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PREVALENCE OF TRADITIONAL MEDICINE PRACTICES AMONGST MOTHERS OF UNDER-FIVE CHILDREN AT THE FEDERAL UNIVERSITY TEACHING HOSPITAL OWERRI, IMO STATE, SOUTH-EAST NIGERIA

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Abstract:
Introduction: Traditional medicine is sometimes known as alternative medicine. It is an indigenous medical system based on the beliefs about the causes of illness as well as the customs and culture of the people. According to the World Health Organization (WHO), traditional medicine is "*the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, used in the prevention, diagnosis, improvement or treatment of physical and mental illness*." There are a lot of issues with using traditional

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remedies. First of all, unlike orthodox treatments, the body cannot metabolize traditional medicines naturally. There are very few standardized dosages available to avoid side effects. **Objectives**: To assess the prevalence of traditional medicine practices amongst mothers of under-five children at Federal University Teaching Hospital, Owerri. **Methods:** A cross-sectional descriptive study from 1st October to 31st December 2022. A simple random sampling technique by balloting was used to select the study participants. Data was collected using a semi-structured questionnaire and were analyzed using SPSS version 23. **Results:** Seven (2.9%) of the respondents always use traditional medicine while, 65 (26.6%) sometimes engaged in traditional medicine practices but the majority of the respondents had never engaged in traditional medical practices, 98 (40.2%). Seventy-four (30.3%) had rarely used it. Forty-one (56.9%) people evaluated it years ago, out of the many. There was no statistically significant association between the socio-demographic factors and the reasons for using traditional medicine practices. **Conclusion:** The prevalence of traditional medicine practices among mothers of under-five children was found to be very low among those who always use traditional medical practices and low among those who sometimes engage in traditional medicine practices. This study therefore recommends more health education on the advantages and benefits of orthodox medicine for these mothers.

Keywords: prevalence, traditional medicine practices, mothers, under-five children, Owerri

1. Introduction

The term "traditional medicine practices" describes methods, attitudes, knowledge, and beliefs related to health that use exercises and methods from plants, animals, and minerals alone or in combination to cure, diagnose, and prevent diseases or promote overall well-being (1). Alternate medicine is another term for traditional medicine. It is an indigenous medical system based on the customs and culture of the people together with their theories regarding the origins of illness. Traditional medicine is "*the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, used in the prevention, diagnosis, improvement or treatment of physical and mental illness*," according to the World Health Organization (WHO) (2,3). Approximately 80% of the global populace receives their main healthcare from traditional medicine (TM). In developing nations, particularly in Asia and Africa, the percentage of people using TM varies from 70.00% to 95.00%. About 90% of people in Africa, particularly in sub-Saharan Africa, rely on traditional medicine (4).

Individuals falling between the age range of infancy to young adulthood, or birth to age 18, are considered to be in the pediatric age range. As a result of their dependability, the parents or other caregivers are responsible for their healthcare. There are several reasons why moms, particularly mothers of those under the age of five, might choose to use traditional medical professionals or care; they include the mothers'

accessibility, affordability, and educational standing (5). In terms of accessibility, traditional medical practices are more broadly accessible, readily obtainable, and reasonably priced than contemporary orthodox medical services in underdeveloped nations such as Nigeria. Furthermore, traditional medicine is typically the primary line of healthcare in the community since it is frequently entwined with daily life and belief systems, and because traditional healers are respected community members. When the closest primary healthcare center is located far from the community, conventional medical care could be the last option (6). In developed nations, patients receive health-related information through print and broadcast media as well as the Internet, giving them a solid foundation upon which to make decisions about their care, regardless of their level of education. When compared to "manufactured" pharmaceutical goods, alternative remedies are consequently more enticing because they are thought to be more natural. In underdeveloped nations, people are more likely to use traditional medicine as their main source of medical care since they do not have easy access to health information through the methods explained above (1).

Problems associated with the use of traditional medicines are numerous. First of all, the body cannot naturally process traditional medicines like it can with orthodox medications. Hardly any standardized doses exist to prevent negative effects. Additionally, the active botanical ingredient in these combinations or regimens has not been identified, making it difficult to determine how they work. Every herb carries the risk of causing an adverse reaction. Those who have dairy allergies should not use Feverfew. Both plants are members of the same family; common allergens include juniper, plantain, yarrow, and dandelion (1). Due to the oral transmission of traditional medical practices from generation to generation, there may be a lot of false information about their effectiveness (7). It has been shown that 100% of herbal medicine samples from Nigeria have high levels of heavy metals like lead, mercury, and cadmium. According to WHO guidelines, the levels of microbiological contamination found in herbal medications are unacceptable, according to additional studies. This is alarming because the use of herbal medicines is common and they are generally thought to be safe by their consumers (8).

Children under the age of five represent a susceptible population with an elevated incidence of illness and death. For public health interventions, it is essential to comprehend the prevalence and variables influencing the use of traditional medicine among mothers of these children. It can provide information to legislators and healthcare professionals about how to combine traditional medicine with modern medicine, which could enhance the quality of treatment and results for children under five (9). Healthcare decisions are frequently influenced by cultural background and socioeconomic level, which might include a preference for traditional treatment. Examining these elements in the context of Owerri, a place with a diverse range of cultural customs, offers insightful information about the interactions between conventional wisdom and contemporary medical procedures (10). This can assist in creating healthcare initiatives that are more acceptable and successful in the community while taking cultural sensitivity into account.

The Federal University Teaching Hospital in Owerri and other healthcare facilities could benefit from the study's conclusions. The research could result in better healthcare communication strategies, educational programs for mothers, and more informed healthcare decisions by determining the prevalence and justifications for the use of traditional medicine. These actions could ultimately improve the health outcomes for children under five (1,9,10).

The usage of herbal medicines among African children under five is estimated to be between 8% and 15% based on current available data (11). Regretfully, the majority of these researches included young subjects who might not accurately represent youngsters in Africa as a whole. Furthermore, the majority of these researches assess the usage of herbal medicines in kids with long-term illnesses or those who were recruited from medical facilities (11). A study conducted in Trinidad and Tobago found that the usage of herbal medication is rising among children under five years of age. Most respondents (89.4%) stated that they currently or have given their children under five years old herbal medicine. Thirty-seven people (37)10.6%, said they have never used herbal medicine (12). Similar research conducted in South Africa reveals that 55% of children under five took herbal remedies (13). A study conducted in Ethiopia found that 317 (90.3%) of the 351 participants had treated their children using traditional medicine in the previous 12 months. A total of 108 responders (43.5%) utilized a diluted form of conventional medicine. One hundred and seventy-five (55.2%) of those who used traditional medicine reported using herbal medicine for their children at least once in the previous 12 months (14).

A cross-sectional study done in Jos South Local Government Area found that whilst 214 (94.8%) had heard of traditional medicine, 222 (83.7%) had used it at least once in their lives, primarily for fever and malaria treatment. One hundred and eleven respondents (38.4%) preferred to use both modern and traditional medicine (15).

2. Methodology

The study was conducted at Federal University Teaching Hospital Owerri (FUTHO), previously Federal Medical Center, Owerri (FMCO), which is located in the southeast of Nigeria. It was conducted in the under-five unit of the pediatric department. FUTHO is situated in Owerri, the capital of Imo State, Nigeria, it is a tertiary hospital owned by the Federal Government of Nigeria. With more than 500 beds, the hospital can house up to 850 inpatients at once. There are multiple wards, three labs, two radiology labs, and one department dedicated to support services. This premier medical facility is where complex medical issues are handled or treated. In addition, it serves as a teaching ground for on-the-job training for medical students, intern physicians, physiotherapists, pharmacists, and nurses. This study included moms of under-five children from all socioeconomic classes who had to have at some point provided medical care for a child. The study was a cross-sectional study carried out on mothers who had either had or taken care of children between the ages of 0 – 5 years and who were attending the pediatric clinic of

the health facility. Mothers who refused to give consent to participate in the study were excluded from the study. The study was carried out between October 2022 and May 2023 and the minimum sample size of 273 was obtained after it was calculated using the Cochrane formula with a 10% adjustment for non-response or attrition.

The sampling technique used was the simple random technique, where women of all socio-economic classes were randomly selected by simple balloting and questionnaires duly administered. A semi-structured questionnaire that participants self-administered was used to collect data for the study. Consent to participate in this study was sought from the respondents after detailed explanations to them about what the study entails, as well as assuring them of the confidentiality of the information to be given. Version 23 of the Statistical Package for Social Science (SPSS) program was used to analyze the data.

3. Results

Table 1: Socio-demographic data

Variable	Frequency	Percentage (%)
Age group (years)		
< 25	31	12.5
26-30	126	50.6
31- 35	60	24.1
36-40	21	8.4
41-45	11	4.4
Total	249	100.0
Marital status		
Single	4	1.6
Married	242	97.2
Widowed	1	0.4
Divorced	2	0.8
Total	251	100.0
Ethnicity		
Igbo	234	93.5
Yoruba	13	5
Hausa	1	0.5
Others*	2	0.8
Total	250	100.0
Religion		
Christianity	245	98.4
Islam	2	0.8
Traditional African Religion	2	0.8
Others	0	0.0
Total	249	100.0
Education status		
None	0	0
Primary	3	1.2
Secondary	39	15.8

Tertiary	157	63.6
Postgraduate	48	19.4
Total	247	100.0
Occupational status		
Public/civil servant	94	38.1
Trading/Business	97	39.3
Student	29	11.7
Unemployed	11	4.5
Skilled/Artisan	16	6.5
Family income		
≤18,000	13	5.2
19,000 - 28,000	17	6.9
29,000 - 38,000	22	8.9
39,000 - 48,000	46	18.5
≥49,000	150	60.5
Total	248	100.0
Family type		
Monogamous	227	95.4
Polygamous	11	4.6
Total	251	100.0
Number of children		
One	75	29.9
Two	79	31.5
Three	48	19.1
Four	32	12.7
Five	8	3.2
>5	9	3.6
Total	251	100.0

*Others in Ethnicity include other Nigerian tribes.

Table 1 above shows that the mean age of the respondents was 30.2 ± 4.6 with more of them within the 26 – 30-year age group (50.6%). The majority of them were married, 242 (97.2%). Most are Igbo by tribe, 234 (93.5%), Christians, 245 (98.4%) with tertiary level of education, 157 (63.6%), are Traders/Businesswomen 97 (39.3%). Most of them had a family income of ≥49,000, 150 (60.5%), 2 children, 79 (31.5%), and lived in a monogamous family type, 227 (95.4%).

Table 3: Prevalence of Traditional Medicine Practices

Variable	Frequency	Percentage (%)
Engagement in traditional medicine practices		
Always	7	2.9
Sometimes	65	26.6
Rarely	74	30.3
Never	98	40.2
Total	244	100.0
How long ago have you used traditional methods of treatment?		
Days	4	5.6
Weeks	5	6.9

Months	22	30.6
Years	41	56.9
Total	72	100.0
How do you manage or treat the following illnesses? (MRA)		
Fever		
Application of crude oil	4	1.7
Palm kernel oil	11	4.6
Anointing oil	5	2.1
Drinking of herbal mixture	9	3.8
Others*	210	87.9
Convulsion (MRA)		
Scarification marks	5	6.2
Use/Drinking of herbal mixture	11	13.6
Human urine	3	3.7
Crude oil	12	14.8
Palm kernel	36	44.4
Olive oil	12	14.8
Putting leg/hand inside fire	2	2.5
Conjunctivitis (Apollo) - MRA		
Putting of urine into the eyes	11	8.1
Putting breast milk into the eyes	30	22.1
Putting herbal mixture	5	3.7
Putting human urine	4	2.9
Take child to see a doctor	76	55.9
Others**	10	6.3
Diarrhoea (MRA)		
Drinking herbal mixture	12	6.9
Oral rehydration therapy	127	73.4
Others***	34	20.7
Enlarged abdomen (MRA)		
Drinking of herbal concoctions	34	59.1
Scarification on the abdomen	14	21.2
Scarification on the abdomen	2	3.0
Hot stone	11	16.7
Treatment of umbilical cord stump		
Application of animal feces	1	0.7
Application of toothpaste	16	11.3
Application of Vaseline	96	68.1
Application of breast milk	5	3.5
Others****	23	16.3
Malaria and typhoid (MRA)		
Roots	19	16.4
Nchuanwu/Utazi	25	21.6
Others*****	72	62.1

Legend:

MRA (Multiple Responses Applicable)

*Others in Fever included seeing a doctor

**Others in Conjunctivitis included sugar, eye drop

***Others in diarrhea included seeing a doctor, sprite

****Others in Enlarged abdomen (apaafo) included seeing a doctor
*****Others in healing wounds from fallen umbilical cord stumps included methylated spirit, seeing a doctor, use of penicillin

Tables 3 above indicate that 7 (2.9%) always use traditional medicine practices while, 65 (26.6%) sometimes engaged in traditional medicine practices but the majority of the respondents had never engaged in traditional medicine practices, 98 (40.2%). 74 (30.3%) had rarely used it. With many assessing it last, years ago, 41 (56.9%). Fever was the predominant ailment and was managed by paracetamol with 109 (45.6%), followed by Diarrhea, managed by Oral Rehydration Therapy (ORT) 127 (73.4%), and healing of wound from the umbilical stump, managed mostly by Vaseline, 96 (68.1%).

Table 5: The Effects of Traditional Medicine Practice

Variable	Frequency	Percentage (%)
Do you consider the use of traditional medicine practices effective?		
Yes	92	49.2
No	95	50.8
Total	187	100.0
Do you think your child's condition improved?		
Yes	74	51.4
No	70	48.6
Total	144	100.0
How often have they been effective?		
Always	23	14.7
Sometimes	73	46.8
Rarely	24	15.4
Never	36	23.1
Total	156	100.0
Did you ever notice any adverse effects?		
Yes	38	26.6
No	105	73.4
Total	143	100.0
Adverse effects (MRA)		
Fever	9	11.8
Unconsciousness	5	6.6
Eye pains	3	3.9
Blurred vision	4	5.3
Constipation	9	11.8
Abdominal swelling	6	7.9
Diarrhea	14	18.4
Abdominal pains	9	11.8
Convulsions	9	11.8
Ulcers	1	1.3
Skin infections	5	6.6
Loss of appetite	2	2.6

Legend:
MRA (Multiple Responses Applicable)

Table 5 shows that the majority 95 (37.8%) of the respondents do not consider the use of traditional medicine effective. A substantial number of the respondents believe it was effective sometimes, 73 (46.8%), and also observed improvement in their children's condition, 74 (51.4%) without adverse effects, 105 (73.4%).

Table 6: Reasons for utilization of traditional medicine

Variable	Frequency	Percentage (%)
Why do you prefer trad. medicine practices to other modes of treatment? (MRA)		
Religion	7	7.4
Economic/financial reasons	35	37.2
Social reasons	14	14.6
Cultural reasons	38	40.4
Total	94	100.0
Are there other practices you think can substitute traditional medicine?		
Yes	69	45.1
No	21	13.7
Not sure	63	41.2
Total	153	100.0
Has traditional medicine practices really been useful?		
Yes	91	62.8
No	54	37.2
Total	145	100.0
Have you ever desired to quit using traditional methods of treatment?		
Yes	55	44.0
No	70	56.0
Total	125	100.0
If orthodox method of treatment is to be made cheap, accessible and easily affordable, would you use this method?		
Yes	136	83.4
No	27	16.6
Total	163	100.0

Table 6 above shows that the majority of the respondents who have engaged in traditional medicine use, do prefer traditional medicine practices to other treatment modes mostly because of economic or financial reasons, 35 (37.2%). Most of them also consider other treatment substitutes, 69 (45.1%) but also consider traditional medicine practices to be useful, 91 (62.8%). Majority of them also have never desired to quit using traditional medicine practices, 70 (56%). Many of them would also patronize orthodox forms of medicine if made cheap, accessible, and affordable, 136 (83.4%).

Table 7: Factors affecting the utilization of traditional medicine practices

Variables	**Why do you prefer traditional medicine practices to other treatment options?**					**Test statistics/ P value**
	Religion	**Economic**	**Social**	**Cultural**	**Total**	
Age (years)						
<25	1	6	4	5	16	x2 = 8.4 df = 12 p = 0.754
26-30	4	11	5	19	39	
31-35	1	12	2	10	25	
36-40	1	3	2	2	8	
41-45	0	3	1	1	5	
Occupation						
Civil servant	4	13	4	11	32	x2 = 6.3 df = 12 p = 0
Trader/businessman	3	12	7	18	40	
Student		5	2	5	5	
902						
Unemployed	0	2	1	1	4	
Skilled person	0	3	0	3	6	
Education						
Primary	0	1	0	0	1	x2 = 4.1 df = 9 p = 0.904
Secondary	1	6	2	6	15	
Tertiary	5	24	11	21	61	
Postgraduate	1	4	1	6	12	
Family type						
Monogamous	7	31	14	35	87	x2 = 3.5 df = 3 p=0.324
Polygamous	0	2	0	0	2	
Marital status						
Married	7	34	14	38	93	x2 = 1.7 df = 3 p = 0.636
Widowed	0	1	0	0	1	
Ethnicity						
Igbo	6	32	13	34	85	x2 = 3.7 df = 9 p = 0.929
Yoruba	1	3	1	2	7	
Hausa	0	0	0	1	1	
Others	0	0	0	1	1	
Religion						
Christianity	6	32	13	34	85	x2 = 5.9 df = 3 p = 0.112
Islam	1	0	0	1	2	
Traditional	7	34	14	38	93	
Income						
<18,000	0	1	2	1	8	x2 = 17 df = 12 p = 0.123
19,000-28,000	0	8	1	1	10	
29,000-38,000	1	3	3	4	11	
39,000-48,000	1	5	3	3	12	
>49,000	5	18	5	27	55	

Table 7 above shows that there is no statistically significant association between the socio-demographic factors and the reasons for the utilization of traditional medicine practices. In other words, socio-demographic factors in this study were not found to influence practice of traditional medical practices.

4. Discussion

The mean age of the respondents was 30.2 years, with more of them within the 26 – 30-year age group and the majority (97.2%) of them were married. This is expected as the study was amongst mothers who brought their children to the clinic, so they are mostly of the reproductive age group and mostly expected to be married. Most (93.5%) were Igbo by tribe, and most (98.4%) were Christians. This is also not surprising as the study was done in Owerri, which is in the South East of Nigeria and is also predominantly of the Christian religion.

Findings in this study show that 2.9% of the respondents always use traditional medical practice. This is a lower finding as compared to a study in 2013 that reported a practice or use of traditional medical care of 8%(11). This study found that 26.6% sometimes engaged in traditional medical practices. This is also far lower as compared to reports from studies in South Africa(14) that reported a use at least once of 55.7%; and a study in Jos South Local Government Area(15) of Nigeria that a reported a use sometimes of 83.7%; and another study in Trinidad and Tobago(12) that reported at least once use in under five of 89.45. This study showed that the majority (40.2%) of the respondents had never engaged in traditional medical practices. This a higher outcome as compared to the study in Trinidad and Tobago(12) that reported that 10.6% of their respondents had never used traditional medical practice.

Findings from this study show that there was no statistically significant association between the socio-demographic factors and the reasons for the utilization of traditional medicine practices. In other words, socio-demographic factors in this study were not found to influence the practice of traditional medical practices, which may be because this study was done in the heart of Owerri, a state capital with a high level of awareness.

5. Conclusion

The prevalence of traditional medicine practices among mothers of under-five children was found to be very low among the respondents who always use traditional medical practices and low among those who sometimes engaged in traditional medicine practices. This study, therefore, recommends more health education on the advantages and benefits of orthodox medicine to these mothers.

Conflict of Interest Statement

The authors declare no conflicts of interest whatsoever.

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