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RESEARCH ARTICLE

HOUSEHOLD PREFERENCE FOR TRADITIONAL/HERBAL AND MODERN MEDICINE IN ABUJA, NIGERIA

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Abstract

The use of herbal medicinal products and supplements has increased enormously over the past three decades with not less than 80% of people globally depending on them for some part of primary healthcare. However, this might be the case in many Cities. This study seeks to determine. Household preference for traditional/herbal and modern medicine in Abuja, Nigeria. Cross-sectional data from the primary source was used for this study. Two hundred and twenty (220) individuals responded to the survey hence that constitutes the sample size used for the study. Descriptive statistics were used to analyze the data set. From the result, the mean age was 33.7 years. About 90.9% of the respondents in the study area had tertiary education. Most (60%) of the respondents were female in the study. Most (50%) of the respondents were civil servants and 58.63% of the respondents have a household size below 5 persons. 60% of the respondents prefer modern/contemporary drugs, 25.91% prefer traditional/local drugs, and 14.09% prefer to seek out spiritual prayers when they are sick. Dosage of traditional medicine cannot be regulated was the most ranked perception of the respondents. Most (55%) of the respondent posit that they were dizzy after taking traditional medicine. From the foregoing, it can be concluded that the usage of traditional medicine was still poor, as most of the households in the study posit that they preferred modern drugs. Majority of the respondent also opined that the dosage of traditional drugs could not be properly regulated. Traditional drugs had negative side effects including heavy dizziness, purging among others. Based on the findings of the study, it is therefore recommended that training and re-training be done for the producers of traditional medicine on how to better prescribe the necessary dosage per time. It is also recommended that an advocacy campaign be carried out to encourage patronage of locally produced herbs given that some of the imported or foreign drugs are made from herbs as well.

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Introduction:-

Herbal medicines have remained popular in the post-civilization healthcare system of various people globally despite the predominance of orthodox medicines with over 80 % of the population of developing countries depending on herbal medicine for basic healthcare (Bandaranayake, 2006; Osemene et al., 2011). Traditional medical systems globally have a rich history of use amongst indigenous people and comprise all kinds of folk medicine, unconventional medicine, and kind of healing method that has been passed down through the tradition of a community or ethnic group. It usually involves the use of locally sourced plant drugs, animal parts, and minerals which are employed in the alleviation of a wide range of disease conditions of various origins. Practices that involve the mind and body enhance the therapeutic effects that are derived from the practice of CAM (López-Jornet et al., 2011). Although herbs are often perceived as “natural” and therefore safe, many different side effects have been reported owing to active ingredients, contaminants, or interactions with drugs. Because of variations in the social and economic status, experiences, beliefs, and religion inherent in cultures and traditions of people, herbal preparations made from different plant parts have been seen to contain different active medicinal compounds based on the species of plants used, the different plant parts used such as seeds, flowers, roots, leaves, bark and other parts, and storage conditions, sun, humidity, the soil type, the season of harvest, and the climate conditions. Herbal mixtures are prepared using fruit extracts, exudates from the bark of plants, volatile oils, powdered herbs, and fatty oils obtained from leaves, fruits, stems, and bark of a plant. These are prepared in specialized forms such as liquid, powders, oils, and teas.

They are also made as topical preparations to exert their therapeutic effects. Traditionally, herbal medicines represent the backbone of clinical care in providing wholeness and wellness within a community that is entrenched in diverse cultures and traditions. Despite the availability of conventional therapies, medicinal plants have been utilized in diagnosis, improvements, or treatments in all aspects of healthcare and have also been used for healing. There has been a worldwide increase in the popularity and preference for herbal medicines over the years, consequently leading to a global rise in the sale despite the abundance and availability of conventional drugs. In advanced societies, there is the perception that herbal products enhance healthy living, this has led them to spend their livelihood purchasing them to remain healthy. This is what is reflected as a drastic rise in the sale both in the market and superstores (WHO, 2005; Bandaranayake, 2006).

The apparent rise may also be due to the affordability of these medicines, the ability to treat multiple illnesses due to their different active components, the mistaken belief that they are devoid of toxicities, and the art of self-medication. The increased cost of medical care and the inability of Nigerians to access existing conventional therapies may be responsible for the increasing popularity of medicinal herbs and other practices such as bone settings, manual manipulations, massage therapies, and phytomedicines. Because of its rich vegetation of Nigeria, there is abundant cultivation of medicinal herbs even though they are widely distributed in other parts of the world. The indigenous people of Nigeria use medicinal herbs prepared by a process of decoctions using the aerial parts of these plants, which are major sources of food. Given the potentials of traditional herbs and the acceptance among many rural areas, the study seeks to determine household preference for traditional/herbal and modern medicine in Abuja, Nigeria. The specific objectives are to: determine the socioeconomic profile of respondents, identify household preference and perception about traditional/herbal and modern medicine, and determine the negative effect of traditional/herbal medicine on the respondents in the study area.

Methodology:-**Study Area:**

This study was conducted in the Federal Capital Territory (FCT). The Federal Capital Territory (FCT) is divided into six (6) Local Government Areas and its located in the center of Nigeria with a land area of about 8,000 Square Kilometers. It is bounded on the North by Kaduna State, on the West by Niger State, on the East and South-East by Nasarawa State, and on the South-West by Kogi State. It falls within the coordinates of Latitude 9° 4' 20.1504" North and Longitude 7° 29' 28.6872" East. The Federal Capital Territory (FCT) has a current population of about 3, 095, 000 which is a 6.03% increase from 2018 (Macrotrend, 2019). The Federal Capital Territory (FCT) is the political capital of Nigeria. The capital city comprises of civil servants, businessmen, among others. Hence most are expected to be educated and more exposed when compared to other states in Nigeria.

Materials and Method:-

A well-structured questionnaire was designed and used to elucidate responses online via google forms given the world pandemic (COVID-19). The questionnaire was presented as multiple-choice questions designed in two parts; the first was personal information, to get data based on specific parameters like age, occupation, sex, educational qualification, and marital status. The second part was to gain the respondent's preference on medication, views, and knowledge about traditional herbs, and possible negative effects of traditional herbs. The data collated was analyzed using descriptive statistical analysis such as frequency, mean, percentage, and ranks.

Results and Discussion:-

Socio-Economic Profile or Characteristics of Respondents:

Table 4.1 shows the result of the socio-economic characteristics of the respondents in the study area. From the result, about 45.45% of the respondents were between the ages of 31 and 40 years. The mean age was 33.7 years. This implies that most of the respondents were energetic, resourceful, at their youthful age. 59.09% of the respondents were married. This suggested that most of the residents of the capital city were couples and may be said to be more responsible. About 90.9% of the respondents in the study area had tertiary education. This suggests that the respondent may be career men and women who require a minimum standard of tertiary education to keep their jobs. Most (60%) of the respondents were female in the study, this suggests that the female gender respondents more to survey than the male gender, it also suggests that the female gender utilize the internet more than the male in the study area. Most (50%) of the respondents were civil servants, this suggests that civil servants were the major residents in Abuja. 58.63% of the respondents have a household size below 5 persons. This suggests that most of the respondent may have only three children, this is expected as the majority of the respondent were educated, hence, expected to have basic knowledge of birth control and the side effect of having more mouth to feed. These results are in line with the findings of Evans et al (2018).

Table 1:- Socio-Economic Profile or Characteristics of Respondents.

Variable	Frequency	Percentage	Mean
Age			33.7037037
≤ 30	65	29.54	
31– 40	100	45.45	
40 – 50	45	20.45	
≥ 51	10	4.54	
Marital Status			
Single	90	40.90	
Married	130	59.09	
Educational Status			
Non-Formal Education	10	4.54	
Tertiary	200	90.9	
Occupation			
Civil Servant	110	50	
Entrepreneur	15	6.81	
Self-Employed	90	40	
Unemployed	5	2.27	
Household Size (Units)			
≤ 5	129	58.63	
6 – 10	67	30.35	
≥ 11	24	10.99	
Sex			
Female	132	60	
Male	88	40	
Total	220	100	
Source: Online survey 2020			

Household Preference and Perception about Traditional/Herbal and Modern Medicine:

The results in table 2a show the responses of households on the kind of medications they prefer to use. 60% of the respondents prefer modern/contemporary drugs, 25.91% prefer traditional/local drugs, and 14.09% prefer to seek out spiritual prayers when they are sick. This posits that the household preferred modern/contemporary drugs to traditional/herbal and seeking out spiritual prayers. The household preference might be due to their cosmopolitan attributes given that they live in the city and work in the city, they are highly educated and work with colleagues who are exposed as well. This may help forge their preference for contemporary drugs and also probably because it may be easier to access the drugs than seeking out other means for treatment. This further suggests that Nigeria is lagging in the development of local content as some of these drugs been imported are from the same herbs that are been rejected here. The results also suggest that the traditional herbs have not been improved upon over the years. These findings contradict that of Okohet *al.* (2016).

Table 2a:- Household Preference and Perception about Traditional/Herbal and Modern Medicine.

Type of Medications	Frequency	Percentage
Traditional/Local/Agbo	57	25.91
Modern/Contemporary Drugs	132	60
Prayer/Spiritual Alone	31	14.09
Total	220	100

Source: Online survey 2020**Perception of Respondents about Traditional Medicine:**

Table 2b shows the perception of respondents about traditional medicine. From the results is evident that the dosage of traditional medicine cannot be regulated. It was ranked first by the respondents. Others posit that it was very risky to use. This is in tandem with the fact that the dosage cannot be easily controlled as there is no adequate measure for consumption. Some of the respondents posit that traditional medicine does not work. This suggests that the respondents have a poor perception of locally produced drugs or do not believe in the Nigeria brand. Also, most of the respondents in the survey preferred modern medicine and hence had not tried the traditional option to compare the efficacy of the drugs. 10.65% of the respondents believed that traditional medicine doesn't work and is not easily accessible. This is so because some of the drugs lack NAFDAC number and proper packaging and hence may not be able to make it into supermarkets and malls where most of the respondents do their stoppings.

Table 2b:- Perception of Respondents about Traditional Medicine.

S/n	Perception of Respondents about Traditional Medicine	Frequency	Percentage	Rank
1	Its not easily accessible	33	10.65	4 th
2	Its very risky	49	15.81	2 nd
3	Dosage cannot be regulated	98	31.61	1 st
4	Its more affordable	25	8.06	5 th
5	Its doesn't works	41	13.23	3 rd
6	It has negative effect	20	6.45	7 th
7	They don not have government regulation (NAFDAC, SON etc)	20	6.45	7 th
8	Its secure/safe to take	24	7.74	6 th
	Total	310	100	

Source: Online survey 2020**Negative Effect of Traditional/Herbal Medicine on the Respondents in the Study Area:**

Table 3 below shows the identified side effects of traditional medicine. Form the results heavy dizziness and weakness was the major side effect traditional medicine had on the respondents. Most (55%) of the respondent posit that they were dizzy after taking traditional medicine, this suggests that they might have taken an overdose of the drugs and hence felt dizzy. Also, 45% posit that the drug over reacted and had diarrhea after taking traditional medicine. This negative side effect suggests that the modality of usage of traditional medicine may still be wrong. It also suggests that the conditions of preparing this local medicine may not be safe and sound given the required hygiene standard. This result is in line with Ekor (2014).

Table 3:- Negative Effect of Traditional/Herbal Medicine on the Respondents in the Study Area.

S/n	Negative Effects	Frequency	Percentage
1	Heavy dizziness and weakness	121	55
2	Over reaction/ Purging	99	45
	Total	220	100

Source: Online survey 2020

Recommendations and Conclusions:-

From the foregoing, it can be concluded that the usage of traditional medicine was still poor, as most of the households in the study posit that they preferred modern drugs. Majority of the respondent also opined that the dosage of traditional drugs could not be properly regulated. Traditional drugs had negative side effects including heavy dizziness, purging among others. Based on the findings of the study, it is therefore recommended that training and re-training be done for the producers of traditional medicine on how to better prescribe the necessary dosage per time. It is also recommended that an advocacy campaign be carried out to encourage patronage of locally produced herbs given that some of the imported or foreign drugs are made from herbs as well. Finally, it is recommended that a policy that will encourage patronage to be put in place to encourage the companies involved in the production of traditional drugs.

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