



# Practice and Perception of Traditional Medicine Practitioners towards Challenges Facing Traditional Medicine Practice in Nigeria: A Pilot Study

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## Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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## ABSTRACT

**Aim:** This study explores and documents obstacles faced by Traditional Medicine Practitioners (TMPs) in Nigeria. Traditional Medicine (TM) plays a vital role in the healthcare systems of low- and middle-income countries, yet it encounters numerous challenges.

**Place and Duration of Study:** This study was carried out in Nigeria by the Department of Medicinal Plant Research and Traditional Medicine, National Institute for Pharmaceutical Research and Development, Idu – Abuja, Nigeria between December 2021 and January 2022.

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**Methodology:** A survey was conducted among Nigerian TMPs using a semi-structured questionnaire to gain insights into their challenges and potential solutions. TMPs were recruited nationwide using purposive and convenient sampling, and descriptive statistics were used to present data gathered.

**Results:** The majority of TMP respondents (67%) were male, with 48% holding graduate degrees and 11% having doctorates. Regarding practice, 87% of TMPs maintain patient records, and 88% keep medicinal recipe records. Most TMPs (81%) engage in general practice alongside other forms. Collaboration willingness was expressed by 89% towards fellow practitioners, 95% towards research institutes, and 89% towards individual researchers. Challenges identified by TMPs include a lack of cooperation from orthodox doctors (25%), absence of standardized products (19%), inadequate policies (19%), and disorganization among TMPs (15%). Product registration revealed that 81% of TMPs had unregistered products, with 49% citing high registration costs and 21% lacking knowledge about the process. Specific challenges mentioned were insufficient financial resources (48%) and a need for training (30%).

**Conclusion:** It is crucial for stakeholders to collaborate and review policies to address the highlighted challenges and gaps as found in this study.

*Keywords: Traditional medicine practice; Nigeria; herbal medicine; survey.*

## 1. INTRODUCTION

Traditional Medicine (TM) is an integral part of health management options in most parts of the world, especially the low and middle-income countries of Africa, Asia including Europe and America [1]. The World Health Organisation, 2013 defined Traditional Medicine as the sum total of the knowledge, skill, 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 [2].

The practice of traditional medicine is sometimes an underestimated part of health services. In some countries of the world, it is termed Complementary/Alternative Medicine as it is most times not seen as a practice that can be integrated or brought to be at par with the conventional medicine practice even with its long history of use in the management and treatment of different diseases among indigenous people [2]. Policies and regulations have been put in place to promote safe practices that encourage more patronage, trust, and confidence in traditional medicine practices and products in different countries and regions of the world. The use of Traditional Medicine in different parts of the world has been attributed to several factors like cultural/historical influence, as well as the use as a complementary therapy [3]. In the case of low- and middle-income countries of Africa (Nigeria inclusive), medicinal plants are used as the primary source of health care due to the

unavailability/inaccessibility of orthodox medicine services [4]. According to reports, approximately 80% of Nigerians employ herbal medicine to address various health concerns [5]. The responsibility to protect and promote the health of populations by ensuring the safety of practice and managing associated risks lies with the health authorities of different countries. This led to the Nigerian Traditional Medicine Policy (2007) of the Federal Ministry of Health (FMOH). The policy was put in place 'to see both the traditional health care delivery systems empowered to deliver good quality health care to Nigerians and to derive economic benefits [6] which was all in a bid to improve and solve the challenges facing traditional medicine practice in Nigeria. Despite this policy, and the abundance, and affordability of traditional medicines in regions across Nigeria, the practice is still perceived to be facing myriads of challenges as a result of factors we hope to learn about and investigate as part of our research.

In a world that is gradually becoming a global village with people working, living, and moving freely to different parts of the globe, there is a need to understand the practitioners and their practices to address their perceived challenges as well as attain uniformity that will lead to professionalism in their practice. The challenges facing TM practice, especially in developing countries have been previously mentioned and discussed in texts and literature [7,8] but the challenges as perceived by the stakeholders; Traditional Medicine Practitioners (TMPs) alike is vaguely documented especially in Nigeria.

This study aims to investigate and document the challenges facing TM practice in Nigeria as perceived by TMPs. It is hoped that bringing these perceived concerns and suggested solutions to the attention of policymakers and stakeholders in the Nigerian health sector will serve as a wake-up call towards improved attention to the practice.

## 2. METHODOLOGY

### 2.1 Location and Study Area

Respondents were recruited from the Federal Capital Territory (FCT) and selected states in the six geopolitical zones across Nigeria using a hybrid sampling comprising purposive and convenient sampling. The study questionnaires were administered to the TMPs during a training session organised by NIPRD, Abuja in December 2021.

### 2.2 Inclusion and Exclusion Criteria

Respondents must be a TMP with at least 3 years of practice experience in Nigeria while those with less than 3 years of experience as TMP were excluded from participation.

### 2.3 Data Collection

A semi-structured questionnaire was designed for this study. The questionnaire was sectioned into sections that elicit the respondent's area of practice/expertise, how they practise, perceived challenges towards TM practice in Nigeria and their socio-demographic characteristics. Respondents were recruited using purposive and

convenient sampling. The questionnaire was designed and reviewed by the authors by testing the questions for reliability and validity amongst experts and staff members. The questions were majorly multiple-choice and open-ended. A total of eighty-three (83) participants were included by administering a semi-structured questionnaire containing a mix of open-ended and closed-ended questions. Respondents had the option to complete and submit the questionnaire either electronically through Google Forms or by using printed paper copies.

### 2.4 Data Analysis

Descriptive statistics were used to analyse/sort data gathered from the respondents using Microsoft excel 2016 and Graph Pad prism 7.

## 3. RESULTS

A total of eighty-three (83) respondents (TMPs) belonging to the six geopolitical zones of Nigeria and the FCT participated in this study.

### 3.1 Socio-demographic Characteristics of Study Participants

The distribution of the socio-demographic characters of the respondents are as shown in Table 1.

### 3.2 Areas of Traditional Medicine Practice

The selected TMPs have expertise in different areas such as bone setting, traditional birth attendance, general practice, and mental illness treatment amongst others as shown in Fig. 1.

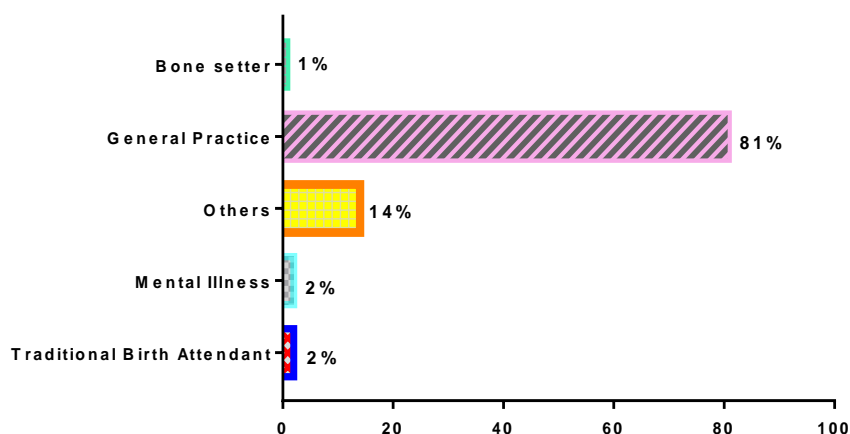
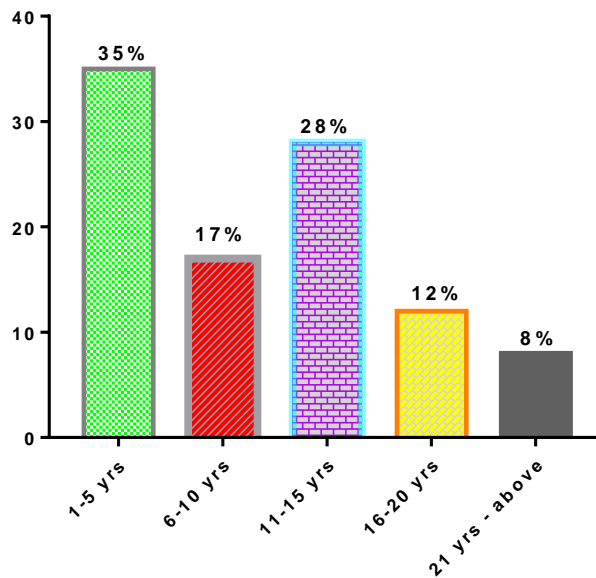


Fig. 1. Area of practice of TMPs (%)

**Table 1. Sociodemographic Characteristics of Respondents (n = 83)**

Parameters	Specification	Number of respondents	%
Sex	Male	56	67
	Female	27	33
Age distribution	<21	1	1
	21 – 30	14	17
	31- 40	36	43
	41 – 50	25	30
	51- 60	6	7
	>60	1	1
Educational Level	No formal Education	1	1
	Primary	0	0
	Secondary	7	8
	Diploma	17	21
	Graduate	40	48
	Masters	9	11
Religion	Doctorate	9	11
	Muslim	51	61
Other Occupation	Christian	32	39
	None	25	30
Other Occupation	Self employed	13	16
	Civil servant	15	18
	Farming	13	16
	Trading	2	2
	Private Organisation	9	11



**Fig. 2. Experience (Years) as a TMP (%)**

Their experience in traditional medicine practice ranges between 1 and 20 years as shown in Fig. 2.

Most practitioners kept records of their patients with a few others either not keeping any records

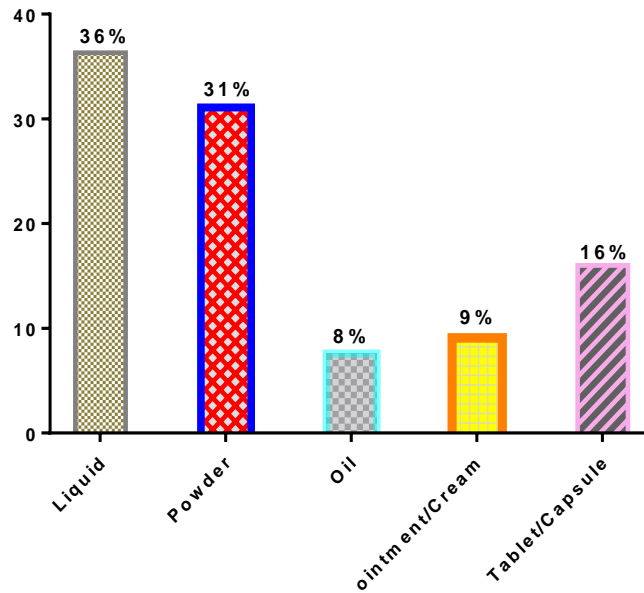
or opining that there is no need for them to keep patient records. The TMPs also refer some of their patients to hospitals in certain instances. Most practitioners have well-kept records of their treatment recipes as shown in Table 2.

**Table 2. Records of recipes of TMPs, Patients record and hospital reference practices**

Records of recipe of TMPs (%)			Records of patients (%)			Referral to Hospital (%)		
Yes	No	There is no need	Yes	NO	There is no need	Yes	No	There is no need
88	10	2	87	10	3	89.1	6	4.9

**Table 3. Collaboration of TMPs with Research Institute, Individual researchers and fellow TMPs**

Collaboration with Research Institutes (%)		Collaboration with Individual Researchers (%)		Collaboration with other TMPs (%)	
YES	NO	YES	NO	YES	NO
95.2	4.8	89.1	10.9	89.1	10.9



**Fig. 3. Dosage forms of recipes administered by TMPs (%)**

The treatment recipes of the respondents are in different dosage forms- liquid, powder, tablet/capsules, ointment, cream, and oil (Fig. 3.). Ailments treated by TMPs include sexual and skin diseases, diabetes, malaria, arthritis, hypertension, stomach pain, and mental illness among many others.

### 3.3 Perception of Challenges

Some of the challenges facing TMPs include issues relating to product registration. The majority of them are willing to collaborate with stakeholders and partners to surmount some of these challenges as shown in Table 3 and Fig. 4 respectively.

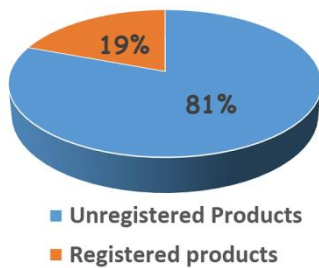


Fig. 4. Ratio of TMPs with registered and unregistered products

Respondents opined those challenges facing TM practice in Nigeria include lack of cooperation by orthodox doctors followed by unstandardized products, TMPs not being organized, and lack of relevant policies amongst others (Fig. 5).

As highlighted in Fig. 6, TMP's challenges include finance for practice, lack of training in some areas, space for practice, and patients not paying amongst many others.

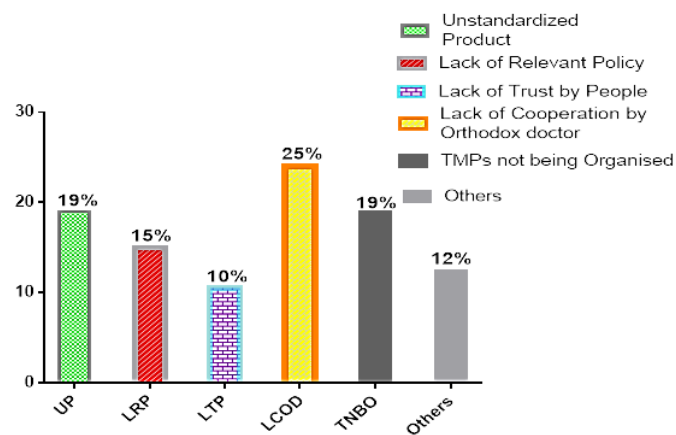


Fig. 5. Challenges facing Traditional Medicine Practice in Nigeria (%)

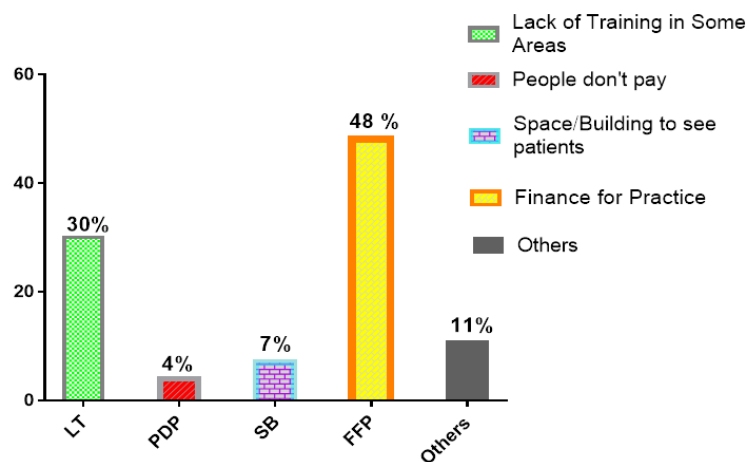


Fig. 6. Personal challenges Faced by TMPs (%)

The expensive and rigorous nature of product registration, not knowing what steps to take to register the product(s), or not having products to register were the major reasons the TMPs gave for not having registered products as shown in Fig. 7.

Many of the TMPs had other jobs (trading, self-employed, farming, etc.), but most of them are mainly TMPs with the majority of those that have other engagements as well as being TMP being - civil servants (18%), while some others are self-employed (16%) with a few others engaging in trading (2%).

Fig. 8 as seen elicits the opinions of the TMPs on what Government can do to improve TM practice in Nigeria.

The majority of the TMPs are in general practice among many other areas of specialty. More than half of the respondents are Muslims.

#### 4. DISCUSSION

The sociodemographic characteristics reveal that there are more males than females in practice and the majority of them are aged between 31-40. One respondent is below 21years and another one is above 60 years. The majority of the TMPs had education up to the graduate level.

Most of the recipes administered by the TMPs are in liquid form which is typical of herbal concoctions and recipes [9-11]. As part of their practice, it was revealed that the majority (between 87% to 89%) of the TMPs kept patient and recipe records and also referred patients to hospitals when they think the illness is best handled by conventional medicine.

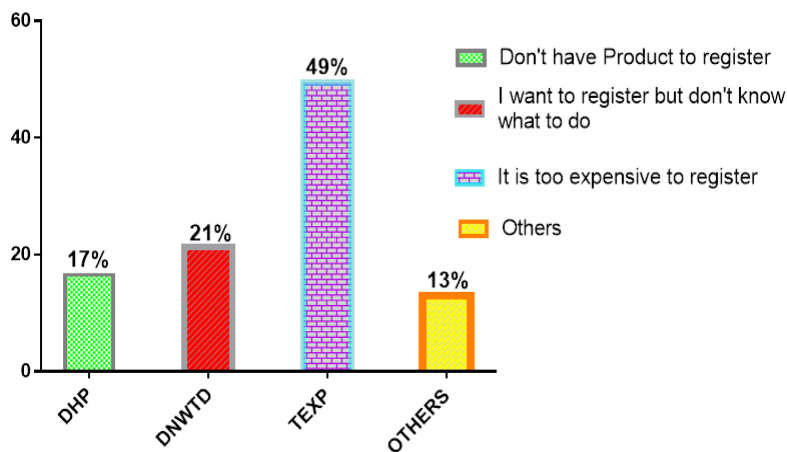


Fig. 7. Reasons TMPs Products are not being registered (%)

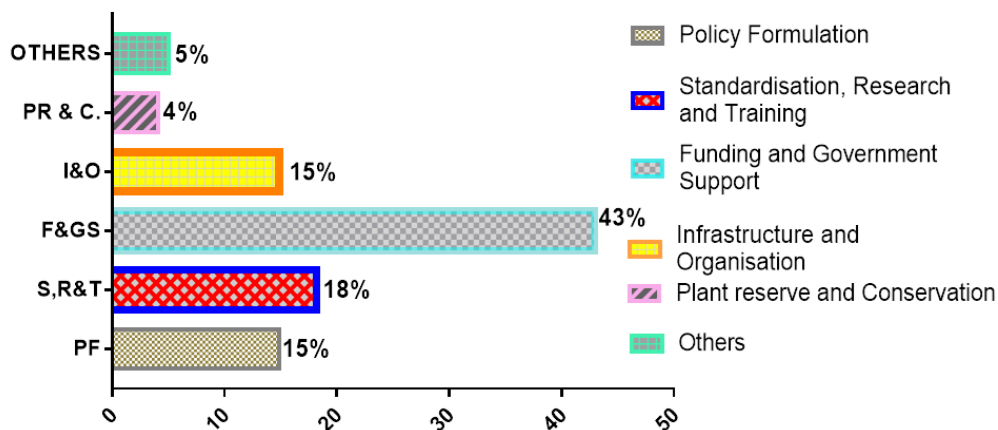


Fig. 8. Opinions on how government can improve Traditional Medicine Practice (%)

#### **4.1 Challenges Associated with Collaborative Efforts and Product Registration**

The majority of the TMPs are willing to collaborate with relevant stakeholders and partners with the comparative advantage that helps to improve their products and practice. They expressed willingness to collaborate with other TMPs, Research institutes, and independent researchers when necessary (Table 3). This is consistent with the findings of Addis, et al. [12] in a study carried out in Ethiopia about perceptions and practices of modern and traditional health practitioners about traditional medicine.

Product development and registration are observed to be one of the major challenges that TMPs face, as the majority of them neither have products developed and or registered which is in tandem with the findings of Adekannbi [13]. Some TMPs expressed concerns about the processes and requirements leading to product development and registration, hence the willingness to collaborate with partners (research institutes, individual researchers, and other well-established TMPs) that can improve their products.

#### **4.2 General and Personal Challenges**

The general challenges expressed by respondents range from a lack of cooperation by orthodox doctors to a lack of relevant policies and the problem of unstandardized products (Fig. 5). These challenges as stated by the respondents are because the safety and efficacy assessment of most herbal products as well as their research protocol needed is painstaking, rigorous, and needs careful analysis, unlike orthodox medicine. Medicinal plants contain a mixture of different bioactive constituents that has different phytotherapeutic implication(s) when ingested. The situation becomes even more complicated when it is a polyherbal formulation [14]. Guidelines/policy frameworks that have been put in place for standardization are either not followed or are perceived to be too difficult to adhere to, hence people's perception towards TM practice as unregimented and unsafe. The lack of cooperation among orthodox doctors can be attributed to stigmatization due to poor perceptions and attitudes as reported in the work of Gakuya, et al. [15]. Also, the lack of organization among practitioners as stated by the TMPs makes it difficult for any government

intervention in traditional medicine practices which are most times implemented through their various associations and bodies. This lack of organisation amongst practitioners was also reported in the work of Adekannbi [13].

The TMPs also mentioned facing various personal challenges that have been impediments to their practice. Issues like finance for practice, lack of training/expertise in some areas, and people not paying, among other issues were raised. Some of these issues were highlighted in the works of Lampiao, et al. [16] and Lam, et al. [17] as important factors that can help improve Traditional Medicine Practice if properly addressed.

#### **4.3 Opinions on how Government Can Improve Practice**

The majority of TMPs are inclined to the general perception that the buck stops at the table of government and they are responsible for putting quite a several things in place to mitigate the myriads of challenges facing traditional medicine practice in Nigeria. According to Madiba [18] and Gakuya, Okumu, Kiama, Mbaria, Gathumbi, Mathiu and Nguta [15], policy formulation and regulation of herbal medicine practice is still a major challenge, the government should develop workable policies with stakeholders in the Traditional Medicine Practice and ensure its adoption and full adherence. The TMPs opined that the government should support in areas such as – the provision of funds for practice, standardization of products, research and training, infrastructure and organization, policy formulation and implementation amongst many others.

The concern, opinions, and perceptions of the TMPs are somewhat legitimate e.g. for standardization and quality control, government regulatory bodies should provide guidelines on herbal raw materials to be used (Starting material), as well as the finished products (storage conditions, packaging, etc.) [14]. Because of the lack of adherence or non-availability of quality control and standardization framework, it has become a great challenge to control the quality of finished herbal products [19].

While gathering the viewpoints of numerous Traditional Medicine Practitioners (TMPs) across Nigeria might appear challenging, it is certainly achievable with proper organization and



registration through either their professional association or government regulatory body. Establishing trust and cooperation between practitioners, government policymakers, and researchers is crucial. Such collaboration could provide valuable insights into their practices and challenges, as well as potentially enabling a near true estimation of the percentage of individuals who seek Traditional Medicine in Nigeria.

## 5. CONCLUSION

Traditional Medicine Practice in Nigeria just like in many other countries of sub-Saharan Africa has witnessed tremendous challenges and impediments over the years. Despite government efforts and those of regulatory health agencies like the World Health Organisation (WHO) as well as the United Nations Educational, Scientific and Cultural Organization (UNESCO), these various perceived challenges persist and were further confirmed as seen in this study. This study has brought to the fore the perception of TMPs to challenges facing TM practice which are in tandem with what is currently known as challenges facing TM practice. The response of the TMPs might be influenced by the information already known about the challenges facing TM.

Majorly, the perceived challenges facing traditional medicine practice in Nigeria revealed in this study have more to do with what the people think the government should do or do differently. There is therefore the need for concerted effort and cooperation amongst all relevant stakeholders to further continue in their bid to improve traditional medicine practice in Nigeria by finding the best possible way(s) of addressing the issues raised by the TMPs to achieve the set aims and objectives of the Nigeria FMOH as contained in her Traditional Medicine Policy framework [6].

## CONSENT

The purpose of this study was clearly defined and explained to respondents, verbal as well as written informed consent was obtained prior to enrolling participants, following a clear explanation of the study's objectives in English. This was carried out between December 2021 to January 2022.

## ETHICAL APPROVAL

It is not applicable.

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

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