

ASSESSMENT OF TRADITIONAL MEDICINE PATRONAGE IN KADUNA STATE

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ABSTRACT

In Nigeria, the increase in level of patronage of traditional medicine is substantial due to the unmet healthcare needs of people. This study focused on traditional medicine (TM) patronage in Kaduna State for healthcare maintenance. Structured questionnaire was used as instrument of data collection. Multistage sampling technique was used to select the wards and snowball technique was used to identify the patronisers of traditional medicine in the study area. The data collected were analysed using descriptive statistics. The result showed that there are more male patrons (66.4 %) of TM, with tertiary level of education (41 %) and income below ₦100,000 (70 %). Information on TM is obtained mostly from friends (57.6%) and family members (29.7%). Despite that all the respondents have patronised traditional medicine, the most preferred choice of healthcare is orthodox medicine (42 %). Although about 48 % of the respondents identified their health status as very good, only 6.5% did not use TM in the last three months prior to the study. The ailments for which TM were most frequently used include malaria, Sexually Transmitted Infection, haemorrhoids and stomach related diseases. The study recommended that government policies should be more considerate of traditional medicine practices due to the growth in patronage. Orthodox medicine practitioners should be more accommodating to traditional medicine practices in order for the patients to be more comfortable in revealing their usage.

Keywords: Traditional Medicine, Patronage, Usage

INTRODUCTION

The desire for good health has led to the development of an indigenous medical system referred to as traditional medicine, in which the health needs of the people are met through interaction with the environment (Adefolaju, 2014). Traditional medicine is the emergency or first point of contact for the treating of fever, pile, and children's ailments especially in Africa (Okigbo and Mmekka, 2006; Darko, 2009). Traditional medicine has aided in developing the world by meeting the health needs of the people through using locally available resources to ease their health crises. Traditional medicine represents a natural form of healthcare that has been used through generations (WHO, 2013). Traditional medicine involves the treatment of diseases by physical or spiritual means, such as divination, incantation, exorcism, sacrifice, and herbs (Mahomoodally, 2013).

Health is a significant element that affects the development of a nation. Traditional medicine as a medium of healthcare service provision is widely available globally. Traditional medicine apart from being used for disease prevention and treatment, it is used as a means of providing mineral and vitamin supplements. These are

provided through concoctions, balms and ointments, as well as soap from medicinal plants and animal parts. Traditional medicine is an interdependent system, concerned with the physical, spiritual and mental health as a whole. It is classified into three segments, which are Divination, Herbalism and Spiritualism (Ezekwesili-Ofili and Okaka, 2019). Traditional medicine is a necessary arrangement in the bid to obtain universal health coverage. It is utilized due to individual's belief, as complementary healthcare, emergency treatment, and source of disease prevention. World Health Organisation (2020) described the integration of traditional and contemporary medicine to be essential in providing healthcare services in the pursuit of achieving universal health coverage.

There are two major healthcare delivery systems in Nigeria namely, the traditional and orthodox medical practices. Nigeria is blessed with abundant medicinal herbs used for the treatment of chronic diseases which could be exported either as processed or finished products, if only enough value is attached to it by both the government and the citizens (Edema, 2024). The Federal Ministry of Health (FMOH) in Nigeria is continuously trying to improve the traditional medicine practices in Nigeria through training, seminars, laboratory experiments and registrations. National Agency for Food and Drugs Administration Control (NAFDAC) in Nigeria is in charge providing guidelines for efficacy, regulates the production, advertisement, sales and of traditional medicines (Kenechukwu *et al.*, 2022). In the bid to determine the health seeking behaviour of people, this study aims to identify the patronage of traditional medicine in Kaduna State, Nigeria.

MATERIALS AND METHODS

Study Area

Kaduna State is located between Longitudes 6° 05' and 8° 38' East of the Greenwich Meridian and Latitudes 9° 03' and 11° 32' North of the Equator. It is situated in the mid-central region of Northern Nigeria with a landmass of 46,020km² (Kaduna State Government, 2021). It is bounded to the north by Zamfara, Katsina and Kano States. It is bounded by Niger State to the west, Bauchi and Plateau States are to the east and Nasarawa as well as FCT to the south. Kaduna State has 3 senatorial districts namely, Kaduna North, Kaduna South and Kaduna central, 23 Local Government Areas (LGAs) and 255 political wards.

(33.9 %) traders, 66 (17.1 %) students and 22 (5.7 %) engaging in other form of occupations as shown in Table 2. The highest number of respondents 152 (39.6 %) earn below ₦50,000 monthly, 120 (31.3 %) earn between ₦50,000 and ₦100,000 monthly, and 112 (29.1 %) earn above ₦100,000 monthly.

Table 2: Occupation and Income of Respondents

Occupation	Frequency	Percentage
Civil servant	86	22.4
Farming	80	20.9
Traders	130	33.9
Student	66	17.1
Others	22	5.7
Income		
Below ₦50,000	152	39.6
₦50,001 – ₦100,000	120	31.3
₦100,001 – ₦150,000	69	18.0
Above ₦150,000	43	11.1
Total	384	100

Most of the respondents obtained information about traditional medicine from friends (221; 57.6 %) while the least respondents 63 (16.4 %) obtained information from religious centres as shown in Table 3. There are 114 (29.7 %) respondents whose source of information include family members and 83 (21.61 %) got information on traditional medicine from mass media such as social media, radio, and internet.

Table 3: Source of Information

Source	Frequency	Percentage (%)
Mass media	83	21.61
Religious centres	63	16.4
Family	114	29.7
Friends	221	57.6

- Multiple response

There are 152 (39.4 %) of the respondents who preferred to patronise traditional medicine whenever they are ill while 163 (42.4 %) respondents preferred the usage of orthodox medicine for the treatment of ailments (Table 4). About sixty-nine (18.0 %) respondents make use of both orthodox and traditional medicine for healthcare maintenance.

Table 4: Preferred Choice of Healthcare

Patronage	Frequency	Percentage (%)
Traditional medicine	152	39.6
Orthodox medicine	163	42.4
Both	69	18.0
Total	384	100

Most of the respondents 187 (48.8 %) believed their health to be in a very good state and 12 (3.1 %) believed that their health condition was in a very bad state. There are 143 (37.2 %) who believe they were in good state of health while 42 (10.9 %) believed they were within average health status (Table 5).

Table 5: Health Status Perception

Health Status	Frequency	Percentage (%)
Very good	187	48.8
Good	143	37.2
Average	42	10.9
Bad	12	3.1
Total	384	100

Prior to the study, 13.5 % of the respondents use TM daily while 16.4 % use traditional medicine weekly in the last three months. Furthermore, 27.3 % and 26.6 % of the respondents use traditional medicine once every two weekly and monthly respectively in the last three months. About 6.5 % of the respondents did not use traditional medicine in the last three month while 9.6 % only used traditional medicine once in the last three months as shown in Table 6.

Table 6: Frequency of Using Traditional Medicine (Three Months)

Patronage	Frequency	Percentage (%)
Daily	52	13.5
Weekly	63	16.4
Twice a month	105	27.3
Monthly	102	26.6
Once	37	9.6
Not at all	25	6.5
Total	384	100

The respondents patronise traditional medicine practitioners for all forms of ailments most of which are Malaria (208; 54.1 %), Sexually Transmitted Infections (STI) (135; 35.2 %) haemorrhoids (128; 33.4 %) and stomach related ailments (125; 32.6 %). The least ailments for which traditional medicine is sought are hepatitis (6; 1.6 %) and epilepsy (11; 2.9 %).

Table 7: Diseases for which Traditional Medicine was Patronised

Diseases	Respondents	Diseases	Respondents
HIV	19 (4.9 %)	Eye	44 (11.5 %)
STI	135 (35.2 %)	Ear	33 (8.6 %)
Malaria	208 (54.1 %)	Teeth	16 (4.2 %)
Hepatitis	6 (1.6 %)	Skin	51 (13.3 %)
Animal bites	52 (13.5 %)	Bone related conditions	77 (20.1 %)
Diabetes	19 (4.9 %)	Child delivery	22 (5.7 %)
Hypertension	33 (8.6 %)	Circumcision services	23 (6.0 %)
Respiratory	18 (4.7 %)	Fibroid	14 (3.6 %)
Epilepsy	11 (2.9 %)	Cancer	18 (4.7 %)
Mental conditions	17 (4.4 %)	Haemorrhoid	128 (33.43 %)
Infertility	91 (23.7 %)	Stomach	125 (32.6 %)

Pregnancy related conditions	37 (9.6 %)	Children ailment	65	16.9 %)
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• Multiple responses

DISCUSSION

This study interviewed people that have previously patronized traditional medicine practitioners for health care maintenance which includes treatment of ailments and preventing diseases. In this study, the male patronise traditional medicine more than the female gender, thus contradicting other findings (Usifoh and Udezi, 2013) that females are more sensitive to illness and more prone to taking action. The respondents in reproductive age groups patronise more traditional medicine than the older population, this is due to the need for reproductive healthcare remedies such as STI and fertility.

The most frequent occupational group who patronise TMPs are the traders, farmers and civil servants. The traders, farmers and students are with earnings below ₦100,000 monthly. This corroborates with the findings of Onyemachi *et al.* (2015) that traditional medicine patronisers are financially dependent and low income earners. The ability of people to share their health concerns with family members and friends yielded the high response of the respondents that most of the information on traditional medicine is received from friends (57.6 %) and family members (29.7 %). They may likely be directed by family members or friends on how to obtain the products or a times be provided with the traditional medicine product for certain health conditions.

There are about 60 % of the respondents who will rather use orthodox medicine for healthcare maintenance than traditional medicine. Although 18 % of them will rather prefer to use traditional medicine together with orthodox medicine. This indicates that although traditional medicine patronage is high, there are greater factors propelling the respondents to utilise orthodox medicine more than traditional medicine. This finding contradicts with the study of Akinyooye and Oyebami (2019) which revealed that about 60 % of the respondent will rather utilise traditional medicine for healthcare maintenance than orthodox medicine. It was in line with the study of Ladele and Olamide (2014) that orthodox medicine was mostly patronised for healthcare maintenance due to its availability.

Despite that about 50 % of the respondents are optimistic that the status of their health is very good, it is significant to note that about 50 % of the respondents have used traditional medicine about six times or thrice in the past 3 months. There are also only 15 % whom revealed they have not used traditional medicine at all or at most once in the last three months prior to the study. In furtherance, there are 14 % of the respondents who rated their health as average or below, this could be as a result of reoccurring ailments or chronic ailments that requires management, thus leading to the usage of traditional medicine daily or weekly.

The prevalence of diseases in the study area such as malaria (54.1 %) with the highest patronage of traditional medicine is also responsible for the level of traditional medicine usage. The high patronage of malaria with traditional medicine is also revealed by Ladele and Olamide (2014) whom attributed it to the development of resistant chain mosquito parasites to malarial drugs in Nigeria. It is also due to its affordability and perceived efficacy in the management of malaria as revealed by Bamgboye *et al.* (2025).

Conclusion

The study assessed the patronage of traditional medicine in Kaduna State, Nigeria. It was observed that traditional medicine was mainly patronised by the male gender with tertiary level of education and from amongst the low income earners. It was evident that most of the respondents despite patronising traditional medicine will rather prefer orthodox medicine for their healthcare needs. Although disease such as haemorrhoid, malaria, and STI are perceived to be best treated with traditional medicine. From the study, it can be established that there is an average patronage of traditional medicine and there are ailments for which TM is most sought in Kaduna State. The study recommended that, to improve the patronage of TM, government policies should be more interested in traditional medicine practices and orthodox medicine practitioners should be more accommodating to traditional medicine practices in order for the patients to be more comfortable in revealing their usage.

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