WILLINGNESS TO UTILIZE TRADITIONAL HEALCARE: A QUALITATIVE INQUIRY OF RURAL INHABITANTS IN EGBEJILA

AHMED, A. O. 1* – ASMAWI, I. M. 2 – TOKEDE, A. M. 1 – NOSIRU, M. O. 1 – BANJO, A. A. 1 – BOLAJI, K. A. 1 – ADEBAYO, D. O. 1

¹ Department of Forestry Economics and Extension, Forestry Research Institute of Nigeria, Oya State, Nigeria.

² Faculty of Applied Social Science, Universiti Sultan Zainal Abidin Terengganu, Terengganu, Malaysia.

*Corresponding author e-mail: ahmadsquare8[at]gmail.com

(Received 05th March 2024; revised 03rd June 2024; accepted 10th June 2024)

Abstract. Good health is an essential element for good spirits and sustainable living. In the realms of the healthcare system in almost all countries of the globe plus Nigeria, traditional healthcare practices are an important source of survival for many people. It has been sustaining humanity ahead of the development and influence of modern forms of medical practice across diverse cultures and peoples. Reports have shown that rural inhabitants in Ilorin less city exhibited high conviction in traditional healthcare; thereby seeking solutions to their medical challenges in this particular healthcare service. This study, therefore, was designed to provide acumen on the willingness to utilize traditional healthcare among rural inhabitants in Egbejila. Egbejila, a rural community was purposely selected based on the prevalence of traditional healthcare practice. The study adopted qualitative research design. The study adopted a purposive sampling procedure for the selection of inhabitants. The data collection instrument used was a scheduled interview. A total of fifteen (15) inhabitants were selected. Data were analyzed using QSR N-Vivo software. The major findings from the study suggest that inhabitants' willingness to utilize traditional healthcare are therefore instigated by socio-cultural factors to seek treatment, remedy and solutions to their health challenges and predicaments in this particular healthcare service.

Keywords: health, rural inhabitants, traditional healthcare, willingness, Ilorin

Introduction

Health is a basic human need. Health is the greatest asset of human existence, happiness and precision of purpose, without which nothing else seems possible. Around the world, people's health and well-being seem to be of utmost importance to the governments of many countries. It is no wonder that healthy people are those who can sustain the life of humanity and are very important for development, positive development and wealth creation in society (Akanle et al., 2017; Adefolaju, 2011). For ages, maintaining and sustaining good health along with managing variants of health challenges of people has been the course of action of traditional healthcare in almost all countries of the world, including Nigeria. Agama and Onyeakazi (2021), Haque et al. (2018), as well as Kwame (2016) mentioned that ahead of the development and influence of the modern healthcare system, traditional medical practice has been the forerunner in serving the people across many cultures in terms of guaranteeing their good health and also having a better living in the society. Declarations by the World Health Organization (WHO) revealed that in the world, the population analysis that reckons with conventional healthcare for their healthcare needs is on the increase.

Veritably, almost eighty per cent of the indisposed population in growing up countries like Nigeria sought their primary healthcare needs in traditional healthcare practice. This means that two out of every three people in the world go for traditional healthcare for their basic healthcare needs (WHO, 2019; 2013). According to the WHO (2008; 2003), traditional healthcare is defined as health practices, approaches, knowledge and beliefs, including herbal, animal and mineral medicine, spiritual healing methods, manual techniques and exercises, applied singularly or in combination to determine the type of disease, treat and prevent disease or maintain well-being. Traditional healthcare is a faith-based form of healthcare whose primary goal is not only to strengthen a person physically, but also to integrate that person into a harmonious relationship with the universe and the environment comprising social, spiritual and material (Adefolaju, 2011). In addition, the Centre for the Study of Religion and Culture coined the term traditional healthcare to refer to alternative or unorthodox therapies, often involving the unorthodox use of herbs. Most people consult herbalists also christened by various names such as healers, priests, medicine men and mediators when looking for solutions for various ill health, malady and predicaments.

The increase in the level of patronage of traditional healthcare worldwide in the past few decades has been attributed to its accessibility, affordability, affordability and effectiveness of care and treatment among others (Kwame, 2016). Meanwhile Ajayi et al. (2019) highlighted that traditional healthcare has been a prime focus focused by the majority of the population as an alternative provider of healthcare services in Nigeria. Therefore, countries around the world such as India, China, the Republic of Korea and South Africa have integrated traditional medicine into their healthcare system (Kwame, 2016; Adefolaju, 2011; Ofosu-Amaah, 2005). In Ilorin-less city, traditional healthcare beliefs and practices have far-reaching effects on the inhabitants. A cursory look at what engenders this mode of healthcare practice in the community revealed historical antecedents. That is because; preceding the arrival of Islam and Christianity, inhabitants in this rural community are mostly traditional believers. Such can broadly explain why traditional healthcare practice is dominant in this locality. Though in the present time, Muslim adherents dominate most inhabitants still, traditional healing makes up the elemental healthcare systems of the people.

Materials and Methods

This study was conducted in one of the rural areas in Nigeria. Rural inhabitants that form the key informants of this study were selected from Egbejila; a rural community situated in Kwara State. Nationally, the state is surrounded by many states viz: Kogi, Oyo, Niger, Ondo and Osun states in the east, west, north and south respectively. While internationally, it is bordered by the Republic of Benin (*Figure 1*). The state sits on a land mass covering approximately 35,705 Km² [13,947.27 square miles] and is positioned amid latitude 80 30'N and longitude 50 00'E (National Bureau of Statistics, 2010). The state has 16 local government areas with its headquarters in Ilorin and an estimated population of about two million based on the 2006 census (National Population Commission, 2010). The Egbejila community is situated along Lagos/Ibadan Express Road, has its inhabitants to be major Muslims and Christian with few traditional adherents. In general, the two major climate seasons usually experienced in the State include the dry and rainy seasons. In terms of cultural affiliation, the Egbejila

people are Yoruba sharing the same cultural attributes, aspects and elements with their counterparts in the western part of Nigeria.

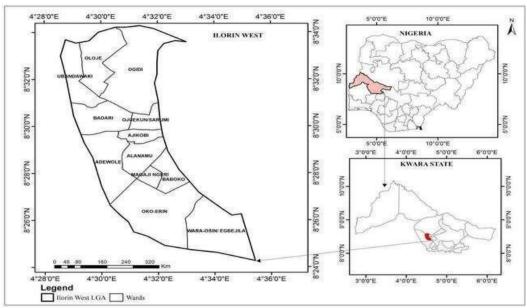


Figure 1. Map of Ilorin West Local Government Area showing the study area.

Source: Mustapha et al. (2016)

In this study, a qualitative research technique was adopted to obtain primary data. Using a purposive sampling procedure, the key informants were selected. The drawn key informants were rural inhabitants who are natives of Egbejila, an Ilorin-less city. A total of fifteen (15) informants were purposely selected. The inclusion criteria were rural inhabitants selected were those who had used any form of traditional healthcare and/or had accessed the services of traditional healthcare practitioners in the last twelve months before the interview and attained the statutory age of eighteen years and above in the community. In order to gather the needed information for this study, scheduled interviews were conducted with the rural inhabitants in the language they most understood, that is Yoruba, a local dialect. The recorded interviews were transcribed into Microsoft Word and hereafter analyzed using a qualitative data analysis software package called QSR N-Vivo software.

Results and Discussion

The findings generally recount the driving forces or pulling factors that are encouraging the rural inhabitants to use the traditional healthcare system. The rural inhabitants expound their thoughts on what informed their utilisation of this form of healthcare system. Expressing their views during the interview, rural inhabitants gave reasons for preferring traditional healthcare. The responses given on rationale for or reasons for preferring traditional healthcare are based on the following ample themes: firm cultural beliefs and identities; affordability, accessibility and availability; holistic and natural factors; health peculiarity and therapeutic effectiveness; friendly attitude and mode of approach; unambiguous quality; nasty ordeal encountered in orthodox medicine and proximity and acclamation (*Table 1*).

Table 1. Socio-demographic profile of the Informants.

Informant	Specialization/Description	Gender	Yrs. of
			experience/Locality
I 1	A regular traditional healthcare-seeker	Male	Egbejila
I 2	A regular traditional medicine-user	Female	Egbejila
I 3	A regular traditional healthcare-seeker	Female	Egbejila
I 4	Had visited traditional healthcare practitioner	Male	Neighbourhood
I 5	A regular Muslim traditional healthcare-seeker	Female	Egbejila
I 6	A long-time follower of Tewe-tegbo healthcare practice	Male	Egbejila
I 7	A bona fide traditional medicine-user	Male	Egbejila
I 8	A long-time user of traditional medicine	Male	Egbejila
19	She frequently visits the traditional healthcare practitioner	Female	Egbejila
I 10	A regular traditional healthcare-seeker	Male	Egbejila
I 11	He often uses traditional medicine	Male	Egbejila
I 12	Has visited traditional healthcare practitioner	Female	Egbejila
I 13	An adherent of traditional healthcare	Male	Egbejila
I 14	She often seeks traditional healthcare	Female	Egbejila
I 15	A long-time follower of traditional healthcare practice	Female	Odore

Film cultural beliefs and identities

The personal convictions individuals hold about traditional healthcare were closely related to their cultural beliefs background. In the current study, it was noticed that the majority of inhabitants' personal perception interfaces with their cultural beliefs in the utilisation of traditional healthcare, the inhabitants pointed out that traditional healthcare concur with their distinctive healthcare belief understanding. To many of the rural inhabitants who mentioned individual convictions, they were inclined to utilise traditional healthcare as it is in consonants with their traditions, belief system and cultural values. To them, it goes hand in hand with their spiritual beliefs and religious affinity. An aged inhabitant put forward by what means traditional beliefs influenced his decision to hold fast with traditional healthcare:

I have the strong belief that chronic ailments are to a greater extent taken to traditional practitioners if truly you desire better results and satisfactory solutions. You know why I said this; I am a living testimony; I was healed of my chronic ulcer after I sought the intervention of herbal mixture even though before then I have bought and taken many biomedicines for many years with no effect.

Another inhabitant, an old woman also said:

We grow old into using herbal therapy; it has been part and parcel of our cultural and milieu. Don't you even know that the leaves we consume as food are also medicines, what do we expect of us to take as drugs for ailment? We have an optimistic belief in traditional treatment as a remedy for our illness.

Again, the inhabitants' conviction and steadfastness to utilise traditional healthcare lay blare judging by the plausibility and satisfactoriness this form of healthcare system has delivered. They hold onto traditional healthcare because they were gladdened and convinced by the services gotten from the traditional healthcare practitioners. The rural inhabitants expressed their self-fulfilment in good dealings and treatment they usually receive from traditional healthcare. A female inhabitant stated:

Since I started child bearing, I normally go to a traditional healthcare centre in the nearby community. Because over time, the Iya Abiyes (traditional midwives) have

been found to be well-versed in taking delivery and they will affectionately take good care of you. I have had experience in the hospital, where some western practitioners will treat would-be mothers rudely and badly as if it is a sin or crime to get pregnant in the first instance.

In some situations, they hold onto traditional healthcare because of the plausibility and satisfactoriness this form of healthcare system has delivered. A middle age man said:

You can expect me to use orthodox medicines to treat pile or impotency, because all this while I can't fathom their effectiveness. I will rather use 'confirmed' herbal therapy for me to get the desired result.

To many of the community inhabitants who mentioned individual convictions, they were inclined to utilise traditional healthcare as it is in consonants with their traditions, 105 belief system and cultural values. Patients participating in previous studies (Asfaw Erku and Basazn Mekuria, 2016; Stanifer et al., 2015; Scott et al., 2014; Otang et al., 2013; Jombo et al., 2010; Amira and Okubadejo, 2007) also acknowledge that traditional healthcare align with their sociocultural and spiritual values in the management of health challenges. A greater percentage of them are positively attracted to this healthcare mode because of such reasons (*Figure 2*).

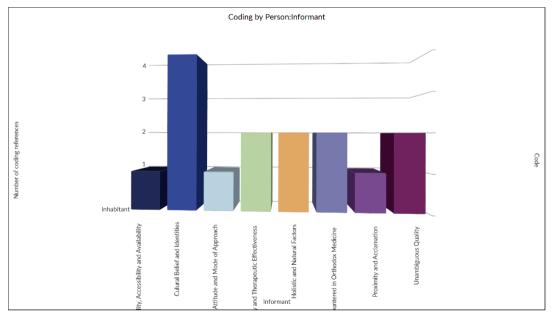


Figure 2. Rationale for traditional healthcare utilization.

Affordability, accessibility and availability

The study generally found that many of the inhabitants have recourse to the usage of traditional therapy and treatment by virtue of its affordability, accessibility and availability. For the rural inhabitants who will have utilised biomedical centres for healthcare, high cost of biomedicine drugs and costly treatment in the hospital were major constraints for them, with the result they resort to traditional healthcare who reside within the community. Majority of the rural inhabitants attributed the use of

traditional healthcare to the fact that it is not only cheap and affordable but it can be easily obtained. In other respects, the resources for herbal therapy are within their environment which they can utilise at one's convenience beyond stress. Inhabitants provided instances on this aspect. A man who often used traditional healthcare asserted that:

To me, I always use herbal medicine to cater for my health needs most because its treatment and medicines are not costly. I can't afford to go to the hospital; the cost of treatment over there is too expensive.

In other respects, the resources for herbal therapy are within their environment which they can utilise at one's convenience beyond stress. The following notions from an inhabitant confirm this claim:

How do you expect me to incur a huge amount of money to buy western medicine or get treated in a hospital while I will pay a lower amount to get the same treatment or medicine in traditional healthcare? Besides, herbal medicine is very effective and it is close-at-hand. I don't need to incur any transport fare to get it.

Majority of the community inhabitants attributed the usability of this form of healthcare to the reality of being cheap and affordable along with being easily obtainable. In other respects, the resources for herbal therapy are within their environment which they can utilise at one's convenience beyond stress. This concurs with the findings of Abodunrin et al. (2011) which show 67.7% of the total prevalence of traditional medicine use in north central Nigeria was due to its affordability and convenience.

Holistic and natural factors

The aggregate healing manner of herbal medicines was a major factor in the utilisation of the healthcare system. Inhabitants explained that traditional treatment takes a comprehensive healthcare approach in dealing with illnesses and ailments. An analogy was put forward as that traditional treatment gets hold of illness from the root in restoring the human system to normalcy contrary to the orthodox medicine that takes a superficial approach. That is to say, traditional healthcare does deal with precise symptoms only but it takes a turn to get the human body system rid of illness, filthy substances and so on. It is capable of treating as many diseases as possible at the same time. An inhabitant who has reverence for traditional medicine said:

I cherished traditional medicine in that when used, it takes adequate care of the whole human system. It has what it takes to cure and manage many illnesses all at once. Unlike the orthodox medicine that takes a scratch on the surface approach.

Added to this, the herbal therapies are devoid of any chemical preservatives that are injurious and have adverse effects on human health. Inhabitants are convinced that herbal medicines or therapy are safe and have no or little adverse effects because they are natural. Establishing their convictions in the ingenuity and inartificial of herbal medicines or natural plants that they are void of chemicals that detrimental to man's health, an inhabitant stated:

You see, I use herbal medicines because they are natural. They are devoid of chemicals and injurious preservatives compared to orthodox medicines that are conserved with health and life-threatening chemicals. Some of these orthodox medicines can, for example, cause cancer and man impotency.

That is to say, traditional healthcare does not deal with precise symptoms only but it takes a turn to get the human body system rid of illness, filthy substances and so on. Also, it could be rightly said that, the community inhabitants are inclined to utilize traditional medicine because it has what it takes to conquer a myriad of illnesses concurrently. This is supported by the research conducted by previous studies among are Aziato and Antwi (2016), Nyeko et al. (2016), Adeyeye et al. (2011), Nxumalo et al. (2011), as well as Jombo et al. (2010) who also found similar contributing factor in utilizing among the participants in their studies.

Health peculiarity and therapeutic effectiveness

In some instances, the utilisation of traditional healthcare is prompted by overall health peculiarity and status. It was observed that many were motivated to use traditional healthcare on the ground its treatment mostly and suitably alleviates their ailments which in many instances have defied orthodox medicines or treatment. Inhabitants expounded how their health peculiarity and the effectiveness of traditional healthcare arouse them to use it:

Let me tell you, our neighbour's son who was suffering from epilepsy (warapa) was completely healed at the intervention of traditional healthcare with no more shame and no more embarrassment. We should not deceive ourselves this and many other spiritual illnesses and ailments cannot be treated with orthodox medicine or taking care in the hospital effectively.

Another instance found in the study as a major factor in making the decision to use traditional treatment is nothing but the chronic conditions of some illness as well as the perceived severity of ailments. As thus a middle age inhabitant avows as follows:

I have trust and rest assured in the effectiveness of traditional healthcare as a remedy to spiritual malady such as infant death (abiku), nightmare problem (alakala), barrenness (airi-omo-bi). If you have upright beliefs on its healing powers it never fails going by my experience for many years.

It was observed that many were motivated to use traditional healthcare on the ground its treatment mostly and suitably alleviates their ailments which in many instances have defied orthodox medicines or treatment. This finding is in line with the outcome of Otang et al. (2011) which examines the perceived benefits and therapeutic effectiveness of traditional medicine on HIV/AIDS patients in the Eastern Cape, South Africa.

Friendly attitude and mode of approach

The interviewees made mention of the friendly attitude and approach of good human relation they earn from traditional healthcare practitioners. This assertion was brought

forward to justify that the traditional practitioners deal courteously and warm heartedly with their patients. They share their feelings. This may not be unconnected with the fact these practitioners share neighbourhoods with rural inhabitants cum patients. Understandably, their doings and dealings with patients are close relation oriented. Instances of showing empathy and understanding of the traditional practitioners to patients were shared by the inhabitants in the community. An inhabitant recount:

I always visit traditional healthcare homes at the time of given birth. Over there the traditional childbirth attendant usually attends to me in an intimate manner and well enough. Besides, I will just be given an herbal mixture and before you realise it the baby is beside you. I can't withstand performing a Caesarean Section on me in the hospital if the situation went awry in the process of giving birth.

The above assertion was brought forward to justify that the traditional practitioners deal courteously and warm heartedly with their patients. They share their feelings. This may not be unconnected with the fact these practitioners share neighbourhoods with community inhabitants cum patients. This just concur with what Nyeko et al. (2016), Abodunrin et al. (2011) and Otang et al. (2011) also reported in their findings on the amicably relationship that usually transpired between the traditional practitioners and their patients.

Unambiguous quality

Inhabitants' narrations and the experience they have come across among other individuals, suggest that traditional healthcare and therapies work best for spiritual predicaments and chronic ailments. Inhabitants are optimistic in the efficacy and potency of traditional healthcare in managing protracted illnesses and spiritual coated malady. Categorically, they had spoken of ulcer, impotency, mental disorder, nightmare problem and diabetes. They also cited diseases like kidney disease, diabetes, cardiovascular disease, hypertension and sexually transmitted diseases kidney disease:

When my grandmother was diagnosed with ulcer a long time ago, she took various biomedicine drugs to no effect as she still complains of pain. She eventually sought herbal therapy, now she experiences no more pain and the ulcer has been healed.

A distinct expression was also given by an inhabitant, who stated that:

I have witnessed the healing power of traditional healthcare in restoring the sanity of many mentally derailed individuals that were brought to Ile-Alado [referring to the mental healing centre] here in this community. I am aware that many of these people have been previously taken to several psychiatric hospitals but to no avail.

Participants are optimistic in the efficacy and potency of traditional healthcare in managing protracted illnesses and spiritual coated malady. This may have been the reason why majority of the patients with HIV/AIDS in Ghana (Gyasi et al., 2013), Uganda (Langlois-Klassen et al., 2008) and South Africa (Puoane et al., 2012) as well as patients with cancer in Nigeria (Asuzu et al., 2017) opted for traditional medicine and healthcare services in managing their variant chronic health challenges.

Nasty ordeal encountered in orthodox medicine

Coupled with the above, as narrated by the inhabitants was that, they pitch their tent with traditional healthcare for reasons of unpalatable and irksome behaviours they have come across from the orthodox healthcare practitioners. Inhabitants recap that there is nothing to write home about some ordeals they have been subjected to by a number of biomedicine physicians and/or nurses:

I am not at all comfortable with the conduct of those doctors and nurses. Most times they behave harshly towards you. Even so, you will pay huge bills. And besides how can I go to someone who cannot cure a predicament (spiritual) only allowing everything to fall apart and the condition deteriorate and before you could comprehend you are erstwhile?

Based on the above empirical and theoretical evidence, it is clear that community inhabitants in Egbejila, an Ilorin city, utilise traditional healthcare for their medical challenges because of some socio-cultural factors. The outcome of the findings of Jombo et al. (2010) buttresses the result of this present study. In the study, out of the 2075 participants, 49.7% utilized traditional healthcare for treatment of malaria. According to them, one of the major contributors for utilizing traditional healthcare is the slow pace of the orthodox healthcare service.

Proximity and acclamation

The findings of study also found that inhabitants' stance and willingness to utilise traditional healthcare was on the ground that the healthcare delivery is proximal. Many of the inhabitants turned to the use of traditional healthcare because the traditional healthcare practitioners are nearer to them and they hold them in high esteem by virtue of their integrity. Unlike the medical physicians who remotely live with the people, for this they are considered as outsiders.

We the people in the community acknowledged these traditional practitioners as they are reliable and trustworthy. We have strong belief in the potency of their medicines and treatments given. This justify as well that they are reliable.

In brief, from the findings of the study, it is crystal clear that inhabitants' eagerness to utilise traditional healthcare in order to ameliorate medical challenges are therefore driven and steered by socio-cultural determinants and antecedents. These findings draw attention that many of the rural inhabitants, who mentioned individual convictions, were inclined to utilise traditional healthcare as it is in consonants with their traditions, belief system and cultural values. Our finding is similar to the observation of Paul (2018) which noted that the traditional healing system among the Yoruba is still in existence for the main reason that almost all and sundry were highly dependent on it not only as a best-liked health system but also as a turning point of survival when health issues crop up. It is also glaring that the willingness of the inhabitants to seek solutions to their medical challenges in this particular healthcare service in the study area are also influenced by the satisfaction with services from health facilities and friendliness of practitioners.

For the rural inhabitants who will have utilised biomedical centres for healthcare, high cost of biomedicine drugs and costly treatment in the hospital were major constraints for them, with the result they resort to traditional healthcare who reside within the community. In a swot analysis on traditional medicine practice in Nigeria conducted by Ajala et al. (2019), the authors found that availability, accessibility, acceptability, affordability and perceived effectiveness of traditional medicine among others accounted for the upsurge use and survival healthcare among the majority of the populace. The result of the findings of Ajala et al. (2019) and Gyasi et al. (2016) also buttressed the result of this research finding. In the studies, the effectiveness of traditional healthcare systems to provide cure and remedy to array of bad health to which however the biomedicine lacks proficiency to such health imbroglio such as mental illness, epilepsy, bareness etc.

It is plausible to observe that traditional healthcare is sought after in that it reflects the proximity of its practitioners to the people in the rural settings. Juxtaposing the ratio of physicians to patients, the figure is about 1:16,400, while that of traditional practitioners, and stands at about 1:110. Most of the inhabitants turn to traditional healthcare service because of its low-cost treatments. For instance, a recommended orthodox malaria medicine goes for a marked price of ₹3000. This is out the reach of most rural inhabitants who are majorly characterised with low household incomes (Ajala et al., 2019; Borokini and Lawal, 2014). This is finding concur with findings of Adefolaju (2011) that traditional healthcare is perceived as an aggregate healthcare system that not only have several forms of therapies such as herbal medicine, homoeopathy, psychotherapy, massage, mud bath, hydrotherapy, and lot more but also in real sense rejuvenates the physical, emotional or spiritual malady in individual.

Conclusion

In summary, this study provides insight on various factors responsible for the willingness of the rural inhabitants to utilize traditional healthcare in Ilorin less city, Nigeria. The findings areas of concern found that firm cultural beliefs and identities; affordability, accessibility and availability; holistic and natural factors; health peculiarity and therapeutic effectiveness; friendly attitude and mode of approach; unambiguous quality; nasty ordeal encountered in orthodox medicine and proximity and acclamation. The truth needs to be told in view of the findings made that the utilization of traditional healthcare is gaining prominence among the inhabitants and a lion's share of the inhabitants had a preference for this healthcare but also utilize it, there is a need on the parts of government to fully and formally acknowledged and integrate traditional healthcare into the Nigeria formal health system. This entails creating a conducive and enabling atmosphere for the healthcare sector to thrive, stand tall and be standardized with a sincere sense of commitment toward achieving these.

Acknowledgement

The authors deeply appreciate all the informants for their cooperation to participate and share their experiences, encounters and knowledge in this research study; we would also like to extend our gratitude to Rodiya Ahmed and Anatu bnt Ahmed for their support and assistance in this project by JazakumuLlahu khoyron.

Conflict of interest

The authors declare that there is no conflict of interest concerning this paper.

REFERENCES

- [1] Abodunrin, O.L., Omojasola, T., Rojugbokan, O.O. (2011): Utilization of alternative medical services by people of a north central city of Nigeria. East African Journal of Public Health 8(2): 88-92.
- [2] Adeyeye, O.O., Onadeko, B.O., Ogunleye, O., Bamisile, R.T., Olubusi, A. (2011): The use of complementary and alternative medicine by asthma patients receiving care in an urban tertiary centre in Nigeria. Int. J. Biol. Med. Res. 2(4): 1026-1030.
- [3] Adefolaju, T. (2011): The dynamics and changing structure of traditional healing system in Nigeria. International Journal of Health Research 4(2): 99-106.
- [4] Agama, C.S., Onyeakazi, J.C. (2021): Traditional medicine in the face of new era: a better safeguard for the progression of healthcare claim in Igbo-African World. In Proceedings of the International Conference of the Association for the Promotion of African Studies on African Ideologies and Innovative Trends and Advances: Honouring the Past and Shaping the Future 12p.
- [5] Ajala, A.O., Kolawole, A.E., Adefolaju, T., Owolabi, A.O., Ajiboye, B.O., Adeyonu, A.G., Akangbe, J.A., Obaniyi, K.S., Adebimpe, A.T., Adeniyi, V.A. (2019): Traditional medicine practices in Nigeria: a swot analysis. International Journal of Mechanical Engineering and Technology (IJMET) 10(2): 117-126.
- [6] Ajayi, N., Maria, G.K., Mavole, J. (2019): Traditional Healing Practices and Holistic Health: The Implication for Christian Families in South West Region of Nigeria. Journal of Family Medicine and Health Care 5(4): 50-58.
- [7] Akanle, O., Adesina, J.O., Adesokan, O.A. (2017): Trado-modern medicine and growth in Nigeria: consequences of innovative processes' adoption. IFE PsychologIA: An International Journal 25(2): 66-96.
- [8] Amira, O.C., Okubadejo, N.U. (2007): Frequency of complementary and alternative medicine utilization in hypertensive patients attending an urban tertiary care centre in Nigeria. BMC Complementary and Alternative Medicine 7: 1-5.
- [9] Asfaw Erku, D., Basazn Mekuria, A. (2016): Prevalence and correlates of complementary and alternative medicine use among hypertensive patients in Gondar town, Ethiopia. Evidence-Based Complementary and Alternative Medicine 8p.
- [10] Asuzu, C.C., Elumelu-Kupoluyi, T., Asuzu, M.C., Campbell, O.B., Akin-Odanye, E.O., Lounsbury, D. (2017): A pilot study of cancer patients' use of traditional healers in the Radiotherapy Department, University College Hospital, Ibadan, Nigeria. Psycho-Oncology 26(3): 369-376.
- [11] Aziato, L., Antwi, H.O. (2016): Facilitators and barriers of herbal medicine use in Accra, Ghana: an inductive exploratory study. BMC Complementary and Alternative Medicine 16: 1-9.
- [12] Borokini, T.I., Lawal, I.O. (2014): Traditional medicine practices among the Yoruba people of Nigeria: A historical perspective. Journal of Medicinal Plants Studies 2(6): 20-33.
- [13] Gyasi, R.M., Asante, F., Abass, K., Yeboah, J.Y., Adu-Gyamfi, S., Amoah, P.A. (2016): Do health beliefs explain traditional medical therapies utilisation? Evidence from Ghana. Cogent Social Sciences 2(1): 14p.
- [14] Gyasi, R.M., Tagoe-Darko, E., Mensah, C.M. (2013): Use of traditional medicine by HIV/AIDS patients in Kumasi Metropolis, Ghana: a cross-sectional survey. American International Journal of Contemporary Research 3(4): 117-129.

- [15] Haque, M.I., Chowdhury, A.A., Shahjahan, M., Harun, M.G.D. (2018): Traditional healing practices in rural Bangladesh: a qualitative investigation. BMC Complementary and Alternative Medicine 18: 1-15.
- [16] Jombo, G.T.A., Mbaawuaga, E.M., Denen, A.P., Dauda, A.M., Eyong, K.I., Akosu, J.T., Etukumana, E.A. (2010): Utilization of traditional healers for treatment of malaria among female residents in Makurdi city and its environs. Asian Pacific Journal of Tropical Medicine 3(7): 563-566.
- [17] Kwame, A. (2016): Traditional medicine and healing among the Dagomba of Ghana. UiT Norges Arktiske Universitet 136p.
- [18] Langlois-Klassen, D., Kipp, W., Rubaale, T. (2008): Who's talking? Communication between health providers and HIV-infected adults related to herbal medicine for AIDS treatment in western Uganda. Social Science & Medicine 67(1): 165-176.
- [19] Mustapha, O.O., Akintunde, O.S., Alaga, A.T., Badru, R.A., Ogbole, J.O., Samuel, P., Samuel, S. (2016): Spatial distribution of primary schools in Ilorin West local government area, Kwara State, Nigeria. Journal of Scientific Research and Reports 9(6): 1-10.
- [20] National Bureau of Statistics (2010): Nigeria poverty profile report 2010. NBS Office, Abuja, Nigeria 31p.
- [21] National Population Commission (2010): Countdown Strategy: 2010-2015. National Population Commission, Abuja 76p.
- [22] Nyeko, R., Tumwesigye, N.M., Halage, A.A. (2016): Prevalence and factors associated with use of herbal medicines during pregnancy among women attending postnatal clinics in Gulu district, Northern Uganda. BMC Pregnancy and Childbirth 16: 1-12.
- [23] Nxumalo, N., Alaba, O., Harris, B., Chersich, M., Goudge, J. (2011): Utilization of traditional healers in South Africa and costs to patients: findings from a national household survey. Journal of Public Health Policy 32: S124-S136.
- [24] Ofosu-Amaah, S. (2005): Health and Disease in Ghana: The Origins of Disease and the Future of our Health. Ghana Academy of Arts and Sciences 260p.
- [25] Otang, W.M., Grierson, D.S., Ndip, R.N. (2011): Prevalence, perceived benefits and effectiveness of herbal medicine in the management of symptoms of opportunistic fungal infections in HIV/AIDS patients in the Eastern Cape, South Africa. African Journal of Biotechnology 10(83): 19458-19463.
- [26] Puoane, T.R., Hughes, G.D., Uwimana, J., Johnson, Q., Folk, W.R. (2012): Why HIV positive patients on antiretroviral treatment and/or cotrimoxazole prophylaxis use traditional medicine: perceptions of health workers, traditional healers and patients: a study in two provinces of South Africa. African Journal of Traditional, Complementary and Alternative Medicines 9(4): 495-502.
- [27] Paul, I.A. (2018): The survival of the Yorùbá healing systems in the modern Age. Yorùbá Studies Review 2(2): 1-21.
- [28] Scott, K., McMahon, S., Yumkella, F., Diaz, T., George, A. (2014): Navigating multiple options and social relationships in plural health systems: a qualitative study exploring healthcare seeking for sick children in Sierra Leone. Health Policy and Planning 29(3): 292-301
- [29] Stanifer, J.W., Patel, U.D., Karia, F., Thielman, N., Maro, V., Shimbi, D., Kilaweh, H., Lazaro, M., Matemu, O., Omolo, J., Boyd, D. (2015): The determinants of traditional medicine use in northern Tanzania: a mixed-methods study. PloS One 10(4): 15p.
- [30] World Health Organization (WHO) (2019): Global Report on Traditional and Complementary Medicine 2019. WHO 228p.
- [31] World Health Organization (WHO) (2013): WHO traditional medicine strategy 2014-2023. WHO 78p.
- [32] World Health Organization (WHO) (2008): Traditional medicine. WHO 4p.
- [33] World Health Organization (WHO) (2003): World Health Organization traditional medicine strategy 2002-2005. WHO 74p.