

RESEARCH ARTICLE

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Factors influencing the use of traditional healing among farmers in Kwara State, Nigeria.

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¹Department of Agricultural Extension and Rural Development, Faculty of Agriculture, University of Ilorin, Ilorin, Kwara State, Nigeria**Abstract:**

Traditional healing is a common practice among low and middle income in Nigeria. The study examines the factors influencing the use of traditional healing among farmers in Kwara State, Nigeria. A total of three hundred (300) respondents were selected using a multi-stage random sampling technique. The findings revealed the following factors influencing farmers to use traditional healing: (1) far distance of farm settlements to hospitals, (2) low income of farmers, (3) effectiveness of traditional healing practices (4) believe in difficult-to-treat illness/diseases. Findings also revealed that majority (93.7%) utilize both traditional and western medicine with almost all had no social-cultural belief against the use of western medicine. The chi-square analysis further showed significant relationship ($p < 0.05$) between frequency of use traditional healing and level of education, farmer's income and tradition healing practices effectiveness. Based on the study, the study concludes that the use of traditional healing practices among farmers is influenced by lot of factors. The study recommends that traditional healing practices curing illness/diseases common among farmers should be properly sanctioned and be given proper recognition by government health system, as well as providing collaboration between traditional and western medicine in order to boost health care delivery in rural farming communities.

Keywords: Influencing factors, use, traditional healing practices, farmer

1. Introduction

A major concern of one affected with illness/diseases is to survive the challenges and continue to live a quality life. As a fighter, one will try various means to survive. This action may be influenced by possible cost (money, time, availability, etc) to seek for remedy before he/she proceed to the place where remedy can be obtained. This is because health is the most precious of all things and it is the foundation of all happiness and so it should not be considered in isolation from other element of development process as it affects socio-economic factors notably income.

In Nigeria, agriculture is the source of livelihood for over 80% population [3]. Agriculture is more or less geared towards human health at the highest level of consideration [17] defines health as the state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity. This definition of health encompasses well-being including quality of life, positive mental health, and the consideration of culturally sensitive approaches to healthcare as well as indigenous and alternative forms of healing. [15] Opined that good health affects agriculture by boosting farmer's capacity for work and thus increasing how much they can produce. Farming, being one of the most hazardous occupations. Many literatures have examined farmers' health

conditions among the farm population and several studies about diseases and illness related to farming occupation which could make farmers not to utilize fully all farm inputs at their disposal. These have focused primarily on farm respiratory health [11], hearing loss [6], dermatitis and skin cancer [14] and musculoskeletal disorders [16].

Greater number of farmer in Nigeria lives in the rural area and most of them are small scale farmers [3]. Literatures have indicated several barriers faced by farming communities to access modern health care services which could eventually make them to seek for alternative healing practices. [8] Noted that shortage of health care providers in the rural areas, lack of insurance by farm families and multi-job holding status of farmers, all contribute to a lack of well-being of farm families. [10] Stated that the health care used by a population is related to the availability, quality and cost of services. [3] Found that far distance from provider, bad road status, high cost of transportation, low source of information and high rate of gender bias (male domination) constituted to problems faced in accessing health centers.

The term "traditional medicine and healing," as defined by [18]: Is the sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences Indigene to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis,

improvement of treatment of physical and mental illness. Literature has cited World Health Organization [17] estimating world population relying on traditional medicines for their primary health care to be four billion people, 80% of them coming from developing countries [5]. [12] Reported that the high reliance is due to the fact that traditional medicine is accessible, affordable, culturally and socially acceptable and most people prefer it to the 'exorbitantly priced' conventional Western medicine, low ratio of the university trained doctor to rural populations. Many researchers have characterized users of alternative medicine. Such predictors include education, age, access to health care, self-perceived health status and socioeconomic status [13]. Prominence of traditional medicines, manifested by a high imbalance ratio between traditional healers and modern medical doctors, are caused by factors such as; inadequate medical facilities, poor accessibility to western medical services, chronic and difficult-to-treat illness, low purchasing power among the rural people and the trust that people have over the efficacy of medicinal plants [1]. The reality that the world is experiencing an increasing rate of resistance by pathogens to some of the synthetic drugs and that some of the diseases such as cancer, diabetes and AIDS have not found treatments from modern medicine has also increased the popularity of the traditional medicines [9].

There is a growing body of literature about traditional medicine and its users, yet only a limited number of studies exist that characterizes influencing factors behind the use of traditional healing practices and farming occupation. As explained above, farmers face a lot of health problems as a result of various farming activities and that rural farmers have the poorest health status which eventually determines the rate of agricultural productivity. So, it was important to know the factors influencing farmers in accessing traditional healing practices. This study, which was carried out in Kwara State, Nigeria seek to determine some factors influencing the use of traditional healing practices among farmers in the study area. Identifying at least most of these factors will be a good step towards the ensuring good health among farmers in Nigeria.

2. Methodology

2.1. Study Area

The study was conducted in Kwara State, Nigeria in year 2012. Kwara State is located in the North

Central Geographical Zone of Nigeria within latitudes 7° 45'N and 9° 30'E and 6° 25'E. It covers a total land area of about 36,825 square kilometers. The state comprises of 16 Local Governments Areas (LGA's) which are further grouped by Kwara State Agricultural Development Project (KWADP) into four zones. The topography is mainly plain to slightly gentle rolling lands. The annual rainfall ranges between 1000mm and 1500mm. Average temperature ranges between 30°C and 35°C. It also has an estimated figure of 203,833 farm families with the majority living in the rural area.

2.2. Sampling Technique

The population for this study comprise of all farmer in Kwara State. A three stage random sampling technique was used in selecting the sample for this study. The first stage involved a random selection of one (1) Local Government Area (LGA) each in the four (4) KWADP's zones in Kwara State. The selected LGAs were Kaima, Edu, Moro and Isin. The second stage involved a random selection of three (3) communities in each of the LGAs selected. The selected communities in Moro LGA were Oloru, Lanwa and Megida; Isin LGA: Oke Onigbin, Ijara-Isin and Edidi; Kaima LGA: Aboki, Kanikoko and Gbweria; Edu LGA: Tsharagi, Bokungi and Ndeji. The list of farmers in each selected villages was gotten from Kwara State Agricultural Development Project Office from where twenty five (25) farmers in each selected villages was randomly selected, this gave a sample size of 300 respondents.

2.3. Data collection Method

The data collected for this study were obtained from primary and secondary sources. The primary data were collected for this research using a well-structured questionnaire. Secondary data on the other hand were collected from relevant literature, textbooks etc. The primary data were collected between February 2012 and June 2012, with a well-structured questionnaire. Copies of the questionnaire were administered to farmers during field survey to farming communities.

2.4. Data Analysis

The socio-economic characteristics of farmers, health care services patronized by farmers and perceived factors influencing farmers in the study area were examined using descriptive statistics such as frequency counts and percentages. Chi square analysis was used to test the hypothesis stated below:

H₀: There is no significant relationship between some selected socio-economic/perceived factors influencing the use of traditional healing and its frequency of use among farmers.

H_A: There is significant relationship between some selected socio-economic/perceived factors influencing the use of traditional healing and its frequency of use among farmers.

3. Results and Discussion

3.1. Socioeconomic Characteristics of Respondents

As shown in table 1, majority 73.1% of the respondents were male while 26.9% were female. This shows that few women are into farming and most of them could be responsible for marketing and processing of farm produce. Majority of the respondents fall within the modal age of 26 – 24 years (54.7%). This implies that larger percentage of respondents was adult farmers and could be classified as active and socioeconomically viable age group. The modal age group farmers, farmers between 47- 67 years of age (37.3%) and farmers that were greater than 68 years (1.7%) are more likely to hold and appreciate traditional believes because they are aged enough and could have probably accumulated a lot of indigenous knowledge about traditional believes upon which they can make decision on which type of medical services he/she wants to patronize, also these aged farmers are likely to have more diseases/illness as stated by Anderson & Horvath, 2002 that 70% of adult American farmers aged 60+ years were more likely to make frequent medical visit than their younger counterparts and less likely to delay care due to cost.

Table 1 further revealed that most of the farmers 41.3% (124) did not receive any formal education. [13], had noted that predictors that characterized users of traditional medicine include education. This suggests farmers in this category of farmers may not access modern medical facilities but holds to traditional knowledge for maintaining their health in order to remain active on farm. Farmers with tertiary education 7.3% are most likely not to access traditional healing practices but prefer modern medical facilities, as stated by [7], that education attainment increases productivity is bound to increases as educated citizen is more likely to imbibe new knowledge and technologies.

Results in table 1 also shows that most of the respondents 61.0% were Muslim, 30.3% were

Christian while only 8.7% were traditional worshippers. As shown in table 1, most of the farmer 62.0% had a household size of 8 – 11people while 2.3% farmers had household size above 12 people.

Table 1: Socioeconomic Characteristics of Respondents.

<i>Variables</i>	<i>Frequency</i>	<i>Percentage</i>
Age (Years)		
Less than 25	19	6.3
26 – 46	164	54.7
47 – 67	112	37.3
greater than 68	5	1.7
Total	300	100
Educational status		
No formal	124	41.3
Quranic	82	27.4
Primary	34	11.3
Secondary	38	12.7
Tertiary	22	7.3
Total	300	100
Religion		
Traditional	26	8.7
Islamic	183	61.0
Christianity	91	30.7
Total	300	100
Farming status		
Full - time	239	79.7
Part - time	61	20.3
Total	300	100
Average Income per annum (Naira)		
Less than 10,000	253	84.3
10,000 – 205,999	32	10.7
206,000 – 401,999	12	4.0
402,000 – 597,999	3	1.0
Total	300	100

Source: Field Survey, 2012

This finding suggests that majority of the farmers have a relatively larger household size and as a result, they are at disadvantage when it comes to cost of maintaining the health of each members of the family by accessing modern health care and so may prefer alternative health care in order to reduce cost. Farming as a full-time occupation accounted for 79.7%, indicating that majority of the farmers depends

solely on agriculture for their livelihood. Since, agrarian societies are involved in the production, processing and marketing of agricultural produce among others that could expose farmers to stress and some other illness after daily farming activities. It means that these farmers would have wide range knowledge of farm related hazard and different healing herbs that could be used in treating common diseases /illness that happens to farmers on farm.

Distribution of respondents according to average income per annum shows that majority 84.3% (253) of the respondents earned less than ₦10000 per annum. This finding suggests that most farmers in the study area are small scale farmers who aimed to provide mainly for family consumption and not for commercial purpose. It also implies low financial strength of respondents which may influence them to utilize traditional healing practices since it is affordable.

Table 2: Health Care Services Used by Respondents.

	<i>Health Care Services Patronized</i>		<i>Practiced by self</i>		<i>Consult Practitioner</i>	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
THP	12	4.0	4	1.9	8	9.7
MMS	7	2.3	2	0.9	5	6.0
Both	281	93.7	211	97.2	70	84.3
Total	300	100	217	100	83	100

T.H.P - Traditional Healing Practices, M.M.S - Modern Medical Services

Source: Field survey, 20123.3. Perceived Factors Influencing Respondents.

Data analysis on table 3 shows that about 44.9% of respondents indicated that difficult- to- treat sickness believing that they are sickness that cannot be cured in the hospital as a factor influencing them to practice traditional healing or consult healers. In the course of the survey, some of the respondents added that they still belief that some sickness/illness does not deserve going to the hospital because it may be spiritual attack. Some respondents also said that there is some minor diseases/illness such as wounds or tiredness during or after farming activities that may be cured with herbs without wasting their money and time to go to the hospital. Results in table 3 also revealed that 35.9% farmers indicates inadequate fund to go to the hospital as a reason for accessing traditional healing practices. This further affirmed that farmers in this category are subsistence farmers and so earn little income from their farm produce. Only 1% and 9% of respondents indicated avoidance of death and good interrelationship of healers as factor.

Table 3 further revealed that majority 73.7% of the respondent agreed that traditional healing practices

3.2. Health Care Services Used by Respondents

The analysis on table 2 revealed that only 4.0% farmers patronize tradition healing practices only out of which 1.3% further indicated that they practice it by themselves. This suggests that the 1.3% were probably traditional healers since 2.7% indicates they usually consult traditional healers. The results further revealed that only 2.3% of respondents indicated that they patronize modern medical services only, out of which 0.6% practices self-medication and 1.7% indicates that they do consult medical practitioners. The results also revealed that majority 93.7% patronize both services out of which 70.3% indicates that the practices are by self while 46.7% reveals that they do consult practitioners. This finding suggests that farmers in the study area were not without medical clinic or pharmaceutical shop but still hold to their traditional belief of healing practices.

were effective. This implies that farmers in the study area were so sure of traditional healing practices effectiveness while on farm, meaning that the practices are reliable enough in case of any occurrence of illness while on farm. Table 3 also revealed that about 4.3% respondents spent no amount of money (naira) on traditional healing practices. The findings suggest that this group of respondents is probably farmers who practice it by themselves or sets of respondents who claimed they don't access traditional healing practices. This means that farmers could probably access healing herbs or services of traditional healers at no cost. In the course of the survey, respondents were asked if they give money to their priest of God/gods and their response was *YES*. So, it implies that no one is without expenses in one way or the other. Table 3 also showed that majority (55.1%) of respondents spent average amount that is less than ₦5000 per annum on traditional healing

practices. This brings to the fact that farmers in the study area could probably access practitioners at an affordable amount. Some of the respondents added that friends and neighbor do provide healing practices without receiving any money. Also, about 5.6% of respondents spent ₦ 2600 above. This finding suggests that this group of farmers is probably those that consult practitioners on regular basis.

Results in table 3 also revealed that majority of the respondents 92.0% (276) indicated that modern medical clinics are available, meaning that most farming communities has access to modern medical services but still hold to their traditional healing

practices. Some respondent said *we have no problem with health care because traditional healers are always available since stay within our community; they are our fathers and mothers.* Also, majority 73.7% of the respondents indicated that services provided at modern medical clinic /facilities are not affordable. Looking at the average income of majority in table 1, farmers in this category would probable chose traditional medicine or other traditional healing practices for their health care, because if a farmer has had a recent experience of high charges on medical bills, s/he may decide to omit medical care and seek for alternative health care.

Table 3. Perceived Factors Influencing Respondents.

<i>Perceived factors</i>	<i>Frequency</i>	<i>Percentage</i>
Inadequate fund to go Hospital	108	35.9
Good Interpersonal relationship of traditional healers	9	3.0
Avoidance of death	1	0.3
Difficult- to – treat illness/diseases	135	44.9
Effectiveness of THP		
Very effectiveness	53	17.7
Effectiveness	221	73.7
Fairly effective	26	8.6
Average amount spent on THP per annum (Naira)		
Spent nothing	13.0	4.3
Less than 5000	165.4	55.1
5000 – 15000	71.6	23.2
1600 – 25	33.2	11.1
above 25	16.8	5.6
Is modern health care available in your Community?		
Yes	276	92.0
No	24	8.0
Are Modern medical services affordable?		
Affordable	79	26.7
Not affordable	221	73.3
How far is the distance of your farm site to the nearest Modern Medical Clinic?		
Very far	241	87.3
Not far	35	12.7
Is there any sociocultural belief against the use of Modern medical services?		
Yes	0	0
No	300	100

Source: Field Survey, 2012

As regards the distance of the nearest medical clinic to their farm site, majority (87.3%) indicated far distance. Farmers in this category added that their farms are far from where they can access medical

treatment. This situation where clinic is far may contribute to farmers' health as stated by Grabber and Jones (2001) who reported that distance from provider and the shortage of providers among farmers in the

rural areas, all contribute to a lack of well-being of farm families. In a further interview some respondents said that while on farm, we have various knowledge of traditional healing practices as a means of healing some common emergency occurrence such as snake bite, scorpion or injury that can hamper farmer's health while on farm. Almost 100% of the respondents indicated that there is no social or cultural belief against the use of modern medical clinic/facilities. This implies that nothing would have hinder farmers in the study area from accessing modern medical facilities other than those factors they have indicated

3.4. Frequency of Use of Traditional Healing among Respondents.

Analysis in table 4 revealed that 54(18.0%) use traditional medicine very often, more than half 168(56.0%) of the respondents indicates that they often use traditional medicine, 67(22.3%) indicated that they rarely use it while 11(3.7%) indicated that they don't use traditional medicine at all. This means

that there is still high frequency of use of traditional medicine among farmers in the study area.

Table 4. Frequency of Use of Traditional Healing among Respondents.

<i>Frequency of Use</i>	<i>Frequency</i>	<i>Percentage</i>
Very often	54	18.0
Often	168	56.0
Rarely	67	22.3
Not at all	11	3.7
Total	300	100

Source: Field Survey, 2012

3.5. Hypothesis Test Results

Table 5 summarizes the results of the chi-square analysis used to test the stated hypothesis, which was to determine whether or not there were significant differences in the selected socioeconomic characteristics/perceived factors and frequency of use of traditional healing practices among the respondents.

Table 5. Chi square test of the relationship selected socioeconomic Characteristics/perceived Factors and frequency of use of traditional healing among farmers.

<i>Factors</i>	<i>Chi Square value</i>	<i>Probability</i>	<i>Decision</i>
Education	166.320	0.00	Significant
Religion	38.231	0.205	Not significant
Farmer's income	83.893	0.000	Significant
Distance of clinic to farm	221.533	0.000	Significant
THP effectiveness	107.520	0.000	Significant
Availability of hospital	20.613	0.106	Not significant

Significant level = 0.05

Source: Field survey, 2012

Table 5 reveals that at 0.05 level of significance, nearly all the selected perceived factors had significant relationship with frequency of use of traditional healing practices among respondents. Indeed, only two (religion and availability of hospitals) out of the selected factors were not significantly related to the frequency of use of traditional healing practices among respondents. This implies that in respective of respondents religion and availability of hospitals, they still practices traditional healing. However, the significance relationship between frequency of use of traditional healing practices and the selected factors suggests that the frequency of use of traditional healing practices

among farmers in the study area is still influenced with a lot of factors.

4. Conclusion and Recommendations

Examining and identification of factors influencing farmers in utilizing traditional healing practices has been for improving farmer's health and for future food security. Based on findings, this study have shown among others that; far distance of farm settlement to the nearest medical hospital, farmer's income, THP effectiveness, far distance of medical clinic to farm site and believe in some difficult-to-treat illness are some of their influencing factors for accessing traditional healing practices despite higher

availability of modern hospitals among farming communities. To maximize this finding for the improvement of farmer's health, the study recommends the following for policy implementation:

- i. There is need for government to give appropriate recognition to traditional healing practices. Since most of the influencing factors identified are common characteristics of rural/farming communities and are rooted in their cultural practices and belief.
- ii. There is need for more research on traditional healing medicine to ensure more effectiveness, safety and efficacy of traditional medicine in curing common illness/diseases among farmers.
- iii. Since farmers in the study area did not have any social/ cultural belief against the use of modern health care services, there is need for government to collaborate both traditional and modern health care services in the delivery of health care to farming communities. One of such way is to site hospitals near farm settlement.

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