



Research Article

Assessing the Use of Complementary and Alternative Medicine among Selected Residents of Akure South Local Government Area, Ondo State, Nigeria

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Abstract

The use of complementary and alternative medicine (CAM) is now on the increase among the global populations because they are healthcare approaches that are used in conjunction with conventional medical interventions. The study is to assess the use of complementary and alternative medicine among the selected residents of Akure South Local Government area of Ondo State, South Western Nigeria, using quantitative research methodology where information was elicited from 300 respondents between the ages of 25 years and 64 years and secondary data were obtained through textbooks, publications and internet. The participants were selected across the 15 communities within the 11 political wards that constitute the study area through multistage sampling technique. The opinions of the respondents were assessed through self-administered questionnaire with open and close-ended questions. The collected data were analysed with descriptive statistics such as simple frequency, percentages, bar chart and histogram. The findings of the study revealed that the rate of CAM use is high in the study area as CAM is widely consumed for treatment and prevention of ailments like hypertension, diabetes, cancer, asthma, infertility, HIV/AIDS, malaria, improvement of the quality of life and health maintenance. It was also discovered from the findings that the consumption is commonly patronized because of poverty, unaffordable conventional medicines, religion factor, illiteracy, dissatisfaction with conventional medical care, and its abuse can lead to deformity, economic loss, insomnia, mental disorder and untimely death. In the same vein, the most commonly used CAM revealed by the findings are herbal preparations of biological products, followed by faith-based and mind/body therapies. The study concluded that the use of CAM has gained widespread acceptance among the residents of Akure South Local Government because of their desire to get remedies for their health challenge as the costs of conventional health care in the available health facilities continues to skyrocket. It is therefore recommended that the government through its agencies should control the unregulated production and consumption

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of these alternative medicines to mitigate the adverse effects and make provision for affordable health for the citizenry.

Keywords: Alternative medicines, Consumption, Population, Residents, Therapy

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Introduction

Complementary and Alternative medicine (CAM) refers to a set of health-care practices (indigenous or imported) that are delivered outside of the mainstream health-care system (WHO, 2014). The WHO (2014) also estimates that a considerable number of people in Sub-Saharan Africa rely on complementary and alternative medicine (CAM) to meet their primary healthcare needs. In the African setting, it may encompass local herbal medicines or products, indigenous healthcare practices (traditional bone setting), spiritual as well as imported complementary and alternative medicine products and practices.

Nigeria is one region of the world in which CAM has long been held to be widespread, with a considerable number of its population relying on it to maintain their health or prevent and treat communicable and non-communicable diseases (Omogbadegun, Uwadia, Ayo, Mbarika, Omoregbe, Otofia and Chieze, 2011). In the past 20 years, the WHO regional office for Africa spearheaded the implementation of a regional strategy endorsed by African Head of State in Lusaka, Zambia to promote the role of CAM in health systems in the African region (James, Wardle and Steel, 2018). The gains experienced since the adoption of the regional plan include policy formation in 36 countries and research promotion, including the establishment of CAM research centres in some countries like Nigeria, Ghana, and South Africa. The regional plan has also promoted the inclusion of CAM courses into the curricula of healthcare training institutions in countries across the continent. For instance, such plan has seen the inclusion of CAM courses in some South African and Ghanaian universities (Ayele, Tegegn, Haile, 2017). It has also promoted the training of CAM practitioners and the local production and cultivation of medicinal plants, as well as the establishment of intellectual property rights for traditional medicine knowledge in few nations. Despite such progress,

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African countries continue to grapple with an absence of CAM policy on its implementation, inadequate CAM research infrastructure and insufficient regulation of CAM products and practices (Gyasi, Abass, Adu-Gyamfi and Accam, 2017). For instance, by 2005, only 32% and 27% of the African countries who responded to the WHO global survey had a national policy and law of regulation on CAM (Peltzer and Pengpid, 2018). A handful of authors including: Awodele, Agbaje, Abiola, Awodele and Dolapo (2012); Omogbadegun and Adegboyega (2013); Ahwinahu and Chuckwudi (2016); Diru, Diwe and Uwakwe (2016); Opara and Osayi (2016); Ayele, Tegegn and Haile (2017); Smith, Shewamene, Galbally, Schneid and Dahlen (2019); Nsagha, Ayima, Nama-Njamen and Asseb (2020) in their different studies had identified a number of pull and push factors promoting complementary product use. Key factors reported in the literature include relative low cost and flexibility of payment of CAM products and services, accessibility and the perception of CAM being natural and therefore safe as well as effective compared with conventional healthcare (Mberekko and Mahlatini, 2014). Patients participating in the identified studies were also positively attracted to complementary products for other reasons such as alignment with a patient socio-cultural, religious and spiritual values with regard to health and diseases and the sense of patient autonomy of their health. Other factors of complementary products use identified from the literature are patients' trust and confidence in their traditional medicine practitioner to share their personal secrets and the perceived privacy they enjoyed with their traditional medicine practitioner. Perceived psychological care and support provided by CAM providers compared with orthodox healthcare providers have also been reported as a pull factor. In addition, recommendation by respected and trusted peers such as CAM providers, elders, which drives patients into using complementary products. Aggressive advertisement of CAM products and services is another pull factor.

The push factors mainly centred on dissatisfaction with conventional healthcare and this includes long distance to health facilities, unavailability of drugs difficulty and inequity in accessing health care services, negative attitude of healthcare providers, long awaiting time, lengthy procedures and fear of being diagnosed of a serious diseases (James, Wardle and Steel 2018). A number of population and subpopulation studies reported factors limiting the use of CAM in Sub-Saharan Africa. Studies conducted among Nigerian and undergraduate students and Nigerian medical doctors cited an absence of conclusive scientific evidence that supports CAM practice as a common barrier to use of complementary medicine. Also, lack of patient belief in the safety and efficacy of complementary medicine was identified as a barrier to complementary medicine use in studies among patients with hypertension, pregnant woman and patients with various

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conditions as well as in the general population. In addition, two population based studies and a sub health study reported that respondents were reluctant to use traditional medical care due to perceived demonic nature of CAM. Furthermore, perceived lack of an appropriate dose for complementary medicine products and unhygienic practice in product preparation, as well as the unregulated CAM practitioner practices are deterrents to using complementary medicine (Gage, Storey, McDowell, Maguire, Williams, Faithfull, Thomas, Poole, 2009); (Gyasi, Abbass, Adu-Gyamfi and Accam, 2017). Other barriers to complementary medicine use are an absence of health financing health care and a perceived lack of education and training among CAM practitioners (Duru, Diwe and Uwakwe, 2016); (Gyasi, Agyemang-Duah and Mensah, 2017)

Statement of the Problem

A steady rise in the prevalence of chronic non-communicable diseases is significantly contributing to Africa disease burden, and is adding burden to healthcare systems already strained due to the high incidence of infectious diseases, with high complementary product use for chronic health conditions imported outside of Africa. It is postulated that complementary medicine will play an integral role in the health and wellbeing of people suffering from chronic diseases in Africa as well. There is, therefore the need to study the pattern and use and effect of these products amongst members of populace of our immediate environment with the aim of integrating complementary medicine usage into healthcare delivery system if it can be certified in terms of safety and effectiveness.

This current research will be focused on the use of complementary and alternative medicine among selected residents in Akure South Local Government of Ondo State, Nigeria.

Objectives of the Study

The objectives of the research are to:

1. Determine the prevalence of complementary medicine in the study area
2. Determine the commonly used complementary medicine in the selected study area
3. Examine the factors contributing to the use of complementary medicine in the study area
4. Assess the effectiveness of CAM among users in Akure South Local Government Area

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Research Questions

1. What is the prevalence of Alternative and complementary medicine among users in Akure Local Government Area?
2. What are the commonly used CAM among users within Akure South Local Government?
3. What is the contributory factors to the use of CAM in Akure South Local Government Area?
4. What is the level of effectiveness of CAM among users in Akure South Local Government?

Methods

A descriptive research design was used for the study. The study sample consisted 300 residents selected within 11 political wards of Akure South Local Government area. The informants were selected through multistage sampling technique and their opinions were generated by self-administered questionnaire with 21 open and closed ended questions. The sample population of the study is made up of 122 female and 178 male within the age bracket of 25-64 years with basic assumption that this age group are capable of taking decisions and actions relating to their health.

Area of the Study

The area of the study is Akure South Local Government Area, which is one of the eighteen Local Government Area of Ondo state, Nigeria. Its headquarters is Akure town. According to the 2006 census, it had a population of 353, 211 with an area of 331km². The current population consists of 11 political wards and 35 communities. Among them are: Aponmu, Isinkan, Gbogi, Isolo, Oda, Odopetu, Ijomu, Ilisa, Aaule, Gaga, Oke-Aro, Abusoro, Ijoka, Esure, Ilotin, Okuta-Elerinla, Olufoam, Ijapo GRA, Alagbaka, Oluwatuyi Community, Odopo, Oke-Ogba. It consists of administrative offices of the government of Ondo State, major educational institutions.

Federal University of Technology Akure and many tertiary institution and schools. The most populated Local Government Area in Ondo State with many health facilities. Basically, the residents are civil servants, traders, farmers and timber contractors. Many town within the local government enjoy the presence of small and medium enterprises. Majority of the residents are Christians, followed by Muslims and traditional worshipers. The local language commonly spoken by the inhabitant is Yoruba. Though, quite a handful understand English because of high level of illiteracy among populace.

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Data Collection

The selected participants were assessed through structured self-administered questionnaire which consists of open and closed ended questions. The questionnaire Instrument consists of questions on socio-demographic profile of the respondents and questions raised in respect of the complementary and alternative medicine, the phenomenon under investigation. Their consents were obtained before this exercise and questions were interpreted to some of the uneducated ones in Yoruba which is the widely spoken language by the majority of the respondents. All responses were voluntary obtained, coded and treated with confidentiality.

Results and Discussion

The opinions of the respondents generated from the self-administered questionnaire were presented and analyzed using descriptive statistics such as frequency tables, percentages and numbers.

Table 1 presents the analysis of the socio-demographic profile of the respondents. Out of the 300 respondents, there are 192(64%) while there are 108(36%) female. Majority of the respondents fall within 45 year to 54 year age bracket representing 44%. 159 respondents are married representing 53% while majority of the respondents had secondary school education (130, 43.33%). 243 respondents representing 81% are employed. In the same vein, 199 respondents representing 66.33% are Christians.

Table 1 provides the socio-demographic profile of the respondents.

Table 1: Socio-Demographic Profile of the Respondents

AGE OF THE RESPONDENTS	FREQUENCY	PERCENTAGE
25-34	21	7.0
35-44	47	15.67
45-54	132	44
55-64	100	33.33
TOTAL	300	100
GENDER		
Male	192	64
Female	108	36
TOTAL	300	100
MARITAL STATUS		
Single	23	7.67
Married	159	53.0
Divorced/Separated	37	12.33
Widow/Widower	81	27.0
TOTAL	300	100
EDUCATION STATUS		
No Formal	27	9
Primary	47	15.67
Secondary	130	43.33
Tertiary	96	32
TOTAL	300	100
Employment Status		
Unemployed	57	19
Employed	243	81
Total	300	100
Religion		
Christianity	199	66.33
Islam	65	21.67
Traditional	36	12
TOTAL	300	100
(N=300) Total (100%)		Source: Field Report 2024

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Research Question 1: What are the commonly used CAM among adult users within Akure South Local Government Area?

Table 2: The opinions of the respondents

S/N	ITEM	FREQUENC Y	PERCENTAGE (%)
A	Biological-Based therapies: Botanical (Herbs or Spices) Dietary supplements Special food or diets	142	47.33
B	Mind-Body therapies: Prayers Meditation Recitation Creative outlets	84	27
C	Manipulative and Body-Based therapies: Massage Relaxation Exercise	24	8
D	Others (Tiger oil, Urine, Honey, Soaps, Powder)	53	17.67
	Total	300	100

Source: Field Report 2024

Table 2 represents analysis of the opinion of the respondents about the most commonly used CAM among the adult residents within Akure South Local Government Area. The analysis of the findings showed that out of 300 respondents, 142 of them representing 47.33% used biological based therapies; 81 of the respondents representing 27% used mind-body therapies; 24 respondents representing 8% used manipulative and body-based therapies while 53(17.67%) of them used other forms of CAM. It can therefore be inferred that the most commonly used CAM in Akure South Local Government Area is Biological-based CAM.

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Research Question 2: What are the contributory factors for the use of CAM in Akure South Local Government Area?

Table 3: Opinions of the respondents

S/N	ITEM	FREQUENCY	PERCENTAGE (%)
1	Poverty	35	11.67
2	Religions/Cultural beliefs	29	9.67
3	Dissatisfaction with conventional medicine	31	10.33
4	Aggressive Advertisement	36	12
5	Looking for Cure	81	27
6	Recommendation from trusted sources	61	20.33
7	Inadequate Health Facilities	27	9
	Total	300	100

Source: Field Report 2024

Table 3 represents the respondents' opinions on the contributory factors responsible for the use of CAM in Akure South Local Government Area. The analysis of the findings showed that out of 300 respondents, 35 of them representing 11.67% chose poverty, 29 (9.67%) respondents chose religious/cultural beliefs, 31 (10.33%) chose dissatisfaction with conventional medicine, 36(12%) chose aggressive advertisement, 81(27%) chose looking for cure, 61(20.33%) chose recommended from trusted sources, 27(9%) chose inadequate health institution. It can therefore be inferred that majority of the respondents opined that looking for cure is a major contributory factor responsible for the using CAM in the study area.

Research Question 3: What is the level of effectiveness of CAM among adult users in Akure South Local Government Area

Table 4: Opinions of the respondents

Items	Frequency	Percentage (%)
High	113	37.67
Medium	85	28.33
Low	102	34
Total	300	100

Table 4 presents analysis of the opinions of the respondents about the level of effectiveness of CAM among adult users in Akure Local Government Area. The analysis of the findings showed that out of the 300 respondents, 113 of them representing 37.67% opined that the level of effectiveness of CAM is high, 85 (28.33%) opined that the level of effectiveness of CAM is medium while 102(34%) opined that the level of effectiveness is low. It can therefore be inferred that there is high level of effectiveness of CAM among adult users in Akure South Local Government.

Discussion of Results

All the 300 questionnaire that were validated by experts in the field of Traditional, Complementary and Alternative Medicine were properly filled and collected for data analysis. The socio-demographic profile of the respondents revealed that there are more male participants than female participants (64%:36%). It was also revealed that the majority of the participants fell within the age bracket of 45 years and 54 years (44%). The majority of participants were married (53%); educated up to secondary school level (43.33%); and employed (81%). Similarly, 199(66.33%) of the respondents belonged to the Christian faith.

The findings also revealed that the most commonly used CAM are biological-based therapies which include herbs, spices, dietary supplements, and special food and diets aligned with the study of Elufioye, Oladele, Cyril-Olutayo, Agbedahunsi and Adesanya (2012). The 142 users in this category constituted 47.33% of the sample size. It was also discovered from the findings that respondents' desire to seek cure for their different health challenges contributed significantly to their choice of CAM. 81 respondents representing 27% concurred on the opinions of the respondents about the effectiveness

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of CAM in solving their medical predicaments, 113 respondents which represented 37.67% of the sample size ascertained the high effectiveness of the CAM usage.

The results of the study which revealed male domination in the use of CAM, were probably attributable to African strong belief in the traditional medicine and higher patronage of herbal sellers, contracted the findings of Ala, Ojo, Enikuomihin, Ajani, Olamoyegun, Akinlade and Olabode (2020) which revealed that female are the majority of CAM users in the South-Western Nigeria.

The religion faith showed the relationship between religion belief of the respondents contributed to the usage of mind-body therapies as correspondents believe that herbs, prayers, recitations of religious verses can cure certain ailments faster than conventional medicine and ward off evil spirits that are responsible for causing some of these diseases. This tallied with the study of Omogbadegun and Adegboyega(2013); Ogbola, Gbolade and Ajaiyeoba (2010) in Ogun State; Oladele, Alade, Omobuwajo (2011) in Osun State on the framework for overcoming barriers of complementary and alternative medicine acceptance into conventional healthcare system.

The studies of Okoronkwo, Onyia-Pat, Okpala, Agbo and Ndo (2014) among adult users of CAM in Enugu Urban, Southeast, Nigeria; Hydo, Amano, Eguchi, Narabayashi, Hirai, Naamo and Takashima (2005) in cancer patients in Japan and Laelago, Yohannes, Lamango(2016) on pregnant women attending ante-natal care in Hosanna Town in Southern Ethiopia aligned with the findings of this study which opined that desire to find the cure for the medical predicament topped the list of contributory factors that are responsible for the use of CAM amongst the residents of Akure South Local Government.

The high effectiveness of CAM to provide health reliefs revealed by this study was in tandem with the findings of Awodele, Agbage, Abeola, Dolapo(2012) in doctor's attitudes towards the use of herbal medicine in Lagos, Nigeria and the findings of Fox, Bulter, Coughlan, Murray, Boland, Hnanan, Murphy, Forrester, O'Brien, Sullivan (2013) among women with breast cancer in Ireland.

However, the study sample was confined to 300 residents in Akure South Local Government Area of Ondo State. This did not represent the opinions of all residents in Ondo State. The specific benefits and negative effects were not investigated under the generalized effectiveness of the usage of CAM. This should be looked into by the future researchers.

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Conclusion and Recommendations

This study is aimed to assess the use of complementary and alternative medicines among the adult residents in Akure South Local Government of Ondo State. After juxtaposing this study with the findings of the previous researchers under different locations. This study therefore, concluded that the desire to find the cure for various ailments was responsible for the high usage of CAM among the Akure South adult residents. The users also attested to the high effectiveness of CAM in finding solutions to their health problems.

It is thereby, important to make recommendations that regulate the usage and control the influx of different types of CAM, particularly, over the counter and imported biological-based ones to prevent threat to individual and public health that can be occasioned by their abusive consumption. There should be aggregated collaborative healthcare services delivery among CAM practitioners, conventional medical practitioners, health institutions and regulatory agencies like National Agency for Food, Drug and Administration and control (NAFDAC) to ensure efficiency, low costs and standardization of products.

The governments at all levels should establish affordable healthcare providing centres for easier access to medical attentions. The research institutions, pharmaceutical companies and boards of traditional medicine practitioners should ensure that harmful social or traditional practices should not interfere with appropriate medical treatments. Also, there should be integration of CAM into the Nigerian Healthcare System.

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