



# Theoretical overview and socio-cultural implications of urban dwellers patronage of trado-medical homes and services in Nigerian urban centres

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## Abstract

Global connectivity and developmental strides and the quest for human improvement as well as cultural behaviors of people is creating a concern for intellectual articulation. While Sociologists and Anthropologists alike look for a multi-cultural linkage for national and global development, as service provisions and acquisitions are being achieved at different areas. One of these is the increasing trado-medical centers in urban areas to meet or compliment orthodox medical services for good health. The problem of fake drugs, inactive or inefficient healing or curative strength of the orthodox services, high cost, and poor distribution, etc. has made the trado-medical services enjoy high patronage. This shows the viability of the different centers in a developing nation like Nigeria and which are especially being utilized by the urban dwellers for various reasons. This recently is becoming comparable with what exist in the rural areas. The paper discovered that irrespective of the social reconscientisation, education/enlightenment and campaign at various levels against the patronage of these centers, they seem to progressively succeed in their own right. Some major ailments are being handled successfully although without any scientific means. Therefore, the paper recommends amongst others the improved and regulated policy measure of these practitioners. They should be professionally registered and proper training or induction made with clear ethical codes and principles adopted for effective performance etc. not as alternative medicine, but complementary medicine to orthodox practices.

**Keywords:** Trado, Medical, Orthodox, Culture, Urban homes

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## 1. Introduction

Individuals living in urban centres in Nigeria as well as other areas across the globe always strive to be in a state of good health. These individuals rely on the belief that being in a state of good health, necessitates a normal functioning of the body system. The desire to choose good health and live as such is not only culturally determine but a result of socio-economic influence. Being healthy contributes to the normal functioning of the social system. For instance, in the urban centres in Nigeria like Aba, Umuahia, Calabar, Abakiliki, Lagos, Kano, Abuja, Enugu to name but a few, the urban dwellers differ in many ways. Some of the urban dwellers are males, teachers, business men, civil servants, politicians/public servants, etc., while others are females, nurses and vice versa. These individuals are able to perform their social roles effectively, if they are always in a state of good health. Undoubtedly, according to Ukachukwu (2009), people suffering from one disease or the other, may not have the capacity to function well in society. For example, a person suffering from acute malaria illness, may not have the capacity to perform his daily tasks effectively. Health here means the state of complete physical, mental and social well-being of an individual and not merely the absence of disease or infirmity (WHO, 1978 in Erinosh, 2006). Therefore, a healthy living can be complete when the cultural beliefs or way of life of the people are considered positively alongside other human variables that gives meaning to existence (Ojua, 2006).

One of the treatment avenues widely used in Nigeria is the traditional medicine (trado-medicine). This culturally dominated method covers a wide range of practices, which vary from one segment of society to the other. Amongst other probing needs is the fact that why the increased patronage despite acclaimed improvements in orthodox medical practices in society. Experts in traditional medicine are called the traditional healers. In some African countries for example, 80% of the population depends on traditional medicine, for primary health care services (Osoemoba, 1993; Ojua, 2006). In many developed countries 70% to 80% of the population, have used some form of alternative or complimentary medicine (WHO, 2008). This indicates that a greater percentage of the African population, use traditional medicine. Herbal treatments are acclaimed to be the most popular forms of treatment of health challenges and problems in humans; and are highly lucrative in the international market place (WHO, 2011).

This paper therefore dwells on the extent to which urban dwellers in Nigeria, patronize trado-medical outfits/homes in the urban centres. Suggestions will be proffered based on their levels of patronage of the trado-medical outfits/homes in the urban centres of the country. A brief comparative study of the use of trado-medical outfits in rural areas and urban areas, and between the orthodox and trado-medicines will also be made, as to draw very critical conclusions on the issues under discussion.

### 1.1. Conceptualization

Key terms will be operationally defined as used in this paper for proper contextualization from a medical Anthropological and Sociological perspective.

*Urban Dwellers:* Those people who live in the urban areas or centers with improved social amenities provided.

*Herbalists:* The people who specialize in using herbs like barks of trees to treat ailments. They also make use of enchantments, spells and other diabolical means for their therapy.

*Traditional Birth Attendants (TBAs):* These are the experts who specialize in child delivery services using native or traditional crude methods at homes.

*Trado-Medicine:* This is the totality of the use and application of knowledge and practices for the diagnosis, prevention and cure of identified illnesses whether physical, mental or social in any individual making use of natural herbs.

*Trado-Medical Homes:* These are shops or houses where traditional medicines and native herbal materials are kept, sold and services of the practitioners utilized by those in need respectively.

*Traditional Healer:* A traditional healer is one who has been or who is performing the act of providing services to heal the sick with herbs and other non orthodox or scientific implements like animal and mineral substances, vegetable leaves as well as oral or verbal incantations, spells and enchantments.

*Orthodox Medicine:* Western form of medicine used in treating ailments for the sick ones.

## 2. Methodology and discussion

### 2.1. Trado-medical practice in Nigeria: A descriptive analysis

Nigerian society is a multi-ethnic and culturally pluralistic society with diverse practices and practitioners to meet a qualitative livelihood, which health is very fundamental. Everyone in society desires a total healthy livelihood in order to purposefully contribute to the societal growth and development effectively (Ojua, 2006).

There are two categories of traditional healers in Nigeria and indeed African societies today – (indigenous native healers and the faith healers). The former have been a part of the Nigerian society from time immemorial, while the latter only began to play a vital role in the healing art about the middle of the 19<sup>th</sup> century (Erinosho, 2006). The indigenous native healers include the herbalists, traditional birth attendants (TBAs), traditional surgeons and the bone setters (Adesina, 2011). The indigenous native healers are called by different names in Nigeria and Africa depending on their roles being performed. They are called “Adahanse” in Yoruba, “Dibia” in Igbo, “Nye Dibio” in the Ekpeye ethnic group of Ahoada Local Government Area, Rivers State and Obo among Ora of Edo State etc. (Erinosho, 2006). Some of these healers are only diviners, while the others are experts in the use of medicinal herbs. The medicinal herbs include barks of tree, leaves, roots, etc. It has also been discovered from diverse literature review that these categories of health solution providers can claim expertise knowledge in almost every ailment.

Ojua (2006) see the trado-medical services in Nigeria and indeed African societies as a major source of emerging health hope to rural and urban dwellers due to the continuous falling orthodox medical practices and drugs efficacy. More people engage the services of these trado-medical practitioners initially as alternative sources, but recently as complimentary source (whether in urban or rural areas) to orthodox

medical practice. The belief system of the people who patronizes these categories of herbalists to a greater extent determines the speedy nature of its curative strength and efficacy as applied.

The faith healers comprises of both the Christian and Islamic faith healers with their sub-divisions or categorizations in operation. They rely heavily on their respective scriptures in their healing activities – the Christians on the Holy Bible and the Muslims on the Koran (Erinosho, 2006). Invariably, some of the practitioners are generalists, while the others are specialists. The generalists claim that they can treat various, in fact all disorders both physical (natural and supernatural) and psychological problems. The specialists restrict their healing work to specific disorders. For example, ailments like hypertension, fractures, mental illness, infertility etc. (Erinosho, 2006, Adesina, 2011). The traditional birth attendants (TBAs) and the bone setters are specialists in their own rights, while the herbalists are the generalists. The research also showed that some critical cases that have to do with physiotherapy are referred to traditional bone setters for intervention (Osunwole, 1991).

In view of the above, Tella (1986), Iwu (1986), in Adesina (2011), believe that herbalists use mainly herbs that is medicinal plants or parts of such plants – whole root, stem, leaves, stem bark, or root bark, flowers, fruits, seeds and sometimes animal parts. Also small whole animals like snail, snakes, chameleons, tortoise, lizards etc. are used. As a result, such herbal preparations may be offered in the form of:

*Powder, which could be swallowed or taken with pap (cold or hot) or any drink powder rubbed into cuts made on any part of the body with a sharp knife. Preparation soaked for sometimes in water or local gin, decanted as required before drinking, the materials could also be boiled in water, cooled and strained. Preparation pounded with native soap and used for bathing such "medicated" soaps are often used for skin diseases. Pastes pomades or condiments, in a medium of palm oil or shea butter or soap which is consumed by the patient. (Adesina, 2011)*

The herbalist cures mainly with plants, which he gathers fresh. The traditional birth attendants are mainly dominated by females in the Northern part of the country, while in other parts of the country, both males and females are involved. Between 60% – 85% of births delivered in Nigeria, especially in the rural areas are carried out by the traditional birth attendants (Adesina, 2011). However, with recent modernization and citing of health care facilities in the rural areas, the greater percentage of the pregnant women patronizes and deliver in these modern health facilities after attending ante-natal care.

## 2.2. Traditional surgery and health care provision

Traditional surgical operations are multi-varied in our society today, some of which includes, the cutting of tribal marks on the face and body, male and female circumcision, removal of whitlows, cutting of the uvula (Uvulectomy), etc. The cutting of the uvula is widely practiced in both rural and urban settings and their dwellers. It is believed that uvulectomy can protect the patient from various infections of the pharynx and the respiratory system (Adesina, 2011). Traditional surgeons in the Northern part of the Nigeria and West African societies are specialized in cutting off the upper end of the throat flap (epiglottis), for the treatment of many illnesses (Adesina, 2011). This is a clear indication that if adequate research is carried out in

traditional surgery, in the country, most of the traditional surgeons will become experts in their field. Training them adequately will also enhance their productivity, improve the medical and health status of people in society especially, African societies specifically.

Bone setters specialize in bone setting or orthopedic surgery. This refers to the art of pairing fractures and other orthopedic injuries. Adesina (2011) believes that they are capable of arresting the deterioration of gangrenous limbs that may lead to amputation. Interestingly they are capable of setting bones, that the orthopedic doctors could not treat. It is evident that most patients who have their legs or hands broken, as a result of accidents often have such legs or hands amputated in orthopedic hospitals. Across the globe in the various hospitals, cases of broken fractures that needs orthopedic attention are being amputated whether limbs, legs, hands, etc. especially in specialized hospitals.

Furthermore, in Nigeria today, there are trado-medical dealers usually more women and some men involved in buying and selling of plants, animals and insects and minerals used in making herbal preparations. The truth however, remains that most of these dealers are scrupulous in nature, as they often times sell herbs that are of no medicinal value to the unsuspecting public. Rather, they often times deceitfully mix different herbs and roots which when taken seem poisonous and results to death. A clear example was a landlord who bought some herbs in Onitsha (Onitsha is one of the thickly populated urban commercial centers in South-East zone of Nigeria – West Africa and still stand out as one of the largest commercial city. It was meant to cure stomachache. On arrival at home, one of his tenants was disturbed with stomach-ache, collected and drank some quantity along with his tenant/friend to help cure the ailment. The following morning, both of them were reported dead. It was then discovered that these supposed curative drugs were poisonous, rather than curative due to lack of control and supervision in production and administration.

Capturing a verbal interview discussion held with a very famous trado-medical practitioner, he clearly asserted as thus:

*The problem with our people (Nigerians and Africans) is that we don't value what we have. What we do is what have been handed over to us by our parents and grand parents to help man... can injection cure witchcraft? Can injection cure poison and other diabolical ailments...? All these are handled by we native doctors because God show us the way out..."* (This except is from an interview with Chief Michael Atuaka, a pronounced trado-medical healer in Ikom urban, Ikom Local Government Area of Cross River State).

Poverty has also been identified as a major reason for people's involvement in fake and adulterated herbal or orthodox drugs contributes to the above. Some of the dealers just sell it to make ends meet. They don't even consider the efficacy of the drugs before selling. This motivating factor is not restricted or limited to the trado-medicines only, even orthodox leaders engages in these evil acts and practices hence, destroying the future of others for personal gains (Ojua, 2006; Ukachukwu, 2009).

Acupuncture and acupressure therapies are also used in the Nigeria health care systems today. "ACU" means a needle and to "puncture" means to pierce specific points in the body. The acupressure therapy has its roots in India 5000 years back (Ojua, 2006; Ebo, 2000; Osemoebo, 1993). The theory into which

acupressure is based is that, the human body consists of five basic elements (Earth/Wood, water, fire, air and space) and these five elements are controlled by a non-changeable life battery which has been installed in our body from conception. This is otherwise known as bio-electricity. Pressure is to be applied to all the points (switches), on the two palms and soles only. The pressure on these points sends the currents to the corresponding organs and activates them (Ebo, 2000). These two therapies are increasingly being used in the contemporary developing societies, hence, make the different practitioners belief system look similar, but with the different approaches applied for fruitful results.

### 2.3. Implication for cultural and social/health development

Across the globe in contemporary societies today, the desire for improved cultural and social living is quite emphasized and cross cultural relationship encouraged. The reason and consequences of the patronage of the trado-medical services are quite glaring. The paper reveals that the inability of various governments to recognize, direct and control the usage and operations of these dimensions of health operators impinges on the development of the nation (Ojua, 2006; Eze et al., 2009).

Traditional medical practices are the reflection of the cultural behaviours of the people. People in the urban areas do patronize these outfits for various reasons and at different times in life, hence, getting different results just like the orthodox medical services. The implication is that strangely the result for each visitation informs another level or dimension of relationship. While it is true of some levels of its efficacy, the dosage, quality and nature of operation is still quite uncertain and uncoordinated. Their increased operationalisation shows some level of acceptability and recognition to meet health needs and challenges in society.

#### 2.3.1. Patronizing Trado-medical outfits in urban centres

In Nigeria there are many urban centres and these centers are thickly populated with different people from different, occupation and belief systems. Each person or group of persons strife rigorously to survive the challenging nature of society needs and problems. At least each state of the federation has an urban centre. Urban centres are mainly characterized by a larger mixed population of people with complex needs and responsibilities. This is because, some people migrate from the rural areas to the urban areas in search of greener pastures. Social amenities like pipe borne water, electricity, etc. are often provided in those areas. Awka, Enugu, Aba, Calabar, Lagos, Ibadan, Kano, Abakaliki, Abuja, etc. are some of the urban centres in Nigeria.

Some of these traditional healers have homes where they treat patients. Some even have laboratories where patients are screened and diseases diagnosed. A typical example is Dr. Walter who has a home in Abakaliki and Enugu cities respectively where proper consultation and collaboration is being handled.

Most dealers also hawk some of these trado-medicines in different places in our urban centres. For instance, markets, parks, streets, etc. Some carry liquid drugs in bottles which they claim can treat different ailments in the body.

According to Osemeobo (1993), about 40% of people in the urban areas depend partly or wholly on traditional medicine, showing a low percentage of people in use of these services. This could be attributed to the location of many hospitals and Primary Health Centers (PHC), presence of many doctors, nurses, midwives, etc. in our urban centres. Thus, there are few traditional healers and trado-medical outfits in the urban centres. Level of information available to the public on trado-medicine could as well affect its patronage. Most people are informed that traditional medicine is a negative source of treatment; with grave health consequences hence, the public be careful not to patronize such. The increasing advertisements, carried out by some of the trado-medical practitioners, most people in the urban centres still patronize them across the various African nations. However, some Nigerians despite these increased media publicity, do not see anything good in them.

Among Nigerians, culture and religious beliefs and practices, especially as they relate to health care delivery system are strong and hence influences the people's health seeking behaviours, often in favour of traditional medical care. In University of Nigeria Teaching Hospital (UNTH), Enugu 149 patients reported traditional eye medicine (TEM) use for treating their eye diseases in 2009 (Eze, Chuka-Okosa & Uche, 2009). However, it is advised that one verifies the efficacy of the trado-medical eye ointments before using them. Most of such medicines are capable of causing blindness or other eye problems. Hence, it was observed that 77.0% of the patients reside in an urban area (Eze et al., 2009).

In their opinion Bamidele, Olalekan & Oladele (N.D) believe that:

*54.6% of the 734 respondents were aware of alternative medicine therapy and had patronized or taken one form of alternative medicine therapy or the other in the last 12 months prior to the study. The use of alternative medicine therapy is quite popular among the studied population and a high proportion of the respondents use alternative medicines therapy notwithstanding that they live in the urban communities where they have better access to orthodox medical care and medical practitioners.*

People's value system still determines their choice of medicine despite the area of residence. Some people are more attached to their traditional value systems that anything given to them from the west is totally unacceptable, hence, the continuous use of traditional medicine.

However, poverty, high cost of orthodox medicines, inadequate modern medical practitioners, hostility to patients by some health workers, etc. are some of the factors that encourage the use of trado-medicines, in the urban areas. The poverty level in Nigeria is very high, thus, the combination of high level of poverty, inadequate public health infrastructure and high cost of private health care services has confined the large proportion of the urban populace to patronizing traditional medicine (<http://www.tribune.com>). For instance, the cost of carrying out laboratory tests in our laboratory units are high, which most people cannot afford to pay for it.

Today's modern technology, innovations and education have made a lot of impact on the activities of the activities of the herbalist and the practice of traditional medicine in Nigeria. The populace now compares orthodox medicine with traditional medicine. Traditional medical practices are however dying out in the

urban areas (Adesina, 2011). This could be attributed to a high level of urbanization taking place in the country today where most urban dwellers lose their cultural values due to contacts with other cultures.

Some urban dwellers also use orthodox medicine in the urban centres, and also go ahead to access the trado-medicine in the rural areas. For instance, some accident victims in the urban centres are involved in the utilization of orthodox medicine for some ailments and go ahead to visit bone setters in the rural areas for bone setting, in case of fracture.

Therefore, it is believed that some urban dwellers still patronize trado-medical outfits in the urban centres in Nigeria. As a matter of fact, the traditional medical practitioners should be adequately trained so as to meet up with the current health challenges in the urban centres. With this however, it is generally perceived that their drugs will become more efficacious and thus very useful. It will also discourage urban dwellers from relying more on orthodox medicines. This will in turn make more urban dwellers to start accessing the urban trado-medical outfits in order to help facilitate the totality of the people's wellbeing..

#### 2.4. Use of Trado-medical outfits in Nigerian urban and rural areas: a comparative discourse

Available statistics favour the use of traditional medicines more in the rural areas than our urban centres. For instance, between 60 – 85% of births delivered in the country and especially in the rural communities are by the traditional birth attendants (TBAs) (Adesina, 2011). In Onicha Community, Ebonyi State for instance, most delivery (material) services are still done by the traditional birth attendants (TBAs). However, excessive bleeding sometimes leading to death, were often reported in areas where these cases are not correctly handled. Today the traditional birth attendants are trained by the mother and child care initiative (MCCI) (wife of the executive governor's pet project), to cope with the under-development of the State. However, in the urban centres, delivery services are mostly accessed in the maternity homes than accessing the traditional birth attendant homes (where available). Where such services could be found in the urban centres is mainly in the prayer houses, as well as other Faith based organizations. Some ministries in the urban centres in most towns in South-East Nigeria engage in this service (names withheld for obvious reasons).

Accordingly, Ojua (2012) and Osemeobo (1993), have argued separately that over 90% of Nigerians in rural areas and about 40% in the urban areas depend partly or wholly on traditional medicine. This clearly indicates that the rural dwellers access trado-medicines services a great deal than their urban counterparts. This could be attributed to the absence of health care facilities in most of our rural settings. There are also few medical or health personnel found in such rural areas. The reverse is the case for the urban centers where most of the health centres are located with many personnels found in these different health centres. One may then ask, why the patronage despite this favorable findings. A major revelation further showed that increasing urbanization and rural-urban drift see more determined people flooding the urban centers.

There are some other reasons why some urban dwellers do not make use of the trado-medical outfits in urban centres in Nigeria. Some of these are:

1. Improper dosages,



2. Non standardized test of trado-medical products.
3. Use of occultic powers by some traditional healers
4. Some trado-medicines have very dangerous adverse health effects.
5. Scientific researches are not often followed before some trado-medicines are produced.

## 2.5. Towards a theoretical framework

The rational choice theory will be applied to explain the work. This is because, the theory guarantees individualized nature and the power of rational thinking and choice making by rational thinking. Rational choice theory also known as choice theory or rational action theory, is a framework for understanding an often formally modeling social and economic behavior. It is the main theoretical paradigm in the currently-dominant school of microeconomics. Rationality, here is equated with wanting more rather than less of a good is widely used as an assumption of the behavior of individuals in decision making. Gray Becker was an early proponent of this theory in granting sociological explanation to individuals level of choice making.

In a few urban centres in Nigeria like Enugu, the information that people have on trado-medical practices and availability can affect their choice of the use of trado-medicines. Most urban dwellers are better informed of orthodox medicines, pharmaceutical shops, hospitals, maternity homes etc. than the trado-medicines, trado-medical outfits and traditional medical practitioners etc. The choice making lies majorly on the power of information available to consumers. Trado-medicines are less advertised than the orthodox medicines. Due to this, most urban dwellers do not know where such trado-medical outfits are located in the urban areas. However, orthodox medicines are always being advertised. Urban dwellers seem to be more aware of the availability of the orthodox medicines.

As a result, there is a negative dominating belief among urban dwellers that trado-medicines are not good, also affects its usage. Most urban dwellers do not believe on the efficacy of trado-medicines, but can engage their services when on extreme cases or when orthodox medicines failed. One of the factors that contribute to this, is because some trado-medicines allegedly can “cure all diseases”.

Thus, rational choice theory best explains urban dwellers choice making in relation to trado-medicines. Most of them due to the information they get that traditional medicines are not good, therefore totally avoid using it. Therefore, the choice to patronize or not the trado-medical practitioners and outfits is principally determined by the conviction and belief of the end user. Despite the mixed reactions to these medical practices, many still choose the trado-medicine.

## 3. Conclusion

In order to make our trado-medicines more accessible by the urban dwellers, it is pertinent that the following should be observed.

1. Trado-medical practitioners should be trained in a special school or within some specialized programmes, to be established by the federal or state governments. This training will enable them to acquire more experience, thus rendering more efficient services to our people.
2. Trado-medicines should have clearer method of administering their drugs or treatment with objective dosages to be taken by clients.
3. Any trado-medicine not registered by NAFDAC (National Agency for Food Drugs Administration and Control), should not be allowed to be sold to the public. In fact, such practitioners should be encouraged to register their drugs with the agency, so that their products could be improved upon.
4. Traditional bone setters should be allowed to work in the orthopedic hospitals. This will enable them provide more care and gain wide experience as they attend to the accident victims and to avoid undue complications and problems.
5. The radio stations and television (T.V) stations in the country, should be encouraged by the government to advertise NAFDAC registered efficacious trado-medicines free of charge. This will enable the urban dwellers to be more aware of such drugs and then use them adequately.
6. More government regulated trado-medical outfits should be established in the urban centres. This will enable the interested urban settlers in need of their services to easily access such services.

The paper concludes therefore that the need and patronage of trado-medicine has come to stay in Nigeria and indeed Africa. Trado-medical practitioners should be encouraged, so as to make them become more efficient in performing their tasks. As a result, government should pay more attention to the right of these practitioners. This could be done by establishing special schools for them where they could be trained. If this is done, it will make them to compete favourably with their orthodox medical counterparts. The importance of trado-medical practices is not in doubt as well as its complimentary medical roles played. The importance and necessity of this has influenced and determined its patronage.

Researches should also be conducted on their products, as this will make them have quality and control and also to appear better. If these and other salient issues are done, it will make the trado-medical practice to appear better. It will also necessitate the rise in the number of the trado-medical practitioners. This will as well necessitate the use of such outfits by the urban dwellers through efficient advertisement, monitoring and proper steady evaluation of their products. Such advertisements will in turn help our trado-medicines to compete favourably with orthodox medicine. To this effect, special radio and television programmes in stations should be established to serve this purpose, with adequate funding of these programmes and stations by government to reduce negative consequences due to ignorance in practice and patronage.

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