

# The Effects of Traditional Medical Practices on Health Care Delivery System in Nigeria. Quantitative Case Study of Ibiaku Issiet Community of Akwa Ibom State, Nigeria

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## Abstract

This research investigates the factors influencing the persistent use of traditional medicine and its implications for the acceptance and utilization of modern healthcare in the urban local government area of Ibiaku Issiet, Akwa Ibom State, Nigeria. Sociologists and medical sociologists have expressed concerns about the continued reliance on traditional healers, which often disregards modern scientific methods and facilities. A sample of 150 respondents was randomly selected, and data was collected using a structured questionnaire. The study reveals that the high cost of modern healthcare is a significant challenge rural dwellers face, leading them to seek more affordable traditional medicine. Traditional remedies have effectively catered to the sociocultural preferences and aspirations associated with modern medical care. Nigeria's socio-economic and sociocultural context, characterized by beliefs in witchcraft, spirits, and gods as causes of diseases, make eradicating this deeply rooted cultural heritage futile. Consequently, individuals are more likely to prefer modern medicine

to traditional treatment methods. Based on the findings, it is recommended that traditional medicine be granted legal recognition and co-recognition as an official healthcare system in Nigeria. There is a pressing need to enhance the status, funding, and facilities of traditional medical clinics and practitioners and develop comprehensive training programs.

**Keywords:** traditional medicine, modern healthcare, patronage, cost, socio-cultural patterns, Nigeria, legal recognition, training

## 1. Introduction

The utilization of traditional medicine and the services provided by traditional healers has gained recognition among people living in rural areas, despite concerns from medical experts and lawmakers. While this development raises concerns about the acceptance and utilization of modern healthcare facilities, traditional medicine continues to be widely accepted in Nigeria. However, traditional medicine and its practitioners have faced criticism in recent times.

### 1.1 *Traditional Medicine and Criticisms*

One common criticism of traditional medicine is that its practitioners, known as traditional healers, need to be scientifically oriented. Unlike trained medical professionals, traditional healers are considered laypersons. Critics argue that traditional medicine is not based on scientific knowledge but on superstitions, assumptions, and trial and error. They claim that traditional methods need more rigorous scientific scrutiny and are therefore considered crude, unreliable, unorganized, and unhygienic (Nwosu & Asuzu, 2016). Despite these criticisms, traditional medicine remains popular and widely accepted among Nigerians, particularly in rural areas. Traditional medicine often fills a gap in healthcare access, especially in regions with limited or inaccessible modern healthcare facilities. Cultural beliefs, familiarity, and trust in traditional practices contribute to continued utilization.

#### 1.1.1 Striking a Balance and Integrative Approaches

While traditional medicine plays a significant role in healthcare delivery, it is crucial to balance recognizing its benefits and ensuring the safety and efficacy of healthcare practices. Integrative approaches that combine traditional and modern medicine should be explored to bridge the gap between the two systems and improve overall healthcare outcomes in Nigeria. Such integrative approaches should emphasize evidence-based practices, ensuring that traditional healing methods are subjected to rigorous scientific scrutiny. Standardized training programs can be developed for traditional healers to enhance their knowledge and skills, aligning their practices with scientific principles. Collaboration between traditional healers and modern healthcare professionals can also foster mutual understanding and facilitate the exchange of knowledge and expertise. By integrating traditional and modern healthcare approaches, Nigeria can harness the strengths of both systems and provide comprehensive and culturally sensitive healthcare services to its population. This approach can enhance healthcare accessibility, improve patient outcomes, and ensure the safety and efficacy of traditional healing practices in the country (World Health Organization, 2008a).

### 1.1.2 The Practice of Traditional Medicine

The practice of traditional medicine in Nigeria, including the Ibiaku Issiet Community, has a long history and is believed to have been present since ancient times. The exact origins of herbalism in Nigeria have yet to be precisely discovered. According to legends, the first individuals to engage in healing and herbalism were Orumila and his younger brother OJanyin, who lived in the Yoruba-speaking part of Nigeria. Traditional knowledge of medicinal cures was said to have been acquired from wizards and witches. It is believed that witches, whether alive or deceased, leave markers in the form of goats, sheep, or birds in villages. Suppose someone with exceptional insight, such as a traditional practitioner, detects these markers and chooses not to confront the witch. In that case, they are promised valuable herbal cures for not exposing the witch. Similarly, the same reward would be offered if a real witch is caught performing an evil deed. Hunters are also regarded as custodians of specific knowledge in traditional medicine. It is reported that hunters have acquired knowledge by observing wounded animals chewing specific plant leaves, which are then recognized as potential remedies for wounds or pain relief (Akpata, 1979). Similar observations have been made in the Ibiaku Issiet Community, where domestic animals that fell ill were seen chewing the leaves of specific plants and later recovering. In both cases, if the animal does not die, traditional healers utilize these plants to treat various ailments such as wounds, malaria, and fever.

Traditional medicine has been integral to healing and treatment in Nigeria, passed down through generations. However, traditional medicine has received a different legal recognition in Nigeria than in China and India due to its popularity. Recognizing traditional medicine in those countries has led to significant improvements and achievements in its practice. Nonetheless, more people, particularly in rural areas like Ibiaku Issiet, continue to benefit from traditional medicine (International Conference on Primary Health Care, 1978a). It is important to note that they emphasized the significance of primary healthcare, including integrating traditional medicine into healthcare systems. While traditional medicine may have received little legal recognition in Nigeria, efforts can be made to enhance its practice. Integrative approaches that combine traditional and modern medicine can be explored to improve healthcare outcomes and preserve cultural traditions and practices in the country.

### *1.2 The Declaration of 1978*

International Conference on Primary Health Care, 1978 recommended that all member nations consider developing and utilizing traditional medicine. Following this declaration, in 1985, the Federal Ministry of Science and Technology in Nigeria established the National Institute Committee on Traditional and Alternative Medicine (NICOTAM) with Professor Ayodele Tella as the head. NICOTAM assessed the practice of traditional medicine in Nigeria and reported that 75% of Nigerian citizens living in villages, towns, and cities sought the services of traditional healers. In comparison, the remaining 25% relied on orthodox medicine (International Conference on Primary Health Care, 1978b)

In the same year, the National Committee on Traditional and Alternative Medicine (NCOTAM) was inaugurated by NICOTAM. The role of NCOTAM was to mobilize research

studies to produce essential herbal remedies using the locally developed technology. Additionally, in May 1997, a national working group on traditional medicine was established to draft laws, policies, and ethical guidelines governing the practice of traditional medicine in Nigeria. The recommendations of this committee were endorsed by the National Council on Traditional Medicine in Asaba.

The National Agency for Food and Drug Administration and Control (NAFDAC) has also made efforts to establish concrete guidelines for regulating and controlling traditional medicine in Nigeria. The practice of traditional medicine in Nigeria can be traced back to the land's first inhabitants. It has been passed down through generations and has been of significant benefit to the people, serving as the primary method of healing and treatment before the advent of orthodox medicine. Traditional medicine is still recognized as a potential source of new drugs for treating prevalent diseases in Nigerian society.

### *1.3 Research Problem and Research Questions*

Despite the presence of orthodox healthcare, the continuous patronage of traditional medicine in the Ibiaku Issiet community poses a service problem that requires attention and possible solutions. Traditional medicine can provide new drugs for disease treatment in the community but lacks standardization and quality.

Research Questions:

1. Why do people patronize traditional medicine in the Ibiaku Issiet community?
2. Do people patronize traditional healers because they provide explanations for the cause of ailments and offer appropriate treatment?
3. How can the standard and quality of traditional medicine be improved to provide adequate healthcare for all in the Ibiaku Issiet community?

### *1.4 Purpose of the Study*

The study aims to investigate and understand various aspects of traditional medicine in the Ibiaku Issiet community. The study's specific objectives include examining the factors that contribute to the continuous patronage of traditional medicine in the community and understanding the socio-economic, cultural, and accessibility factors that influence people's preference for traditional medicine, assessing the therapeutic efficacy of traditional medicinal drugs used to treat diseases. This objective aims to evaluate traditional remedies' effectiveness and safety in addressing community health conditions and determining the proportion of people who actively seek the services of traditional healers. It involves estimating the utilization rate of traditional medicine among community members and understanding the extent of its popularity and investigating patient satisfaction with the treatment received from traditional healers. This objective aims to gauge the experiences and opinions of individuals who have sought traditional medical care, explored their level of satisfaction and perceived effectiveness of the treatments, and made recommendations based on the findings of the study to contribute towards the elevation and recognition of traditional medicine both within the Ibiaku Issiet community and in Nigeria as a whole. Furthermore,

these recommendations encompass strategies for improving the quality and standards of traditional medicine, enhancing collaboration between traditional healers and modern healthcare practitioners, and promoting the integration of traditional medicine into the broader healthcare system.

By addressing these research objectives, the study aims to provide valuable insights into traditional medicine in the Ibiaku Issiet community, shed light on its therapeutic potential, and offer recommendations to further develop and recognize traditional medicine as an integral part of healthcare in the community and Nigeria.

### *1.5 Significance of the Study*

The significance of this study is multifaceted. Firstly, it will provide insight into why traditional medicine continues to be popular among people in the Ibiaku-Issiet community despite the availability of modern healthcare facilities. This knowledge will be valuable for health planners and policymakers in Nigeria, who can use it to develop more effective healthcare policies that integrate traditional medicine into the healthcare system.

Secondly, the study will evaluate the therapeutic efficacy of traditional medicinal drugs used to treat diseases. This information will be helpful to patients who use traditional medicine and medical experts who can work towards improving the quality of traditional medicine and incorporating it into modern healthcare practices.

Thirdly, the study will determine the proportion of people patronizing traditional healers and whether the treatment they receive is satisfactory. It will also provide insights into the effectiveness of traditional medicine and help identify areas that require improvement.

Finally, this study will contribute to the body of knowledge on traditional medicine, providing valuable information to students and scholars in sociology and medicinal sociology. It will also encourage further research into traditional medicine and related sub-fields.

### *1.6 The Scope of the Study*

The study focuses on the factors contributing to the continued patronage and recognition of traditional medicine in the Ibiaku-Issiet community. While the intention was to cover the entire urban local government area, practical limitations such as financial constraints and the size of the area have restricted the study to only the Ibiaku-Issiet community. The study will specifically target male and female literate individuals aged 21-51 years who are residents of the Ibiaku-Issiet community. By focusing on this specific group, the study aims to gather relevant data and insights regarding the factors influencing the continued use of traditional medicine in the community. It was essential to note that the scope of the study does not encompass the entire population or other demographic groups within the urban local government area. Findings and conclusions drawn from this research will be specific to the selected community and demographic and may not represent the broader population.

### *1.7 Statement of Research Hypotheses*

The following research hypotheses are formulated to guide the direction of this study:

1. There is a relationship between poverty and the level of usage of modern health care services.
2. The lower the socio-economic status of the rural people, the higher the likelihood that they will not patronize traditional medicine.
3. There is a significant relationship between the socio-cultural beliefs of the people and the low patronage of modern health care facilities.

These hypotheses serve as statements that were tested and analyzed during the study. However, the purpose was to examine the relationships between poverty, socioeconomic status, traditional medicine, and socio-cultural beliefs and their impact on the utilization of modern healthcare services in the Ibiaku-Issiet community. The results provided insights into the factors influencing healthcare choices and helped understand the dynamics of traditional and modern healthcare utilization in the community.

## **2. Literature Review**

### *2.1 Definition and Description of Traditional Medicine*

Traditional medicine is known by various names and terminologies, varying across cultures and regions. Some standard terms include national medicine, indigenous medicine, folk medicine, African medicine, black medicine, and juju. These different terminologies reflect the diverse cultural and ethnic practices of traditional medicine in Nigeria.

The variations in terminology have contributed to a definitional problem and have hindered the growth and development of traditional health care in Nigeria, as noted by Oke and Owumi (1996a). Scholars and researchers have attempted to provide concise and acceptable definitions for traditional medicine. Bannerman (1982a) defines traditional medicine as an ancient and culturally bound care practice that existed before applying science to health matters.

Emeharole and Igwe (1993) define it as a medical art specific to a particular society, passed from generation to generation, based on the belief that supernatural powers or forces cause disease and that cure, and control are achieved through appeasing ancestral powers. According to World Health Organization (2008b), traditional medicine in 1978 encompassed all knowledge and practices, whether explicable or not, used in diagnosing, preventing, and treating physical, mental, and social imbalances. It relies exclusively on practical experience, and observations handed down from generation to generation, whether through oral tradition or written documentation. These different definitions reflect the complex nature of traditional medicine and highlight its reliance on cultural beliefs, practices, and ancestral knowledge.

#### **2.1.1 Traditional Practitioner**

The term used to refer to a practitioner of traditional medicine can vary depending on the cultural context. Traditional practitioners may be known by various names in different segments of society. Some standard terms to refer to them include traditional doctor, a practitioner of African traditional medicine, witch doctor, diviner, seer, spiritualist, or African

therapist. In India, traditional health practitioners are called indigenous healers, while in Cuba, they are called curanderos or barefoot doctors.

According to Read (1966), a traditional medical practitioner possesses local skills and techniques and utilizes locally available materials to maintain health. They rely on their knowledge of medicinal plants, animals, minerals, and other substances to provide healthcare services.

Bannerman (1982b) defines a traditional healer as someone recognized by their community as competent to provide healthcare using natural remedies derived from plants, animals, and minerals. Traditional healing practices are influenced by social, cultural, and religious backgrounds, prevailing knowledge, attitudes, and beliefs related to physical, mental, and social well-being, and the causes of disease and disability.

These definitions highlight the expertise and knowledge of traditional practitioners in utilizing local resources and cultural beliefs to address health issues in their communities. Traditional practitioners play an essential role in providing healthcare services and maintaining the well-being of individuals in their cultural contexts.

### 2.1.2 Sources of Traditional Herbs

The sources of traditional herbs used in traditional medicine are diverse and can be found in various natural forms. Oke and Owumi (1996b) describe these sources as follows:

1. **Plants:** Medicinal drugs derived from plants include leaves, bark, roots, and seeds. These plant materials are obtained from forests or cultivated by professional herbalists in their compounds, and it used individually or in combination with other ingredients for treatment. The medicinal plants are often processed into different forms, such as concoctions, decoctions, infusions, tisanes, or macerations, then administered to patients.
2. **Animals:** Traditional medicine also utilizes animals as a source of medicinal substances. Various parts of animals, such as chameleons, tortoises, snails, snakeheads, bones, and claws, are used for their therapeutic properties. These animal materials may be included in medicinal preparations or used directly for treatment.
3. **Mineral Substances:** Certain mineral substances are utilized in traditional medicine. Examples include alum, powdered ferruginous clay, kaolin, ant-heap earth, common salt, and root salt. These mineral substances may be incorporated into medicinal preparations or used externally for their therapeutic effects.

Additionally, medicinal plants are often cultivated by professional herbalists in their compounds. It ensures a regular supply of the required plants, either for individual use or combined with other treatment ingredients. In local markets in Nigeria and other developing countries, there is often a specific section where medicinal ingredients are sold. These markets cater to the demand for leaves, barks, roots, whole animals, or parts used in traditional medicine. Women are often involved in the trade of these medicinal ingredients. While many of these medicinal herbs are available in dried form, some may also be presented

as fresh specimens of plants and animal materials, depending on traditional healers' specific practices and requirements (Oke & Owumi, 1996c).

### 2.1.3 The Efficiency of Herbal Remedies

The efficiency of herbal remedies in traditional medicine has been supported by various studies, providing scientific evidence for their therapeutic effects.

Alade and Irobi (1993) conducted a study on the antimicrobial activities of the crude leaf extract of *Acalypha Loukesiana*. They found scientific evidence supporting using leaf extract for treating skin diseases in Nigeria. Ekanem (1978) provided evidence for using the decoction of the neem plant (*Azadirachta indica*) in treating fevers, particularly malaria. The study showed a decrease in parasitic count in mice infected with chloroquine-sensitive strains of *Plasmodium berghei* when treated with the neem leaf decoction.

Ade-serrano (1992) reported the growth inhibitory effect of the leaf extract of Neem on *Plasmodium falciparum* culture, the parasite causing malaria. The boiled leaf extract was found to have an anti-malarial effect, approximately half of the therapeutic dose of chloroquine sulphate on a dry weight basis. Iwa (1983) indicates using *Rauwolfia* species in treating psychiatric disorders. He found that the plant's root, which contains the alkaloid reserpine with hypertensive and sedative properties, was used in decoction or soaked in locally distilled gin to treat patients with mental health issues. He observed the clinical efficiency of *Bridelia ferruginea* therapy on diabetic patients in an herbal home.

The study involved human volunteers who had been diagnosed with diabetes for about five years and had sought herbal treatment after unsatisfactory results from allopathic medication. The results showed that eight out of ten patients benefited from the *Bridelia* therapy, with their blood sugar levels reduced to normal after eight weeks of daily treatment. These studies provide scientific support for the efficacy of herbal remedies used in traditional medicine, demonstrating their potential therapeutic effects on various health conditions.

### 2.1.4 Orthodox Versus Traditional Medicine

In traditional medicine, diagnosis is often approached differently compared to orthodox medicine. According to Tella's theory of Amnesia (1977), traditional healers delve into the patient's past, including family history and social setting, to understand the root causes of the illness. They believe that past events, whether from the patient's personal or ancestral history, have significance in the current health condition. According to Offiong (1983), among the Ibibios of Nigeria, witchcraft is often believed to cause various issues such as illness, death, difficult childbirth, poor harvest, and sickly livestock. Cultural belief contributes to the appeal of traditional medicine, despite the existence of orthodox medicine. Sofowora (1996) notes that the multi-faceted nature of traditional medicine makes it attractive to people, as it incorporates therapeutic agents and practices such as divination, incantation, sacrifices, and invocations.

In contrast, the germ theory of disease causation, established by Robert Koch, discovered that bacteria, specifically the tubercle bacillus, were responsible for certain diseases. The



scientific finding countered the superstitions and primitive beliefs that attributed diseases to evil spirits or cultural violations. Both traditional and orthodox medicine aims to provide healing and prevent diseases. According to International Conference on Primary Health Care (1978c), healthcare delivery systems should focus on practical, scientific, and socially acceptable methods and technology that are universally accessible to individuals and families. He suggests that treatment for restoring health can be pursued in traditional and orthodox settings, as they share the same objective of promoting health and preventing diseases. The coexistence of traditional and orthodox medicine highlights the importance of recognizing and integrating different healthcare systems to meet individuals' and communities' diverse needs and beliefs.

### 2.1.5 Pharmacopoeia Used by Traditional Medicine

According to Stedman (1995a), pharmacopoeia in traditional medicine relies on a wide range of therapeutic agents derived from natural sources such as plants, herbs, animal parts, minerals, and other substances. These therapeutic agents are used based on accumulated knowledge and experience passed down through generations. Traditional medicine pharmacopoeia includes identifying, preparing, and formulating these therapeutic agents to treat various ailments.

The pharmacopoeia used in traditional medicine may vary across different cultures, regions, and healing systems. It often involves using specific plants, herbs, animal products, and minerals with known medicinal properties. Traditional healers and practitioners possess knowledge of these therapeutic agents and their appropriate applications.

The procedural pattern in traditional medicine differs from that of orthodox medicine in several ways. Here are some general characteristics of the procedural pattern in traditional medicine:

1. **Individual Attention:** Traditional healers typically provide individualized attention to their patients, and they take the time to listen to the patient's concerns, examine their symptoms, and consider their overall health and well-being (Stedman, 1995b).
2. **Direct Consultation:** Patients consult traditional healers directly by paying consultation fees. There is often direct interaction between the patient and the healer without the need for complex administrative processes.
3. **Diagnostic Tools:** Traditional healers may employ various diagnostic tools to assess the patient's condition. These tools can include methods like incantation, divination, or invoking ancestors to gain insights into the underlying cause of the disease or imbalance.
4. **Diagnosis and Treatment:** Traditional healers diagnose the patient's condition based on their findings from the diagnostic tools used. They then disclose the diagnosis to the patient, providing them with an understanding of the ailment. Traditional healers prescribe appropriate treatment methods involving specific therapeutic agents, herbal remedies, rituals, prayers, or other interventions.

5. In-patient and Out-patient Treatment: Traditional medicine can involve both in-patient and out-patient treatment approaches. However, depending on the seriousness of the condition and the specific healing tradition, patients may receive treatment within the healer's facility or be provided with remedies or instructions to follow at home. It is essential to note that traditional medicine practices vary greatly depending on cultural, regional, and individual factors. The above information provides a general overview, but specific practices and approaches may differ significantly across traditional medicine systems.

#### 2.1.6 Diagnosis and Prognosis of Traditional Medicine

Stedman (1995c) defines diagnosis as the determination of the nature of a disease, infirm or congenital disability. It also means the act of distinguishing one disease from another. According to Tella (1977a), this nuclide Amnesia involves the practice in which the traditional healer delves into the patient's past and rarities into the patient's entire family and social setting. An offense committee, according to him, in the part existence of a patient, is believed can cause his disease after reincarnation. Diagnosis by visual examination of traditional medicine is made by examining the patient's eye, skin, urine, and face. This diagnosis is usually made to help the traditional healer determine the types of diseases infested. In visual examination, the cause of jaundice or yellow fever is generally detected through the yellowing of the eyes or rashes on the skin in the case of measles.

The use of astronomic signs by the traditional healer to diagnose disease is also another means used. For instance, the appearance of the new moon is believed to cause mental illness or disorders. Biological examination as a method of diagnosis involves using ants to detect if a patient has diabetes. It is done by examining the site where a patient urinates. Furthermore, if the area got infested by ants, it is typically taken as an indication that the also done through the analysis of dreams (Tella, 1977b).

Diagnosis in traditional medicine is similar in almost all communities as the positional healers usually tell their patients what is wrong with all amounts of certainty. The traditional healer uses this tool to diagnose a patient's problem and indicates the treatment needed or the sacrifice to be made. Furthermore, the diagnosis through divination is made by the consultation of oracles by traditional healers. The consultation of an oracle about a patient involves seed throwing, cowrie shells, and using wooden gongs to communicate with the oracle and the disease. After this, the traditional healer interprets or narrates what is wrong and tells the type of sacrifice to make. Sometimes, the oracles and the gods are appeased before the final treatment is given.

According to Stedman (1995), prognosis is a forecast of the outcome of a disease and the termination of a disease. The outcome of prognosis in traditional medicine is usually taken seriously by the patient. The patient's response to treatment is taken without a doubt because the patient believes the cause of the disease is known to him. Additionally, it influences the patient's attitude towards his demand for traditional medicine, which he believes in protecting or fortifying him against the evil forces which are reputed to have caused his ill health.

### **3. Theoretical Framework**

The theoretical frameworks employed in this study are Structural Functionalism Theory and Conflict Theory.

#### *3.1 Structural Functionalism Theory*

The structural functionalist theory, as you described, views society as a complex system with interconnected parts that perform various functions. These interdependent parts and functions contribute to society's overall survival and stability. The theory compares society to an organism, where different organs work together to benefit the whole. As mentioned, the leading proponents of structural functionalism include Auguste Comte, Herbert Spencer, Emile Durkheim, Robert Merton, Talcott Parsons, and others (Levy, 1968a). Each of these sociologists contributed to the development and refinement of the theory. When applying the structural functionalist theory to the relationship between orthodox and traditional healthcare, it becomes evident that both systems aim to provide healthcare and restore individuals to normal health. However, they often find themselves in conflict due to their differing doctrines and methods of operation.

Orthodox healthcare, typically practiced by medical professionals, and traditional healthcare, often associated with lay individuals, have different approaches and belief systems. It creates a dichotomy among consumers, who may struggle to determine which treatment method to choose for their illness. While orthodox and traditional healthcare is complementary, their relationship often remains in conflict or social disharmony. Both sick individuals and practitioners from both systems need to recognize the potential for compatibility and work towards a harmonious situation. It would allow them to collectively strive towards the shared goal of attaining healthcare for all. Indeed, the brain plays a crucial role in coordinating and controlling the entire body's functions. In the context of the functionalist theory, the brain can be seen as analogous to the social institutions or structures that regulate and coordinate the various functions within society.

According to the functionalist perspective, the primary goal of both orthodox and traditional healthcare systems is to provide healthcare to individuals and restore them to normal health. However, the illness is viewed as a disruption to the harmonious functioning of individuals and society, and the provision of healthcare aims to mitigate this threat and ensure the survival and well-being of the individual. From a functionalist standpoint, both orthodox and traditional healthcare practices are working harmoniously, albeit from different perspectives, toward restoring and maintaining normal health in individuals. They provide healthcare services to address the threats posed by illness and contribute to the overall well-being and survival of society.

Additionally, it is vital to indicate that the functionalist perspective emphasizes the interdependence and harmony of social structures; it may need to fully account for the complexities, conflicts, and power dynamics within healthcare systems. Other sociological theories, such as conflict theory or symbolic interactionism, offer alternative perspectives highlighting these aspects (Levy, 1968b). Overall, the functionalist perspective provides a

framework for understanding how healthcare systems, including orthodox and traditional approaches, contribute to maintaining and restoring health in society.

### 3.1.1 Conflict Theory

As mentioned, conflict theory is a sociological theory associated with scholars like Karl Marx, Ralf Dahrendorf, and Lewis Coser. This theory takes an axiological perspective, focusing on society's values and power dynamics (Bartos & Wehr, 2002a). According to conflict theory, society is characterized by inherent conflicts and struggles between different societies and within society itself. It argues that harmony and unity are not dominant features of any society. Instead, conflict theory posits that ongoing conflicts and power struggles between groups shape social structures and institutions. Within a society, conflict theory emphasizes the existence of social inequalities and divisions based on factors such as class, race, gender, and power. It suggests that these inequalities create tensions and conflicts between those who possess resources, privileges, and power (the "haves") and those who lack them (the "have nots"). This perpetual conflict between different social groups is shown as a potential threat to the stability and functioning of society. They also highlight the role of power in shaping social relationships and structures. It suggests that those who hold power often use it to maintain and reinforce their dominance over others. This power struggle can manifest in various forms, such as economic exploitation, political oppression, or social discrimination (Bartos & Wehr, 2002b).

Conflict theory would examine how power imbalances and inequalities influence access to healthcare resources and services in healthcare. It would analyze how different social groups, such as the wealthy and the marginalized, experience differing healthcare provisions and outcomes. Conflict theory would also explore how conflicts arise between healthcare professionals, policymakers, and patients over healthcare funding, resource allocation, and decision-making. By focusing on social conflicts, power dynamics, and inequalities, conflict theory provides a critical lens for understanding the functioning of society and the potential challenges it faces. It offers insights into how conflicts and power struggles shape social systems and can lead to social change.

## 4. Methodology

The research study utilized a survey method, explicitly employing a questionnaire as the primary data collection instrument. The survey method was chosen to study a sample drawn from the population rather than the entire population.

### 4.1 Reliability and Validity

Reliability in quantitative research refers to the consistency and stability of measurements. It is the extent to which a measurement tool or instrument produces consistent results when applied multiple times to the same sample or population under similar conditions. High reliability indicates that the measurement is dependable and free from random errors. Validity in quantitative research refers to the accuracy and appropriateness of the inferences and conclusions drawn from the measurements. It is the degree to which the instrument measures the construct or concept it intends to measure. High validity indicates that the measurement is

meaningful and reflects the underlying construct. Therefore, for reliability and validity in quantitative research, researchers can ensure the quality and accuracy of their measurements, thereby enhancing the credibility and robustness of their findings of the study (Carmines, 1979; DeVellis, 2017; Trochim & Donnelly, 2007; Cook & Beckman, 2006).

#### 4.1.1 Approval and Ethical Consideration

The study was conducted in Ibiaku Issiet community, and the University of Calabar approved the Institutional Review Board (IRB), allowing the researchers to conduct the research in this community. This approval indicates that the study underwent a thorough review process to ensure compliance with ethical standards. Informed consent was obtained from the participants, ensuring they received clear and comprehensive information about the study. The researchers took measures to ensure that the participants fully understood the study's purpose, procedures, potential risks, and benefits. Participants were informed regarding their right to withdraw from the study without facing any negative consequences. These steps demonstrate respect for participants' autonomy and ensure voluntary participation. Confidentiality was prioritized, and the researchers implemented measures to protect the privacy of participants' demographic information.

The collected data was used solely for research purposes and was not disclosed or utilized for other reasons. Upholding confidentiality maintains trust and upholds ethical principles related to privacy and data protection. It is essential to acknowledge that ethical considerations encompass various aspects beyond informed consent and confidentiality. Minimizing harm, ensuring fairness, and transparently reporting findings are additional ethical considerations contributing to the research's integrity and reliability. (APA, 2020)

#### 4.1.2 Sample Technique

The research utilized a probability sampling technique, specifically stratified random sampling. The hospital and the community members were divided into two groups based on gender, and respondents were randomly selected from each group. 150 questionnaires were administered to staff and stakeholders of Ibiaku Issiet hospital. The sample size was determined randomly, ensuring the representation of the entire population.

#### 4.2 Population Study

The study's target population comprised literate individuals of both sexes across various age groups. Random study techniques were employed, where pieces of paper with "yes" or "no" written on them were randomly picked by selected individuals in all units. The selected individuals were given questionnaires through which data for the study was obtained.

#### 4.3 Data Collection

The instrument used for the data collection was a questionnaire designed to gather information on the effects of traditional medical practices on the healthcare delivery system in the Ibiaku Issiet community. The questionnaire had two sections: Section A collected demographic data, while Section B contained core questions related to the research. The questions in the questionnaire included both closed-ended and open-ended formats. Data

analysis used the simple percentage method, Pearson product-moment correlation (PPMC), and chi-square ( $\chi^2$ ) distribution. The PPMC was used to calculate the relationship ( $r$ ) between variables, while the chi-square test was employed to determine the association between observed and expected frequencies. The formulas for the statistical methods used are presented in the provided description. The degree of Freedom (d/f) is another statistical parameter relevant to the chi-square test. However, the information provided does not mention the specific value of d/f.

## 5. Results

This chapter presents and analyzes the data obtained from 150 questionnaires. The researchers administered a total of 150 questionnaires to the respondents. However, the data collected from these questionnaires will be used to test the four hypotheses of the research. Data analysis will involve using statistical techniques such as the Pearson product-moment correlation coefficient and the chi-square ( $\chi^2$ ) distribution. These statistical methods will help determine the relationships between variables and test the hypotheses formulated in the study.

Table 1. Percentage Distribution of Respondent by Marital Status

Marital status	Number of Respondents	Percentage
Single	53	35.33
Married	67	44.67
Separated	12	8.00
Divorced	10	6.67
Widows/Widowers	8	5.33
Total	150	100.00

Table above shows that out of 150 respondents used, 35.33 % of the respondents were single, 44.67% of the respondents were married, 8.0% of the respondents were separated, 6.67% of the respondents were divorced and 5.33 % were widows and widowers.

Table 2. Percentage of respondents who verify the level of effectiveness between the traditional method of treatment and modern method of treatment

Responses	Male	Female	Percentage
More effective	72	36	72.00
Not effective	23	19	28.00
Total	95	55	100.00

Table 3. Percentage distribution of respondents who will still patronize traditional medical even though cost of modern drugs is reduces.

Responses	Male	Female	Percentage
Still patronize	60	40	66.67
Will patronize	35	15	66.6
Total	95	55	100.00

Table 4. Test of Hypotheses

Reason (Variables)				Obs.Per
Low cost of Traditional medicine	150	100	145	96.67
The ready Availability of herbs	150	100	127	84.76
The remedies have no sides effects	150	100	143	95.33
Prompt attendant by practitioners	150	100	125	83.33
Causes of illness is made known	150	100	137	91.33
Beliefs in evil Powers of Witches.	150	100	148	98.67

## 6. Discussion of Findings

The study's findings indicate a significant relationship between poverty and the level of usage of modern healthcare. It was observed that individuals living in rural areas face difficulties in accessing modern healthcare facilities due to their economic constraints. Several factors contribute to this situation. Firstly, poverty limits individuals' financial resources, making it hard for them to afford the costs associated with current healthcare services. These services often require payment for consultations, treatments, medications, and diagnostic tests, which can be expensive for impoverished individuals. Therefore, they may not be able to access the necessary medical care when needed.

Secondly, rural areas need more modern healthcare facilities which exacerbates the problem. Many rural regions need more healthcare infrastructure, with a scarcity of hospitals, clinics, and specialized medical professionals. This scarcity makes it challenging for individuals in rural areas to receive timely and appropriate healthcare services, even if they have the financial means to pay for them. Additionally, transportation and distance can pose significant barriers to accessing modern healthcare services in rural areas. Many impoverished individuals may need more reliable transportation or live far away from healthcare facilities. It can make it impractical or unaffordable for them to travel long distances to seek medical attention. The study highlights the strong relationship between poverty and limited access to modern healthcare services in rural areas. The findings suggest that addressing poverty and improving healthcare infrastructure in rural regions are crucial steps in ensuring equitable access to healthcare for all individuals, regardless of their socioeconomic status or geographic location.

The findings are supported by various scholars researching the relationship between poverty, utilization of modern healthcare, patronage of traditional medicine, poverty, and utilization of modern healthcare. Scholars such as Oku and Owumi (1996), Bannerman (1982), Ekanem (1978), Iwa (1983), and Sofowora (1996) have consistently found that poverty is prevalent among rural dwellers and significantly affects their utilization of modern healthcare services.

Patronage of traditional medicine: According to the study, 73.33% of the respondents agreed that they patronize traditional medicine more than modern medicine, while 26.27% did not. Of those patronizing traditional medicine, 63.33% were males, and 36.37% were females. Among those who did not patronize traditional medicine, 23.16% were males, and 32.72% were females.

The satisfaction derived from traditional medicine; the study found that 66.67% of both sexes admitted to receiving satisfaction from traditional medicine, while 33.33% did not. Effectiveness of traditional medicine compared to modern medicine. Regarding perceived effectiveness, 72.0% of both sexes admitted that traditional medicine is more effective in treating some diseases than modern medicine, while 28% did not agree.

Relationship between traditional medicine and low patronage of modern healthcare: The study used a chi-square ( $\chi^2$ ) test to establish a relationship between traditional medicine and low patronage of modern healthcare. The obtained correlation was positively skewed, with an  $\chi^2$  value of 1.604, less than the critical value of 5.991. Therefore, the null hypothesis ( $H_0$ ) was accepted, suggesting no relationship exists between the acceptability and utilization of modern healthcare in the Ibiaku-Issiet community.

Relationship between socio-cultural beliefs and low patronage of modern healthcare: A Pearson product-moment correlation coefficient analysis showed a significant positive correlation between socio-cultural beliefs and the low patronage of modern healthcare facilities. The obtained correlation coefficient was 0.707, which exceeded the critical value, indicating a significant relationship. Therefore, the research hypothesis ( $H_0$ ) was rejected, and the alternative hypothesis ( $H_1$ ) was accepted. The factors encouraging patronage of traditional medicine; the respondents identified several factors that encourage the patronage of traditional medicine, including the ready availability of herbal remedies (10.67%), practitioners paying prompt attention to patients (15.33%), the cause of illness being made known to patients (9.33%), and the impact of poverty (21.33%).

Relationship between socio-economic status and patronage of traditional medicine: Using an  $\chi^2$  distribution, the study found a value of 1.35, less than the critical value of 3.841. Therefore, the research hypothesis ( $H_0$ ) was accepted, suggesting that the lower the socio-economic status of rural people, the less likely they are to patronize traditional medicine. Influence of socio-cultural beliefs on the patronage of traditional medicine: The study revealed that various socio-cultural beliefs influenced the patronage of traditional medicine, including beliefs in ancestral goods (78.67%), the effects of evil spirits (86.0%), the powers of witches (86.0%), possession of spirits (92.0%), black magic (89.33%), astronomical signs (75.33%), and misfortune (98.0%).

### *6.1 Limitation*

This study acknowledges its limitations and shortcomings. One of the limitations is the absence of a specific time frame for data collection. Instead, the study relied on prior knowledge of the traditional situation, which may not capture the full extent of changes over time; due to limited funding, the investigation could not delve deeply into the subject matter. Furthermore, interviews with local dwellers were conducted to gain insights and knowledge of traditional medicine practices to compensate for these limitations. However, a more comprehensive study with a larger sample size and a dedicated timeframe could provide a more in-depth understanding of the topic. The authors hope this study can serve as a starting point and inspire other researchers to conduct further research in the area or elsewhere in Nigeria. A more comprehensive investigation would contribute to a deeper understanding of



the factors influencing the utilization of traditional medicine and its impact on modern healthcare utilization.

## 7. Conclusion

The research has examined and analyzed the factors facilitating the continued patronage of traditional medicine at the expense of modern methods and its effect on the acceptability and utilization of modern healthcare facilities. It was noted, among other factors, that the cost of medical care could be a significant reason for the rural dwellers to choose traditional medicine or traditional method treatment, which is a lost chapter. Some ailments or illnesses with remedies already invented in modern medical care have also been treated with traditional remedies. Since the rural people usually attribute the cause of some illnesses to witchcraft, evil spirit, ancestral gods, etc., there is every probability that they will prefer to go to native doctors who seem to give them an assuring curing ability from the realm of reality. However, considering the prevailing socio-economic circumstances, the cultural Patten, and the people's wishes, trying to get rid of this cultural heritage will be useless as people do not abandon their cultural traditions quickly, and one should not expect them to.

### *7.1 Recommendation*

Based on the findings, legal recognition of traditional medicine is still widely patronized and recognized in Nigerian society. Therefore, it is necessary to grant legal recognition to traditional medicine as an official healthcare method. This recognition would acknowledge the importance of traditional medicine and its role in the healthcare system. Financing and Training Traditional medicine practitioners and clinics should receive financial support and undergo formal Training. It can involve a combination of apprenticeship and formal teaching to enhance their knowledge and skills. Additionally, medical laboratories should be established to facilitate the Training of both traditional medicine practitioners and orthodox doctors, as well as other paramedical professionals, in certain aspects of each type of medicine. Regulation and Registration To combat the illegal sale of ineffective herbal drugs by quacks or peddlers, traditional medicine practitioners should register their premises or clinics under their names. This registration process would ensure that only qualified practitioners provide traditional medical services. The government should encourage research to validate the efficacy of specific medicinal plants and their therapeutic purposes. Studying and scrutinizing traditional medical practices to meet international standards is essential. These can lead to the development of evidence-based guidelines and protocols for traditional medicine.

Integration and awareness of traditional healthcare should be harmonized with modern healthcare methods. It would allow the Nigerian population to consult traditional medicine practitioners or orthodox doctors. Public awareness campaigns should educate people about the complementary nature of modern and traditional medicine, emphasizing that modern medicine does not seek to eradicate the values and beliefs associated with traditional medicine. Examples from other countries, such as China, South Korea, and India, can be highlighted to demonstrate the successful integration and synthesis of traditional and modern medical practices and the use of Local Medicine Products. The government should promote

using locally sourced medicine products as an alternative approach to treating prevalent diseases in Nigeria. It can contribute to developing a sustainable healthcare system and encourage the utilization of the country's natural resources for healthcare purposes. By implementing these policy implications, Nigeria can better utilize the potential of traditional medicine while ensuring its integration into the modern healthcare system.

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