EVOLUTION OF TRADITIONAL MEDICINE AND COMPARATIVE UTILIZATION AMONG CROSS RIVER STATE RURAL AND URBAN RESIDENTS IN NIGERIA

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Abstract
Traditional medicine continues to play an important role in health care delivery across Nigeria, particularly in rural communities where access to modern medical services remains limited. This study examined the comparative utilization of traditional medicine among rural and urban residents of Cross River State, Nigeria. Specifically, the study investigated the level of patronage of traditional medicine, the factors influencing its use, the most commonly utilized forms of treatment, and the proportion of users who experienced side effects. A cross-sectional descriptive research design was adopted. Data were collected from respondents through structured questionnaires covering socio-demographic characteristics, patterns of utilization of traditional and orthodox medicine, factors influencing usage, and experiences with side effects. Findings revealed that traditional medicine remains highly utilized among residents of Cross River State, with many respondents combining traditional remedies with orthodox drugs. Factors such as affordability, accessibility, cultural beliefs, perceived effectiveness, satisfaction with treatment outcomes, and poor access to modern health facilities contributed significantly to the continued use of traditional medicine. The study also found that malaria, body pains, stomach disorders, and cough were among the major ailments for which traditional remedies were frequently used. Although most users reported no serious adverse effects, the simultaneous use of herbal and orthodox medicines raises concerns regarding possible drug interactions and health complications. The study therefore recommends stronger government regulation, improved training for traditional healers, public enlightenment on safe herbal practices, and improved access to affordable orthodox health services.

Keywords: Traditional Medicine, Comparative Utilization, Rural Residents, Urban Residents, Nigeria.

1.1 Introduction

Traditional medicine remains one of the oldest and most widely practiced systems of health care in Nigeria and other African societies (Erinosho, 2006; WHO, 2008). Long before the introduction of orthodox medicine, indigenous communities depended on herbal preparations, spiritual healing, bone setting, traditional birth attendants, and other indigenous therapeutic approaches to manage illnesses and maintain wellbeing (Erinosho & Ayorinde, 1984; Osunwole, 1999). Despite advances in modern medicine, the use of traditional medicine continues to expand among both rural and urban populations (Oyebode et al., 2016).

Traditional medical practices vary across ethnic and cultural groups and are usually influenced by belief systems, customs, and local knowledge passed down from one generation to another (Schaefer, 2001; Erinosho, 2006). In many African countries, a large percentage of the population still depends on traditional medicine for primary health care services (WHO, 2008). Reports by the World Health Organization indicate that even in developed countries, a considerable proportion of the population uses some form of complementary or alternative medicine (WHO, 2008).

The increasing use of traditional medicine in Nigeria has generated growing academic and policy interest (Mustapha et al., 2016; Ogunsola & Egbewale, 2018). While many people consider herbal remedies affordable, accessible, and culturally acceptable, others question their scientific validation, dosage standardization, and safety (Opoku et al., 2015; Achigbu & Achigbu, 2017).

1.2 Statement of the Problem

Nigeria continues to face serious challenges in providing accessible and affordable health care services to its citizens, particularly in rural communities where health infrastructure is often inadequate (Ukachukwu, 2009; WHO, 2008). Public health facilities in many communities are poorly equipped, understaffed, and difficult to access, especially in rural areas (Erinosho, 2006).

As a result, many residents resort to traditional medicine either as an alternative or in combination with orthodox treatment (Ladele & Amosun, 2014; Ameade et al., 2018). The simultaneous use of herbal and orthodox medicines may produce dangerous pharmacological reactions, especially where there is no professional supervision (Ameade et al., 2018; Ogunsola & Egbewale, 2018). Cases of poisoning, overdose, and adverse side effects have also been associated with poorly prepared or adulterated herbal products (Achigbu & Achigbu, 2017).

In several communities in Cross River State, there is evidence that residents prefer traditional healers to formal health centres (Osuchukwu et al., 2017). However, empirical studies comparing the utilization of traditional medicine between rural and urban populations in the state remain limited (Osuchukwu et al., 2017).

1.3 Objectives of the Study

The study sought to:

1. Examine the level of utilization of traditional medicine among rural and urban residents of Cross River State.
2. Identify factors influencing the use of traditional medicine.
3. Determine the most commonly used forms of traditional and orthodox medicine.
4. Assess the proportion of users who have experienced side effects from traditional medicine.

2.0 Literature Review

2.1 Traditional Medical Practice in Nigeria

Nigeria is a culturally diverse society with multiple indigenous systems of healing. Traditional medicine has existed for centuries and continues to influence the health-seeking behaviour of many people (Erinosho, 2006; Erinosho & Ayorinde, 1988). Indigenous healers are commonly known by different names depending on ethnic background and local traditions. These practitioners include herbalists, spiritual healers, traditional birth attendants, bone setters, and traditional surgeons (Erinosho & Ayorinde, 1984; Erinosho, 2006).

Traditional healers often claim expertise in treating both physical and spiritual ailments. Herbalists rely mainly on medicinal plants such as roots, leaves, bark, seeds, and flowers. Some preparations also involve animal products and mineral substances. Remedies may be consumed orally, applied externally, soaked in water or alcohol, or mixed with local soap for bathing (Osunwole, 1999; Erinosho, 2006).

Faith-based healing also forms an important aspect of traditional medicine in Nigeria. Christian and Islamic healers frequently combine prayer, fasting, scriptural recitations, and spiritual rituals in their treatment methods (Erinosho, 2006). While some practitioners

specialize in particular illnesses such as infertility, fractures, mental illness, or hypertension, others claim the ability to treat all forms of disease (Erinosho & Ayorinde, 1984).

2.2 Traditional Birth Attendants and Bone Setters

Traditional birth attendants continue to play an important role in maternal health care, especially in rural communities. In many parts of Nigeria, a substantial proportion of births are still handled by traditional birth attendants due to poverty, limited access to hospitals, and cultural trust (Olowokere & Olajide, 2013; Ukachukwu, 2009).

Traditional bone setters are also highly patronized in many communities. They specialize in treating fractures and orthopedic injuries using indigenous methods. Many patients seek their services because they are considered cheaper and more accessible than orthopedic hospitals (Erinosho & Ayorinde, 1984; Erinosho, 2006).

2.3 Traditional Surgery and Indigenous Therapeutic Practices

Traditional surgical practices such as circumcision, tribal markings, uvulectomy, and treatment of whitlow remain common in some communities. Indigenous practitioners often believe these procedures prevent illness or improve wellbeing (Erinosho, 2006). Acupuncture and acupressure therapies are also gradually gaining acceptance in Nigeria as alternative forms of treatment (Eboh, 2000).

2.4 Challenges Associated with Traditional Medicine

Although traditional medicine is widely accepted, several challenges remain. Many herbal products are not scientifically tested, dosage levels are often uncertain, and regulatory supervision is weak (Mustapha et al., 2016; Achigbu & Achigbu, 2017). Unscrupulous dealers sometimes sell ineffective or harmful substances to unsuspecting consumers. Lack of standardization and proper monitoring therefore creates risks for public health (Opoku et al., 2015; Achigbu & Achigbu, 2017).

Despite these concerns, many people continue to patronize traditional medicine because they perceive it to be effective, culturally acceptable, affordable, and accessible (Gyasi, 2014; Ogunsola & Egbewale, 2018).

2.5 Traditional Medicine in Urban Centres

Urban centres in Nigeria are densely populated and characterized by complex social and economic activities. Although modern hospitals and pharmacies are more common in urban areas, traditional medicine still attracts considerable patronage (Bamidele et al., 2010; Mustapha et al., 2016).

Many urban residents seek traditional treatment for ailments such as malaria, infertility, fractures, spiritual attacks, and chronic diseases (Bamidele et al., 2010). Some traditional practitioners now operate clinics, laboratories, and consultation centres within major cities. Others advertise their products through radio, television, social media, and public markets (Mustapha et al., 2016).

Nevertheless, urban residents are generally more exposed to modern education and orthodox health care services. This exposure has contributed to mixed perceptions about traditional medicine. Some people view herbal remedies as unsafe, unscientific, or associated with superstition, while others continue to rely on them because of cultural attachment or dissatisfaction with hospital treatment (Mustapha et al., 2016; Bamidele et al., 2010).

Factors encouraging the use of traditional medicine in urban centres include poverty, high hospital bills, shortage of medical personnel, long waiting periods in hospitals, and perceived hostility from some health workers (Bamidele et al., 2010; Ogunsola & Egbewale, 2018).

2.6 Comparative Patronage of Traditional Medicine in Rural and Urban Areas

Traditional medicine tends to enjoy greater patronage in rural areas than in urban centres. This is largely because many rural communities lack adequate health infrastructure, trained medical personnel, and affordable modern health services (Ukachukwu, 2009; Ladele & Amosun, 2014).

Residents in rural communities often depend on herbal medicine for the treatment of malaria, diarrhea, stomach pain, cough, body aches, and reproductive health issues. Traditional healers are usually more accessible and trusted within these communities (Ladele & Amosun, 2014; Gyasi, 2014).

In contrast, urban residents have greater access to hospitals, pharmacies, laboratories, and specialist medical services. However, some urban dwellers still combine orthodox and traditional medicine in search of faster or more effective treatment outcomes (Ameade et al., 2018; Bamidele et al., 2010).

Several studies have shown that cultural beliefs, education, occupation, income level, and accessibility influence the choice between traditional and orthodox medicine (Gyasi, 2014; Ogunsola & Egbewale, 2018; Ladele & Amosun, 2014).

2.7 Theoretical Framework

2.7.1 Rational Choice Theory

The study adopted Rational Choice Theory as its theoretical foundation. The theory explains human behaviour based on individual decision-making processes. According to the theory, people make choices after considering available alternatives, expected benefits, and possible consequences (Schaefer, 2001; Okokon, 2010).

In relation to traditional medicine, individuals decide whether to use herbal or orthodox treatment based on factors such as affordability, accessibility, cultural beliefs, previous experiences, perceived effectiveness, and information available to them (Gyasi, 2014; Ogunsola & Egbewale, 2018).

Urban residents who are more exposed to modern medical information may prefer orthodox medicine, while rural residents who have stronger cultural attachment and limited access to hospitals may rely more on traditional healing practices (Ladele & Amosun, 2014; Bamidele et al., 2010). The theory therefore provides a useful explanation for variations in health-seeking behaviour among different populations (Okokon, 2010).

3.0 Methodology

The study adopted a cross-sectional descriptive research design, a design commonly used in studies examining health-seeking behaviour and traditional medicine utilization (Gyasi, 2014; Suswardany et al., 2017). Data were collected through a self-structured questionnaire covering socio-demographic characteristics, utilization patterns, influencing factors, and side-effect experiences. Reliability testing was conducted using Cronbach Alpha, consistent with established social and health science research procedures (Eboh, 2000).

4.0 Presentation of Findings

Level of Utilization of Traditional Medicine

The findings showed that a large proportion of respondents had used traditional medicine either alone or in combination with orthodox medicine. Many respondents reported occasional or regular use of herbal remedies.

Malaria, body pains, stomach ache, and cough were the most common ailments treated with traditional medicine. Popular herbal remedies included agbo, bitter leaf, and scent leaf. Orthodox drugs commonly used included paracetamol, coartem, and ibuprofen.

Most respondents stated that they had not experienced serious side effects from either traditional or orthodox medicines. However, the simultaneous use of both forms of treatment remains a concern because of potential adverse drug interactions.

Factors Influencing Utilization

The study identified several factors influencing the use of traditional medicine, including: Cultural beliefs and customs, Perceived effectiveness of herbal remedies, Affordability, Accessibility, Satisfaction with treatment outcomes, Faster relief from symptoms, and Limited access to health facilities. For orthodox medicine, factors such as professional competence, safety, and confidence in hospital treatment influenced utilization.

Socio-Demographic Factors

The study found significant relationships between traditional medicine utilization and variables such as age, ethnicity, educational level, and occupation. Religion and gender did not show significant relationships.

Younger and more educated respondents were more likely to use orthodox medicine, while respondents with stronger cultural attachment tended to rely more on traditional treatment.

5.0 Discussion of Findings

The findings demonstrate that traditional medicine remains an important component of health care delivery in Cross River State. This finding is consistent with previous studies that reported widespread utilization of traditional medicine across Nigeria and other developing countries (Oyebode et al., 2016; Osuchukwu et al., 2017).

Affordability and accessibility emerged as major reasons for patronage, corroborating findings by Ladele and Amosun (2014), Gyasi (2014), and Ogunsola and Egbewale (2018), who identified cost and availability as major determinants of herbal medicine use.

The persistence of traditional medicine use also reflects the influence of cultural beliefs and trust in indigenous healing systems, as reported by Bamidele et al. (2010) and Erinosho and Ayorinde (1984).

The combination of traditional and orthodox medicine observed among respondents supports the findings of Ameade et al. (2018), who reported concurrent use of herbal and orthodox medicines and warned about the possibility of adverse drug interactions and related health complications.

6.0 Conclusion

Traditional medicine continues to occupy an important position in the health care system of Cross River State. The study revealed that many residents, especially those in rural communities, rely heavily on traditional remedies either independently or alongside orthodox medicine.

Factors such as affordability, accessibility, cultural beliefs, and perceived effectiveness contribute significantly to the continued use of traditional medicine. However, the lack of regulation, standardization, and scientific validation of many herbal products presents serious health concerns.

There is therefore a need for stronger collaboration between traditional and orthodox health systems to ensure safer and more effective health care delivery.

7.0 Recommendations

1. Government should establish formal training programmes for traditional medicine practitioners to improve their knowledge and skills.

2. Herbal products should be properly tested, standardized, and regulated before being distributed to the public.
3. Traditional medicine practitioners should register their products with relevant regulatory agencies such as NAFDAC.
4. Public enlightenment campaigns should educate citizens on the dangers of combining herbal and orthodox medicines without professional supervision.
5. Government should improve access to affordable and well-equipped health facilities, especially in rural communities.
6. Traditional bone setters and other indigenous practitioners should be integrated into the broader health care system through professional collaboration and supervision.
7. Media organizations should support awareness campaigns promoting safe and regulated traditional medicine practices.

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