



SOCIOLOGICAL REVIEW OF THE FORMS, MERITS AND CHALLENGES TRADITIONAL HEALTH CARE DELIVERY SYSTEM IN NIGERIA

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Abstract

This review paper, anchored on functionalism and cultural relativity theories examines traditional health care delivery system in Nigeria, with emphasis on its different forms, factors affecting the growth of traditional health care system, as well as merits and demerits of this health care option to the Nigerian society and humanity at large. Relying strictly on secondary sources, the study noted that two major categories of traditional health care providers were specialists and general practitioners. Areas of specialty included divination, bone setting and birth attendance among others; wherefore there is rich documentations to the effect that traditional health care system has recorded tremendous successes. However, problems like limited provisions for formal training for practitioners, low technology for large scale herbal drug manufacture and preservation, and non-adherence to standard dosages persist in the sector. It was recommended that the practice of traditional medicine should be adequately regulated. The practitioners should be made to undergo formal training to enhance the quality of their services.

Keywords: bone setting, health, traditional birth attendance, health care delivery system, traditional health care system

Introduction

There are basically two major forms of medical or health systems in Nigeria. These are the traditional or indigenous and the Western or modern medical/health care systems. Although traditional medicine is often contrasted with scientific medicine, this work focuses only on the traditional system.

The use of traditional medicine and health care delivery can be traced back to the ancient times when people only relied on roots and herbs for treatment of diseases and illnesses. Its existence has been as old as mankind. Knowledge and skills of traditional medicine and health care system has been passed down from generation to generation through oral communication. Nevertheless, there has been criticisms against traditional systems of healthcare delivery, but some of the issues raised about the inadequate status



of this system, though compelling in some instances, cannot justify opinions for its absolute rejection. This work specifically examines traditional health care delivery system, its different forms, factors affecting the growth of traditional health care system, as well as merits and demerits of this health care option to the Nigerian society and humanity at large.

Definition of Key Concepts

Health: According to the World Health Organization(WHO, 2006), health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity. A healthy person is said to be physically well, mentally stable and emotionally (WHO, 2014). Health could also be viewed as a state of being well and free from diseases.

Health Care Delivery System: Cockerham and Hinote (2008) defined health-care delivery system as a conglomerate of health practitioners, agencies, and organizations, all of which share the mission of health-care delivery, but operate more or less independently. It is the system of institutions, people, technologies and resources designed to improve the health of the people.

For Pallipedia (2022), a health care system, also simply referred to as a health system, is the organization of people, institutions, and resources, that deliver health care services to meet the health needs of target populations. This includes efforts to influence determinants of health as well as more direct health-improving activities (Pallipedia, 2022)

In this review paper, a health system is viewed as consisting of all organizations, people, and actions, whose primary intent is to promote, restore, or maintain health. It is also the organisation and management of three "M" that are money, manpower (man) and materials for the effective provision of health care delivery to people. It involves a conglomeration of preventive, promotive, curative and rehabilitative services to safeguard health of man.

Traditional Healthcare Delivery Systems: These are those channels through which individuals and groups, seeking healthcare, can obtain intervention by recourse to indigenous methods. Traditional healthcare systems are products of both culture and society; they derive from the experiences and dictates of a particular socio-cultural environment. This implies that traditional health systems are relative to time and place. Importantly, these practices are interwoven into the cultural beliefs of the societies that use them. They are holistic methods of healing that include mental, physical and spiritual states



According to the World Health Organization (WHO, 2008), traditional medicine is the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.

Traditional medicine could also be defined as health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being.

Brief Historical and General Overview of Traditional Medicine

Traditional medicine is also referred to as 'indigenous medicine' or 'folk medicine'. It comprises medical aspects of traditional knowledge that developed over generations within the folk beliefs of various societies, including indigenous peoples, before the era of modern medicine. The knowledge of natural remedies has been passed down from generation to generation.

Traditional medicines are the oldest and most diverse forms of healing that constitute the foundation of medical systems in many regions of the world. When adopted outside its traditional culture, traditional medicine is often considered as a form of alternative medicine (WHO, 2008). According to Joshua (2020), every continent has its version of traditional medicine, but two of the most widely used in the modern world are perhaps Chinese and African traditional remedies.

In some Asian and African countries, up to 80% of the population rely on traditional medicine for their primary health care needs. According to Joshua (2020), traditional healers in these regions are still highly sought-after. They are affordable and accessible to the local communities, thus making them a vital part of well-being and the belief systems in these parts of the world. The healers usually use plants and natural elements to treat a wide variety of ailments and diseases (Joshua, 2020)

Traditional medicine which is an ancient art of treating diseases and protecting well-being is still highly relevant in today's modern world. Interestingly, even modern medicine can trace its roots back to medicinal



plants and some of the techniques still being used in traditional medicine . That is why these practices will continue for years to come; providing affordable healthcare to local communities (Joshua ,2020)

The World Health Organisation (WHO, 2008) recognises traditional medicine and its importance to healthcare. The WHO(2008) further stated that traditional medical practices are actually growing in popularity in many regions of the world as they offer complimentary healing for modern medicines. WHO (2008) however warns that 'inappropriate use of traditional medicines or practices can have negative or dangerous effects' and that 'further research is needed to ascertain the efficacy and safety' of some practices and medicinal plants used by traditional medicine systems.

Over the years, WHO has collected information and data on these traditional methods, in order to create guidelines for their acceptance and promotion in the regions of the world. As a follow up to her interest and studies, WHO has implemented a nine-year strategy to support member states in developing proactive policies and to implement action plans that will strengthen the role that traditional medicine play in keeping populations healthy(WHO, 2014). Other scientific organisations have also been studying traditional medicine practices in various cultures to ascertain their effectiveness or otherwise. This has led to steady increase in journals and publications on the significance of traditional medicines in modern society.

Theoretical thrust

Functionalism and cultural relativity theories complement each other as theoretical thrusts of this paper. Exponents of functionalism theory include Emile Durkheim and Talcot Parsons among others. From functionalist standpoint, the traditional health care delivery structures of the Nigerian societies constitute important parts or subsystems of the greater Nigerian society. The functions discharged by traditional health care structures and outlets are thus key to the overall functioning of the Nigerian society and particularly for the attainment of Nigeria's set goals in the health sector.

On the other hand, cultural relativity theory is relevant to this work because as Parsons (1965) argued, human action is directed by norms sourced from the sociocultural system. To Parson, the cultural system provides guidelines for action in the form of beliefs, practices, values, systems of meanings and standards for behaviour etc. Accordingly, the types or nature of traditional healthcare available in any society are culturally defined. Every culture



produce within its fold the types of traditional healthcare services that it desires and could produce. Thus, the content of Nigeria's traditional healthcare system is reminiscent of what the culture of the people could produce and support.

Knowledge Transmission and Creation in the Context of Traditional Medicine

Indigenous medicine is generally transmitted orally, through the community, family and individuals until 'collected'. According to Acharya and Anshu (2008), within a given culture, elements of indigenous medicine knowledge may be diffusely known by many, or may be gathered and applied by those in a specific role of 'healer', such as a shaman or midwife.

Maurice and Eric (2000) contended that three factors legitimize the role of the healer – their own beliefs, the success of their actions and the beliefs of the community.

On his part, Laguerre (1987), argued that when the claims of indigenous medicine become rejected by a culture, generally three types of adherents still use it :

- (i) those born and socialized in it who become permanent believers,
- (ii) temporary believers who turn to it in crisis times, and
- (iii) those who only believe in specific aspects, not in all of it

Forms of Traditional Healthcare Delivery Systems in Nigeria

Nigerian society consists of peoples with different cultures, orientations and healthcare systems. Although the notion of 'Nigerian tradition' exists, it is more realistic to view Nigeria as a collectivity of cultures or subsystems that share certain similarities, albeit not to a perfect extent (Ezebunwa, 2008).

Owumi (1996b) undertook analysis of a Nigerian community that is not radically different from most societies in Nigeria. He found that six categories of traditional medical practitioners exist. Despite that these six categories of traditional medicine, and by implication practitioners exist in Nigeria (Owumi 2005), he classified two main types/forms of traditional healthcare systems which to him are easily identifiable in Nigeria. These are:

- (1) the general traditional healthcare delivery system and
- (2) the specific or specialist traditional healthcare delivery system

Although components of each of these systems can be found in different communities within the country, their contents vary. Furthermore, irrespective of whether a traditional healthcare provider is a generalist or specialist, Erinoshio (2006) informs us that they (traditional healthcare providers) usually



adopt seven therapeutic procedures which include divination, incarnations, medical herbs, symbolic rituals, sleeping in holy places, counseling, and exorcism.

General Traditional Healthcare Delivery System

The general traditional healthcare delivery system is an outlet that offers non-specific medical care to individuals seeking various forms of healthcare. Such a system has no limitation in the extent to which it can supposedly provide medical assistance to the "needy," no matter what their needs. This type of system combines the attributes of divination, poison healing, birth attendance, bone healing or setting, and psychiatry. General practitioners are persons with diverse skills in handling different forms of health problems (Owumi, 2005).

Specific or Specialised Traditional Healthcare Delivery Systems

The concept of specificity is related to terms such as 'speciality', 'specialization', 'concreteness' and 'interest'. Such specific areas of traditional healthcare delivery systems in Nigerian societies include divination, poison neutralizing, birth attendance, bone setting or adjustment, and psychiatry.

The key reason for specializing in one major aspect of traditional healthcare delivery systems is usually to enable practitioners who have adequate knowledge of that specific aspect of healthcare delivery to be experts. According to Ezebunwa (2008), notwithstanding the strength of the argument for general medicine, specialization offers a deeper knowledge to practitioners in their healing activities.

Some examples of the specific or specialised areas of traditional medicine are discussed below:

Divination

Diviners are practitioners who have power to see, through supernatural means, extraordinary activities of individuals pertaining to past or present events. They are believed to be particularly important in Nigerian medicine, given the notion among most Nigerians that every ailment and/or misfortune has a supernatural explanation. It follows that before any disease can be cured, its cause(s) should be known and properly understood. Owumi (2005) referred to these diviners as oracle men or women believed to be specially endowed with uncommon divination skills (Ezebunwa, 2008, Joshua, 2020).

Poison Neutralizing

This healthcare delivery system deals specifically with cases related to poisoning. There is a belief in some parts of Nigeria that both supernatural and



physical substances that can affect part of or the entire body network could be administered to individuals by their enemies. There are two identifiable approaches to administering poison in Nigerian communities:

- (1) substances that enter through the mouth with food and are digested before they finally destroy the entire system, either almost immediately or over the long-term; this type of poisoning is difficult to neutralize because of its ability to affect the biological system in totality, and
- (2) substances that affect a particular part of the body but do not necessarily enter through the mouth. This method is common among individuals who are involved in land disputes in some Nigerian communities.

There are instances when poisonous substances are kept for opponents on the plots of land in dispute, in order to kill or paralyse them and bring the dispute to a quick end. Thus, due to the possibility of poisoning and the likely consequences, the need for a healthcare delivery system that can provide intervention for poisoning is imperative and, perhaps, inevitable in safeguarding the lives of individuals in these communities.

Birth Attendance

The practice of attending to pregnant women, from conception to delivery and even during the postpartum period, is an important aspect of traditional healthcare delivery systems in Nigeria. Various factors justify the need for the system, such as the absence of modern maternity facilities, including skilled midwives and equipment, in some rural communities as well as non affordable modern services. Erinoshio (2005) stressed that in Nigeria, there is low percentage of births attended by skilled personnel, hence traditional birth attendants remain relevant.

Bone Setting/Adjustment

This aspect of traditional medicine deals specifically with issues related to bones. Injuries and/or deformations related to bones can arise from natural causes or accidents. The duty of practitioners is to set and/or adjust these bones, using different techniques and materials, to meet the health needs of clients.

Psychiatry

This branch of traditional healthcare delivery systems deals with restoring individuals with both major and minor psychiatric (mental) problems to normal mental stability and to reintegrate them into conventional society as reasonable members who can contribute significantly to the development of



their communities. The role of traditional medicine is crucial because many Nigerians accept two main sources of mental disorder as natural (from birth) and induced (from enemies or one's carelessness).

Factors Affecting Traditional Healthcare Delivery Systems

Several factors negatively affect the practice of Nigerian indigenous medicine. Some of those factors are briefly discussed below:

1. Negative Perception of Traditional Medicine : Traditional medicine is often viewed as taboo by some individuals and groups especially among the elite. Consequently, some people only patronise it as a last resort when other options has failed. According to Joshua (2020), this attitude derives from the notion that traditional medicine lacks the consistency, reliability and replicability that characterize scientific knowledge.
2. Lack of Awareness : One of the major factors militating against the functionality of traditional healthcare delivery systems in Nigeria is ignorance among indigenous peoples about the efficacy of these systems. Its achievements are poorly documented and this has also affected speed of improvements and sustainability of traditional healthcare systems.
3. Low recruitment of Young Nigerians in Traditional Medical Practice : Only aged practitioners dominate the field of traditional medicine which threatens its sustenance and social ranking.
4. Competition or rivalry from modern medicine and other practitioners :Traditional and modern healthcare systems encounter more conflicts than cooperation and integration. This retards the progress of traditional medicine.
5. Weak or poorly implemented government policies : Traditional health delivery systems in Nigeria lack well articulated and fully implemented supportive government policies. The result is that indigenous medicine are not sufficiently protected to blossom.

Advantages of Traditional Healing

According to Ezeogu and Nwankwo (2023), traditional medicine today is a big market traceable to its increasing popularity. According to WHO (2011), traditional medicine is worth an estimated \$73 billion. Researches, especially those conducted in Africa and Asia, has shed light on the benefits of traditional healing.

In this regard, Joshua(2020) and Ezebunwa (2008) identified some of the advantages of traditional medicine to include:



1. Use in broad range of treatments: Plant-based remedies, such as those commonly used in Africa and China, are effective at treating a number of symptoms and ailments. While they may not cure diseases and heal all chronic conditions, herbal remedies can ease the symptoms of these ailments. They can treat coughs, colds, flu, fevers and sore throats using plants such as African wormwood.
2. They strengthen the overall immune system: Some remedies can support the entire immune system, making them ideal for supplementary medication.
3. Use as complementary treatments : Some traditional remedies are often used in conjunction with mainstream medicines as complementary treatments. They are used to counteract some of the side effects of pharmaceutical drugs and to speed up recovery times.
4. They can stabilise hormones and the metabolism.
5. Availability of traditional medicine: Availability of traditional medicine is enhanced because it involves herbs and natural oils. Any individual could easily grow the herbs by themselves or acquire them from neighbours. Common herbs like Peppermint or Aloe Vera can easily be grown in a garden without need for a license.
6. Low Cost: They can be found in nature, so cost very little to harvest and produce. Traditional medicines sell at much lower rates as opposed to modern medicine with more standards rates. This is because of non-existence of middlemen and low cost of research procedures in traditional medicine. Indeed, traditional medicine are more affordable than most conventional medicines.
7. Minimal risk of side effects: Pharmaceutical drugs have been proven to have more after-effects than traditional medicine. Traditional medicines are completely natural and safe. Natural herbs and oils are accepted by the body without much resistance because of their organic nature. This advantage can spare a patient very intense side effects.
8. Suitability for complicated and chronic ailments: Traditional medicine has proven to be very effective in cases of certain complications and chronic ailments. For instance, Odebiyi and Aina (1998), reported that the addition of simple herbs to patients' diet and reduction in the consumption of white sugar are some ways of treating arthritis.
9. Low chances of addiction: Modern medicine are incredibly addictive. Granted, plants or herbals like opium and some tree backs can be as addictive as modern drugs, however, on a general scale, modern drugs are more addictive than traditional drugs -with even more intense withdrawal symptoms.
10. They are easy to obtain and don't require prescriptions.



Disadvantages (Demerits) of Traditional Medicine

There are several criticisms of traditional medicine as discussed below:

1. Traditional medicine is effective for all conditions: Due to its largely underdeveloped nature, there are a lot of ailments traditional medicine cannot cure. For instance, traditional physicians do not carry out surgery or any of those complicated procedures in modern medicine (Joshua, 2020).
2. Problem of dosage: In traditional medicine, there is little adherence to prescription and dosage (the measured administration of drugs to patients to prevent the possibility of abuse and overdose). Also, people who grow plants/herbs in their own homes often become too casual with their drugs intake, not keeping to any dose stipulation with inherent dangers.
3. Risk of using inferior medication: Fake and adulteration is highly unchecked in traditional medical practice. In modern medicine, companies that manufacture drugs devise techniques for further verification of their drugs to dictate fakes.
4. Low knowledge of medication interactions: Traditional physicians are often unable to predict interaction of their drugs with others. Often times, traditional medicine have bad reaction with modern alternatives.
5. Risk involved in acquiring wild herbs from forests: This involves the risk of encountering wild and dangerous animals in thick forests where these herbs exist. There is also risk of picking out the wrong but similar herb.
6. No formal training for traditional health practitioners: In traditional medicine, there is minimal academic structure for training and scientific research. Accordingly, packaging quality is low. Recruitment and training of practitioners is largely through informal processes. Ezeogu and Nwankwo(2023) were of the view that in Nigeria, a lot of useful information about traditional medicine have perished with aged originators due to lack of organized recruitment process, formal training, record keeping and documentation.
7. Non documentation of treatment history and adoption of trial and error approach: Traditional physicians administer drugs mostly through a trial and error process till they arrive at what works perfectly for any particular illness. This is due to failure to document previous treatment successes for their successors.
8. Problem of obsolete or deficient knowledge base: The bulk of the relevant knowledge for practice of traditional medicine is passed down from generation to generation. Some of such Knowledge are grossly



obsolete and out of tune with realities. That is why a lot of elites/educated class distrust traditional medicine.

9. Inadequate Register/Record of traditional practitioners: According to Amen (2011), there is no agency that keeps comprehensive record of traditional medicine providers in Nigeria, with the result that most of them operate outside the conventional health system, and their modes of practice vary from one locality to another.
10. Poor quality products and lack of standards: There is little or no breakdown of the components of a drug that is administered in treatment. The potency of herbal products and services often vary from one batch/service to the other for the same treatment.

Conclusion/Recommendations

Traditional healing practices are still popular in Nigeria and will continue to be relevant. This is because of its numerous benefits in addition to the fact that many Nigerians have limited access to modern healthcare and medical aids. The knowledge used in traditional medical practices have been sustained over several years with appreciable level of trust on its remedies among the people. It is recommended that modern medicine and the traditional system cooperate and integrate their efforts to enhance coverage and quality of health services received by the people. Competition or rivalry from modern medicine and other practitioners should be discouraged.

Furthermore, the practice of traditional medicine should be adequately regulated. The practitioners should be made to undergo formal training to enhance the quality of their services.

Big gardens or orchards for cultivation of herbs relevant to traditional medicine should be established by governments, non governmental organizations, companies, and individuals. This way, risk involved in acquiring wild herbs from forests would be minimized.

Register/Record of traditional practitioners should be maintained by government for effective monitoring and evaluation of services rendered by each practitioner.

There should be regular workshops and seminars for traditional practitioners to update their knowledge on several issues including hygiene of their work environment.



References

Acharya, D and Anshu S (2008). *Indigenous Herbal Medicines: Tribal Formulations and Traditional Herbal Practices*. Jaipur: Aavishkar Publishers. ISBN 978-81-7910-252-7.

Agbolanhor, F. 1996. "Comparative Health Care Delivery System." In E.A. Oke and B.E. Owumi, eds., *Readings in Medical Sociology*, pp. 32-51. Ibadan: Resource Development and Management Services.

Edeh S .C. (2022) *Advantages and Disadvantages of using Herbal/Traditional Medicine*, April 25, 2022, Scholarly Article.

Erinoshio, L.(2005). *The Burden of Our Women*, University of Ibadan, 29th Postgraduate School Interdisciplinary Research Discourse. Ibadan: University of Ibadan.

Ezebunwa E. N (2008). Traditional Healthcare Delivery Systems in the 21st Century Nigeria: Moving beyond Misconceptions .*World Health & Population 10(1) March 2008 : 23-33.doi:10.12927/whp.2008.19730*.

Ezeogu B and Nwankwo F.C (2023). *Nigerian Journal of Social Problems and Social Policy Reviews*, 1/3, pp

Hesperian Foundation (2001). *Women's Health Exchange: A Resource for Education and Training*. Issue 7, Berkley, CA.

Joshua O. (2020) Benefits of traditional medicine in the modern world. <https://waysto.digital/benefits-of-traditional-medicine-in-the-modern-world/>

Laguerre , M S. (1987). *Afro-Caribbean folk medicine*. New York: Bergin & Garvey. ISBN 978-0-89789-113-4.

Maurice M. and Eric G (2000). "Alternative medicine: Nigeria, The role of traditional medicine" (PDF). *The Lancet*. December 2000.

Nwokocha, E.E.(2004). "Socio-cultural Factors Affecting Pregnancy Outcomes among the Ibani of Rivers State, Nigeria." *Unpublished Doctoral Dissertation. Ibadan: University of Ibadan*.

Nwokocha, E.E.(2006). "Pregnancy Outcomes among the Ibani of Rivers State, Nigeria: Findings from Case Studies." *African Population Studies 21(1): 93-118*.

Odebiyi, A.I. and O.I Aina.(1998). "Women and Health in Nigeria." In A. Sesay and A. Odebiyi, eds., *Nigerian Women in Society and Development*, pp. 98-121. *Ibadan: Dokun*.

Owumi, B.E.(2005). "African Values/Beliefs and the Polemics of Developing Traditional Medicine in Contemporary Times." *Faculty Lecture. University of Ibadan: Faculty of the Social Sciences. Series No. 13*.

Owumi, B.E. (1996b). "Traditional Practitioners: Healers and Healing Practices." In E.A. Oke and B.E. Owumi, eds., *Readings in Medical Sociology*, pp. 223-233. Ibadan: Resource Development and Management Services.



Pallipedia (2022) Health care system. IAHPC Pallipedia.
<https://pallipedia.org/health-care-system/>. Accessed November 12, 2022

UNICEF. (2001). *The State of the World's Children Report*. New York: UNICEF.

W. C. Cockerham and B.P. Hinote (2008) Health Care Delivery System in International Encyclopedia of Public Health, 2008.

World Health Organization. (2006). Constitution of the World Health Organization – Basic Documents, Forty-fifth edition, Supplement, October 2006

World Health Organization(2008) "Traditional Medicine: Definitions" . . 2008-12-01. Retrieved 2014-04-20.

The World Health Organization (2014) "WHO traditional medicine strategy: 2014-2023". December 2013. Archived from the original on January 13, 2014.