Journal of Artificial Intelligence and Robotics in Healthcare

Research Article Open Access

Multiple Healthcare Delivery Pathways and Their Implications for Healthcare Development in Nigeria

Sakiru Olarotimi Raji*

Department of Sociology, Faculty of Arts, Management and Social Sciences, Edo University Iyamho, Edo State, Nigeria

Abstract

Objectives: While other countries such as China, Cuba and India have developed traditional medical system, such development is missing in Nigeria. This study examined the challenges of traditional medicine and practitioners in Nigeria; why is traditional medicine still backward. It analyzed the attitude of Nigerian people with respect to their perception of ill-health and pathways to healthcare delivery system. This was on the basis of the fact that healthy living is generally a major concern for all worldwide.

Design: This study adopted an historical research method relying mainly on secondary sources of data from the past relevant researches, internet sources, official documents from government agencies and NGOs were consulted to establish a form of comparing the information in the public domain and the experience of the practitioners. The association of Nigerian traditional medical practitioners' office in Lagos was visited for detailed information. The archive in the University of Ibadan Nigeria was also visited for adequate data.

Setting: The study was focused on Nigerian people and their health situation.

Results: The study revealed that healthcare delivery systems in Nigeria are mainly; Orthodox medicine (both private and public healthcare systems), traditional medicine and faith healing system. However, distribution of healthcare facilities and services in the country are lopsided, attention were concentrated on the cities and where the elite reside at the expense of the poor. The aftermath of this is that the traditional medicine was mostly utilized by the majority of the people.

Conclusions: It has been established that a majority of Nigerians (over 75%) live below one dollar per day, which invariably implies that they are poor. The government in its capacity should, as a matter of urgency, put in place policies to ensure its implementations to develop the traditional medicine because it is closer, cheaper and mostly utilized by Nigerians.

Keywords: Healthcare; State healthcare; Multiple sources of healthcare; Traditional medicine; Healthcare development

Background to the Study

Health is a crucial issue in the definition of development and wellbeing of a nation and individual. In giving credence to this fact, the United Nation made healthcare provision as one of the cardinal objectives of Sustainable Development Goals (SDGs) in the twenty-first century for the developing nations [1,2]. In defining health as a measure of development and wellbeing, World Health Organization [3], describe health as not mere absence of sickness or infirmity but a state of complete physical, mental and social wellbeing. The provision of quality healthcare facilities and services, therefore, in most countries, is entrenched in their constitution. In Nigeria without exception, it is one of the fundamental stated objectives of the government [4]. It can be seen as both a basic right and a prerequisite for rapid economic development and poverty reduction [5].

Quality health in itself is of great value as it enables people to enjoy their potential as human beings. Therefore, it is important to protect health through quality healthcare, besides other means such as socio-infrastructural development. Better health translates into greater and more equitable distributed wealth by building human and social capital and increasing productivity [6,7], though the concept of quality health is relative. In the healthcare context, ethics require that a principle of 'access according to need' and 'equal access for equal need' is followed [5]. All nations rely on its human capital in the creation and pursuit of growth and development. The human capital is able to accomplish those desired objectives outlined by the society only on the fundamental premise that the people are healthy. Embedded in good health is not the least disease, as this is more in keeping with poor health. While poor and good health appears to be on the opposite end of a continuum, good health denotes the life satisfaction and general acceptance with the happenings of life. On the other hand, poor health speaks to the people's perception of a low quality of life or life satisfaction [8].

However, the explanation for health conditions differs from one society to the other and from one socio-economic grouping to the other [9,10]. As a result, each society or, more comprehensively, each culture, no matter its level of development evolve its own healthcare delivery system best suited to its own peculiar circumstances and environment. It has been documented that Africans retained elements of traditional world views, by keeping and utilizing their own indigenous methods of healing [9,11-13]. African traditional medicine retained due to the fact that Western/Orthodox or Modern medicine are not evenly distributed and more importantly, because of the indigenous people's perception of the efficacy of their traditional medicine. For most Africans, good health requires not only a healthy body but also a healthy society/

***Corresponding author:** Sakiru Olarotimi Raji, Department of Sociology, Faculty of Arts, Management and Social Sciences, Edo University Iyamho, Edo State, Nigeria, Tel: +2348033624934; E-mail: raji.olarotimi@edouniversity.edu.ng

Received: 03 August 2024; **Accepted:** 18 September 2024; **Published:** 24 September 2024

Citation: Raji SO (2024) Multiple Healthcare Delivery Pathways and Their Implications for Healthcare Development in Nigeria. Jour Artif Intell Robot Healthc. 1(1):104

Copyright: © 2024 Raji SO. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

environment. It has also been established that ill-health may be causally related to ancestral spirits, sorcerers with evil intentions and witches [9,10]. It is possible to absorb harmful elements from the environment that can cause misfortune and ill-health [14,15]. Africans take measures to protect themselves by strengthening their own resistance and that of family members to withstand harm. It is important to establish and maintain a form of balance with one's surroundings [15]. Within the realm of social relations, maintaining one's dignity, avoiding envy and jealousy, limiting the effects of bad luck and giving support to the sick are regarded as strategies for maintaining good health. Using medicines and remedies and wearing protective necklaces are further health maintenance strategies adopt in African traditional societies [9,14]. While other countries such as China, Cuba and India have developed their traditional/alternative medical system, such development and advancement is missing in the Nigeria context. Against this background, this paper seeks to examine the following questions such as: what are the challenges of traditional medicine and practitioners in Nigeria; why is traditional medicine still backward; if it has been established that more than half of Nigerians reside in the rural communities and they don't have access to Western/Orthodox or Modern healthcare services [13,16-18], what is the government, at all levels: local, state and federal, doing in order to develop the traditional medical system.

Methodology

Secondary data were adopted to generate information that are of relevance to the study. The secondary data were sourced from accessible academic publications, both published and unpublished materials, official bulletins and reports, online message boards and materials, newspapers and blogs. The association of Nigerian traditional medical practitioners' office in Lagos was also visited for more detailed information in relation to the activities of the traditional healthcare system in Nigeria.

Theoretical orientation: Health Belief Model (HBM)

The model was developed by Irwin M Rosenstock in 1966 for studying and promoting the uptake of health services [19]. It explains and predicts a given health-related behaviour from certain patterns of belief about the recommended health behaviour and the health problems that the behaviour intended to prevent or control. HBM incorporates a component of the behaviour and the individual's perception of the health problem and motivation to use a particular healthcare system [9,20,21]. This model is used in explaining and predicting health behaviour, as well as sick-role and illness behaviour. For a person to remain healthy, he/she must take decisions and act upon them. Decision depends on human nature, which is often informed by culture and perception. An individual, for instance, would make use of a particular healthcare, if he/she perceives that he/she is susceptible to both social and biological impairment and the degree of susceptibility may be either severe or mild and that the healthcare system to use is also available. The action an individual will take is contingent on how he/she perceives the severity of such health problem and the availability of healthcare facility [9]. He/she may probably not take action unless he/she believes that the behaviour will result in serious physiological and/or social impairment.

The Health Belief Model explains the situation of the people living in rural communities owing to the neglect of such communities by the government. People living in these communities must recognize that they are susceptible to the health care challenges and, as a result, they are to make a choice in using, accepting and adopting the available health care services, in this case, the traditional healthcare system. The model explains how people's perception influences their health-seeking behaviour and decision making.

The concept of health

Being healthy is a state which every human beings desire. However, who determines what is healthy and how, has often proven problematic [13]. Fundamentally, health and healthy living can be defined from the biological angle, which stresses and relies on the establishment of disease in human body. In order to return the individual to a state of being healthy, the healthcare professional must understand the normal functioning of the various parts of the system of the body [22] to be able to eliminate this disease.

Aside this biological model, there is also the "spiritual" angle to the explanation of health and being healthy. Here, it is believed that there are some spiritual force, which are powerful, invincible and incomprehensible to man, that can inflict some harm or cause some kinds of misfortunes to man. The practice and power of witchcraft, the belief and worship of spirits and gods in different cultures reinforce this conception of health in the society. The power and the extent of the havoc which these forces can cause are not only real but also believed to be non-detectable (to some extent) within the Western/Orthodox or Modern healthcare real [13,23]. It needs to be stated that the practice of ancestral worship has also given rise to mystical conception of disease. Owumi [13,14] observed that among the Okpe people of Delta state, it is believed that when departed relatives/parents are not accorded proper burial rites, their spirits could cause some harm to the living. This is also true of the Yorubas and the Ibos. Owing to these beliefs, it is therefore expected that ill-health could be explained from these perspectives.

Implicit in the foregoing discussion is the fact that there are both objective and subjective dimensions to health or ill-health. Where there is an identifiable foreign substance in the body as recognized within the biological model, ill-health is confirmed; whereas, from the spiritual and mystical point of view, subjectivity is a sufficient reason to affirm ill-health. That is, any person who feel sick without any identifiable disease in his body system or any clinical identification, can also be defined as ill. The person who feels unwell can ascertain the state of well-being. This multifaceted conception of health/ill-health is sustained by the WHO's definition of health. It define health as a state of complete physical, mental and social well-being; and not merely the absence of disease or infirmity. The WHO conception is all embracing to the extent that proper nutrition, adequate housing and social structure, allows the individual to live a productive life and satisfy his other basic physical, mental and emotional needs [24].

WHO's recognition and promotion of traditional medicine as a basic resource to facilitate the extension of the frontiers of medicine to the underserved society has it base in this broad conception of health. The various conceptions given above do not only sustain the existence of multiple sources of healthcare but goes a long way to state that a variety of healthcare that have contributed to the improvement of national health status exist and should therefore be utilized adequately in the face of scarce healthcare manpower and resources.

Sources of healthcare system in Nigeria

There are multiple sources of healthcare system in Africa and particularly in Nigeria. This include; Western/Orthodox or Modern medicine, faith belief healing system and traditional healthcare system. Each of these healthcare systems also have varieties of subdivision and practitioners.

Western/orthodox or modern healthcare system

Western/Orthodox or Modern system has its root from the advanced nations of Europe and America and of recent, China, Japan and India also joined the nations with advance and developed orthodox medical systems. This healthcare practice is usually thought of as the most refined and best method of treating severe diseases, ailments and illness. The good thing about Orthodox medicine is in the area of precision, quantitative and qualitative medication and facilities. Orthodox medicine is well developed scientific approach of addressing health challenges. The development and advancement in orthodox medicine can be traced to the advancement in in science and technology which has assisted tremendously. Orthodox health system involved the highly trained and qualified medical professionals such as Medical Doctors, Nurses, Physiotherapists, Psychiatrist, Ophthalmologist, to mention but few. One of the criticisms against the modern healthcare system as argued by Aguene is that it is too expensive, as in, the cost of western medication is too high compare to that of traditional medicine. Another criticism is the infiltration of the profession by quacks, dispensation of fake and adulterated drugs, coupled with the poor attitude of some health professionals who do not have passion for their hypocratic oath. However, despite these limitations, criticisms and challenges, western/orthodox medical system still remains the most effective, efficient and most preferred healthcare system among others. A majority of people in Nigeria who utilize traditional healthcare system were as a result of the uneven distribution and non-availability of western healthcare services in most part of the country.

Faith healing/Belief system

This often involves praying, fasting, water cleansing etc. Those who hold the belief that their problem is demonologically induced often resort into such divine intervention. Though, this method maybe difficult to explain as a potent method of addressing a number of health problems, nonetheless, certain categories of individuals in society still hold on to the belief that they can still obtain solution to their life challenges and affiictions by embracing the faith healing system. At times, after all hope has been lost especially in cases of terminal ailment, many people often result to spiritual homes for divine intervention. It is equally worthy to note that in Nigeria, despite our supposedly level of enlightenment, majority of the non-literate and even the literate class still allow themselves to be bathed at the beach or river bank for spiritual healing and cleansing [10,13].

What is Traditional Medicine?

World Health Organization and United Nations posit that traditional medicine can be refers to as healthcare 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. Many countries, if not all, in Africa, Asia and Latin America uses traditional medicine to help meet some of their primary health care needs [12,13,18]. In Africa, up to 80% of the population mostly uses traditional medicine for primary health care [24]. In industrialized countries, adaptations of traditional medicine are termed “Alternative” Medicine.

Traditional healthcare System

From time immemorial, a variety of modes of healthcare management have been in existence for the maintenance of our health [25]. These methods of care were dictated by the culture and are indigenous to the people as against the current situation where health care structure is understood to mean medicine introduced from the West. The prevalence arid the overbearing presence of Western/Orthodox or Modern medicine does riot underscores the fact that other sources of health care management exist. These have been recognized as complementary/alternative medicine in recent time. This subject would attract some attention in the course of this discourse due largely to its high level of utilization and the broad conception of health/disease in Nigeria and the developing world in general. These medicines are broadly referred to as traditional medicine though known by different appellations in different societies. The Chinese call it Acupuncture, Indians call it *Ayurveda,* Swazis call it *Muti* while the Okpes of Delta state call it *Oboh* and the Yoruba call it *Babalawo, Onishegun* and their various specialists.

Among these different groups, different experts in various aspects of healing emerged. They included herbalists, Traditional Birth Attendants (TBAs), oracle men, traditional psychiatrists, bone setters and Masseurs among others who practiced their art and were recognized in their community as competent healthcare providers. They relied on vegetables, animal parts, mineral substances and certain other methods (divinations, incantation, to mention but few) based on the values of the community regarding physical, mental and social well-being and the causation of disease and disability.

According to WHO [3], traditional medicine is the sum total of all knowledge and practices whether explicable or not used in diagnoses; prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experience and observation handed down from generation to generation whether verbally or in writing. It is therefore rational to note that the National Health policy recognizes that traditional medicine is widely used, though it is not uniform across cultures but strongly bound to local cultures and beliefs. This fact suggests the high reliance of the population on this mode of health care and their belief in its efficacy. It is within this line of thought that the National Health advocates local authorities' collaboration with traditional medicine practitioners in health care promotion. It should be mentioned here that in spite of the high level of patronage which the practitioners enjoyed among their clientele, government not only prevented their uninhibited practice but blackmailed, derided and castigated the art as an unconventional, unscientific, barbaric medicine to mention a few, in an environment where science may not be able to explain all human misfortunes. Owumi's [14] finding of the use of prophylactic ring, worn round the ankle among *edas* (children who are believed to have died and given birth to over and over sustains the fact that warding off the influence of evil forces before adequate treatment from appropriate healthcare facility is pervasive in our society and thus the necessity for the development of all available health care systems in the society. According to Owumi's [13] analysis of a Nigerian community, which is not radically different from what obtains in most African societies; six categories of traditional medical practitioners exist. Nyamongo [26] in his own view classified traditional medical delivery into two main form,-which are: (i) general health care delivery system and (ii) specific health care delivery system. General Health Care Delivery System: Nyamongo [26], stated that the general healthcare delivery system is an outlet that offers non-specific medical care to individuals seeking various forms of health care. Such system, in his view, has no limitation to the extent to which it supposedly can provide medical assistance to the 'needy', no matter their needs. He further explained that this type of system combines the attributes of divination, poison healing, birth attendance, bone-healing/repairing and head sanitizing. To that effect, there is a claim to being a 'jack of all trades' and at the same time, master of all. He also explained that

this collaborative expertise is common in traditional medical practice in Africa. In some cases too, two or three attributes are combined in a particular health care delivery system or individual practitioner.

Specific Health Care Delivery Systems: The concept of specificity is related to terms like 'specialty', 'specialization', 'concreteness' and 'interest'. In its present application, these specific areas of traditional healthcare delivery system according to Nyamongo [26] include: divination; poison neutralizing; birth attendance; Bone repairing/ adjustment; and head cleansing/sanitizing. The implication of specializing in one major aspect of health care delivery system is to enable practitioners have adequate knowledge pertaining to the specific aspect of health care delivery as experts. Not withstanding the strength of the argument for general medicine, specialization offers a deeper knowledge to practitioners in their healing activities. There are other categories of healers which include the Christian faith healers and the Islamic faith healers.

Traditional system of healthcare, according to Adisa [27], is still relatively efficient for its millions of patrons for centuries, hence its persistence to the present in large parts of the world. Although, each culture evolved its own concepts of physical health and illness, much of what is now recognized as medicine derives from development in Western/Orthodox or Modern society over the past two to three centuries [25] from where it spread to almost all parts of the world. The consequence of this in Nigeria today as it is in other sub-Saharan African countries is that the modern medical system has been considered more dominant in the dualism of healthcare system that exists. This is probably because modern health care system is more adequately financed and supported by both the rich individuals in the society and the government at large. Despite the above fact, Adisa [27] still concluded that modern medicine has not been enhanced in terms of efficiency because of the bureaucratic nature of Nigerian hospitals. While the modern medicine utilization is characterized by high level of bureaucracy, the reverse is the case for the traditional healthcare system where people can easily access the traditional healers at any time and with low cost of treatment.

All ill-fortune is blamed on supernatural powers or witchcraft. The concept of chance, or bad luck, does exist within the world view of most African cultures generally and particularly traditional medical system. There is always a need to know why as well as how something happened. The blame for ill-fortune is generally attributed to a breach of customs and traditions of the ancestors [28], or to evil spirits who are instructed to do harm by sorcerers or traditional healers at the request of an enemy. The average person will seek magical powers as protection from these malevolent external forces that might cause a person misfortune and illness [29]. The treatment or prescription may call for animal sacrifice but will almost always call for certain forms of treatment such as purification (enema or vomiting) or herbal medicines [30]. Belief in medicine as a means of controlling natural phenomena is very strong [28].

Rituals and measures to ensure good health have been well recorded in the literature in the case of individuals seeking professional help, mainly from traditional healers [15,29-32]. However, very little reference is made in the literature to cases of individuals medicating themselves to enhance general well-being. One possible reason for this omission in the literature may be that health care is generally considered to be the domain of skilled practitioners and formal medical bodies rather than that of personal care. This is in spite of the estimates that the family manages 70% of all illness among Africans [33]. The little reference which has been made to the role of family in African primary health care has tended to focus exclusively on the treatments sought for physical ailments such as tuberculosis, measles, influenza, diarrhea, pneumonia, headaches, etc.

Treurnicht [23] explained that indigenous knowledge system was not granted their rightful place in the health sector. This he stated was due to the fact that not until fairly recently, various scientists refused to realize the limitations of Western/Orthodox or Modern medicine as it is not possible for Western/Orthodox or Modern science to provide us with a universally applicable framework for all societies. He thus suggested that all knowledge systems should be mobilized to address the existing and future challenges in society. Such combination of knowledge was therefore very necessary especially with regards to maintenance of health.

Owumi [10] explained that numerous studies have shown that the effectiveness of some indigenous healing practices in the management of a variety of ailment, are indisputable. These can be observed from the activities of Traditional Birth Attendants (TBAs), traditional psychiatrists to a variety of herbs used in the treatment of the ailments. Furthermore, the significance of traditional health-care system does not only lie in the efficacy of treatment administered but also on the efficacy of the herbs used which sometimes form some components of Western/Orthodox or Modern drugs. Sofowora [34] scientifically demonstrated the fact that the herbs and plants used by traditional medicine practitioners have medicinal value. The fact that there is a socio-psychological component and explanation of health-care management gives room for us to realize that the values of our people which forms their beliefs and psychological interpretation of illness and health cannot be underscored.

Despite the fact that traditional healers abound in large numbers and claim to have expertise in the management and treatment of diseases and disorders, a great number of them have not been tested for their therapeutic skills. The interest of the Nigerian government (except Lagos and Delta state) according to Erinosho and Ayorinde [17] Owumi [10] has been confined only on the promotion and development of modern healthcare system at the expense of the traditional healthcare delivery system. Unfortunately, there is inequality in terms of the recognition and financial support given to the traditional healthcare system when compared to that given to Western/Orthodox or Modern health care system. This is mainly because of the neo-colonialism and strong influence of the Western world on Africans generally. What we have failed to realize is the fact that the gap between the rich and the poor is so wide and the rate of poverty in the country is so alarming that most individuals in the Nigerian society hardly acknowledge the need to be cautious of their health status, unless they experience complete and total break downs or perceive a threat to their health and when they do, they use more of the traditional medicine because of their closeness, availability and easy access to these traditional healthcare facilities.

Traditional healthcare system is popular, preferred and highly patronized in spite of its being befuddled with secrecy and characterized by obvious risks to life as alleged by Gureje [35]. A critical look again will make us realize that if something is not done by developing and promoting the traditional medical system by the governments; more harm is likely to occur. This is because many Nigerians and indeed Africans run to the traditional healers as their last resort. A lot have been emphasized on the need to improve the health of the masses and ensure equality in health care for indigenes and members of the society, but very little has been done to ensure equal or adequate recognition of traditional healers who contribute a great deal to health maintenance of most Nigerians. We need to understand, appreciate and develop

our own mode of healthcare system in order to improve the life of the masses.

Priorities for promoting the use of traditional medicines

Owumi [13] and Jegede [18] avert that over two-third of the population in developing countries lack access to essential medicines. The provision of safe and effective traditional medicine therapies could become a critical tool to increase access to health care. According to WHO [24], while China, the Democratic People's Republic of Korea, the Republic of Korea and Vietnam have fully integrated traditional medicine into their health care systems, many African countries, if not all, are yet to collect and integrate standardized evidence on traditional health care. Over seventy countries of the world have a national regulation on herbal medicines but the legislative control of medicinal plants has not evolved around a structured model. The reason for this is simply because medicinal products or herbs are defined differently in different countries of different group of people and diverse approaches have been adopted with regard to licensing, dispensing, manufacturing, trading and utilization.

Health-seeking behaviour associated with Western/orthodox or modern and traditional health care

Research has shown that for every one person who visited a Western/Orthodox or Modern health facility for medication, there are nine others that had the same condition but sought health care from other sources, including traditional healthcare system; self-medication and five others never sought health care [36]. Modern health care and treatment are defined in terms of what is considered conventional medicine in official or registered settings, such as government or private hospitals, health centres, authorized clinics and dispensaries [37]. Traditional health care relates to self-treatment, self-medication, traditional healers and remedies and other non-sanctioned health services [38]. Although, self-medication and home remedies are not the domain of developing countries only [39]. It may also be said that perceptions of treatments are important in all contexts. As acupuncture, for example, might seem an illegitimate source of health care for some, for others, it may be considered perfectly legitimate.

In many arenas, the use of Western/Orthodox or Modern and traditional health care is related to socio- economic status [40]. The theory is the lower the level of education and/or income, the more likely individuals are to use traditional services. This may be true in some circumstances. Thapa [41] found that the rural poor in Nepal often relied solely on traditional systems of medicine; in the slums of Nairobi health care seeking single female-headed households heavily relied on traditional hospital [42]. However, those with certain illnesses were also more likely to visit traditional healers, for example women with tuberculosis in Nepal [43].

Another study revealed that, for sexually transmitted infections, there was a large diversity of care options practiced in communities in an almost hierarchical fashion that included self-care, traditional healers, medicine sold in the markets and streets, injections administered in household settings, private clinics, health centres and hospitals as a last resort [38]. Women in Uganda seeking treatment for malaria were more likely to use herbs as the first course of treatment, followed by purchasing tablets from shops and finally the Western/Orthodox or Modern health sector if none of the previous interventions had worked [44].

Other reasons people choose to use the traditional medicine are perceptions of low quality and inadequate treatment in the Western/Orthodox or Modern health care [45]. In Uganda, 55% of women were delivered of their babies outside the Western/Orthodox or Modern health care system. Some of the reasons for this were cost and transport, but also because of poor perceptions of the Western/Orthodox or Modern service due to understaffing and irregular essential drug supply [46]. Self-treatment and self-medicating are quite common [47,48] and unfortunately not always appropriate [49]. However, the traditional retail sector has no transport costs and frequently charges less for drugs [50]. Most people have a pragmatic, pluralistic view of health care and treatment and there is substantial mixing of treatments and "switching" of services [26,51-54] often due to failure of first line treatments [26] and disease severity [55,56].

Challenges of traditional healthcare system in Nigeria

Some of the problems which confront the development of traditional medicine into the Western/Orthodox or Modern setting include the imprecise nature of the diagnosis by traditional practitioners (some use exorcism; others resort to symbolic rituals while others enjoin excessive fasting and deprivation on the part of their clients/patients). Other criticisms leveled against traditional medicine include imprecision in dosage and thus the possible misuse of its non-material aspects, the practice of sorcery and quackery, lack of Western/Orthodox or Modern education and unhygienic environmental practices, among others. According to Nyamongo [26], traditional healthcare systems are been faced with numerous challenges, parts of which are: (i) Negative perception of traditional medicine; (ii) Lack of awareness; (iii) High level of gullibility among Africans; (iv) Dwindling involvement of young Africans in Traditional medicine; (v) Stiff competition from modern/formal medicine; and (vi) Lack of proper government policy.

Apart from the above, studies have also indicated that practitioners of traditional medicine in Nigeria are operating under difficult environment. Owumi [10], argued that is due partly to government attitude and policy; low educational status of traditional medicine practitioners, among others. However, for some health seekers, particularly pregnant women, traditional beliefs surrounding childbirth coupled with misconceptions about and fear of the medical institution act to maintain women's reliance on home delivery [57]; and particularly with the assistance of Traditional Birth Attendants (TBAs).

However, in spite of these weaknesses traditional medicine holds a lot of merits for the citizens. Many Nigerians live in the rural areas where Western/Orthodox or Modern health care (both government and private own) is out of reach. As Oyekanmi [16] puts it, 'an estimated 73 per cent of Nigeria's population reside in the rural areas and inadequately served by modern medical facilities'. Thus many localities are still deprived of these health facilities. Worse still, recent studies indicate that patronage of traditional medical practitioners is on the increase in urban areas due to some beliefs by the client [58]. They are far from modern health care centres. It is made worse where there are no motorable roads that link the urban-based health centres. Oyekanmi [16] argues further that an estimated 30%-40% of the health needs of the Nigerian population were being met by the modern health facilities. Close to 60% of the health needs were still being catered for by the traditional health practitioners. She asserts that rapid population growth can affect the attainment of goals in the health sector. High fertility tends to be related to high rate of sickness and death among women and young children. Rapid growth of population makes it increasingly difficult to develop the health infrastructure, to build enough facilities, train enough personnel and provide enough funds to meet the health needs of the country.

At times, the traditional health practitioner may be the only healthcare available to solve health problems that arise since they are within the reach of the people. Besides, they understand and practice within specific socio-cultural milieu of the people. Patients/Clients patronize them for nearness, cheap human health treatment and sympathy. The bureaucratic set-up prior to seeing a Western/Orthodox or Modern trained doctor may be insurmountable. This is coupled with the intimidating and threatening battery of tests and exorbitant cost of the services to the patient. Moreover, because of his/her knowledge and social usefulness, his/her special relationship with those around him/her and his/her understanding of the social and cultural environment, including the patient's family background and milieu, the traditional medical practitioner becomes an active agent in the promotion of health. In addition, adopting and using local herbs to meet the people's healthcare needs allows us to patronize our indigenous health manpower, prevent or check drain of our foreign exchange reserve and thus enhance our cultural heritage. The call for the development of traditional medicine into the conventional system is not novel. It has been successful in India and China with the practice of acupuncture. (The latter has been recognized by the WHO). WHO's recognition and promotion of traditional medicine as a basic resource to facilitate the extension of the frontiers of medicine to the underserved in society has it base in this broad conception to health. The various conceptions given above do not only sustain the existence of multiple sources of health care but goes a long way to state that a variety of health care which have contributed to the improvement of national health status exist and should therefore be utilized adequately in the face of scarce health care manpower and resources.

It should be mentioned here that in spite of the high level of patronage which the traditional medical practitioners enjoyed among their clientele, government not only prevented their uninhibited practice but blackmailed, derided and castigated the art as an unconventional, unscientific, barbaric medicine to mention a few, in an environment where science may not be able to explain all human misfortunes.

Factors militating against traditional medicine development in Nigeria

In some advanced countries such as India, China, Japan etc., traditional medicine has been developed, standardized and integrated into their health care system. But here in Nigeria effective embracement of traditional medicine practices is hampered by a number of official and unofficial defies some of which include the followings;

1. Absence of a unified front or unity amongst the traditional healthcare practitioners. Since their operations and activities are not well coordinated, the traditional healthcare practitioners find it difficult to organize themselves in a unified leadership. They do not have a single leadership.

2. Internal wrangling, sometimes leading to unpalatable consequences among the practitioners. Since they don’t have a unified front. Internal wrangling between one group and another become uncontrollable which at times lead to unpleasant consequences.

3. Absence of standardization and poor packaging of the products. Except for few who are trado-medicine in nature, a majority of the traditional medicine products have poor packaging and this makes it non-attractive.

4. Secrecy associated with the traditional healthcare practice. A whole lot of the substantial aspect of the activities of the traditional healthcare practitioners involves secrecy. The public hardly know how they go about their activities. Their healing processes have no single pattern and it involve some element of mystery and privacy.

5. Lack of standard entry qualification into the profession. Knowledge is mostly hereditary with informal methods of training. Qualification in terms of certificate is not required to become a traditional healthcare practitioner. The aftermath is the presence of quackery in the profession.

6. Lack of documentation, which leads to loss of knowledge in cases of death of experienced traditional healthcare practitioners.

7. Unhygienic manner of handling the products and storage of medicinal materials.

8. Inadequate government support, both financially and proper recognition. No legal or constitutional recognition or backing from the government.

9. Derogatory attitude of orthodox medical practitioners. The Western/Orthodox or Modern medical practitioners look down on the traditional medical practitioners.

10. Incessant harassment by the law enforcement Agents in cases of death resulting from traditional medicine usage.

11. Very poor public image of traditional medicine as a result of Western/Orthodox or Modern-Medicine-Practitioners’ brain washing of our people.

12. Shortages and disappearance of some medicinal plant species due to bush burning, tree felling, hunting and other un-conservational practices.

13. Lack of modern materials and equipment for the improvement of natural medicine.

14. Lack of government approved institutions for the improvement of the practitioners.

Conclusion

From the foregoing, it is clear that Africans generally and Nigerians in particular conceived health from a broader perception. This broad conception of health, causation of ill-health is captured by the broad typologies of traditional practitioners as stated in the literature. The belief of the Africans in cosmic world and their influence in health might be as a reason for the persistent utilization. The pervasiveness of utilization thus means that, if nothing else, the system should be developed as a way of meeting the needs of those larger percentages who patronize the traditional healthcare system. All these healthcare delivery system should be given the same level of playing ground. One should not be place above the other, not even when the downgraded one (Traditional healthcare system) is closer to most Nigeria people. If countries like Cuba, China, India, Japan and a host of others could developed their indigenous medicine to a first class level of healthcare delivery system [27], Nigeria can and should be able to do the same or even better. There is urgent need for the promotion, development and recognition of the high strength, accessibility, affordability and high patronages of traditional medicine in our society, in order to developed and make good healthcare delivery system available to all Nigerians.

Recommendations

The recommendations are divided into two parts: recommendation to the government and to the traditional medical practitioners.

The limited scientific evidence about traditional medicine's safety and efficacy as well as other considerations make it important for governments to:

- The Federal government should formulate national policy and regulation for the proper use of traditional medicine and its integration into national health care systems in line with the provisions of the WHO strategies on Traditional Medicines;
- They should establish regulatory mechanisms to control the safety and quality of products and the practice of traditional medicine practitioners;
- They should create awareness about safe and effective traditional medicine therapies among the public, particularly among the people living in rural communities in Nigeria;
- Should put in motion the cultivation and conservation of medicinal plants to ensure their sustainable use.

The traditional medical practitioners

- On the part of the traditional medical practitioners, efforts should be geared towards having a unified leadership so as to be able to speak with one voice.
- Improvement should be made towards having standardized and good packaging of the traditional medicine.
- The traditional medical practitioners should ensure that there is a proper documentation of their activities and practices.
- The environment where the traditional medical practitioners practice should be the hygienic/clean one. How clean the environment where they work is will determine if people will be willing to use their medicine or not.
- A good preservation of the culture of the medicinal plants should be developed.

References

1. UNAIDS (2007) Joint United Nations programme on HIV and AIDS.
2. Lindelow M (2014) The utilization of curative health care in Mozambique: Does income matter? J Afr Econ 14: 435-482.
3. World Health Organization (1977) New approaches to health statistics.
4. Nigeria Constitution (1999) The federal republic of Nigeria constitution.
5. Thiede SM (2015) The Growing Acceptance of Complementary and Alternative Medicine. In: Bird EC, Conrad P, Fremont A (Eds.) Handbook of MedicalSociology. Prentice Hall: New Jersey.
6. Bloom DE, Canning D, Jamison DT (2014) Health, wealth and welfare. Finance and Development.
7. WHO (2011) Traditional medicine. Geneva.
8. Promtussananon S, Peltzer K (2003) Health care-seeking behaviour for child illnesses among rural mothers in South Africa: A Pilot Study. Sabinet Online 8: 3-13.
9. Jegede AS (2012) Problems and Prospects of Health Care Delivery in Nigeria: Issues in Political Economy and Social Inequality. In: Isiugo-Abanihe UC (Eds.) Currents and Perspectives in Sociology. Lagos: Malthouse Press Limited.
10. Owumi BE (2015) African values/beliefs and the polemics of developing traditional medicine in contemporary times. Faculty Lecture Series of the Social Sciences.
11. Trish PB (2014) Utilization of health and medical services: Factors influencing health care seeking behaviour and unmet health needs in rural areas of Kenya. Edith Cowan University pp: 13-43.
12. Ajala OA, Lekan Sanni, Adeyinka SA (2015) Accessibility to health care facilities: A panacea for sustainable rural development in Osun state Southwestern, Nigeria. J Hum Ecol 18: 121-128.
13. Owumi BE (2012) Health Institution and Health Choice: Issues within a plural health care system. In: Madubuike SO, Agbo O (Eds.) Ethnography of culture and civilization in Africa. Ibadan: Are Publishers.
14. Owumi BE (1989) Physician patient relationships in an alternative healthcare system.
15. Ngubane A (2017) Medical professionalism and state power in Nigeria. Centre for development studies. University of Jos, Nigeria.
16. Oyekanmi A (1997) Health sector public expenditure review. Being a final report submitted to the national planning commission and world bank. Abuja.
17. Erinosho O, Ayorinde A (2005) Traditional medicine in Nigeria: A study prepared for all Nigerians. federal ministry of health Lagos, Nigeria.
18. Jegede AS (2010) African Culture And Health: A Revised and Enlarged Edition. Ibadan: Stirling-Horden, Book wright publishers.
19. Ross HS, Mico PR (1980) Theory and Practice in Health Education. May Field Publishing.
20. Rosenstock IM, Strecher VJ, Becker MH (1988) Social learning theory and health belief model. Health Educ Q 15: 175-183.
21. Models of Health-Seeking Behaviour (2008) In: Vinson H, Sutlive N, Alshuler, Zamora MD (Eds.) Nigerian Perspectives on Medical Sociology Studies in Thied World Societies. Virginia, USA.
22. Allais OA (2005) Health Sociology: Bookman Social Science Series. Sam Bookman: Ibadan.
23. Treurnitcht S (2010) Sustainable Development. In: Beer FD, Swanepoel H (Eds.) Introduction to Development Studies. Oxford University Press.
24. WHO (2012) Measles deaths drops dramatically as vaccine reaches world's poorest children.
25. Giddens A (2006) Organization and management of healthcare services and facilities.
26. Nyamongo IK (2012) Healthcare switching behaviour of malaria patients in a Kenyan rural community. Soc Sci Med 54: 377-386.
27. Adisa W (2010) Detrimental cultural practices to health. Nigerian Medical Student Association.
28. Fakoya U (2008) Magical Medicine: A Nigerian Case Study. Allen: The Penguin Press London
29. Agunbiade E (2012) Views on health reforms in Nigeria. World Bank International Center.
30. Odebiyi S (2000) Traditional medicine in Nigeria: Its role since independence in Bendel State. Traditional Medicine Board.
31. Iyun BF, Oke EA (2000) Ecological and cultural barriers to treatment of childhood diarrhea in riverrine of Ondo state, Nigeria. Soc Sci Med 50: 953-964.
32. Hunmter O (2016) Health-seeking behaviour of urban poor communities.
33. Simon A (2009) Disease Diagnosis and Etiology as a System of Thought. In: Oke, Owumi (Eds.) Readings in Medical Sociology. Ibadan: Ajascent Press, pp: 209-222.
34. Sofowora A (2012) Medical Plants and Traditional Medicine in Africa. John Wiley and Sons.
35. Gureje O (2005) The de-facto health of Nigerians. University of Ibadan.
36. Nzioka S (2015) Health information generation and utilization for informed decision- making inequitable health service management: The case of Kenya partnership for health program. International Int J Equity Health 4: 8-28.
37. Birungi H, Mugisha F, Nsabagasani X, Okuonzi S, Jeppsson A (2011) The policy on public-private mix in the Ugandan health sector: Catching up with reality. Health Policy Plan 16: 80-87.
38. Msiska R, Nangawe E, Mulenga D, Sichone M, Kamanga J, et al. (2007) Understanding lay perspectives: Care options for STD treatment in Lusaka, Zambia. Health Policy Plan 12: 248-252.
39. Astin J (2008) Why patients use alternative medicine: Results of a national study. JAMA 279: 1548-1553.

40. Ahmed SM, Tomson G, Petzold M, Kabir ZN (2005) Socioeconomic status overrides age and gender in determining health-seeking behaviour in rural Bangladesh. Bull World Health Organ 83: 109-117.

41. Thapa M (2007) An integrated approach to help Nepal's rural poor. Planned Parenthood Challenges 1: 31-33.

42. Taffa N, Chepngeno G (2015) Determinants of health care seeking childhood illnesses in Nairobi slums. Trop Med Int Health 10: 240-245.

43. Yamasaki-Nakagawa M, Ozasa K, Yamada N, Osuga K, Shimouchi A, et al. (2011) Gender difference in diganosis and health care seeking behaviour in a rural area of Nepal. The Int J Tuberc Lung Dis 5: 24-31.

44. Kengeya-Kayondo JF, Seeley JA, Kajura-Bajenja E, Kabunga E, Mubiru E, et al. (2014) Recognition, treatment seeking behaviour and perception of cause of malaria among rural women in Uganda. Acta Trop 58: 267-273.

45. Witter S, Osiga G (2004) Health service quality and users' perceptions in West Nile, Uganda. Int J Health Plann Manage 19: 195-207.

46. Ndyomugyenyi R, Neema S, Magnussen P (1998) The use of formal and informal services for antenatal care and malaria treatment in rural Uganda. Health Policy Plan 13: 94-102.

47. Atkinson S, Ngwengwe A, Macwan'gi M, Ngulube TJ, Harpham T, et al. (2009) The referral process and urban health care in sub-Saharan Africa: The case of Lusaka, Zambia. Soc Sci Med 49: 27-38.

48. Giang KB, Allebeck P (2013) Self-reported illness and use of health services in a rural district of Vietnam: Findings from an epidemiological field laboratory. Scand J Public Health Suppl 62: 52-58.

49. Radyowijati A, Haak H (2003) Improving antibiotic use in low-income countries: An overview of evidence on determinants. Soc Sci Med 57: 733-744.

50. Amin AA, Marsh V, Noor AM, Ochola SA, Snow RW (2003) The use of formal and informal curative services in the management of paediatric fevers in four districts in Kenya. Trop Med Int Health 8: 1143-1152.

51. Geissler PW, Nokes K, Prince RJ, Odhiambo RA, Aagaard-Hansen J (2010) Children and medicines: Self-treatment of common illnesses among Luo schoolchildren in Western Kenya. Soc Sci Med 50: 1771-1783.

52. Olenja J (2013) Health-seeking behaviour in context. East Afr Med J 75: 61-62.

53. Smith R (2014) The end of disease and the beginning of health. BMJ Opinion.

54. Williams HA, Jones CO (2014) A critical review of behavioural issues related to malaria control in sub-Saharan Africa: What contributions have social scientists made? Soc Sci Med 59: 501-523.

55. Müller O, Traoré C, Becher H, Kouyaté B (2013) Malaria morbidity, treatment-seeking behaviour, and mortality in a cohort of young children in rural Burkina Faso. Trop Med Int Health 8: 290-296.

56. Pillai RK, Williams SV, Glick HA, Polsky D, Berlin JA, et al. (2013) Factors affecting decisions to seek treatment for sick children in Kerala, India. Soc Sci Med 57: 783-790.

57. Griffiths P, Stephenson R (2011) Understanding users' perspectives of barrier to maternal health care use in Maharashtra, India. J Biosoc Sci 33: 339-359.

58. Owumi BE, Taiwo PA, Olorunisola AS (2013) Utilization of traditional bone setters in the treatment of bone practice in Ibadan North local government. international. J Humanities Soc Sci Inven 2: 47-57.