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SOCIO-DEMOGRAPHIC FACTORS AND UTILIZATION OF TRADITIONAL MEDICINE IN KAZAURE TOWN, JIGAWA STATE, NIGERIA

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Abstract: This study examines whether socio-demographic variables influence knowledge and usage of Traditional Medicine in Kazaure town, Jigawa State, Nigeria. Survey method was used in the study. Using multistage sampling, 350 respondents were selected and questionnaire was administered by the researcher for data collection. In addition, IDI's were conducted with some elderly and traditional healers operating in the area. SPSS was used to analyse the data. The findings show that the socio-demographic variables, i.e. sex, age, education, and income, have no significant influence on the use of Traditional Medicine by the respondents. Nevertheless, accessibility, low cost, effectiveness and belief in safeness and tradition influence the respondents to use the medicine. Therefore, governments and other stakeholders should see to the recognition of Traditional Medicine as Complementary and Alternative Medicine, while taking seriously the issue of safety, effectiveness, low cost, and accessibility of the former. Also, health education programmes should be organized on continued basis, especially via radio, to educate individuals more about Traditional Medicine, its benefits and harms. Finally, Community Based Organisations and Non Governmental Organisations should join efforts with government to ensure easy acceptance of programmes related to Traditional Medicine.

Key words: Health, Socio-demographic variables, Traditional Medicine, Health-seeking, Kazaure

INTRODUCTION

Health, which is defined as “the state of optimum capacity of an individual for the effective performance of the roles and tasks for which he has been socialized” (Twaddle, 1974:31), remains one of the most important things one can have. Without health one is unable to perform even one’s basic functions; and this, by extension, affects society through losses in the productivity of individuals who perform various roles for the survival of a community. Consequently, individuals make effort to prevent and detect disease, and even get medicine in order to restore the body to its normal state. Societies around the world devise indigenous means of solving the problems of health and illness. This is especially the case in traditional societies. In Nigeria, even though western type of medicine was introduced sometimes before or during colonialism, the indigenous knowledge and means continue to exist, and is generally referred to as Traditional Medicine. The development of traditional medicine has led to various categories of healers, the various healing methods and different types of the medicine.

It should be noted that although traditional medicine has come a long way, it continues to raise certain issues that need to be discussed and adequately addressed. For example, why do people use the medicines, even though modern medicine is now available? Do factors, like safeness, effectiveness and accessibility play a role in making people to use the medicine? Or is it the socio economic attributes of individuals that influence them to use traditional medicine? All these issues, among others, are

continually raise in the discussion regarding traditional medicine, because they will help toward exploring the maximum benefits as well as assist in averting the possible negative effects of the medicine.

Statement of the Problem

Human beings have needs. While one could live without satisfying some of these needs, some of the needs are basic to one's survival. Health is one of such basic needs. There cannot be positive development in a society that plays around with the issue of health. Sequel to this, governments and other stakeholders try to provide for the sound healthcare delivery system to the people by building hospitals, providing equipment and employing personnel to man the facilities. This is because the view is often that the desired health care seeking behavior is for an individual to respond to an illness by seeking help first from a trained medical doctor, in a formally recognised health system (which is mostly modern).

In Nigeria, all the three tiers of governments are involved in the provision of healthcare services which utilizes and administers western medicine. Despite efforts to develop policies by governments, private sector involvement and development partners' initiatives, yet private and public investments in healthcare services in Nigeria are still very low. Governments' budgets for health are either below what is universally recommended or where they are up to, not substantially and properly implemented; while private investors, who are "responsible" for 65.7% of healthcare delivery in Nigeria (WHO, 2010), prepare to invest more in other sectors instead of health (Audu, 2009 cited in Sarki, 2014). Consequently, numerous problems continue to bedevil the health sector making it unable to render the functions it is supposed to perform.

It has been argued that the said failure coupled with the necessity of health in people's life compel individuals to seek alternative care in the name of traditional medicine. But, it is also argued that the socio-demographic attributes play important role in the individuals' social activities and in most cases determine people's choices and decisions. In other words, the socio-demographic attributes, like sex, age, educational attainment and income, could make individuals to use traditional medicine. Consequently, this research tries to explore this argument and make some highlights. Specifically, the following question is intended to be answered: do socio-demographic variables, specifically, sex, age, education and income, influence usage of traditional medicine?

Aim and Objectives

The aim of this research is to study the influence of socio-demographic factors on the usage of traditional medicine in Kazaure town, Jigawa State, Nigeria.

The specific objectives of the research are as follows:

1. To examine the influence of sex on usage of traditional medicine.
2. To investigate the relationship between age and use of traditional medicine.
3. To examine the influence of education on usage of traditional medicine.
4. To explore whether income influences use of traditional medicine.

Conceptual Explanation of Traditional Medicine

Traditional medicine is the sum of all knowledge and practices, which could be explained or not, used in diagnosis, prevention and elimination of physical, mental or social imbalances and relying exclusively on practical experience and observations handed

down from generation to generation, whether verbally or in writing (WHO, 1987; Akerele, 1984 cited in Igun, 1988; Otite and Ogionwo, 2006; Erinosh, 2006; Adesina, 2010). It is the medical system produced in various cultures which utilizes medicinal materials such as herbs, roots, living and non-living materials, plants and animals, found in the local environment (Igun, 1988; Erinosh, 2006; Otite and Ogionwo, 2010; Adesina, 2010). With this definition, traditional medicine is not only medical, but can also be social, geographical and even supernatural. Traditional medicine is however different from Complementary and Alternative Medicine (CAM), which is a wide field of healing resources that comprises all health systems, modalities, practices and their accompanying theories and beliefs, other than those central to the politically dominant health system of a particular society or culture in a given historical period, which are however given recognition by the politically dominant health system (Pal, 2002); for example honey. It is also not the same with Alternative Medicine (AM), which is a broad set of health-care practices already available to the public that are not readily integrated into the dominant health care system, because they pose challenges to diverse societal beliefs and practices - cultural, scientific and medical (Pal, 2002). Examples of alternative medicine include *Gadagi*¹, Cannabis, and Indian hemp. Sequel to this, one can say that both CAM and AM can be traditional medicine; and that the difference between CAM and AM is formal recognition and integration to the conventional system of healthcare. In other words, traditional medicine is regarded as CAM if it is formally recognized and perhaps integrated into dominant healthcare system in a society; otherwise it is simply an AM.

Determinants for the Use of Health Services

Referral and paths to seeking medical care are influenced by certain factors. These factors, sometimes referred to as determinants of the use of health services, although varied, are broadly classified by some scholars into, economic, geographic, cultural, social or organizational factors (Mackian, 2003). But for the purpose of this study, some specific factors are however reviewed. Thus, some researches (e.g Andersen and Nueman 1975; Roth, 1969) have shown that economic factors influence health seeking behavior: patients may chose to go for costly health care, usually modern, if they know they can afford it without however assurance of getting the required attention. According to WHO (1990 cited in Erinosh, 2006) many Nigerians chose to go for private clinics and hospitals because they can afford it and hope to get better services than those in the public sector. It was also found that economic status was positively associated with seeking treatment from a formal source (e.g. modern hospital) rather than an informal source (e.g. traditional healer) (Erinosh, 2006; Mmari, et al 2010; . Owumi and Jerome, 2008; Oluwadare and Dada, 2008).

Educational attainment plays a significant role in individual's decision to opt for certain healthcare services. Highly educated individuals usually opt for modern healthcare services while less educated resort to traditional medicine, being it old and they could not also endure the formalities in seeking health services under the modern healthcare institutions (Case, et al, 2005; Erinosh, 2006; Tanimola et al, 2009). It was however shown by Erinosh (2006) that final year medical students of a Nigerian University still believe that mental illness could be attributed to bewitchment, not just chemical and biological reasons. Additionally, health education programmes (Jegade, 2010) and access to public health care services (Rozenzweig and Schultz, 1982) can, however, help those who have no formal education to understand the value of attending modern health care institutions thereby neutralizes the effect of formal education.

¹ This is a local Hausa beverage/ tea made by boiling a type of grass, called *Gadagi* in Hausa language, together with certain modern drugs; the tea has stimulating effect on person's body system.

Some studies have highlighted pattern of behavior in health seeking behavior with most males attending and utilizing traditional medical system and women mostly attending government's clinics and hospitals (Erinosho, 2006; Mmari, et al, 2010). Other studies (for example Mackian, 2003; Warren, 2010) have found that women were more likely than men to seek help from traditional healers for themselves or their children, although they agreed on the quality of modern health care facilities. Several studies (e.g. Mwenesi, 1993; Bonilla and Rodriguez, 1993; UNICEF, 1990; Vlassoff et al.1995) have pointed to the paradox that while women as the main caretakers are the first in perceiving illness in their children, they often lack the means to adequately act because they depend on the men who control funds. The men by their virtue of being masculine are also put in risky situations. They can naturally attend doctors late so as not show their weaknesses, or do not comply with health advice that implies a change in habits especially if they (the habits) are considered 'feminised' (Doyal, 2000).

Previous studies have shown the role of age in the use of health services. Anderson et al (1963), Morris (1967) and Erinosho (2006), for example, reported that utilization of health services is related to age; that many old people stick to and prefer to solve their health problems using local and traditional means, except in some few situations. In the US, elderly seemed to utilize conventional health care services more often than people under the age 65. However, elderly who are disabled are less likely to access modern healthcare than are physically healthy older adults (Linden, 1997).

Methodology

Kazaure town, which is largely semi-urban, is the headquarters of Kazaure Local Government. The population is predominantly Hausa and Fulani Muslims although there are some who are Christians. Other predominant groups include Igbo, Yoruba, Nupe and other numerous races (Jigawa State Government, 2012). The population of Kazaure Local Government, which is about 250,000 according to National Census 2006, consists of people with different socioeconomic background. The target population in this research consists of all residents of Kazaure town that are 15 and above 59 years; male and female, whether they are married or otherwise. People below 15 years were excluded because it is believed that rational decisions regarding healthcare services affecting them are taken for them by their parents.

Sample was used for the research. Thus, three hundred and fifty respondents were selected through multi stage sampling. This number of sample is selected because the population under study is largely homogenous and the phenomenon (i.e. health issue) under investigation is virtually widespread among the population. Using records of Jigawa State Water Board (JSWB) the area under study was divided into sixteen areas. Out of these 16 areas, 5 areas were selected using lottery method. From each of the selected five areas, 35 households were then selected using JSWB records of customers account numbers through systematic sampling. Two respondents - one male and one female – were subsequently selected (after they must have met the criteria set for the target population) using availability sampling from each household.

Researchers' administered questionnaire written in simple English language and translated into Hausa language to the respondents was used on each respondent to collect data. Questions related to socio-demographic characteristics of the respondents, their knowledge and attitude towards traditional medicine as well as utilisation of traditional medicine were asked in the questionnaire. In addition, individual in-depth interviews were conducted and recorded on tapes, which were transcribed later, with three respondents: one elderly man and two traditional healers operating within Kazaure town. The interview questions border on general issues related to traditional medicine, usage and practice of traditional healing.

Frequency distribution tables were used to present the summarized form of the data. Using SPSS chi square tests were performed to test the statistical significance of variables; and where the relationship exist Cramer's V was also calculated using the same

SPSS to further establish what degree and direction of relationships exists between the variables. The qualitative data generated through interviews was used in the interpretation to complement the information gathered using questionnaire.

Results and Discussions

In this subsection the major research findings are presented and discussed. The findings are seen in the light of the research objectives earlier set, while considering other research findings to see points of convergence and divergence. Therefore the socio-demographic characteristics of the respondents are examined vis-à-vis use of traditional medicine by the respondents.

Socio-demographic Attributes of the Respondents

Table 1: Socio-demographic Attributes of the Respondents

<u>Sex of the Respondents</u>	<u>Frequency</u>	<u>Percentage</u>
Male	175	50.0
Female	175	50.0
Total	350	100
<u>Age of the Respondents</u>	<u>Frequency</u>	<u>Percentage</u>
15-25	84	24.0
26-36	108	30.9
37-47	71	20.3
48-58	66	18.9
59 above	21	6.0
Total	350	100
<u>Educational Attainment of the Respondents</u>	<u>Frequency</u>	<u>Percentage</u>
No Schooling	50	14.3
Primary	65	18.6
Secondary	193	55.3
Tertiary	39	11.2
No Response	3	0.6
Total	350	100
<u>Monthly Income of the Respondents</u>	<u>Frequency</u>	<u>Percentage</u>
Below =N=30,000	305	87.1
=N=30,001-=N=60,000	39	11.1
=N=60,001 and Above	3	0.9
No Response	3	0.9
Total	350	100

Source: Field Work, 2014.

Table 1 above shows that the respondents are proportionately divided between male and female. That is to say each category constitutes half of the samples. The table also shows the age distribution of the respondents. It is clear from the table that the respondents in the 26-36 years age category constitute the highest percentage, 30.9%, and the least percentage, 6.0%, comes from respondents whose age is over 59 years. We can deduce that more than half of the respondents are within their youthful age.

The table further shows that 85.7% of the respondents have formal education. But while more than half of the respondents, precisely 55.3%, have secondary education; respondents with tertiary education are 11.2%. It can be concluded therefore that most of the respondents have no higher education. Respondents whose monthly income is =N=30,000 or below constitute the highest percentage with 87.1% of the total. Thus, only 0.9% of the respondents, constituting lowest percentage, have income up to =N=60,001 or above. It can also be said that majority of the respondents are people with low income.

Usage of Traditional Medicine by the Respondents

Table 2: Use of Traditional Medicine by the Respondents

Do you use Traditional Medicine?	Frequency	Percentage
Yes	330	94.3
No	17	4.9
No Response	3	0.9
Total	350	100

Source: Field Work, 2014.

Table 2 above shows that respondents who use traditional medicine are 94.3%. Thus, majority of the respondents use traditional medicine.

Sex of the Respondents and the Use of Traditional Medicine

Looking at the sex of the respondents, as shown in Table 3 below, it is clear that both male and female are the users of traditional medicine and on almost equal footing. In other words, using traditional medicine to address health problems is a common practice among male and female respondents. This indicates that the usage of traditional medicine is not influenced by sex of the respondents. The situation must have resulted because using *traditional medicine* in most cases does not require much money; thus women, though largely dependants on men, need not to wait for the latter to finance the treatment since they may be able to do so themselves. But Mackian (2003) and Warren (2010) found that women were more likely than men to seek cures from traditional healers. In contrast, Erinosh (2006) and Mmari, et al (2010) highlighted pattern of behavior in health seeking behavior with most males attending and utilizing traditional medical system and women mostly attending government clinics and hospitals in the South-west and South-east of Nigeria respectively.

Table 3: Respondents' Sex and Use of Traditional Medicine

Sex of the Respondents	Do You Use Traditional Medicine?			Total
	Yes	No	No Response	
Male	162 (92.6%)	11 (6.3%)	2 (1.1%)	175 (100%)
Female	168 (96.0%)	6 (3.4%)	1 (0.6%)	175 (100%)
Total	330	17	3	350

Source: Field Work, 2014.

D.f. = 2

Alpha level = 0.05

Calculated $X^2 = 1.913$

Table $X^2 = 5.991$

Age of the Respondents and the Use of Traditional Medicine

In relation to age, the findings indicate that the usage of traditional medicine is common among all age groups (see Table 4 below). Although frequencies differ, they do not show significant difference among the age groups to assert that the age may have influenced use of traditional medicine. In other words, it can be said that the age of the respondents in this research is not related to the use of traditional medicine. This, however, contrasts the findings of Anderson et al (1963), Morris (1967) and Erinosh (2006), who reported that utilization of modern health care services, is related to age. In a study of utilization of immunization, Jegede (2010) also reveals that, although utilization rate of immunization differs between communities studied, but what is common to them all is that immunization declines with age in preference for traditional medicine.

Table 4: Age of the Respondents and the Use of Traditional Medicine

Age of the Respondents	Do You Use Traditional Medicine?			Total
	Yes	No	No Response	
15 – 25	72 (91.1%)	5 (6.3%)	2 (2.5%)	79 (100%)
26 – 36	100 (92.6%)	8 (7.4%)	0 (0.0%)	108 (100%)
37 – 47	70 (97.2%)	1 (1.4%)	1 (1.4%)	72 (100%)
48 – 58	65 (98.5%)	1 (1.5%)	0 (0.0%)	66 (100%)
59 and Above	23 (92.0%)	2 (8.0%)	0 (0.0%)	25 (100%)
Total	330	17	3	350

Source: Field Work, 2014.

D.f. = 8

Alpha level = 0.05

Calculated $X^2 = 10.454$

Table $X^2 = 15.507$

Education of the Respondents and the Use of Traditional Medicine

According to the research findings as presented on Table 5 below, majority of the respondents use traditional medicine in each category of education, without significant differences across the categories. This means that the usage is not related with respondents' level of education. But as Case *et al* (2005) reported, educational status plays a significant role in individual's decision to opt for certain healthcare services. In the same vein, Jegede (2010) pointed that education modifies beliefs about disease causation and cure and thus influences receptivity to modern health care services. Yet this may not always be the case as Erinosh (1977d; 2006) has shown in a study of final year medical students who believe mental illness can be attributed to bewitchment.

Table 5: Education of the Respondents and the Use of Traditional Medicine

Education of the	Do You Use Traditional Medicine?	Total
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Respondents	Yes	No	No Response	
No schooling	48 (96.0%)	2 (4.0%)	0 (0.0%)	50 (100%)
Primary	61 (93.8%)	4 (6.2%)	0 (0.0%)	65 (100%)
Secondary	182 (94.3%)	9 (4.7%)	2 (1.0%)	193 (100%)
Tertiary	36 (92.3%)	2 (5.1%)	1 (2.6%)	39 (100%)
Qur'anic	3 (100%)	0 (0.0%)	0 (0.0%)	3 (100%)
Total	330	17	3	350

Source: Field Work, 2014.

D.f. = 8

Alpha level = 0.05

Calculated $X^2 = 2.920$

Table $X^2 = 15.507$

Income of the Respondents and the Use of Traditional Medicine

Almost equal proportions in each category of respondents' income use traditional medicine (see Table 6 below). Thus, although percentage of the users increases as income increases, the difference among them is not significant to allow for assumption of relationship. This finding means that the use of traditional medicine is not related to respondent's income. But, Jegede (2010) stated, users' charges is a "factor that discouraged people from using (modern) health care facilities. While in traditional medicine, the charges are very moderate and low in most cases, and users have access to credit facilities with the traditional healers being members of the same community, the reverse is the case in modern medicine...(Jegede, 2010, P.69)" This assertion concurs with Erinosh's (2006) and Mmari's, et al (2010) who have found that higher economic status was positively associated with seeking treatment from a formal source (e.g. modern hospital) rather than an informal source (e.g. traditional healer).

Table 6: Respondents Income and the Use of Traditional Medicine

Income of the Respondents	Do You Use Traditional Medicine?			Total
	Yes	No	No Response	
30,000 and Below	287 (94.1%)	16 (5.2%)	2 (0.7%)	305 (100%)
30,001 – 60,000	37 (94.9%)	1 (2.6%)	1 (2.6%)	39 (100%)
60,001 and Above	3 (100%)	0 (0.0%)	0 (0.0%)	3 (100%)
No Response	3 (100%)	0 (0.0%)	0 (0.0%)	3 (100%)
Total	330	17	3	350

Source: Field Work, 2014.

D.f. = 6

Alpha level = 0.05

Calculated $X^2 = 2.353$

Table $X^2 = 12.592$

Generally, the socio-demographic attributes of the respondents in this study do not show noticeable influence on the usage of traditional medicine. Thus, while Andersen (1968) and Wolinsky (1988b) in the formulation of Health Care Utilization Model, argued that an individual will more or less likely to use a certain health care services based on socio-demographic attributes, and position within the social structure, the findings in this study do not support this theoretical postulation. It is, however, clear that tradition, safety and effectiveness, which could be translated into beliefs of health care services benefit (also part of the predisposing factors in the Health Care Utilization Model) do influence use of traditional medicine by the respondents. Again, low cost (90.6%) and accessibility (89.7%), both enabling factors in the Health Care Utilization Model are the reasons for most of the respondents to use traditional medicine (see Table 7 below).

Table 7: Reasons for the Utilisation of Traditional Medicine by the Respondents

Reason for the Usage	Frequency		Total
	Yes	No	
Safety	188 (56.9%)	142(43.1%)	330 (100%)
Effectiveness	156 (47.3%)	174(52.7%)	330 (100%)
Tradition	251 (76.0%)	79(24%)	330 (100%)
Low cost	299 (90.6%)	31(9.4%)	330 (100%)
Accessibility	296 (89.7%)	34(10.3%)	330 (100%)
Family Influence	59 (17.9%)	271(82.1%)	330 (100%)
Other Reasons	2 (0.6%)	328(99.4%)	330 (100%)

Source: Field Work, 2014.

Conclusion

Based on the data and findings from the research, it is concluded that the socio-demographic attributes, specifically, sex, age, education, and income, do not have noticeable influence on the usage of traditional medicines; but rather beliefs in tradition, effectiveness, safeness, and low cost of the medicines, as well as accessibility make the respondents to use traditional medicines. Thus, rather than the popular assumption that socio-demographic attributes, for example education and income, always determine individuals' decision to use traditional medicines, this research found new and contrary view.

Recommendations

Considering the data and the findings of the study, the following recommendations are offered:

1. There is a need for governments to formally recognized and incorporate traditional healing into their dominant health care system as Complementary and Alternative Medicines. Thus, avenues for seminar and training of the traditional healers regarding hygiene in production of traditional medicine and chemical effects of the ingredients they used should be created.

2. Incorporation of traditional medicine into the main healthcare systems should be done in a way that it does not wither away with the low cost, accessibility, effectiveness and safeness that are believed to be associated with traditional medicine.
3. Community Based Organisations and Non Governmental Organisations should be involved in all campaigns or programme that are geared towards improvement the sphere of traditional medicine. Their involvement may facilitate acceptance of the programmes among major stakeholders.
4. Sincere government efforts should also be made in all activities concerning development of traditional medicine. Thus, inactions of governments as they affect issues of traditional medicine should be checked by all stakeholders if any recommendation is anything to go by.
5. Health education programmes should be organized on continued basis, especially via radio, to educate individuals more about the benefits and harms of Traditional Medicine.

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