28,460) (Nigerian population census projection, 2017) for the seven villages within Benin City community. The study used the nearest population sample size of 381; due to the fact that the difference for 95% confidence level and 5% of error is very minimal. Additional 5% (0.05) for assumed error margin. The total sample size will be 401. This means that 401 respondents will be administered with questionnaires for the public within the study area.

### **3.4 Sampling Technique**

The study adopted the simple random sampling in selecting four communities out of the seven communities in Benin City using the lottery method. This was done to ensure that each of every community has an equal chance of being represented in the sampling process. The simple random was also be used because the number of communities to be sampled are few hence it is easier to use the lottery method than any other probabilistic method that is complicated. In each of these communities selected, the men, women and youth association was serve as the entry points in the selection of the required number of sample from each group. In each of the communities, thirty (30) males, thirty (30) females and thirty-five (35) youths would be systematically selected at certain kth interval with the help of the association registers. In each of the community, this would amount to ninety-five (95) respondents in each of the communities, which would amount to three hundred and eighty-one in the four communities.

For the in-depth interview, the study was purposively select five opinion leaders across the four community's traditional medicine practitioner, community leader base of their knowledge regarding the utilization of traditional medicine in Benin City.

### **3.5 Instruments of Data Collection**

The structured questionnaire and the interview schedule were used to collect data for this study. The structured questionnaire used was an open ended and the close-ended format. The structured questionnaire was divided into five sections. Section A elicited for information concerning the socio-demographic characteristics of respondents, on respondent's age, marital status, educational attainment, employment status, gender. Section B elicited for information on the perception of Benin City towards traditional medicine. Section C elicited for information on the efficiency and effectiveness of

traditional medicine, Section D elicited for information on the factors influencing the utilization of traditional medicine in Nigeria, while Section E elicited for information on the challenges hindering the utilization of traditional medicine and Section F elicited information on the extent of the utilization of traditional medicine. The open ended questions were prepared under the interview schedule for collecting data.

### **3.6 Method of Data Collection**

The study adopted two forms of data, namely; quantitative data and qualitative data. In respect to these forms of data, both primary and secondary data were used for the study. The methods of data collection from the primary sources were both quantitative and qualitative in nature. The quantitative data was the structured questionnaire. The questionnaire was the open ended and close-ended format. For the qualitative data, five (5) in-depth interviews (IDI) [open-ended format] were conducted. This is found essential for the study due to the fact that certain issues that cannot be thoroughly ascertained with the structured questionnaire and was addressed with the use of IDI as well as cases of serendipitous findings.

The secondary data for this study was sourced from existing work done by various researchers on the topic that are closely related to this research. In view of this, these sources include library, journals, magazines, internet and other publications.

### **3.7 Method of Data Analysis**

Quantitative data was processed with the help of the Statistical Package for Social Sciences (SPSS) version 22. The analysis of the different categories of the quantitative data was done with frequencies, percentages, tables and charts. Furthermore, Spearman's rho correlation statistical tools were used to test the formulated hypotheses at significance level of 0.05.

The qualitative data obtained from the various in-depth interview sections were replayed and subsequently transcribed. The transcribed responses were subjected to manual content analysis.

## **CHAPTER FOUR**

### **DATA PRESENTATION AND ANALYSIS**

#### **4.0 Introduction**

This chapter focuses on the method of data analysis and interpretation of data. This is the core of the study because it is what gives meaning to the entire study since it deals with the analysis of raw data collected on the field. Quantitative data generated through questionnaire were administered from the respondents in Benin city. A total number of 401 questionnaires were distributed but 20 questionnaires got missing, while 381 questionnaires were retrieved from residents of the community. The in-depth interview was further transcribed through manual content analysis. The data is therefore presented with tables and charts to explain adequately the questions relevant to the objectives of study.

#### **4.1 Socio-demographic Characteristics of the Respondents**

This section analyzes the demographic characteristics of the respondents which cover details about age, sex, marital status, religion, occupation and educational attainment of respondents. Collecting data on the socio-demographic background of those individual was considered necessary as it would indicate their capacity to effectively represent respondent in Benin City.

**Table 4.1. Socio-demographic characteristics of the respondents**

| <b>Variables</b>  | <b>Categories</b>            | <b>Frequency<br/>(381)</b> | <b>Percentage<br/>(%)</b> |
|-------------------|------------------------------|----------------------------|---------------------------|
| Sex               | Male                         | 235                        | 59.3                      |
|                   | Female                       | 146                        | 36.7                      |
| Age               | 18-27                        | 229                        | 57.8                      |
|                   | 28-37                        | 103                        | 26.0                      |
|                   | 38-47                        | 28                         | 7.1                       |
|                   | 48-57                        | 21                         | 5.3                       |
| Marital Status    | Single                       | 265                        | 66.9                      |
|                   | Married                      | 98                         | 24.7                      |
|                   | Never married                | 18                         | 4.5                       |
| Religion          | Christian                    | 312                        | 78.8                      |
|                   | Muslim                       | 56                         | 14.1                      |
|                   | African Traditional Religion | 13                         | 3.3                       |
| Employment Status | Farmers                      | 136                        | 34.3                      |
|                   | Self-Employed                | 134                        | 33.8                      |
|                   | Unemployed                   | 47                         | 11.9                      |
|                   | Civil-Servant                | 8                          | 2.0                       |
|                   | Others                       | 56                         | 14.1                      |
| Education         | No Former Education          | 124                        | 31.3                      |
|                   | Primary Education            | 30                         | 7.6                       |
|                   | Secondary Education          | 41                         | 10.4                      |
|                   | Tertiary Education           | 186                        | 47.0                      |
|                   | <b>Total</b>                 |                            | <b>381</b>                |

**Source: Researcher's survey, 2024**

The sex distribution of the respondents in table 4.1 shows that out of 381 respondents, 235(59.3%) were male while 146 (36.9%) respondents were female. This evidently reveals that, there is gender imbalance among respondents in Benin City. This is also depicted in the graphical representation in fig 4.1.

The age distribution respondents show that majority of the respondents are between 18-27yrs of age were 229 respondents with 57.8 percent, this therefore shows that the respondents of Benin City are viable and young, between 28-37yrs were 103 representing 26.0 percent, between 38-47yrs shows the frequency of respondents as 31 with 7.1 percent, while between the age bracket of 48-57yrs respondents frequency were 21 with 5.3 percent. This shows that in Benin City the respondents for this study are young adults, although some are very aged but they are quite few.

A good proportion of respondents were single with 265 respondents representing 66.9 percent in the foregoing findings implies that singles still recognize the importance of traditional medicine despite their level of exposure in terms of urbanization and level of development in Nigeria and around the globe, 98 respondents representing 24.7 percent were married while 18 respondents representing 4.5 percent were never married.

Regarding the respondent's religion, majority of the respondents representing 312 with a percentage of 78.8 are Christians, while 56 respondents with 14.1 percent are Muslims, 13 respondents with 3.3 percent were African Traditional Religion believers. The result therefore showed that a greater percentage of the respondents practice Christianity as their form of religion.

An analysis of the occupation of the respondents shows that among the five categories "farmer" occupational category were distinguished with 136 respondents representing 34.3 percent; the farming category is one of the predominant occupation in Benin City, and these are some of the reasons while traditional medicine is quite cheap among indigenes of the community, 134 representing 33.8 percent claimed to be self-employed, while 47 respondents representing 11.9 percent were unemployed, 8 respondents claimed to be civil-servant with 2.0 percent and the "others"

occupational categories includes students, public servants, artisans, botanist and others; was 14.1 percent.

The educational qualifications show 124 respondents with 31.3 percent had no former education, while 30 respondents with 7.6 percent had primary education, 41 respondents with 10.4 percent had secondary educational qualification and lastly 186 respondents with 47.0 percent had tertiary education. This shows that despite in the rural areas Benin City understood the value of education in their community.

## 4.2 Analysis of Research Objectives

In this section, the objectives of this study were analyzed to adequately explain the perception and utilization of traditional medicine in Benin City, Edo State.

### 4.3 Objective Two: Is to ascertain how Benin City perceived the efficiency and effectiveness of traditional medicine in Benin City.

**Table 4.3. Efficiency and Effectiveness of Traditional Medicine**

| Variable  | Response          | Frequency | Percentage |
|---|-------------------|-----------|------------|
| Traditional medicine cannot treat every condition effectively | Strongly agree    | 15        | 3.9        |
|   | Agree             | 154       | 40.4       |
|   | Undecided         | 21        | 5.5        |
|   | Strongly disagree | 97        | 25.5       |
|   | Disagree          | 94        | 24.7       |
|   | <b>Total</b>      |           | <b>381</b> |
| Traditional medicine produces negative results                | Strongly agree    | 24        | 6.3        |
|   | Agree             | 34        | 8.9        |
|   | Undecided         | 49        | 12.9       |
|   | Strongly disagree | 60        | 15.7       |
|   | Disagree          | 214       | 56.2       |
|   | <b>Total</b>      |           | <b>381</b> |
| Methods of traditional medicine are unscientific              | Strongly agree    | 159       | 41.7       |
|   | Agree             | 40        | 10.5       |
|   | Undecided         | 67        | 17.6       |
|   | Strongly disagree | 24        | 6.3        |
|   | Disagree          | 91        | 23.9       |
|   | <b>Total</b>      |           | <b>381</b> |
| The efficacy of traditional medicine is not certain           | Strongly agree    | 18        | 4.7        |
|   | Agree             | 143       | 37.5       |
|   | Undecided         | 45        | 11.8       |
|   | Strongly disagree | 70        | 18.4       |
|   | Disagree          | 105       | 27.6       |
|   | <b>Total</b>      |           | <b>381</b> |

**Source: Researcher's survey, 2024**

Table 4.3 indicates that the efficiency and effectiveness of traditional medicine in the aspect of treating all ailments effectively is in doubt with a frequency and percentage of 15 representing 3.9 percent strongly agree, 154 respondents representing 40.4 percent agree, 21 respondents representing 5.5 percent undecided, while 97 respondents representing 25.5 percent strongly disagree and 94 respondents

representing 24.7 percent, disagree with the statement that traditional medicine cannot treat every condition effectively. This implies that not all traditional medicine can treat all ailments there are some that orthodox medication will be more effective than traditional medication. However, it is important that the form of illness should be well understood to know the methods to use. Some of the ritual performances involve appealing to the gods of that particular community and making certain sacrifices to adverse the cause of such ailments. Traditional doctors also believe that some ill health is caused by a multitude of factors; some include conscience such as that emanates from a sinful act, witchcraft or spells, influences and actions of demons and spirits. In cases of this nature, the traditional medical practitioner approach is that of a mixture of medicine and religion and where ailment is traceable to witchcraft or spiritual influences, sacrifices are offered to appease angry spirits or solicit for their help and spiritual diagnosis is often used. Furthermore, the qualitative data revealed that,

*As a traditional medicine man there are some sickness and disease that traditional medicine can cure some of it include malaria, typhoid, fibroid, kidney problem, diabetes, hypertension and so on, others that my traditional medicine cannot cure I normally refer them to other traditional medicine practitioners who I feel know better than I do and by the power of God they are able to conquer such problems. **IDI/57YRS OLD/TRADITIONAL MEDICINE PRACTITIONERS***

Another traditional medicine practitioner has this to say,

*As a traditional doctor I have been in this work since I was born and for all cases before me, there has been solution, some these of illnesses I have handled successfully include epilepsy, rheumatism, dropsy, yellow fever (hepatitis) convulsion, illness caused by witchcraft, some by sorcery and guinea worms it has been nice and efficient for the time past and i am grateful to my fore-fathers who has made this possible. **IDI/60YRS OLD/TRADITIONAL MEDICINE PRACTITIONERS***

Respondents also have a diverse view that traditional medicine produces negative results 24 respondents representing 6.3 percent strongly agree, 34 respondents representing 8.9 percent agree, while 49 respondents representing 12.9 percent undecided, 60 respondents representing 15.7 percent strongly disagree and 214 respondents representing 56.2 percent disagree that traditional medicine produces negative results. It however shows that traditional medicine has been proven efficient and has stood the test of time over decades.

Table 4.3. Shows that the methods of traditional medicine are unscientific with a frequency and percentage of 159(41.7 percent), strongly agreed that traditional medicine lacks scientific proof; they believe that their medicine is natural. 40 respondents representing 10.5 percent agree, 67 respondents representing 17.6 percent undecided while 24 respondents representing 6.3 percent strongly disagree and 91(23.9) percent disagree with the fact that traditional medicine are unscientific.

**Table. 4.4. Factors influencing the utilization of traditional medicine in Nigeria**

| <b>Variable</b>  | <b>Response</b>   | <b>Frequency</b> | <b>Percentage</b> |
|--|-------------------|------------------|-------------------|
| Traditional medicine is cheap, affordable and has stood the test of time.              | Strongly agree    | 153              | 40.2              |
|  | Agree             | 58               | 15.2              |
|  | Undecided         | 59               | 15.5              |
|  | Strongly disagree | 23               | 6.0               |
|  | Disagree          | 88               | 23.1              |
|  | <b>Total</b>      | <b>381</b>       | <b>100.0</b>      |
| Traditional medicine is accessible to most rural dwellers and people around the globe. | Strongly agree    | 192              | 50.4              |
|  | Agree             | 87               | 22.8              |
|  | Undecided         | 44               | 11.5              |
|  | Strongly disagree | 7                | 1.8               |
|  | Disagree          | 51               | 13.4              |
|  | <b>Total</b>      | <b>381</b>       | <b>100.0</b>      |

|  |                   |            |              |
|--|-------------------|------------|--------------|
| Traditional medicine is natural, has strong historical and cultural root.            | Strongly agree    | 232        | 60.9         |
|  | Agree             | 48         | 12.6         |
|  | Undecided         | 39         | 10.2         |
|  | Strongly disagree | 21         | 5.5          |
|  | Disagree          | 41         | 10.8         |
|  | <b>Total</b>      | <b>381</b> | <b>100.0</b> |
| Traditional medicine is the first set of response mechanism for medical emergencies. | Strongly agree    | 217        | 57.0         |
|  | Agree             | 68         | 17.8         |
|  | Undecided         | 30         | 7.9          |
|  | Strongly disagree | 6          | 1.6          |
|  | Disagree          | 60         | 15.7         |
|  | <b>Total</b>      | <b>381</b> | <b>100.0</b> |

**Source: Researcher's survey, 2024**

Table. 4.4. Shows the factors influencing the utilization of traditional medicine in Nigeria, that traditional medicine is cheap, affordable and has stood the test of time strongly agree 153 respondents representing 40.2 percent, 58 respondents representing 15.2 percent agree, 59 respondent representing 15.5 percent undecided, 23 respondents representing 6.0 percent strongly disagree, 88 respondents representing 23.1 percent disagree.

The qualitative data to support the findings are as follows;

*The major reason why people do patronize traditional medicine is that it heals naturally, since it is derived from plants unlike some drugs that are chemically induced; it is quite cheap, effective, and accessible and has no side effect as well.*  
**IDI/60/TRADITIONAL MEDICINE MAN**

Another respondent added that:

*As a traditional medicine man, traditional medicine is very good for the body that is why people normally come from far and near to patronize us, some are referred to us from distance in order to treat their ailment, so it has been so effective so far, others that don't patronize us is because they don't know much about our herbs and they are actually missing in the right sense. However, people have stayed longer in our community and have never visited the modern or orthodox medicine practitioners.*  
**IDI/57/TRADITIONAL MEDICINE MAN**

The respondent's opinion that traditional medicine is accessible to most rural dwellers and people around the globe is as follows with frequency and percentage. Strongly agree 192/50.4 percent, these findings are in collaboration with Okojie (2013) that traditional medicine is appreciated for its total care approach, easy access, cost effectiveness, more personal and apparent lack of side effects. 87 respondents representing 22.8 percent agree, 44 respondent's representing 11.5 percent undecided, 7 respondents with 1.8 percent strongly disagree that traditional medicine is accessible to most rural dwellers and 51 respondents, representing 13.4 percent disagree.

Table. 4.4. Shows that traditional medicine is natural and has strong historical and cultural root, with 60.9 percent of respondents strongly affirmed that traditional medicine has strong historical and cultural root, 12.6 percent of respondents also agree with such claims, 10.2 percent respondents' opinion are on undecided, while 5.5 percent respondents strongly disagree with the assertion and 10.8 percent respondents disagree that traditional medicine is natural, strong historical and cultural root.

The respondent's opinion that traditional medicine is the first set of response mechanism for medical emergencies. It was found that majority of the respondents (57.0) still gave support that traditional medicine is the first set of response mechanism for medical emergencies, 17.8 percent of respondents agree, 7.9 percent respondents undecided, 1.6 strongly disagree while and 15.7 percent disagree. This result implies that traditional medicine has played a vital role in the traditional setting in terms of medical emergencies

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.0 Introduction

Contained in this chapter are the summary of the rationale for this study, summary of findings, conclusion and recommendations relating to the effectiveness of traditional medicine.

#### 5.1 Summary of Findings

The growing trend in health care delivery is the use of traditional medicine to treat a variety of health related challenges across the globe is on a rapid increase (Adefolaju, 2014). The population has good knowledge of the importance of traditional medicine. The acceptability and prevalence of traditional medicine in the town are high and this is related to the cultural acceptability, easy accessibility and affordability of traditional medicine. The unavailability of modern health service is another factor which contributed to the high prevalence of traditional medicine among residents of Benin City. Herbal medication is the most common type of traditional medicine practiced among residents of the community. Traditional medications were used by the community to treat variety of ailments such as headache, cough, peptic ulcer disease, asthma, cold, skin disease, stomach pains, measles, dysentery, malaria, hypertension, and other related diseases.

The prevalence use of traditional medicine is grounded on the fact that human beings are both physical and spiritual entities; It is therefore not only the symptoms of the disease that are taken into account in traditional medicine, but also psychological and sociological factors. Thus, it is an all-inclusive and culture-based approach to traditional healthcare; which made it different from orthodox western approaches. In many African countries especially among rural people and the less privileged in the

urban centers still depend on the use of traditional medicine when their health is failing them or facing any health crisis. Findings have showed that traditional medicine is the major source of health care available to the people in the community. The importance, acceptability, efficacy and effectiveness of traditional medicine cannot be overemphasized, although more can be done to improve both the quality and efficacy of traditional medicine thereby leading to greater recognition and improvement on the health sectors.

The use of traditional medicine has increased significantly over the past few years. However, findings have showed that, in addition to the many benefits, there are also risks associated with the different types of traditional medicine. In this context, it is necessary to develop information to meet the needs of consumers. These guidelines will provide governments and other stakeholders with an overview of the general principles and activities necessary for the development of reliable consumer information and will also serve as a guide on information they need to have in order to choose a traditional medicine therapy that is safe and effective.

Notwithstanding, it is an undisputable fact that traditional medicine has recorded meaningful and notable contributions which cannot be downgraded not only in Nigeria but in many African countries. The level of recognition of traditional medicines is massively on an increase, the medicines once described as primitive, dangerous and unpleasant is fast becoming lucrative. It has moved from that of “witches brew” to major medicine.

## **5.2 Conclusion and Recommendations**

One of the main reasons for the increasing use of traditional medicine is a growing trend for patients to take a more proactive approach to their own health and to seek for

different forms of self-care. However, this is not necessarily the case. A number of reports have revealed examples of incorrect use of traditional medicines by consumers, including incidents of overdose, unknowing use of suspect or counterfeit herbal medicines and unintentional injuries caused by unqualified practitioners. In an effort to prevent similar incidents, there is a need to ensure that consumers are well informed about the proper use of traditional medicine.

The research findings indicate that people's effectiveness of traditional medicine plays a dominant role in terms of their perception in the types of diseases and cost of treatment for such ailments. The potential of traditional medicine in treating diseases was acknowledged by customers and practitioners/experts of traditional medicine. As such, traditional medicine undoubtedly occupies so much space in the healthcare delivery system in the country. It is not surprising that both the United Nations and World Health Organization have recognized and given support to traditional medical practice as a major step towards enhancing good health care delivery in the world generally and in developing countries in particular. This therefore should serve as an eye opener to all relevant stakeholders, policy makers, opinion leaders and other relevant informants in various disciplines that there is still a lot to be done to improve the health of the people holistically.

The following are some of the recommendations which include:

1. Effective and safe use of herbs should be promoted in order to recognize herbal practitioners, as well as train them to produce refined herbal medicines. It is very crucial to know that research aspect of our traditional medicine should be developed. Additionally, it is imperative that we cultivate our medicinal plants and do it in such a way that the world will benefit from what we are doing.

2. Traditional Medicine Practitioners should be properly trained to keep them updated with contemporary trends in the world of health and epidemiology. It is important to note that a good health care system is fundamental to a full and active life and this will assist the economy of the country.
3. Thorough check must be run on the ingredients contained in herbal preparation to ensure that it is safe before the product is allowed to be sold in the market. Increasingly, there is need for patients to be protected from traditional medical practitioners who no longer see their professional calling as that of saving lives but as that of making money.
4. Traditional medical practice is quite different from orthodox medical practice because the latter is scientific and there is a legal frame work regulating the practice; a central body to which anyone can report any complains or side-effects should be setup and empowered for more effective product monitoring of herbal medicines. There is need to eliminate all forms of malpractice in the traditional medical health care delivery system in Nigeria.
5. It is essential that an information campaign promoting proper use of traditional medicine is undertaken with knowledge of the social, cultural, religious and spiritual context in which it is based. Each country has its own set of medical knowledge based on the local culture and past experience. As a result, medical concepts and understanding can vary significantly from one country to the next. For instance, a traditional Chinese medicine for the heart will not treat the same conditions as heart medication in conventional medicine. This is an example of how simple cultural misunderstanding can easily occur.
6. Consumers need to be aware of the different level of efficacy and the different legal status of medicinal products, which have a major impact on the safety,

efficacy and quality of the products and treatment. The World Health Organization believes that consumer information and education will help to seek appropriate types of self-care and as a result, help them to obtain more benefits from traditional medicine and reduce unnecessary risks.

7. The use of traditional medicine varies from country to country; national health authorities and Non-Governmental Organization should rely on their own specific situation to develop appropriate consumer information and relevant training programmes. Some governments are already aware of the importance of consumer education in relation to the safe and effective use of traditional medicine should be imbibed. It is important to note that such information should make use of pictures and easily understood language so that it is easily accessible to a greater portion of the population.
8. Nigerians should be sensitized on how to maximize the benefits of traditional medicines; prevention is a key goal to traditional medicine practice and much emphasis is placed on educating the patient to live responsibly. Thus disease is also considered to be evidence of the failure of preventive health care.

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## **Appendix I**

**Department of Sociology and Anthropology  
Faculty of Social Sciences  
University of Benin, Benin city.**

### **Questionnaire on the AN EVALUATION OF THE EFFECTIVENESS OF TRADITIONAL MEDICINE AMONG RESIDENTS OF BENIN CITY**

Dear Respondent,

I am Esther Chidimma OKELEKE, a B.Sc. student of the Department of Sociology and Anthropology, faculty of Social Sciences, University of Benin, Benin city. I am conducting a study on the AN EVALUATION OF THE EFFECTIVENESS OF TRADITIONAL MEDICINE AMONG RESIDENTS OF BENIN CITY in partial fulfillment of the requirement for the award of B.Sc. in Sociology and Anthropology.

I humbly solicit your consent in getting information and data for this research, your participation in this research project is completely voluntary. Your responses will remain confidential and anonymous. The information and answer you would give will be treated with utmost confidentiality and used only for this research purpose.

Thank you in anticipation for your assistance.

OKELEKE E. C.  
**Researcher**

Kindly tick [√] the one that best expresses you responses

**Section A: Socio-demographic characteristic of the respondents.**

1. Sex. Male [ ] Female [ ]
2. Age: 18-27 [ ] 28 - 37 [ ] 38 -47[ ] 48 -57 [ ] 58 -67 [ ] 68 and above [ ]
3. Marital status: Single [ ] married [ ] unmarried [ ] never married [ ] widow [ ] others specify [ ]
4. Religion. Christian [ ] Muslim [ ] African Traditional religion [ ] others [ ]
5. Employment status. Farmer [ ] self-employed [ ] unemployed [ ] civil servant [ ] Professionals, please specify.....
- 6 Education. No former education [ ] primary education [ ] secondary education [ ] tertiary education [ ]

**Section B: Perception of Traditional Medicine**

- 7 People have negative effects when they use traditional medicine. Strongly Agree [ ] Agree [ ] undecided [ ] strongly disagree [ ] disagree [ ]  
Give reasons for your answer .....
8. The use of traditional medicine often leads to complications Strongly Agree [ ] Agree [ ] undecided [ ] strongly disagree [ ] disagree [ ]
9. Traditional medicine is risky and unsafe. Strongly Agree [ ] Agree [ ] undecided [ ] strongly disagree [ ] disagree [ ]. Give reasons for your answer .....
10. Traditional medicine is associated with lower level of education, income status and certain age group. Strongly Agree [ ] Agree [ ] undecided [ ] strongly disagree [ ] disagree [ ]
11. What do you think about traditional medicine? .....

**Section C: Efficiency and Effectiveness of Traditional Medicine**

12. Traditional medicine cannot treat every condition effectively. Strongly Agree [ ] Agree [ ] undecided [ ] strongly disagree [ ] disagree [ ]
13. Traditional medicine produces negative results. Strongly Agree [ ] Agree [ ] undecided [ ] strongly disagree [ ] disagree [ ]
14. Methods of traditional medicine are unscientific. Strongly Agree [ ] Agree [ ] undecided [ ] strongly disagree [ ] disagree [ ]
15. The efficacy of traditional medicine is not certain. Strongly Agree [ ] Agree [ ] undecided [ ] strongly disagree [ ] disagree [ ]

**Section D: Factors Influencing the Utilization of Traditional Medicine in Nigeria**

16. Traditional medicine is cheap, affordable and has stood the test of time. Strongly Agree [ ] Agree [ ] undecided [ ] strongly disagree [ ] disagree [ ]

17. Traditional medicine is accessible to most rural dwellers and people around the globe. Strongly Agree [ ] Agree [ ] undecided [ ] strongly disagree [ ] disagree [ ]

18. Traditional medicine is natural, has strong historical and cultural root. Strongly Agree [ ] Agree [ ] undecided [ ] strongly disagree [ ] disagree [ ]

19. Traditional medicine is the first set of response mechanism for medical emergencies. Strongly Agree [ ] Agree [ ] undecided [ ] strongly disagree [ ] disagree [ ]

20. What are your reasons for patronizing traditional medicine .....  
.....  
.....

**Section E: Challenges Hindering the Utilization of Traditional Medicine.**

21. Traditional medicine is not recognize. Strongly Agree [ ] Agree [ ] undecided [ ] strongly disagree [ ] disagree [ ]

22. The traditional medicine practitioners lack proper hygiene principle. Strongly Agree [ ] Agree [ ] undecided [ ] strongly disagree [ ] disagree [ ]

23. Traditional medicine lack dosage in administration. Strongly Agree [ ] Agree [ ] undecided [ ] strongly disagree [ ] disagree [ ]. Give reasons for your answer.....  
.....

24. Traditional medicine lacks proper regulation. Strongly Agree [ ] Agree [ ] undecided [ ] strongly disagree [ ] disagree [ ]

**Section F: Extent of the Utilization of Traditional Medicine.**

25. How often do you use traditional medicine. Very often [ ] often [ ] occasionally [ ] never [ ]

26. What health problem or challenges do you use traditional medicine for? please specify.....  
.....

27. Traditional medicine is preferable to orthodox medicine. Strongly Agree [ ] Agree [ ] undecided [ ] strongly disagree [ ] disagree [ ]

28. How long have you be using traditional medicine in treating your ailment/health problems? Please indicate.....  
....

## Appendix II

**Interview Guide for Traditional Medicine Practitioners.  
Department of Sociology and Anthropology  
Faculty of Social Sciences  
University of Benin, Benin city.**

**Dear Respondent,**

I, Esther Chidimma OKELEKE, a graduate student of the University of Benin and Department of Sociology and Anthropology, am conducting a research to find out the “Evaluation of the AN EVALUATION OF THE EFFECTIVENESS OF TRADITIONAL MEDICINE AMONG RESIDENTS OF BENIN CITY in Edo-state”. As part of the requirement for the completion of my Bachelor degree in Sociology and Anthropology, I hereby request your sincere response to these questions. The findings of this study are primarily for academic work and your view will be treated as confidential as possible.

Thank you for your co-operation.

1a.Can you list some ailments treated by your medication?

1b.Can you identify common ailments your medication cannot take of?

2a.Identify some unwanted reactions people complain about after taking your medicine?

2b.If any of such unwanted reactions are reported to you, how do you handle it?

3. Do you have any recognized process to be used when preparing your medication?

4. What criteria do you follow when administering your products?

5. Do your products work the same way for every user?

6a.what are your reasons behind the high level of patronage of your traditional medicine?

6b.If yes, is it due to its effectiveness?

7c.If no, why do you think people don't patronize your products?

8. If your medicine is not consumed within the shelf-life span of production, does it not affect the efficacy of the products?