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INFLUENCE OF PERCEIVED USAGE OF TRADO-MEDICINE (TRAD-MEDICINE) ON PSYCHOLOGICAL WELLBEING OF OMAMBALA NATIVES, ANAMBRA STATE, NIGERIA

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ABSTRACT: *The study examined influence of perceived usage of trado-medicine (trad-medicine) on psychological Wellbeing of Omambala Natives in Anambra State, Nigeria. A total of 391 Omambala natives drawn from Anambra North senatorial zone of Anambra State served as participants for the study. The study comprised of women and men. The ages of the participants' ranged from 29 to 72. The mean age was 45.65 and standard deviation of 13.50. Gender data revealed that 268(68.5%) were males and 123(31.5%) were females. Simple random sampling technique was used to select the towns, while incident sampling technique was used to select the participants of the study. Two instruments were used in the study: Perception about Traditional-Medicine Use Questionnaire, and Ryff's Psychological Wellbeing Scale. The study used a cross-sectional design and multi-variate analysis of variance (MANOVA) as appropriate statistics. The study revealed that trado-medicine (trad-medicine) usage significantly influences autonomy of psychological wellbeing among Omambala natives at* ($F_{1, 389}$) = 47.62, $p<.05$. *Trado-medicine (trad-medicine) usage significantly influences environmental mastery of psychological wellbeing among Omambala natives at* ($F_{1, 389}$) = 51.06, $p<.05$. *Based on the findings, the recommends that there is need for integration of trado-medicine (trad-medicine) usage and psychological principles; with the integration, these natives will always maintain good wellbeing and understand psychological implications of trado-medicine (trad-medicine) usage.*

KEYWORDS: Perceived Usage of Trado-medicine (Trad-Medicine), Psychological Wellbeing, Omambala Natives, Anambra State, Nigeria

INTRODUCTION

Psychological wellbeing may be key to cope with such challenges like depression, anxiety, self-esteem, self-actualization, and stress etc (Mehmood, & Shaukat, 2017). Since, numerous problems faced by Omambala natives are stress, anxiety, depression, harassment, family problems, poor social functioning, and adjustment. Omambala natives with good psychological health can cope better with these problems, and it is essential to lead a good and satisfactory life. It is also important for Omambala natives' success in every domain of life. Psychological wellbeing is not only important for leading happy life, but also draws positive impact on Omambala natives' social and personal life achievements.

Against this backdrop, factor that may have a significant influence on psychological wellbeing of Omambala natives could be trado-medicine. Trado-medicine (trad-medicine) is the "The sum total of all the knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental and social imbalance and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing" (World Health

Organization, 2013; 2011a). This involves unorthodox therapeutic modalities including, among others, herbal therapy, distant/energy healing (such as faith and spiritual healing) birth attendance, bone setting, chiropractic, massage, homeopathy, psychotherapy as well as self-preparation and self-medication (Astin et al, 2000; Vandebroek, 2013).

Trado-medicine (trad-medicine) is the indigenous and culturally developed response to the health problems that threaten man's existence. Like its western alternative, traditional medicine has different categories of practitioners, including traditional bone setting, diviners, medical ingredient sellers, traditional surgeons, traditional psychiatrists, traditional birth attendants, faith healers and the general practitioners (Abdullahi, 2011). In spite of modernization in African societies, Amzat and Razum (2018) noted that about 80% of people in Africa rely on trado-medicine (trad-medicine) for their primary health needs. All these practitioners do not have uniform approaches to healing.

Unlike the conventional medicine, Pelletier (2009) states that the trado-medicine (trad-medicine) industry is essentially unregulated. This lack of regulation and organized practice leaves consumers essentially on their own in determining how to use herbal products. The side effects of trado-medicine (trad-medicine) depend greatly upon the trado-medicine (trad-medicine) remedy, the dosage and any pharmaceutical modifications taken by the patient. Based on the assertions above, the study on trado-medicine (trad-medicine) cannot be adequate without a look at its influence on psychological wellbeing of its users'.

Statement of the Problem

In recent time, there seem to be limited literatures that linked trado-medicine (trad-medicine) and psychological wellbeing together. This limitation has created gap in literatures and knowledge that supposed to help resolve psychological challenges among Omambala natives. For Omambala natives are known for their curiosity tendencies considering the problem facing some of them such as marital distress, financial insecurity, depression, chronic illnesses, and functional abilities (Anedo, 2018; Ilechukwu, 2018).

This often leads some of these natives to take steps to resolve the issues affecting their psychological wellbeing by consulting an herbalist/diviner for diagnosis and treatment with the hope of discovering their problem with trado-medicine. According to Tamuno et al. (2010) traditional medicine is in relative high demand, perhaps due to the efficacy claims of herbal drug in contrast to orthodox medicine which many see as synthetic and easily adulterated.

However, the studies of Pelletier (2004); Talalay (2001) and Elvin-Lewis (2001) indicate that although trado-medicine (trad-medicine) have shown promising potential with efficacy claims, many of them remain untested, thus raising serious health issues concerning trado-medicine (trad-medicine) use vis-à-vis available health information. Moreover, lack of adequate health information has led to the predominance of unverifiable claims, unsubstantiated efficacy claims and misconceptions on the preparation, prescription and dosage administration of trado-medicine (trad-medicine) which often leads to adverse effects of some of the trado-medicine.

Ironically, some of the traditional healers are very secretive about their indigenous practices handed down from their ancestors to the new generation and this makes their treatment prescriptions vague, often resulting in overdoses of the mixtures by their patients since no regulatory body controls the usage of herbal medicines. Sadly, some people ignorantly combine herbal mixtures with orthodox medicines without a doctor's prescription and perhaps, not considering their adverse interactions. This study examined if perception of trado-medicine (trad-medicine) would influence on psychological wellbeing dimensions of Omambala natives in Anambra State.

Purpose of the Study

The study sought to investigate the influence of trado-medicine (trad-medicine) on psychological wellbeing of Omambala natives in Anambra State, Nigeria. In the light of the above, the following specific objectives will be sought:

1. To ascertain if those high in perceived usage of trado-medicine (trad-medicine) will differ from those low in perceived usage of trado-medicine (trad-medicine) on autonomy dimension of psychological

wellbeing of Omambala natives in Anambra State, Nigeria.

2. To examine if those high in perceived usage of trado-medicine (trad-medicine) will differ from those low in perceived usage of trado-medicine (trad-medicine) on environmental mastery dimension of psychological wellbeing of Omambala natives in Anambra State, Nigeria.
3. To determine if those high in perceived usage of trado-medicine (trad-medicine) will differ from those low in perceived usage of trado-medicine (trad-medicine) on personal growth dimension of psychological wellbeing of Omambala natives in Anambra State, Nigeria.

Research Questions

The study was guided by the following questions:

1. In what ways will those high in perceived usage of trado-medicine (trad-medicine) will differ from those low in perceived usage of trado-medicine (trad-medicine) on autonomy dimension of psychological wellbeing of Omambala natives in Anambra State, Nigeria?
2. In what ways will those high in perceived usage of trado-medicine (trad-medicine) will differ from those low in perceived usage of trado-medicine (trad-medicine) on environmental mastery dimension of psychological wellbeing of Omambala natives in Anambra State, Nigeria?
3. In what ways will those high in perceived usage of trado-medicine (trad-medicine) will differ from those low in perceived usage of trado-medicine (trad-medicine) on personal growth dimension of psychological wellbeing of Omambala natives in Anambra State, Nigeria?

LITERATURE REVIEW

Theoretical Framework

Seligman's (2011) **Wellbeing Theory** established the intersection of traditional medicine and psychological wellbeing is a growing area of interest in health psychology. Seligman's Wellbeing Theory, which emphasizes five core elements—Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment (PERMA)—provides a useful framework for understanding how the perceived usage of traditional medicine can enhance psychological wellbeing. One of the key components of Seligman's theory is Positive Emotion, which refers to the experience of joy, gratitude, and optimism (Seligman, 2011).

Traditional medicine practices often involve rituals and community participation that foster positive emotions. For instance, engaging in communal healing ceremonies can evoke feelings of joy and hope, contributing to an individual's overall emotional state. Traditional medicine often encourages active participation, whether through learning about herbal remedies or engaging in local healing practices. This involvement can create a sense of flow, where individuals feel deeply connected to their health journey. A study by Brown et al. (2019) found that patients who actively engaged in traditional healing methods felt more empowered and in control of their health, leading to improved psychological outcomes.

Thus, the communal aspect of traditional medicine can significantly contribute to psychological wellbeing. However, finding meaning in life is essential for psychological health, as it provides individuals with a sense of purpose (Seligman, 2011). Traditional medicine practices are often steeped in cultural significance, allowing individuals to connect with their heritage and identity. This connection can enhance the sense of meaning and purpose in life. A study by Patel et al. (2022) highlighted that individual who engage in culturally significant health practices report higher levels of life satisfaction and meaning, demonstrating the importance of traditional medicine in fostering a sense of purpose.

The final component of Seligman's model is Accomplishment. Successfully using traditional remedies can lead to a sense of accomplishment, reinforcing confidence in one's ability to manage health issues. Seligman's Wellbeing Theory offers a valuable framework for understanding the relationship between the perceived usage of traditional medicine and psychological wellbeing. By fostering positive emotions, encouraging engagement, building relationships, providing meaning, and enhancing feelings of accomplishment, traditional medicine practices can significantly contribute to mental health.

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Empirical Review

Browning et al., (2021) examined psychological wellbeing of university students: Risk factors across seven states in the United States. Cross-sectional data were collected through web-based questionnaires from seven U.S. universities. Representative and convenience sampling was used to invite students to complete the questionnaires in mid-March to early-May 2020. The participants involved in the study 2,534 completed responses, of which 61% were from women, 79% from non-Hispanic Whites, and 20% from graduate students. Exploratory factor analysis on close-ended responses resulted in two latent constructs, which we used to identify profiles of students with latent profile analysis, including high (45% of sample), moderate (40%), and low (14%) levels of psychological impact.

Bivariate associations showed students who were women, were non-Hispanic Asian, in fair/poor health, of below-average relative family income experienced higher levels of psychological wellbeing. Students who were non-Hispanic White, above-average social class, spent at least two hours outside, or less than eight hours on electronic screens were likely to experience lower levels of psychological wellbeing. Multivariate modeling (mixed-effects logistic regression) showed that being a woman, having fair/poor general health status, being 18 to 24 years old, spending 8 or more hours on screens daily, and knowing someone infected predicted higher levels of psychological wellbeing when risk factors were considered simultaneously

Villani et al. (2021) investigated psychological wellbeing in a cohort of Italian university students. Villani *et al.,* (2021) conducted a cross-sectional survey in the period immediately after the first lockdown through the administration of a questionnaire on the personal websites of students attending their undergraduate courses at the Università Cattolica del Sacro Cuore. The study used the Patient-Health-Engagement-Scale, Self-Rating-Anxiety-Scale, and Self-Rating-Depression-Scale to assess engagement, anxiety symptoms, and depression symptoms of our sample. Villani *et al.*, (2021) reported that 501 subjects, of which 35.33% were classified as anxious and 72.93% as depressed.

Over 90% of respondents had good understanding of the preventive measures despite over 70% suffered from the impossibility of physically seeing friends and partners. Around 55% of students would have been willing to contribute much more to face the pandemic. An increase in the occurrences of anxiety was associated with being female, being student of the Rome campus, suffering from the impossibility of attending university, being distant from colleagues, and being unable of physically seeing one's partner. Performing physical activity reduced this likelihood.

Charry et al. (2020) compared the levels of autonomy and psychological wellbeing between Spanish and Colombian young people. Ryff's Scale of Psychological Wellbeing and the Transition to Adulthood Autonomy (EDATVA) scales were used on a sample of 1,146 young people aged between 16 and 21; 506 Spaniards and 640 Colombians. Results showed differences in autonomy and in two of the four dimensions proposed by the EDATVA: self-organization and critical thinking. Similarly, important differences were observed in the subscales of positive relations and purpose in life.

Dawel et al., (2020) examined mental health and wellbeing in a representative sample of Australian adults. In the study, Dawel *et al.*, (2020) reported data (N = 1,296) from the first assessment (Wave 1, 28–31 March 2020). The sample size requirement estimate was based on planned power analyses for finding an effect of $f^2 = 0.1$ in linear and logistic regression models, setting $1 - \beta = .95$ and $\alpha = .05$, and taking into account variations in the prevalence of binary outcomes and attrition over the stages of the longitudinal survey, and an allowance for 10% unusable data. Dawel et al., (2020) sample of $N = 1,296$ was only 2% less than our target sample of $N = 1,320$. Only 2–3% of the data were unusable for the present analyses.

However, depression, anxiety, and psychological wellbeing were measured with well-validated scales (PHQ-9, GAD-7, WHO-5). Using linear regression, they tested for associations between mental health and psychological wellbeing of the participants. Depression and anxiety symptoms were

substantively elevated relative to usual population data, including for individuals with no existing mental health diagnosis. However, depression and anxiety, although bushfire smoke exposure correlated with reduced psychological wellbeing. In contrast, pandemic-induced impairments in work and social functioning were strongly associated with elevated depression and anxiety symptoms, as well as decreased psychological wellbeing. Financial distress, rather than job loss *per se*, was also a key correlate of poorer mental health.

Lucana, and Elfers (2020) examined relationship between sacred medicine, indigenous healing and mental health. The study recruited 17 traditional healers and their clients in the US and Peru to share their understanding of mental health needs, the conditions for which someone might seek treatment, and those aspects of traditional cosmology and practice that could inform modern approaches. The findings identified patterns of generational trauma still evident from colonialism, the need to respect the traditional worldview of immigrants in relation to diagnosis of mental distress, connection to nature and place, and the role of community and ancestors to the process of healing and recovery.

De-Juanas et al. (2020) examined the relationship between psychological wellbeing and autonomy in young people according to age. Ryff's Psychological Wellbeing Scale and the Transition to Adulthood Autonomy Scale (EDATVA) designed by Bernal et al., were used with a sample of 1,148 young people aged 16–21 from Madrid, Spain, and Bogotá, Colombia. The results show that almost all the dimensions on the Psychological Wellbeing Scale correlate significantly and positively with the dimensions on the EDATVA scale. Specifically, moderate correlations were obtained between self-organization on the EDATVA scale and purpose in life ($r = 0.568$; $p = 0.01$) and environmental mastery ($r = 0.447$; $p = 0.01$) on the Psychological Wellbeing Scale. In turn, autonomy on Ryff's scale obtained the highest correlation ($r = 0.382$; $p = 0.01$) with understanding context on the EDATVA scale. It was also found that the older 18–21 age group obtained higher scores than the younger 16–17 age group in all dimensions on both the EDATVA and the Psychological Wellbeing Scale.

Hypotheses

The following were formulated to guide the study:

1. Those with high perceived usage of trado-medicine (trad-medicine) usage will differ significantly from those with low usage on autonomy dimension of psychological wellbeing among Omambala natives in Anambra State, Nigeria.
2. Those with high perceived usage of trado-medicine (trad-medicine) usage will differ significantly from those with low usage on environmental mastery dimension of psychological wellbeing among Omambala natives in Anambra State, Nigeria.
3. Those with high perceived usage of trado-medicine (trad-medicine) usage will differ significantly from those with low usage on personal growth dimension of psychological wellbeing among Omambala natives in Anambra State, Nigeria.

METHOD

Participants: A total of 391 Omambala natives drawn from Anambra North senatorial zone of Anambra State served as participants for the study. Towns that were involved in the study were towns under Omambala area in Anambra North Senatorial Zone such as Awkuzu, Umunya, Nteje, Ifite Ogwari, Aguleri, Umueri, Otuocha, Igbariam, Anam, and Igba-Akwu. The study comprised of 123(31.5%) women and 268(68.5%) men. The ages of the participants' ranged from 29 to 72. The mean age was 45.65 and standard deviation of 13.50. Gender data revealed that 268(68.5%) were males and 123(31.5%) were females. Marital status data showed 181(46.3%) were married, 88(22.5%) were single, 60(15.3%) were separated, 30(7.7%) were widowed, and 32(8.2%) were divorced. Religious data revealed that 183(46.8) were Christians, 146(37.3%) were tradionalists, and 62(15.9%) were of no religion. Local Government Area data revealed 120(30.7%) were drawn from Oyi, 112(28.6%) were drawn from Anambra East, 91(23.3%) were drawn from

Anambra West, and 68(17.4%) were drawn from Ayamelum.

Towns' data revealed that 60(15.3%) were drawn from Awkuzu, 60(15.3%) were drawn from Umunya, 85(21.7%) were drawn from Aguleri, 27(6.9%) were drawn from Umuleri, 59(15.1%) were drawn from Anam, 32(8.2%) were drawn from Otuocha, 31(7.9%) were drawn from Igbakwu, and 37(9.5%) were drawn from Omor. Simple random sampling technique was used to select the towns, while incident sampling technique was used to select the participants of this study, because the selection of the participants was based on availability, accessibility and willingness of the participants to participate in the study.

Instrument: Two instruments were used in the study: Perceived Usage of Traditional-Medicine Questionnaire, and Ryff's Psychological Wellbeing Scale.

Perceived Uasge of Traditional-Medicine Questionnaire developed by Berhanu (2013): The scale contained 16 items designed to measure perception towards the use of traditional medicine in the treatment of illness and their associated perceived benefits and risks.Core questions focused specificallyon TM-related issues including purpose; efficacy; and attitudes of the users as it relates to natural products. The scale was rated on five-point format: (1) Strongly disagree (2) Disagree (3) I am not sure (4) Agree (5) Strongly agree. The scale had Cronbach of 0.80. In this study, the researcher conducted a pilot test using ninety-one (91) adults in Umunya and obtained a Cronbach alpha of 0.88 and discriminant validity of -0.68 while PUTMQ with Ryff's Psychological Wellbeing Scale developed by Ryff and Keyes (1995).

Ryff's Psychological Wellbeing Scale developed by Ryff and Keyes (1995): The scale contained 42 items designed to measure psychological wellbeing that consolidated previous conceptualizations of eudaimonic wellbeing into a more parsimonious summary. The Ryff's scale of psychological wellbeing (RPWB) had three components of psychological functioning: autonomy, environmental mastery and personal growth. The calculated scores of these six factors (i.e., autonomy, dominance over the environment, and personal growth) were calculated as a general score for psychological wellbeing. The test is a kind of self-assessment tool that is answered in a 6-point continuum from 1 (quite agree) to 6 (completely disagree), a higher score indicating a better psychological wellbeing. The overall Cronbach's alpha α=0.85.

The subscale intercorrelations was reported (in absolute value) among latent variables—particularly between self-acceptance and purpose in life at 0.976, self-acceptance and environmental mastery at 0.971, and environmental mastery and purpose in life at 0.958. Personal growth also correlated highly with self-acceptance at 0.951, purpose in life at 0.958 and environmental mastery at 0.908. In Nigeria, Okpala (2018) reported Cronbach alpha of 0.67 for Ryff's overall scale, while the subscales indicated Cronbach alpha of 0.76 for autonomy, 0.70 for 0.91 for environmental mastery and 0.87 for personal growth.

In this study, the researcher conducted a pilot test using ninety-one (91) adults in Umunya and obtained a Cronbach alpha of 0.91 for Ryff's overall scale, while the subscales indicated Cronbach alpha of 0.79 for autonomy, 0.81 for environmental mastery and 0.84 for personal growth. For the validity, the scale has convergent validity of 0.71 for autonomy, 0.89 for environmental mastery and 0.79 for personal growth while RPWS with Life Satisfaction Scale developed by Diener (1985).

Procedure: A pilot test was conducted before the study proper to enhance the reliability and validity of the instruments. After, a combination of simple random sampling techniques and incident sampling techniques were used to select the L.G.A. and towns in this senatorial zone area and the participants for this study respectively. To select the towns, the names of the towns were written down in pieces of papers and the towns picked was selected and used for the study. This enabled a true representation of Omambala natives across the Anambra North senatorial zone. To select the participants, incidental sampling techniques was used with letter of introduction from the department and informed consent letter that enabled the researchers to secure audience of the participants from each of the selected towns.

On the whole 400 questionnaire copies were administered, 396 were retrieved and 391

were properly answered. Ethically, before completing the questionnaire, the purpose of the study was explained to the participants. First, the informed consent was established and they were assured of confidentiality, anonymity, no deception, and privacy. At consent stage, written consent was obtained prior to issuing of questionnaires and the participants were well-informed about opportunity and right to withdraw from the study at any time. While at confidentiality stage, they were assured that whatever they responded to would be maintained confidential at all times and each participant in the study were assigned anonymity in order to maintain privacy.

Design and Statistics

The study used a cross sectional design. Cross-sectional design is observational surveys, conducted in situations where the researcher intends to collect data from a static sample of a large population at a given point in time. Researchers can evaluate various variables at a particular time. Data gathered using this type of survey is from people who depict similarity in all variables except the variables which is considered for research. Multi-variate analysis of variance (MANOVA) was employed as appropriate statistics. The general purpose of multi-variate analysis of variance (MANOVA) is to determine whether one or more of independent variables on their own or in combination have an effect on dependent variable.

RESULT

This section discussed descriptive and multivariate analysis of variance of the study.

Table 1: Descriptive Statistics of Perceived Usage of Trado-medicine (trad-medicine) on Psychological Wellbeing

Dependent Variables	Trado medicine (IV)	Mean	Std. Deviation	N
Autonomy	High	13.78	2.24	174
	Low	15.24	1.94	217
	Total	14.59	2.20	391
Environmental Mastery	High	14.32	2.45	174
	Low	16.20	2.6	217
	Total	15.37	2.75	391
Personal Growth	High	14.48	3.71	174
	Low	16.23	2.06	217
	Total	15.45	3.04	391

Table 2: Multi-Variate Analysis of Variance of Perceived Usage of Trado-medicine (trad-medicine) on Psychological Wellbeing

Independent Variable	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	P.Eta Squared
Tradomedicine	Autonomy	206.59	1	206.59	47.62	.000	.109
	Environmental Mastery	341.65	1	341.65	51.06	.000	.116
	Personal Growth	294.95	1	294.95	34.71	.000	.082
Error	Autonomy	1687.76	389	4.34			
	Environmental Mastery	2603.06	389	6.69			
	Personal Growth	3305.93	389	8.50			
Total	Autonomy	85164.00	391				
	Environmental Mastery	95262.00	391				
	Personal Growth	96966.00	391				

From Table 1 and 2 above, the result indicated that the first hypothesis which stated that those with high perceived usage of trado-medicine (trad-medicine) will differ significantly from those with low usage on autonomy dimension of psychological wellbeing among Omambala natives was confirmed at ($F_{1, 389}$) = 47.62, p<.05, with mean differences and standard deviation within the perceived usage of trado-medicine: M= 13.78, SD= 2.24 (high) and M= 15.24, SD= 1.94 (low), N=391. This means that there is a significant difference between high perceived usage of trado-medicine (trad-medicine) and low usage at 10.9%.

The second hypothesis which stated that those with high perceived usage of trado-

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medicine (trad-medicine) will differ significantly from those with low usage on environmental mastery dimension of psychological wellbeing among Omambala natives was accepted at ($F_{1, 389}$) = 51.06, p<.05, with mean differences and standard deviation within the perceived usage of trado-medicine: M= 14.32, SD= 2.45 (high) and M= 16.20, SD= 2.60 (low), N=391. This means that there is a significant difference between high perceived usage of trado-medicine (trad-medicine) and low usage at 11.6%.

The third hypothesis which stated that those with high perceived usage of trado-medicine (trad-medicine) will differ significantly from those with low usage on personal growth dimension of psychological wellbeing among Omambala natives was accepted at ($F_{1, 389}$) = 34.71, p<.05, with mean differences and standard deviation within the perceived usage of trado-medicine: M= 14.48, SD= 3.71 (high) and M= 16.23, SD= 2.05 (low), N=391. This means that there is a significant difference between high perceived usage of trado-medicine (trad-medicine) and low usage at 8.2%.

Summary of the Findings

1. Omambala natives with high perceived usage of trado-medicine (trad-medicine) usage differed significantly from those with low usage on autonomy dimension of psychological wellbeing.
2. There was significant difference those with high perceived usage of trado-medicine (trad-medicine) usage from those with low usage on environmental mastery dimension of psychological wellbeing among Omambala natives in Anambra State, Nigeria.
3. Omambala natives with high perceived usage of trado-medicine (trad-medicine) usage differed significantly from those with low usage on personal growth dimension of psychological wellbeing.

DISCUSSION

From the results the first hypothesis which stated that those with high perceived usage of trado-medicine (trad-medicine) would differ significantly from those with low usage on autonomy dimension of psychological wellbeing among Omambala natives was confirmed. This means that there is a significant difference between high perceived trado-medicine (trad-medicine) user and low perceived trado-medicine (trad-medicine) user. This also denotes that decrease in perceived usage of trado-medicine (trad-medicine) denotes increase in autonomy dimension of psychological wellbeing among Omambala natives.

This observation is in line with Pham et al. (2021) study that noted that belief in both supernatural and trado-medcine were several pathways to care that were contingent upon patient autonomy of healer psychological wellbeing and traditional practitioner-specific attitudes. Similarly, Pumpuang et al. (2021) study indicated that autonomy of psychological wellbeing is promote and influenced trado-medicine, perhaps due to belief and mindfulness in traditional medicine efficacy.

The second hypothesis which stated that those with high perceived usage of trado-medicine (trad-medicine) will differ significantly from those with low usage on environmental mastery dimension of psychological wellbeing among Omambala natives was accepted. This means that there is a significant difference between high perceived trado-medicine (trad-medicine) user and low perceived trado-medicine (trad-medicine) user. This also connotes that decrease in trado-medicine (trad-medicine) use means increase in environmental mastery dimension of psychological wellbeing among Omambala natives.

This agrees with Tuason et al. (2021) study that observed that trado-medicine and socio-economic, significantly contributed to environmental mastery dimension of psychological wellbeing. Due to environmental mastery dimension of psychological wellbeing was significantly predicted by health such as taking of trado-medicine, spirituality, emotional loneliness, social loneliness, and sense of agency. This shows that health anxiety and psychological distress (depression, anxiety) foster the use ans acceptance of trado-medicine, perhaps because of people's mastery of their psychological wellbeing (Chan et al., 2020).

The third hypothesis which stated that those with high perceived usage of trado-medicine (trad-medicine) would differ significantly from those with low usage on personal growth dimension of psychological

wellbeing among Omambala natives was accepted. This means that there is a significant difference between high perceived trado-medicine (trad-medicine) user and low perceived trado-medicine (trad-medicine) user. This also indicates that decrease in trado-medicine (trad-medicine) use means increase in personal growth dimension of psychologicall wellbeing among Omambala natives.

This is in line with the study of Whicker et al. (2020) that revealed that tradomedicine usage, self-efficacy, and psychological inflexibility significantly predicted different aspects of psychological wellbeing. The finding also is in line with Dawel et al., (2020) study that found that tradomedicine use, depression and anxiety symptoms were substantively elevated relative in affecting individuals with no existing mental health diagnosis. In the study, depression and anxiety, although tradomedicne use exposure correlated with reduced psychological wellbeing.

Implications of the Study

The outcome of this study indicated that experts like social psychologists will benefit from this study since perceived usage of trado-medicine influence psychological wellbeing of Omambala natives. Hence, psychologists having clear understanding of connection between trado-medicine usage and psychological wellbeing will provide useful information as regards to psychological variables that makes trado-medicine usage impact psychological wellbeing.

These findings also will help Omambala natives at the vantage position of understanding psychological wellbeing and other factors that affect it, since study manipulating variables indicated significant effect on psychological wellbeing.

Conclusion

The study investigated influence of perceived usage of trado-medicine on psychological wellbeing of Omambala natives in Anambra State. Literatures were reviewed, hypotheses formulated, data was generated and carefully analyzed. The result of the study was cautiously and meticulously interpreted. Implication of the study, limitation of the study, recommendations, and suggestion for further study were established. Consequently, the researcher concludes based on the findings that perceived usage of trado-medicine significantly influence psychological wellbeing dimensions (autonomy, environmental mastery and personal growth) among Omambala natives in Anambra State.

Recommendations of the Study

1. Based on the outcomes of the study, the study recommended that psychologists (social and other psychologists) begin massive enlightenment programmes to educate the natives on the psychological implications of perceived trado-medicine usage on their psychological wellbeing.
2. There is need for integration of perceived trado-medicine usage and psychological principles: Since, perceived trado-medicine usage influences the natives' psychological wellbeing. With the integration, these natives will always maintain good wellbeing and understand psychological implications of perceived trado-medicine usage.
3. Psycho-education programme should be put in place in every town and community. The sole aim should be to educate the masses on psychological and health implications of perceived trado-medicine usage and its efficacy in promoting wellbeing.
4. Legislation should be made on the need of inculcating perceived trado-medicine usage in academic curriculum. This will enable people with limited knowledge on perceived trado-medicine usage and its importance on people's wellbeing to gain insight about it.
5. Omambala natives should understand that in as much as perceived trado-medicine usage increases their psychological wellbeing, it can also decrease their wellbeing if not properly use.

Limitations of the Study

The number of items on the questionnaire was observed as a limitation because some of the respondents complained that the items were much. However, the researcher was able to persuade them to finish the items. Hence, challenges of results on Omambala natives may differ from other natives in Anambra State.

Suggestions for Further Studies

1. Based on the findings, future research can also focus on other aspects of trado-medicine usage among Omambala natives such as, pursuit of new experience and interests in perceived trado-medicine use.
2. Researchers also can check the effect of other variables such as, social support, economic support, age of Omambala natives, and circumstances of perceived usage of trado-medicine.
3. Moreover, there is need for future researchers to follow qualitative approach in studying Omambala natives' psychological wellbeing.

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