Rural Inhabitants and Patronage of Traditional Medicine: A Study of Pregnant Mothers (Women) in Ona-Ara Local Government Area of Oyo State, Nigeria

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***Abstract*:-The use of traditional medicine has been on the increase in many developing and industrialized countries. This high use may be due to accessibility, affordability, availability and acceptability by majority of the population especially among the rural dwellers who have a strong perception of its efficacy in overcoming a myriad of health challenges including maternity issues. With the hybrid of quantitative and qualitative research techniques, this study examined Rural Inhabitants and the Utilization of Traditional Medicine among Pregnant Mothers in Ona-Ara Local Government Area of Oyo State. One Hundred and Fifty Five (155) questionnaires were administered among the respondents out of which One Hundred and Forty-Four (144) valid responses were obtained. In addition, twenty-one (21) IDIs and fifteen (15) KIIs were conducted to further ascertain the findings. Data were analyzed using descriptive and inferential analysis. Qualitative data were analyzed using content analysis, the result showed that the respondents had positive disposition towards traditional medicine, perceived traditional medicine to be effective in tackling the pregnancy-related challenges, and that traditional medicine does not lead to fetus-maternal complications. Recommendations is that health care providers should take into consideration the prevailing cultural practices in the communities in designing health education and messages that will promote the positive cultural practices and reduce the impact of negative ones among pregnant women. In addition, efforts should be intensified towards explore willingness towards co-operation, assess failures and successes of both health systems and advocate clarity in dosages.**

I. INTRODUCTION

1.1 Background to the Study

Traditional medicine is very popular in most parts of the world. This art of medicine includes diverse health practices, methods, knowledge and beliefs about integrating plant, animal, and/or mineral-based medicines, spiritual therapies, manual skills, and exercises applied singly or in combination to maintain well-being as well as treat, diagnose or prevent illness (WHO, 2013). According to the European Information Center for Complementary and Alternative Medicine (EICCAM, 2013), the use of traditional medicine has grown considerably worldwide. This is ubiquitous in the developing countries of the world, especially in the Sub-Saharan African (SSA) expanse where the use of traditional medicine is a part of the cultural and religious life of the people and up to 80% of the population use traditional medicine for key health care (Vigus, Mubyazi, & Masatu, 2013). This high level can furthermore be ascribed to its prominence in the healthcare delivery structure, as well as its accessibility, affordability, and its depth in the cultural and spiritual beliefs of the people (Owumi, Taiwo, & Olorunisola (2013); Nordeng, Al-Zayadi, Diallo, Ballo, & Paulsen (2014).

Traditional medicine in Nigeria is a vital part of indigenous cultures as a form of therapy and potent source of remedies. While modern medicine has evolved over time to be the most promoted means of health care, the use of traditional remedies persists, especially in the rural areas where access to modern medicine may be unavailable, unaffordable or unacceptable to the populace (Olowokere & Olajide, 2013). Omonzejele (2008) puts it as being the first port of call before Western medicine and a last resort when all modern efforts fail.

Overall, studies have found that users of traditional medicine cut across different age groups, social class, and use them for a wide range of reasons ranging from prevention to cure. Virtually all survey data agree that users of herbal medicine products are predominantly female (Ernst & White, 2000). According to Frawley, Adams, Sibbrit, Steel, Broom & Gallois (2013), the use of traditional medicine during pregnancy is common especially among those with prior pregnancy (Holst, Wright, Haavik, & Nordeng, 2009). Cuzzolino, Franani, Verlato, Joppi, Baldelli, & Benoni (2010) also revealed studies conducted in different countries on the use of herbal products show a wide range in its frequency due to cultural and regional differences. In the Western world, prevalence estimates of traditional medicine use in pregnancy ranges from 52-58% in Australia and 40-48% in Norway and Italy (Hoist, Wright, Haavik, & Nordeng, 2011; Nordeng, Bayne, Haven, & Paulsen, 2011)

In the Sub Saharan Africa region, the motivations for a woman's use of traditional medicine in pregnancy include the belief that these therapies provided safer therapeutic remedies to pharmaceutical drugs; an appreciation of a holistic potential afforded by these therapies and a desire to have control and

satisfaction in their pregnancy experience (Hall, Griffiths, & McKenna, 2011). According to Maputle, Mothiba & Maliwichi (2015), treatment with traditional medicine during pregnancy is believed to prevent miscarriage, ensure proper growth of the foetus, maintains the stability of the woman's health and to strengthen the womb against witchcraft and to prevent childhood illnesses. During pregnancy, herbs and other minerals serves as a tonic to cleanse the womb, induce labour, ease delivery, and protect the child from evil, pain, sickness and discomfort (Razafindraibe, Kuhlman, Rabarison, Rakotoarimanana, Rajeriarison, Randrianarivony, Rakotoarivony, Ludovic, Randrianasolo, Bussmann, 2013).

In Nigeria, the inability of the modern healthcare system to meet the health needs of the populace, the failure of successive governments in its promise of free healthcare for pregnant women, the prevailing cultural beliefs and the proven efficacy of herbal remedies, traditional practitioners and traditional birth attendants have contributed immensely to the adoption of traditional medicine by pregnant mothers. According to Fakeye, Adisa, & Musa (2009), these above-mentioned factors have made traditional medicine in pregnancy and labour continue to play, as it has done from time immemorial, an important role in the health care system. This study therefore looked into the utilization of traditional medicine among pregnant mothers in Ona-Ara Local Government Area of Oyo State with a view to understanding the dynamics of socio-cultural factors, knowledge and perception, access among many others in the use of traditional medicine by pregnant mothers in the rural areas.

1.2 Statement of the Problem

Traditional medicine from time immemorial has been as a form of potent source of remedy and have become an integral part of indigenous cultures across the world. More lately, the consumption of traditional medicine has expanded globally and become increasingly popular. According to the World Health Organization (2005), 80% of the world's population meets their needs for drug with traditional medicine. This high use may be due to accessibility, affordability, availability and acceptability by majority of the population especially in developing countries where all segments of the population including pregnant women use herbal concoctions for various therapeutic remedies (Duru, Uwakwe, Chinomso, Mbachi, Diwel, Agunwa, Iwu, & Merenu, 2016). Considering the numerous symptoms associated with pregnancy due to physiological changes, there is higher probability of increased utilization of traditional medicine during pregnancy especially in rural communities where it is perceived to be safe due to its natural source (Adams & Connell, 2001), availability, and accessibility in these areas. Despite the evidences that people choose traditional medicine (providers) in a variety of contexts, only a few studies recommend ways to build bridges to enable individual preferences to be adapted into a more responsive health care system.

Treatment with traditional medicines during pregnancy is considered effective in preventing miscarriage, ensure the proper growth of the foetus, strengthen the womb against witchcraft and prevent childhood diseases (Maputle, Mothiba & Maliwachi, 2015). These medicines are widely used to maintain good health and to prevent or treat various diseases including treating early pregnancy symptoms such as nausea and vomiting (Wesfall, 2004), to induction of abortion, treatment of threatened abortion (Tang, Li, Borchert, Lau, Leung, & Wang, 2012) or labour (Kamatenesi-Mugisha & Oryem-Origa, 2007). Nonetheless, the use of traditional remedies among pregnant women has become a major concern in Nigerian communities due to its perceived safety among users and controversial assumption of toxicity, teratogenic potentials and associated foetus-maternal complications among western healthcare practitioners (Bamidele, Adebimpe, & Oladele, 2009). These contradicting arguments, necessitates the need to investigate the perception and opinion of practitioners and users of traditional medicine in the study area in the light of the argument put forward by the Western-styled practitioners.

While 59 percent of women in urban areas deliver with a doctor, nurse, or midwife, only 26 percent of women in rural areas do so (NHRHSP, 2012; Ogun State Health Bulletin, 2009). In addition, in 2014, budget allocation to health sector was 262 billion naira as against N279billion allocated in 2013. The urban areas benefitted more to the detriment of rural areas and little effort was on primary health including maternal health. Following from forgoing, healthcare system in Nigeria is replete with spatial variations in terms of availability, quantity and quality of facilities which often may not be apt to the needs of health care consumers, in this regard, the pregnant mothers (NHRHSP, 2012).Added to this is the fact that the distribution of health workers is favourable towards urban centres with acute shortages in rural locations. Little is known about how the inequity in healthcare allocation has affected the study area therefore making it imperative to investigate about the vital health statistics in the study area.

Bearing in mind the peculiar challenges experienced by women during pregnancy, there is a higher possibility of increased uptake of traditional medicine as a form of remedy. Women to relieve minor symptoms of pregnancy such as nausea, vomiting, and low back pain, and to prepare for labour or other unrelated health issues such as colds and respiratory illnesses or skin problems (Goncalves, 2001) use these remedies. However, the use of these remedies may differ among women depending on their perception of efficacy, stage of pregnancy, and severity of pregnancy-related symptoms. In this regard, it is important to understand issues revolving around its safety and suitability during pregnancy.

Furthermore, women all over the world are presented with a range of choices when it comes to childbearing and socio-cultural practices could influence decisions concerning their reproductive health. Such socio-cultural factors which include cultural practices, beliefs, and taboos which are time-tested

methods which have been successfully used by generations often influence pregnant women are major determinants of the care received by mothers during pregnancy (Emelumadu, Ukegbu, Ezeama, Kanu, Ifeadike, & Onyeonoro, 2014). Added to these are characteristics such as level of education, socio-economic status, age, marital status, previous history of traditional medicine patronage, and prior pregnancy or labour using traditional birth attendants which have all been associated with the likelihood of women to utilize traditional medicine in pregnancy (Orief, Farghaly, & Ibrahim, 2014). While these socio-cultural factors are cultural-universals, as each culture has specifically tailored cultural practices that might account for the behaviour of women during pregnancy. In this regard, a dearth of knowledge remains on such socio-cultural practice in the study area.

It is therefore pertinent to investigate the issues surrounding the utilization of traditional medicine among pregnant mothers with a view to understanding the factors surrounding its uptake, efficacy, and measures that will help promote traditional medicine and overcome the challenges pervading the use of traditional medicine in pregnancy.

1.3 Aim and Objectives of The Study

The major aim of the study is to investigate Pregnant Women's rationale for the utilization of traditional medicine in Ona-Ara Local Government Area. The objectives of the study include:

1. The assessment of the prevalence of traditional medicine and use in the study area.
2. Secondly, effort was made to examine the place of the socio-cultural factors in the use of traditional medicine.
3. Thirdly, attempt was made to evaluate the forms of traditional medicine used as well stage of pregnancy when they are used.
4. Fourthly, effort was directed towards understanding the vital health statistics including the availability and accessibility of the Western healthcare model in the area.
5. Lastly, there was a drive towards exploring the knowledge and perceived efficacy of traditional medicine among pregnant mothers.

1.4 Research Questions

1. What is the prevalence level of traditional medicine and use in Ono-Ara Local Government Area of Oyo State?
2. What socio-cultural factors are associated with traditional medicine use?
3. What are the forms of traditional medicine used as well as stage of pregnancy when used?
4. What is the level of accessibility and availability of the Western healthcare model in Ona-Ara Local Government Area of Oyo State?
5. What is the knowledge and perceived efficacy of traditional medicine among pregnant mothers in Ona-Ara Local Government of Oyo State?

1.5 Significance of The Study Demoted

Traditional medicine, which has a long history, is been demoted to the periphery by the evolution of modern medicine. However, more recently, traditional medical therapy has been growing in popularity and getting increasing attention and interest (Bamidele, Adebimpe, & Oladele, 2009). In view of this, the findings of this study can help to identify the socio-economic, political and cultural dimensions on the utilization of traditional medicine by pregnant mothers which will contribute to existing literature on the phenomenon in Nigeria thereby broadening the literature base of maternal and child health. In essence, this study will hopefully, make tangible contributions to the aspects that are yet to be explored in available literature. The result of this study would enable different organizations, local and national policy makers to devise concrete ways by which these challenges facing the utilization of traditional healthcare can be overcome and maternal and child health improved.

1.6 Scope of The Study

The study investigated perceptions of the healthcare systems in relation to pregnancy and childbirth. Various aspects of practices associated with pregnancy and childbirth were covered. This study was conducted among pregnant mothers in selected communities in Ona-Ara Local Government Area of Oyo State. With this, I derived information about the level of utilization of traditional medicine. Ona-Ara LGA was chosen due to its status as a predominantly rural settlement and its rural nature offers a high predictability for strong attachment to traditional values, hence, making it the priority of this study.

II. LITERATURE REVIEW

The risk of complications women face during pregnancy and delivery has become a global concern owing to its consequences for maternal mortality. However, variations exist in the prevalence of maternal mortality with the developing countries particularly affected. According to the UNDP (2004), while the rate of maternal mortality in the United States of America is eight deaths per 100,000 live births, in developing nations, the average maternal mortality rate is 480 deaths per 100,000 live births. This problem is further exacerbated by the high fertility rate that contributes to women's overall poor health condition. According to UNDP (2004), the fertility rate of women in childbearing age in developing countries (5.1) is more than triple of those in more developed countries (1.7) children per woman.

While Nigeria has experienced some progress in the last two decades in reducing maternal deaths, unfortunately, the numbers of women that die from pregnancy and childbirth complications arising from childbirth remain appallingly high. An estimated 40,000 Nigerian women die in pregnancy or

childbirth each year and another 1 million to 1.6 million suffer from serious disabilities from pregnancy and birth related causes annually (WHO, UNICEF, UNFPA & WORLD BANK, 2012). In the quest for wellness and overcoming the challenge of maternal and child complication, there is an interplay of factors influencing women's decision to seek health care. This include the perceived quality of the service, attitude of the personnel, the knowledge and abilities of the staff, availability of supplies and the level of satisfaction with the diagnosis and effectiveness of the treatment provided.

Traditional medicine in pregnancy and labour continues to play, as it did in the past, an important role in health systems. Western oriented medicine and health systems, introduced during the colonial era, did not eliminate well-established systems of traditional medicine and many Africans learnt to use both health systems depending on the availability of medicine or the nature of the illness (Freeman & Motsei, 1992). Both systems derive their theories of illness from the beliefs, values, and interpersonal relations of the society from which they evolved (Chipfakacha, 1994). This in turn shapes the strategies and behaviours that community members develop in coping with illness and seeking health care, and whether their first choice will be self-treatment, traditional medicine or biomedicine (Good, 1987).

In most rural areas, a large proportion of the population relies on traditional practitioners and their armamentarium of medicinal floras in order to meet healthcare needs. Although modern medicine exists side-by-side with such traditional practice, traditional medicine have often maintained its popularity for historical and cultural reasons to relieve minor symptoms of pregnancy such as nausea, vomiting, and low back pain, and to prepare for labour or other unrelated health issues such as colds and respiratory illnesses or skin problems (Nordeng &Haven, 2001). A study by Fakeye, Adisa & Ismail (2009) in Nigeria found that more than two-third of respondents (67.5%) had used herbal medicines in crude forms or as pharmaceutical pre-packaged dosage forms, with 74.3% preferring self-prepared formulations. Herbal medications were also considered to have better efficacy than conventional medicines because herbs being natural were safer to use during pregnancy than conventional medicines. Easy access, traditional and cultural belief in herbal medicines to cure many illness, and comparatively low cost of herbal medicines were other reasons for use (Forster, Denning, Wills, Bolger, & McCarthy, 2006; Fakeye, Adisa & Ismail, 2009; Holst, Wright, Haavik, & Nordeng, 2009).

The literature of this study includes the following sub-headings:

1. **THE CONCEPT OF TRADITIONAL MEDICINE**
2. **THE TREND OF TRADITIONAL MEDICINE UTILIZATIONS ACROSS THE GLOBE**
3. **SOCIO-CULTURAL FACTORS AND USE OF TRADITIONAL MEDICINE DURING PREGNANCY**
4. **AVAILABILITY OF MODERN HEALTH CARE SYSTEM**
5. **PREVALENCE & PERCEIVED EFFICACY OF TRADITIONAL MEDICINE DURING PREGNANCY**
6. **MEASURES TOWARDS PROMOTION OF TRADITIONAL MEDICINE**

2.1 The Concept of Traditional Medicine

Catering for the health of the populace has been a dire challenge to most civilizations across historical milieus. In a bid to overcome this challenge, each society evolved health care system that would take care of the health of her citizenry within the context of the socio-cultural frameworks of that society. The use of medicinal plants for therapeutic purposes therefore symbolizes a secular tradition in different cultures and societies. Thus, the term traditional medicine has been variously conceptualized largely because the range of items and structure which traditional medicine applies has been described with different terminologies by different authors (Owumi, 1998). According to the World Health Organization (2003), traditional medicine are health practices, approaches, and knowledge and beliefs incorporating animal and mineral based medicines, spiritual therapies, manual techniques and exercise singularly or in combination to treat diagnose and prevent illness or maintain wellbeing. Its root is embedded in prehistory thereby making it an age-long.

Traditional medicine often derived made from herbs or plants contains active ingredients aerial or underground parts of plants or other plant materials or combinations thereof whether in the crude state or as plant preparations (WHO, 1996; Osemene, Elujoba & Ilori, 2011). It may also contain standard excipients in addition to the active ingredients. Remarkably, in some countries, herbal medicine may also contain by tradition, natural organic or inorganic active ingredients that are not of plant origin (WHO, 1996).Traditional medicine is developed as unique indigenous healing traditions adapted and defined by culture, beliefs and environment, which satisfies the health needs of the communities over centuries (Oreagba, Oshikoya, & Amachree, 2011). It is an ancient and culture-bound method of healing that humans have used to cope and deal with various diseases that have threatened their existence and survival (Abdullahi, 2011). In the Graeco-Roman era, Hippocrates (father of medicine), Theophrastus (father of Botany), Galen (originator of pharmaceutical galenicals) and Dioscoroides were all herbalists (Moody, 2007; Osemene, Elujoba, & Ilori, 2011).

Prior to colonial contact, Africans advanced a native health care system. This health delivery system that was dominant, rendered services to millions of people both in the rural and

urban areas as it was contextualized and allowed to flourish within the locale of the African cultural heritage, and there were noteworthy evidences that proved the efficacy and efficiency of this delivery system (Romero-Daza, 2002; Abdullahi, 2011). Traditional medicine is still in use in modern day Africa after hundreds of years of its existence without much reported cases of adverse effects (Okigbo & Mmeka, 2006). With the contact with the colonialists however, the health care system went through dramatic change, thereby, paving way for the acceptance and adoption of the modern health care delivery system. The acceptance and subsequent adoption of this health care system by the native people championed by the elites disallowed the traditional medicine to interact with the rest of the health care system that subsequently rendered the traditional health care system officially unrecognized by most governments in African countries and other countries of the world with similar experience (Amzat & Abdullahi, 2008).

In Nigeria, especially those living in rural communities, the use of traditional medicine is rooted in the culture of the people (Fabrega, 1973; Owumi, 1989; Ademuwagun, 1998; Badru, 2001). In addition, most Nigerians do not have access to western medicine and it is estimated that about eighty percent (80%) of Nigerians utilize traditional medicine (Owumi, 1994; Ewhrudjakpor, 2007). The traditional healers are variously addressed as *Babalawo, Adahunse* or *Oniseegun* among the Yoruba speaking people of Nigeria; *Dibia* among the Igbo; and *Boka* among the Hausa speaking people (Cook, 2009). More so, different experts have emerged within their ranks including herbalists, bonesetters, psychiatrists, and traditional birth attendants among others (Owumi & Jerome, 2008).

These healers usually rely on vegetables, mineral substances, animal parts and certain other methods such as prayers, divinations and incantations (Sofowora, 1982) and are revered for treating patients holistically by attempting to reconnect the social and emotional equilibrium of patients based on community rules and relationships (Hillenbrand, 2006; Amzat & Abdullahi, 2011). In some instances, incantations are made on the affected area as a way of invoking the spirit of the ancestors for divine intervention and healing, (Chris, 2011).

2.2 The Trend Of Traditional Medicine Utilizations Across The Globe

The emergence of the modern healthcare delivery system, though, brought about setback in the practice of traditional medicine in most societies of the world; this art has continued to hold sway and continues to a play prominent role in the health of the people in most societies even without approval from the government. This reinforces the argument that traditional therapeutic system of care is a significant component of health care delivery in most countries of the world because it enjoys substantial backing from the populace. In essence, the health care delivery system is incomplete when mention is not made of the traditional medicine especially in the developing countries.

The demand for traditional medicine has continued to grow not only in Africa, but also indeed, in the whole world. Recent studies in health care seeking behaviour has shown an increasingly realizing that traditional medicine is getting increased admiration and growing in popularity and reputation (Bamidele, Adebimpe & Oladele, 2009). It is becoming increasing popular and lucrative in the international medicine market. Over the past decades, either its use as a dietary supplement or 'neutraceuticals' has expanded. Currently, dispensing herbs/active ingredients is on the increase, as herbal medicine is becoming more popular (Ekor, 2013). According to the World Health Organization (2002), 80% of the world's population meets their needs for drugs with traditional medicine. In 1976, about a quarter of the prescription drugs dispensed by community pharmacy in the United States contained at least one active ingredient derived from plants (Farnsworth & Morries, 1976). In addition, between 1990 & 1997, herbal medicine product usage among the United States of America population rose by 380% while the total sales revenue from herbal medicine in 1998 amounted to over US$ 4 billion (Ernst, & White, 2000).

Similarly, the growing demand for traditional medicine in Europe, Asia and other parts of America is highly documented. Annual revenues from herbal medicine in Western Europe were estimated at US$ 5 billion in 2003-2004, in China the revenue was estimated at US$ 14 billion in 2005, and in Brazil it was US$ 160 million in 2007 (Oreagba, Oshikoya, & Amachree, 2011). In addition, there are indications that traditional medicine is gaining widespread acceptability in Australia, France and Canada with 46%, 49% and 70% of the population respectively using traditional medicine (WHO, 2002a; Amzat & Abdullahi, 2008). Studies have also revealed that between 40% and 60% of the population in Western Pacific Region use traditional medicine treat various diseases (WHO, 2001). At one time or the other, about 60% of the population in Hong Kong has consulted traditional health practitioners. The WHO's regional office for Americas' (AMRO/ PAHO) report demonstrates that 71% and 40% of populations in Chile and Colombia respectively have used traditional medicine (Amzat & Abdullahi, 2008).

A strategy adopted by the WHO in August 2000 in its 50th WHO Regional Committee for the African Region stated that about 80% of the population of African member states uses traditional medicine to help meet health care needs. In Japan, between 60-70% of allopathic doctors prescribe TM for their patients (WHO, 2002). According to WHO, TM accounts for 40% of all health care delivered in China and used to treat roughly 200 million patients annually (United Nation, 2003). In a report by the WHO regional office for Americas (AMRO/PAHO), 71% of the population in Chile and 40% of the population in Colombia had used TM (Amzat & Abdullahi, 2011).

In the Sub-Saharan Africa where Nigeria belongs, the economic advantages of traditional medicine have been extraordinary. Annually, about 27 million South Africans use traditional medicine to treat a variety of ailments while it also contributed very significantly to the treatment of convulsions in rural Tanzania (Mander, Ntuli, Diederichs, & Mavundla, 2007; Lekotjolo, 2009) while its trade contributes not less than R2.9 billion to the South African economy (Mander, Ntuli, Diederichs, & Mavundla, 2007). Carpentier, Prazuck, Vincent-Ballereau, Ouedraogo, & Lafaix, (1995) discovered an increasing demand for traditional medicine in the case of rheumatic and neurological complaints in Burkina-Faso. In Ghana, about 70% of the population depends primarily on traditional medicine (Roberts, 2001). While in countries like Ghana, Mali, Zambia and Nigeria, the first line of treatment for 60% of children with high fever resulting from malaria is the use of herbal medicine (WHO, 2002b).

The World Health Organization estimate of population that has used some form of traditional medicine in developing countries as their immediate choice in the treatment of diseases is between 70 and 80 % showing its relevance and importance in Primary Health Care (Moody, 2007; Oreagba, Oshikoya, & Amachree, 2011**).** With the general acceptability of the traditional medicine by most countries of the world, the World Health Organization (WHO) was convinced that TM and its practitioners are significant components of health care delivery especially in developing countries because they are more accessible and affordable. This has prompted the WHO to promote its integration into the national health care systems of countries and to encourage the development of national policy and regulations as essential indicators of the level of integration of such medicine into a national health care system (Oreagba, Oshikoya, & Amachree, 2011). According to the World Health Organization, the native healers have contributed to a broad spectrum of health care needs that include disease prevention, management and treatment of non-communicable diseases as well as mental and gerontological health problems (WHO, 2001). There are also increasing evidences that traditional medicine is effective in the management of chronic illnesses (Thorne, Paterson, Russell, & Schultz, 2002).

Past researches conducted in Nigeria had indicated the numerical strength of the traditional healers, suggesting that they are preeminent. A report by Ademuwagun (1969, cited in Erinosho, 1998) acquiesced that close to 10% of rural dwellers and 4% of urban dwellers in Nigeria were traditional healers (with likelihood that the number may have increased). This submission, according to Erinosho, clearly shows that the traditional healers are greater in number and are more readily available and accessible than formally trained western-style physicians (Erinosho, 1998). Its growing importance has made the Federal Government of Nigeria to formulate a traditional medicine policy and to establish a Traditional Medicine Council to regulate practice and encourage research in five core areas (herbal medicine, bone setting, mental health, traditional birth attendance and sale of traditional medicine ingredients.

2.3 Socio-Cultural Factors and Use of Traditional Medicine during Pregnancy

Women all over the world face many difficult choices during pregnancy and childbirth. Wrong choices often result in unfavorable outcomes for expectant mothers and their babies, a situation that is common in developing countries. Cultural practices, beliefs and taboos often plays a determining role in the care received by mothers during pregnancy and childbirth that is an important determinant of maternal mortality. In Nigeria, pregnancy and childbirth complications are major causes of maternal and child death and these deaths is attributed to the fact that most pregnant mothers do not get the appropriate care they need due to certain barriers to the health care facilities. The survival and well-being of both the pregnant woman and her child is crucial which depends on the health care that the woman receives during pregnancy, at the time of delivery, and soon after delivery.

Pregnant women have identified sociocultural practices as playing a significant role on the use of health care. Findings from Jansen (2006) indicated childbirth as being 'something natural', not sickness, and therefore no need for a pregnant woman to deliver in a health facility; she can deliver at home. Traditional practices and religious beliefs influence pregnant women, probably because these practices and beliefs are time-tested methods that have been successfully used by generations of family and friends. According to the UNCHR (2006), such practices and beliefs most often reflect in the attitudes of members of the community over generations. In fact, a study has revealed that pregnant women prefer home delivery to receive care and comfort as well as take advantage of low cost of care from the Traditional Birth Attendants (TBAs) (Choudhury, Moran, Alam, Ahsan, Rashid, & Streatfield, 2012) and according to Abimbola (2012), many of these cultural practices have been reported to have no negative effect on pregnancy.

2.3.1 Culture Factors and Utilization of Traditional Medicine during Pregnancy

Women's experience of pregnancy is not just a medical occurrence but also one that also reflects her cultural values, family beliefs as well as her own beliefs (Gross & Bee, 2004). Although conception and delivery are biological events, many communities attach cultural importance to the phenomenon. While many traditional societies have taboos that are applicable to all members of such societies, there are additional ones for pregnant women that are thought to protect the woman and the unborn child from evil as well as ensuring safe delivery (Evans, 2013). Women are often more comfortable with traditional practice and the individual performing these services, which in turn alleviates the stress of using unfamiliar western style medical services at health care facilities (Ebere, 2013).

The sociological concept of health-related behavior is defined as what people do individually and collectively in order to maintain or remain in good health (Owumi, 1994; Badru, 2001; Igun, 2003; Ewhrudjakpor, 2007). The implication of this is that the steps taken by any person in the utilization of health services follows a particular pattern. Culture, in its broadest ethnographic sense, is a complex whole, which includes beliefs, knowledge, art, morals, law, traditions, customs, and any other capabilities and habits acquired by man and transmitted from generation to generation among members of the society (Oke, 1995& WHO, 1998).The role of cultural elements including religious beliefs in health behaviour therefore, cannot be underestimated, in a healthy society. The steps taken by an individual towards utilization of health care services therefore depends mainly on the culture of the people (Sallah, 2011).

In a study by the Prevention of Maternal Mortality Network (PMMN) (1992) in Erinosho (2006), which covers Nigeria, Ghana and Sierra Leone, it was discovered that the patriarchal family system is impinging precariously on the health of the pregnant women. The idea of traditional medicine is further illustrated by Dime, (1995) that medicine in Africa is based on the belief that: the natural resources have active therapeutic principles that heal, occult supernatural forces, power to change active principles which can be manipulated by those who know how to produce marvelous results (Omonzejele, 2008). This implies that Africans have belief in using the natural way to treat illnesses than the modern and scientific method that was brought from the western societies.

This is in contrast to the belief system in western societies on which their concept of disease, reproductive issues and maternal ill health based on scientific interpretation with particular reference to germ theory. Because of this, patients and physicians in western societies perceive disease in whatever form, in terms of organic malfunctioning of the system and treated using clinical methods and techniques (Erinosho, 2006). However, the incidence of disease, illness and sickness in non-western societies of Africa is often traceable to magic and religion. It is usually attributed to witchcraft, sorcery and other mystical forces. Therefore, the nature of pregnancy itself is perceived as a spiritual exercise and a part of destiny and it must be guided spiritually.

In various South African societies, the use of traditional medicine is deeply woven with the cultural and spiritual beliefs (Makunga, Philander & Smith, 2008). The use of traditional medicine is a part of the cultural and religious life of the African people that in the opinion of Nordeng, Al-Zayadi, Diallo, Ballo, & Paulsen (2014) is attributable to its accessibility and affordability. Beyond the widely acclaimed notion of accessibility to traditional healers, traditional medicine provides an avenue through which cultural heritages are preserved and respected since such practices are in line with the socio-cultural and environmental conditions of the people who use it in Africa (Owumi, 2002).

2.3.2 Religious Factors and Utilization of Traditional Medicine during Pregnancy

From time immemorial, the relationship between religious beliefs and the use of traditional medicine has been strong. This association dates back to biblical time and the earlyman (Badru, 2001). Pregnancy is a mystery in most African societies with Nigeria not being an exception to this belief. Despite the illumination and understanding brought about by science and liberal art, this belief still persists. In this regard, religion tends to influence the belief system most especially: reproductive ones that are affected by religious affiliation (Akintan, 2001). In this nous, what is known as religion in Yoruba land is constructed through what is explicable within the environment to explain the inexplicable. Thus, religion is devised to counteract environment problems, and as a response to certain diseases and life hazards, including during pregnancy.

Religion is found to influence the choice of place of delivery by women. The traditional worshipers were more likely to deliver with Traditional Birth Attendants (TBAs). Religious practices and beliefs reject some medical procedures for example certain religions do not encourage blood transfusion. The Islamic custom of Purdah, which means the seclusion of women from the sight of men, might prohibit women from interaction with strangers' inside and outside their homes (Ebere, 2013). A common birthing practice is for a woman to give birth completely alone, which signifies her being strong, independent and a sign of fidelity to her husband (Maimbolwa, Yamba, Diwan, & Ransjö-Arvidson, 2003).

2.4 The Prevalence & Perceived Efficacy of Traditional Medicine During Pregnancy

Studies have shown that traditional medicine is an important and effective therapeutic regimen in the management of a wide spectrum of diseases, some of which may not be effectively managed using Western medicine. According to Brouwer, Liu, Harrington, Kohen, Vemulpad, Jamie, Randall & Randall (2005), approximately 25% of all pharmaceutical products worldwide originated from traditional medicinal knowledge and there is widespread interest in developing new types of medicinal agents with greater potency and reduced side effects. According to Thorne, Paterson, Russell, & Schultz (2002), there is a widespread use of traditional medicine among people with chronic illnesses in developed countries. It appears that people with chronic illness comfortably reconcile the potential benefits of remedies and practices whose foundations derive from radically different worldviews and understandings of human health and illness processes (Thorne, Paterson, Russell, & Schultz, 2002). According to the World Health Organization (2002a) anxiety about the adverse effects of chemical drugs, improved access to health information, changing values and reduced tolerance of paternalism are some of the factors responsible for the growing demand for traditional medicine in developed countries.

Among South African black population, traditional medicine is more desired and necessary for treating an array of health glitches that Western medicine does not meritoriously tackle (Mander, Ntuli, Diederichs, & Mavundla, 2007). In Nigeria, the effectiveness of medicinal plants in the management of various diseases has been documented. Weintritt, (2007) identified at least 522 medicinal species used in the management of numerous ailments in Nigeria. Banjo, Lawal, Owolana, Ashidi, Dedeke, Soewu, Owara, & Sobowale (2003) found out that among the Ijebu Remos, some insects, when combined with other ingredients, can be used for spiritual protection, preparation of love medicine, management of the eye and ear problems, as well as prevention and control of convulsion in children. Lawal & Banjo (2007) reported that arthropods is used to cure thunderbolt, child delivery, bedwetting, yellow fever and a host of many other ailments that cannot be treated using Western medicine and therapy. While, the Western treatments are widely available to deal with these ailments, some patients are convinced that they do not deliver satisfactory upshot, hence, the resort to trado-medical measures.

In the same vein, the use of herbs as a primary form of health care in pregnancy to facilitate childbirth is a prevalent practice in many cultures worldwide. Pregnant women often use traditional medicine in order to maintain good health and reduce medical interventions (Forster, Denning, Wills, Bolger, & McCarthy (2006). Herbal medicine has been found to carry its own in-built safety mechanisms, less concentrated, less toxic and are used in much lower doses than orthodox medicine which in its concentrated drug formulations are designed to target and reverse specific pathologies in the minutest of time (Moody, 2007; Osemene, 2011). Studies conducted have shown the use of traditional medicine for various reasons such as keeping mother and baby healthy, treatment of various ailments during pregnancy and for management of prolonged labour, hemorrhage and retained placenta which is consistent with Maimbolwa, Yamba, Diwan, & Ransjö-Arvidson, (2003); Omane-Adjakum (2010).

In addition, studies have uncovered the reasons why pregnant women turn to traditional medicine to include the desire to have personal control over one's health and the dissatisfaction with conventional treatment and its disregard for a holistic approach as well as concerns about the side effects of medications during pregnancy (Low, 2009).

The perception of the women about the safety of herbal remedies corroborated the findings of Hollyer, Boon, Georgousis, Smith & Elinarson (2002); Lapi, Vannaco & Moschini (2008) that women choose to use herbal remedies because they consider it safer than pharmaceutical drugs and a naturally derived product that is always safe. The belief of majority of the respondents on efficacy of herbal remedy in managing problems during pregnancy was similar to those reported by Fakeye, Adisa & Ismail (2009) in a study where more than two-thirds of respondents who had used herbal remedies at one time or the other during pregnancy have confidence in the efficacy and safety of herbal remedies. The preference for herbal remedies by pregnant women over orthodox medicine could be linked with the submission of Elujoba, Odeleye & Ogunyemi (2005) that alternative medicine is intrinsically interwoven with the culture of the people – a socioeconomic and sociocultural heritage (Fakeye, Adisa, & Ismail, 2009).

Peltzer, Phaswana-Mafuyana, & Treger (2009) spoke to traditional herbalists who revealed that pregnant women consulted them during pregnancy for lack of foetal movement, being past the due date of delivery, problems with foetal position and false labour, morning sickness, abdominal pain, constipation, heartburn, the uterus being full of wind or dirt, sexually Transmitted Infections (STIs), and high blood pressure. Usage of herbal remedies among respondents and intentions to use it in the future pregnancy was very high and this was consistent with the findings of Mbwanji (2012) who found that those who used herbal medicine in their immediate pregnancy will still want to use it in their future pregnancy. Findings of this study also revealed that majority of the respondents have used herbal remedy to manage one or more illnesses related to pregnancy and this confirmed the work of Westfall (2004) who reported that women utilize many coping strategies, including self-treatment with herbal medicine and other alternative therapies during pregnancy.

Treatment in the early stages of pregnancy is believed to prevent miscarriage and to ensure proper growth of the foetus and stability of the woman's health (Malan & Neuba, 2011), while treatment with traditional medicine at the later stages of pregnancy serves to ensure safe delivery with no complications after delivery. According to Goncalves (2001), pregnancy herbs are normally used orally on a regular basis as a tonic to clean the womb and attain an easy and quick delivery, and in order to protect the child from evil and have a healthy child. The majority of women used these herbal medicines to treat malaria and abdominal pain, to induce smooth delivery, to keep baby healthy in uterus or to keep him kicking as well as to manage vaginal bleeding Omane-Adjakum (2010). Furthermore, they are ideal tools to restore damaged physiological processes since they consist of a multiplicity of chemical components which act synergistically, thus preventing harmful side effects (Osemene, 2011, Moody, 2007).

2.5 Availability & Access to Modern Health Care System

Maternal health is highly dependent on the quality of the local primary health care system, which is a common entry point for antenatal care that helps identify problems in pregnancy early on. Indicators of maternal healthcare services includes the capacity of the healthcare facility to provide maternal health services by trained staff and also adequate access to maternal health services at ante natal. Basic elements of essential services are provided at the Primary Health Care (PHC) facilities which are closer to the teaming rural population, where the burden of causes of maternal mortality

are highest (Federal Ministry of Health/National Primary Health Care Development Agency/Midwives Service Scheme, 2009). However, these services are inadequate, inaccessible and where available, standards are low. These challenges involved infrastructure, economic, and social factors (Erinosho, Osotimehin & Olawoye, 1996; Owumi, 2002).

Regularly, poor performance in primary health facilities including lack of personnel, lack of appropriate medicines, and indifferent or contemptuous treatment by facility staff not only undermines the quality of care an expectant mother receives, but over time erodes confidence in the health care system overall and deters women from seeking care (Ebere, 2013). The poor staffing of the health facilities, particularly the primary health care facilities, makes it difficult to guarantee twenty-four-hour availability of services, had also been reported as a factor that discourages women, even when they had received antenatal care services, to seek medical services when labor commences (Babalola & Fatusi, 2009).

Nigeria's health system functioning was ranked 187th out of 191 countries by WHO (Federal Ministry of Health, 2009). This is not surprising as Makeri (2001), reported that some hospital operating theatres lacked equipment and functional operating lamps. The medical facilities are more closely located and equipped more in the urban areas than the rural areas living the rural dwellers to suffer. The structure of health care delivery is intricately intertwined with the quality of health personnel, efficient management, effective financing, and management. In most rural health facility, health workers is seriously lacking and mostly unskilled are employed and inadequate and female health workers are in short supply. The available health services are characterized by inefficiency, wasteful use of resources and low quality of services (Ademiluyi & Arowole, 2009).

The state of these facilities was highlighted by Odogwu, Audu, Baba Lafia, Bawa, Tukur, Ejembi, Adaji, & Shittu (2010) in a study conducted in selected rural areas in Zaria where none of the Primary Health Care (PHC) facilities was able to perform basic emergency obstetric care services, which a standard PHC is expected to do. In terms of skilled personnel and material resources, all the PHCs fell significantly short of national standard of at least four midwives per center. Galandanci, Ejembi, Iliyasu, Alagh, & Umar(2007) asserted that in northern Nigeria, the quality of care was far from ideal. In a recent study by the World Health Organization and Health Action International (HAI) in 36 low and middle-income countries, drugs were reportedly way beyond the reach of large sections of the populations (Cameron, Ewen, Ross-Degnan, Ball, & Laing, 2008). Bazant (2008), despite these shortcomings, some women appreciated continuous care from providers such as treatment with respect and facilities' cleanliness. However, some claimed to have delivered unattended to, or were ince providers insulted others. Women who experienced adverse pregnancy outcomes in a facility may be less likely to seek facility-based obstetrical care in the future (Erim, Kolapo, & Resch, 2012).

Poor enabling environment and lack of motivation among health workers affects their performance in rendering services. According to Kaduna State Government (2011), poor conditions of services including inadequate staff housing have made it extremely difficult to recruit and retain staff particularly in rural areas. Murray & Frenk (2000) were of the opinion that gap in knowledge and inappropriate applications of available technology could be a challenge and results to low quality of care. There are some underlying factors, which may produce a low standard of care for the patient. Among rural communities, social distance serves as a barrier to access services. Social distance consists of differences in language, behavior and expectations between the consumer of health care and its providers. Ethnic and linguistic differences, and even when providers are of the same ethnic group, there can be social distance barriers caused by differences in education, experience, and socioeconomic status (PNMN, 1997 cited in Ladipo, 2008). This is further heightened by some environmental challenges that are, characterized by poor road networks; limited means of transportation and underserved population in terms of health facilities.

At government hospitals, women complained of shortage of beds. It is also common for some health providers' to be authoritarian, careless, and unsympathetic. Nurses scold women for talking, moving too slowly, viewed as "deviant" or dirty and arriving late in labour in addition to verbal abuse, slaps and beatings to women during labour (Center for Reproductive Law and Policy, Latin American cited in Bazant, 2008). Hospital staff may ridicule the tradition or practices of a community and impose unfamiliar dorsal supine position for deliveries, culturally inappropriate hospital dress, all of which may influence women in deciding to give birth in more sympathetic environment outside of health services.

Lubbock & Stephenson (2008) identified poor communication or miscommunication with health professionals also contributed to women's misperceptions and lack of understanding regarding healthy behaviors and potential complications. Reported misdiagnoses or unclear communication from health workers have led to delayed antenatal care visits and home deliveries. Uncomfortable or negative past experiences in receiving care that includes lack of attendance, excessive waiting times, and embarrassing physical examinations discouraged women from seeking care at health facilities. Few women who experienced complications and had to deliver via cesarean section believed returning to the health facility for a future delivery would result in the same outcome.

In all, it is virile to state that the structural inputs, process and outcomes of care available to women seeking for maternal health care. Structural inputs in health care provision are classified as building, medical equipment, drugs, medical supplies and vehicles (Efe, 2013; Ademiluyi & Aluko-Arowolo, 2009; Erinosho, 1989). Others are personnel, money, organizational arrangements or bureaucratic apparatus (Efe, 2013, Erinosho, 2006). These inputs are not only

complimentary to health care consumption of mothers specifically and other family health in general; but it is highly instructive for all round quality health for all. Nevertheless, often they are not always sufficient and available (Jegede, 2002; Ademiluyi & Aluko-Arowolo, 2009; Salami & Taiwo, 2012). Where these are available, the technological expertise to harness the resources together is inadequate or may be lacking (Grange, 2012; Jegede, 2012).

2.6 Measures towards Promotion of Traditional Medicine

In spite of the myriad of health care services provided by African traditional healers such as general practice, orthopedic, obstetrical, gynecological and even diagnostic, they are not empowered or encouraged and/or supported in any form for enhanced performance. It was observed that under missionary influence and as a result of repressive political ideologies, the colonial administrators outlawed African medical practices by condemning them as heathen, primitive, barbaric and uncivilized (Van Rensburg, 2004; Fako, 1992; Ulin, 1980).Three decades after the recognition and legitimation of traditional medicine, its relationship and impact compared to its westernized counterpart is still at best; ad-hoc, vague and often depict elements of disdain, mistrust, suspicion, bigotry and resentment (Van Rensburg, 2004).

This notwithstanding, traditional medicine still enjoys patronage from the Nigerian populace and the practitioners abound in almost every part of the country, especially in the rural areas. While practitioners of traditional medicine recognize the fact that advances in medical research and science requires more education, they also accept the idea of access to regular training under medical supervision (Erinosho, 1985). However, orthodox practitioners are against the promotion of traditional medicine, as well as their integration within modern healthcare delivery system (Gureje, 2005). This accounts for the climate of mistrust that exists between the two forms of health care delivery (Agarwal et al, 2010).

More so, the ethnocentric and medico-centric tendencies of the Western hegemonic mentality that are usually paraded by most stakeholders in modern medicine remains a very serious challenge. It is a general belief in medical circle that traditional medicine defies scientific procedures in terms of objectivity, measurement, codification and classification. Even then, there are indications that the physical aspects of traditional medicine can be scientifically studied and analyzed. In Yoruba culture, for instance, traditional medicine comprises of the physical and spiritual realms. While the physical aspects can be subjected to scientific analysis using the conventional scientific methods of investigation, the spiritual realm may not (Oyelakin, 2009).

The lack of coordination between traditional medicine and western medicine creates problems of competition, communication and safety. At the international level the discussion of co-operation focused first on incorporation of traditional healers in Primary Health Care. However, it has been increasingly questioned whether western biomedicine and traditional medicine can operate in a complementary way without one changing or oppressing the other (Feierman, 1986). Nowadays the discussion concentrates more on integration through regulation (associations, licenses and training), research and investments in effective services, products and consumer information (Bodecker, 2001; WHO, 2002).

This situation necessitates the need for genuine efforts towards aligning with the global trends in traditional medicine discourses for the benefit of all and sundry. This requires both traditional and modern doctors to recognize their areas of strengths and weaknesses from which they operate, in order to minimize the current distrust and the perceived paranoid between both parties. According to Abdullahi (2011), there is an urgent need for appropriate legal frameworks to check the deeds of cons and charlatans in the practice of traditional medicine in an attempt to achieve regulation, rebranding and standardization of traditional medicine for the benefit of millions of people who depend on traditional medicine in Africa.

In the face of infrastructural deficits, the official recognition of traditional practitioners in rural settings is been advocated as a viable low-cost alternative for health care (Agarwal et al, 2010). The trained traditional practitioners may provide essential and culturally relevant health services to their communities, if adequately trained in the basics of orthopedic care. In realization of the dangers of non-recognition of the traditional medicine, various attempts have been made by the practitioners of the therapy themselves to convince the government officials on the need to officially recognize them and possibly integrate the medicine into the orthodox medicine in order to improve the health needs of the people (Amzat & Abdullahi, 2011).

In Nigeria, the Federal Government through the Ministry of Health encouraged and authorized the University of Ibadan in 1966 to conduct research into the medicinal properties of local herbs with a view to standardize and regulate traditional medicine (WHO, 2001). In 1980s, policies were made accredit and register traditional healers and regulate their practice. Under the present health care reform of the Federal Government of Nigeria, traditional medicine is recognized as an important component of health care delivery system especially at the primary care level (Federal Ministry of Health (FMoH), 2004). Also, the Federal Government of Nigeria has established the Nigeria Natural Medicine Development Agency (NNMDA) to study, collate, document, develop, preserve and promote Nigerian traditional medicine products and practices and to also fast-track the integration of the traditional medicine into the mainstream of modern health care system in line with happenings in China and India (The Sun News Online, 2010). However, the lingering mutual distrust between western and traditional practitioners in Nigeria has continuously hampered and thwarted the process

of integration and cooperation between traditional and modern medicines (Nevin, 2001).

According to the Beijing Declaration published by the WHO (2008), there is the need for a partnership between modern and traditional medicine to help bridge the equity gap in public health and highlights the importance of research to support the development of traditional herbal medicine in delivering appropriate, safe and effective treatments. Communication can be improved by including basic principles of traditional medicine in the curriculum of western-trained clinic staff, and through additional training on communication skills. The establishment of steering groups in each sub district, with an active role for health promoters, could facilitate collaboration and communication between traditional healers and clinic staff. These groups could explore willingness towards co-operation, assess failures and successes of both health systems and advocate clarity in dosages.

2.7 Theoretical Framework

Health care utilization behavior is complex and multifaceted. Nevertheless, the models and theories provide an understanding of an individual's decision to utilize health care. With increasing cultural heterogeneity, health care utilization behavior is likely shifting. Addressing the needs and values of this shifting population requires an understanding of their culturally linked health care utilization determinants. Understanding which factors are most important to health care utilization can assist in disease prevention and treatment through creation of effective health campaigns, policies, and promotion programs. Likewise, the study of utilization can further prepare health care organizations for the impending growth of aged and heterogeneous populations. Ultimately, this knowledge will facilitate the understanding of who uses which services, why they access these services, and when those services will be utilized. For the purpose of this study, the Health Belief Model is adapted.

2.7.1 Health Belief Model (HBM)

The Health Belief Model (HBM) was originally conceived by social psychologists in the public health arena as a way of predicting who would utilize screening tests and/or vaccinations (Becker, 1974). It emerged in the 1950s as part of an effort by the Social Psychologists in the United States Public Health Service to explain the lack of public participation in health screening and prevention programs. Since then, the HBM has been adapted to explore a variety of long and short-term health behaviour (Strecher & Becker, 1994), including the decision to utilize the traditional or modern medicine.

The HBM thrives on the supposition that a person will take a health-related action based on the following assumptions:

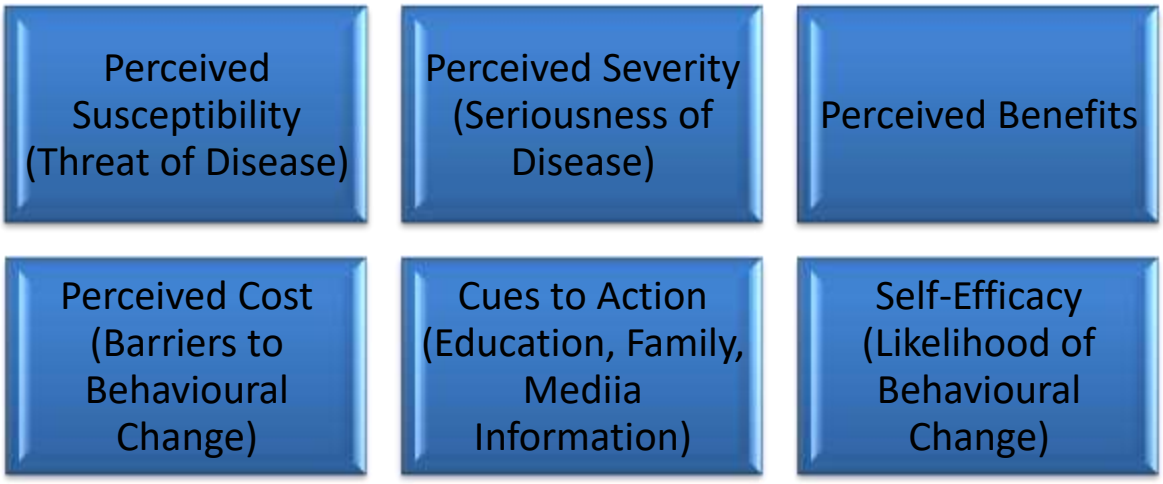
- If a person feels that a negative health condition (maternal/child mortality) can be avoided;
- If that person has a positive expectation that by a recommended action, he/she will avoid a negative health condition (taking up of traditional medicine will be effective in preventing maternal and child mortality);
- If he/she believes that, a recommended health action can be successfully taken. The HBM has been applied to a broad range of health behaviours and subject populations and has been found relevant to this study.

The HBM explains health behaviour from a socio-psychological perspective using the theories of value-expectancy and decision-making. The model focuses on the dimensions affecting an individual's control over a specific action and uses those same dimensions to predict behaviour. The position of this model that focuses on the individual's subjective assessment of the health situation, especially with regard to using health services, is that by taking a particular action, an individual's susceptibility and vulnerability will reduce or if the negative condition had already occurred its severity would be ameliorated. The model is based on the understanding that a person will take a health-related action such as, in the context of the present analysis, utilization of traditional medicine in pregnancy if that person perceives that it to be functional in overcoming pregnancy related complications. This model asserts that a person's motivation to take a health-related action can be located in the following factors: perceived susceptibility, severity, benefits and barriers. These four factors, influenced by mediating variables, indirectly influence the probability of performing protective health behaviors by influencing the perceived threat of the illness and expectations about outcome.

The HBM of Rosenstock (1966) discusses the individual's actions to treat

1. *Perceived Susceptibility/Vulnerability:* an individual will seek preventive health services if he/she believes they are susceptible to disease;
2. *Perceived Severity:* an individual will only seek help if he/she conceives the condition as serious. If a person does not perceive the illness as serious, he/she will not seek treatment or prevention.
3. *Perceived Benefits:* An individual will not act unless the treatment/prevention is perceived as having greater benefits than costs.
4. *Perceived Cost:* The benefits of reducing the threat of the condition exceed the costs of acting.

The HBM has been used for intervening with health screening, illness, sick role, and precautionary behaviors (Janz & Becker, 1984). The model has undergone some modifications since its original formulation. More recent formulations of the HBM have included self-efficacy and mediating factors have also been explored in applying the HBM.



Past experience of illness may influence perception of severity. For instance, some people exhibit relatively minor symptoms, yet, others experience painful conditions during pregnancy.

Applying this model in the analysis of the utilization of traditional medicine presupposes that pregnant mothers are aware of the need for care during pregnancy owing to the delicate nature of their condition, the consequences of improper care, the efficacy of traditional medicine, and its relative accessibility. The cues to action as embedded in the model considers other factors such as prevailing norms, religion as well as skepticism of going through inhuman treatment that can influence attitude and behaviours. This model however did provide a succinct explanation of the socio-cultural factors in influencing attitude and behaviour. This nevertheless, the model is the most appropriate in this context because it remains the most rational model for this study by allowing explanation and prediction of health behaviour, hence, its adoption in this study.

III. RESEARCH METHODOLOGY

Research methodology describes the processesand methods that were used for the purpose of data collection and analysis. This chapter therefore discusses the research design, study location, study population, sample technique, sample size, research instrument, method for data analysis and ethical consideration.

3.1 Research Design

This study is designed to gather information from pregnant mothers in Ona-Ara Local Government Area of Oyo State about their utilization of traditional medicine. In view of the above, this study made use of a cross sectional-descriptive-non-experimental research design to obtain information about the current state of affairs, accurate portrayal of characteristics of the study population and serves as a means of describing what exists by determining the frequency and categorizing information.

3.2 Study Location

The scope of this research is Ona-Ara Local Government Area of Oyo State. Ono-Ara Local Government area was created in 1989 with the administrative headquarters located at Akanran. It shares boundaries with Egbeda Local Government to the north, Oluyole to the west, Osun State to the east and Ogun State to the south. The Local Government Area covers a total land area of 425,544 square kilometres and has a population of 265,000 (National Population Census, 2006). The LGA has eleven districts (wards) and houses the Ibadan International Airport. The residents of the Local Government Area are predominantly Yoruba and others from various part of the country scattered all over the various communities of Akanran, Badeku, Foworogun, Jago, Ojoku, Ogere Idi-Osan, Ajia, Kajola, Gbedun, Araro, Idi-Ogun, Elese-Erin, Olosunde, Ojebode, Akanran, Gbada-Efon etc.

3.3 Sampling Technique

The study adopted the purposive sampling technique in choosing the sample population for this study. The purposive sampling technique is a non-probability sampling technique in which the researcher selects a particular group or category from the population to constitute the sample because the category mirrors the whole with reference to the characteristic in question (Kumari, 2008). Therefore, purposive sampling technique was used in selecting pregnant mothers, traditional health practitioners who care for pregnant women, and community leaders within the local government. The pregnant mothers served as respondents to the research questions as contained in the questionnaires. The traditional health practitioners were interviewed, while the identified

community leaders served as key informants on the utilization of traditional medicine among pregnant mothers.

3.4. Study Population

The sampled populations for this study were pregnant mothers who utilize traditional medicine; Traditional Birth Attendants (TBAs), as well as opinion leaders who have lived in the communities for a long period and understand the community history as well as its socio-cultural practices for both quantitative and qualitative studies. To achieve the study objectives, the pregnant mothers were recruited majorly from various TBA centres within the Local Government. However, in the Kajola community which had no clearly identified TBA centre, identified pregnant mothers were recruited in-homes and especially in the market on market days where they come out in mass to buy and sell. For this group of respondents, a mini-recruitment questionnaire was first administered to affirm their eligibility for the study.

3.5 Research Instrument

This study made use of quantitative and qualitative research techniques in eliciting useful and valuable information from respondents who provided responses to the questions posed in line with the study objectives. In essence, this study made use of questionnaires as well as In-Depth Interviews (IDIs) and Key Informant Interviews (KIIs) as the instruments of data collection. The questionnaire contained a series of questions presented to the respondents. The questionnaire was chosen because it allows a researcher make vivid inquisition about the research questions. The IDIs and KIIs on the other hand, made up the qualitative approach of the study as it focused on personal accounts, observations, and description of the respondents.

In-Depth Interviews (IDIs): the IDIs involved face-to-face interactions between the researcher and respondents with a mix of pre-determined structured and unstructured questions. This strategy will made it possible to gather other relevant data that perhaps not adequately captured in the quantitative instrument. To enrich the data for this study, Key Informant Interview (KII) was also conducted. Findings from both qualitative techniques were integrated into all the relevant sections of the research.

3.6 Sample Size

One hundred and forty-four pregnant mothers were sampled as respondents to the questionnaire across the study area. In addition, 21 in-depth interviews and 15 key-informant interviews were conducted among the pregnant mothers to ascertain the results of the questionnaires. Furthermore, community leaders who are conversant with the cultural norms and the rationale behind certain practices that guides the behavior of women during pregnancy will be purposively selected from the ten wards in which the study area is divided. Additionally, traditional health practitioners including herbalists, traditional birth attendants, and traditional healers among others who care for the pregnant mothers and are knowledgeable about the challenges faced by women during pregnancy and certain concoctions that can help remedy such maladies will be chosen through convenience within the communities and snowball sampling to serve as key informants in this study.

Below is the table showing the spread of respondents across the study location:

Community	Questionnaire	In-Depth Interviews	Key Informant Interviews
Akanran	23	6	2
Ita-Elesemerindinlogun	23	4	3
Olunloyo / Olorunsogo	18	3	-
Amuloko	15	3	1
Idi-Osan	14	-	1
Foworogun	13	4	1
Badeku	11	-	-
Gbedun	9	1	1
Araromi	9	-	2
Kajola	8	-	4
Total	**144**	**21**	**15**

In total, one hundred and forty-four copies of a questionnaire were administered in the ten communities within from the various clusters in the area. Similarly, twenty-one in-depth interviews were conducted with traditional birth attendants and other traditional health practitioners especially those who care for pregnant women. Again, fifteen key-informant interviews were conducted and the target population was the opinion leaders in the community with a view to hearing their views especially on how the socio-cultural environment affects utilization of traditional during pregnancy.

3.7 Method of Data Analysis

The study was analyzed using the Statistical Package for Social Sciences (SPSS). Descriptive statistics such as frequency counts and percentages were be used to describe the demographic characteristics of the respondents while the responses derived during the IDIs and KIIs was used to complement the responses from the questionnaires.

3.8 Ethical Consideration

The consent of the participants for this study is of utmost importance. In addition, the confidentiality of responses obtained and security of the respondents was assured to prevent future problems that could arise during the research process. To do this, the names of the participants were kept confidential and all data gathered for the study are protected from unauthorized access. Again, necessary due diligence shall be exercised to ensure that there is no risk of harm involved i.e., the research will not cause any form of harm to

the respondents and the participation of respondents in the study was free and voluntary; hence participants were not be coerced in any form. Efforts was made by the Researcher to provide adequate explanation on what the study is all about to prospective respondents and their consents obtained before the administration of the survey instruments or the conduct of interview sessions.

IV. DATA PRESENTATION AND DISCUSSION OF FINDINGS

This study was designed to examine Rural Inhabitants and the Utilization of Traditional Medicine among pregnant Mothers in Ona-Ara Local Government Area. This chapter aims at describing, analyzing and discussing the result obtained from the field with special reference to research questions and objectives contained in the first chapter of this study. A total number of 144 questionnaires were distributed among the pregnant mothers in Ona-Ara Local Government Area. In addition, twenty-one In-Depth Interviews (IDI) as well as fifteen Key Informant Interviews (KIIs) were conducted among different pregnant mothers, community chiefs, opinion leaders, as well as the Traditional Birth Attendants (TBAs). Responses obtained from the IDIs and KIIs were used to assess the reality of data obtained through the questionnaire. For easy understanding and clarity of analysis, this chapter is divided into sections in line with the study objectives. The first section of the findings presents the socio-demographic characteristics of the respondents since these demographics are cogent in a bid to understanding the composition of the sampled population. The socio-demographic analysis was swiftly followed with the findings in line with the study aim and objectives.

Table 4.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

Religious Affiliation of Respondents	**Frequency**	**Percentage %**
Islam	73	50.7
Christianity	60	41.7
Traditionalist	11	7.6
Total	**144**	**100**
Age Group of Respondents		
16 – 25	19	13.2
26 – 35	77	53.5
36 Years & Above	48	33.3
Total	**144**	**100**
Respondents' Number of Children		
One	32	22.2
Two	53	36.8
Three	28	19.4
Above three	31	21.5
Total	**144**	**100**
Employment Status/Occupation of Respondents		
Employed	21	14.6
Self-Employed	88	61.1
Unemployed	35	24.3
Total	**144**	**100**
Educational Qualification of Respondents	**Frequency**	**Percentage**
No Formal Education	39	27.1
Primary Education	56	38.9
Secondary Education	38	26.4
Post-Secondary Education	11	7.6
Total	**144**	**100**
Income Distribution of Respondents	**Frequency**	**Percentage**
Less than 20,000	125	86.8
More than 20,000	19	13.2
Total	**144**	**100**

Source: Field Survey (2016)

4.1 The Socio-Demographic Characteristics of Participants

This section reflects the demographic characteristics of the respondents' socio-economic features such as Religious Affiliation, Age, Marital Status, Number of Children, Occupation, Income Level, and Level of Education. One Hundred and Forty-Four (144) valid responses were obtained. Thus, the tables contain a summary of numbers and valid percent of participants who validly provided information on each demographic variable.

The study participants were varied in terms of their religious affiliation with Islam and Christianity constituting the major bulk of the respondents' religious affiliation. Of the 144 valid responses obtained, 50.7% of the respondents were adherents of the Islamic religion; the population of the Christians was 41.7%, while 7.6% of the respondents belonged to traditional religion. On the age distribution of the respondents, more than half of the respondents 53.5% were between the ages of 26 – 35. Going by the childbearing age in Nigeria, and the design of this study, it is not surprising that the group was dominant. In addition to being in the active child bearing stage, it also conforms to a stage where women are more likely to have previously undergone the pregnancy period and have successfully nurtured kids.

On the marital status of the respondents, almost all the respondents were married. More so, the fact that all the participants in this study are mothers with the figures obtained showing that more than three-quarter (77.8%) of them having more than one child is a predictor of the likelihood of being married. The frequency distribution of their occupation shows that almost 61.1% of the respondents were self-employed. They were majorly engaged in farming and petty trading as their primary occupation, while those not in the self-employed category either worked as primary school teachers or in the

Local Government Secretariat among other low paying jobs or better still function as full house wives.

The income distribution of the respondents also clearly indicates that 86.8% of the respondents earned less than 20,000 naira on a monthly. This clearly points to the fact that the respondents predominantly belong to the low socio-economic strata of the society. Since income plays a determining role in the choice of health care services, it appears that many people in the study area may not be able to afford expensive healthcare facilities. Regarding the level of education, 66% of the respondents attained educational level below the basic standard which is an indication that the respondents' in this study were relatively illiterate thereby offering a high prediction for intense attachment to the norms and values of the society which might inform their perception and prevalence of traditional medicine use among the study population.

Table 4.2: KNOWLEDGE AND UTILIZATION OF TRADITIONAL MEDICINE

Perception of Health Status	**Frequency**	**Percentage %**
Very Healthy	83	57.6
Fairly Healthy	48	33.3
Unhealthy	9	6.3
Indifferent	4	2.8
Total	**144**	**100**
Perceived Knowledge of Traditional Medicine		
Highly Adequate	83	57.6
Fairly Adequate	49	34
Inadequate	7	4.9
Indifferent	5	3.5
Total	**144**	**100**
Attitudinal Disposition to Traditional Medicine		
Positive	128	88.9
Negative	4	2.8
Indifferent	12	8.3
Total	**144**	**100**
Length of Traditional Medicine Usage		
1 – 5 years	23	16
6 – 10 years	33	22.9
Over 10 years	88	61.1
Total	**144**	**100**
Frequency of Traditional Medicine Use		
Regularly	104	72.2
Seldom	29	20.1
Irregularly	11	7.6
Total	**144**	**100**

Source: Field Survey (2016)

Information gathered from the field revealed that the sampled respondents perceived themselves to be healthy as indicated by about 90.3% and only use traditional medicine to overcome the everyday health inequities that are minor. This prevalent notion might not be unconnected to the tendency of perceiving themselves as healthy in the face of minor health challenges. In this regard, only serious illnesses among other protracted health inequities can make them come to themselves as been ill or unhealthy. As far as they are able to carry out their routine functions without much restraint occasioned by ill health, they perceive themselves as healthy. In this context, it can be inferred that since these people primarily make use of traditional medicine and still perceive themselves to be healthy, there is a likelihood of continuous usage owing to its efficacy and effective in ameliorating their health inequities.

A cursory look at table above displays that 57.6% of the respondents indicated that their knowledge of traditional medicine was very adequate; 34% perceive their knowledge of traditional medicine to be fairly adequate, while only 8.4% of the respondents were either indifferent or had little knowledge of traditional medicine. Thus, substantial majority of the respondents (91.6%) said they had knowledge of traditional medicine. Such knowledge is prevalent as it is in tandem with the existing worldview of the society and often gained through the socialization process. According to a participant in the In-Depth Interviews:

> *"Just as you asked, those that come to us and know much about us, they learn a lot by observation and apprenticeship. So, for you to know about it, you need to learn about it extensively. It's a very difficult art to learn. It is the darkest of all eatables of the black people as different from the white people, but people who grew up here would have been used to it and would definitely need it"*

{IDI/Female Participant/Olunloyo Olorunsogo/May/2016}

Since the use of traditional medicine is prevalent and knowledge is widespread in the study area, the sampled population had a positive disposition towards the utilization of traditional medicine. Almost all the respondents (88.9%) who have revealed a positive attitude towards traditional medicine substantiate this. In the views of an IDI respondent:

> *"Traditional medicine is good. Nobody can dispute its virility. More so, it is something we have been using for long since we grew up knowing it.It is part of what was used to nurture from childhood, so I don't even risk not having it at home, especially during this rainy period"*

{IDI/Female Participant/Kajola/June/2016}

While the respondents varied on the length of use of traditional medicine, more than four-fifth of the respondents (84%) have used it for over 5 years which further buttresses

the fact that they are knowledgeable about it and have positive disposition towards traditional medicine. The respondents also averred that the consumption of traditional medicine, especially the herbal concoctions is not a once-a-while thing. Rather, it is an everyday pattern as it is used sometimes to relief illness related symptoms, while at other times used to prevent illnesses. The use of traditional medicine during pregnancy continues and might occur in quick succession as the period comes with a myriad of health challenges. Such challenges which were presented as pregnancy-related and been faced by the respondents include; frequent spitting, vomiting, nausea, cold, malaria, skin problems, pains in all parts of the body, swelling of the legs, and also as a proactive step towards preventing other foetus-maternal complications. According to an IDI respondent:

> *"The pregnancy period can be quite unreal for a pregnant woman. This is because, what she faces most times might be entirely different from what others experiencing. While everyone might be complaining that the weather is very hot, I might be feeling cold and when you relay such experience to people around, they find it difficult to believe you".*
>
> ***{IDI/Female Participant/Kajola/June/2016}***

A KII respondent who while talking about the challenges being faced by women during pregnancy gave a tongue-in-the cheek-analysis aptly buttressed this view:

> *"The pregnancy experience is not luxury-laden for the women. Although, there are some of them who would get pregnant and have just minute challenges such as spitting around and occasional throw up. However, most of them usually face a wide-range of issues that might be surprisingly known to only the person experiencing it. In fact, there is a saying around here that, only three categories of people do not lie. The first is a visitor that comes to the community and claims that there is war in their village. Since you did not go to the village yesterday, you cannot dispute it. The second category is the aged who exhibit similar characteristics as the third category, which are the pregnant women. A pregnant woman amazes you by suddenly alluding to an illness. Since you are not inside her at that point you are bound to take it. All said, it is really a delicate period that requires proper care. Therefore, we have solutions to all forms of ailments they face including the supernatural ones. We just appeal to the gods and the sacrifice will be accepted."*
>
> ***{KII/Male Participant/Kajola/June/2016}***

Another Traditional Birth Attendant (TBA) stated that:

> *"Mostly when they come here we diagnose what is wrong with them before we give them medications to be used. Nausea and throwing up are quite prominent in their complaints, but those are minor ones as they are just phases that one pass through during pregnancy. However, malaria is the one that feature prominently in their complaints. When pregnant, these women are usually vulnerable to malaria infection that is not ideal for their health and that of the unborn child. So, I usually tell my patronizers to come at least once every two weeks to get the malaria medication even if they think they do not have any problem"*
>
> ***{IDI/Female Participant/Akanran/June/2016}***

In this study, various substances ranging from traditional preparations/substances including roots and leaves of medicinal plants were found to have been used by the pregnant mothers. The use of traditional medicine as the primary source of treatment by pregnant mothers in the study area is due to their health beliefs, which largely, determines the emotional and behavioural responses to illness. These beliefs involve expectancy and perceived benefits, as well as outcome for initiating and maintaining treatment. There is abundance of evidence that this perception plays a significant role in health-seeking behaviour and pathway to care. Aside the traditional medicine being a cultural embodiment and a norm that is prevalent, there is also the issues surrounding accessibility, availability and cost of the Western styled maternity homes that play a part in their decision to adopt traditional medicine as the primary source of treatment. This finding is in consonance with the earlier submissions of Forster, Denning, Wills, Bolger, & McCarthy (2006); Fakeye, Adisa & Ismail (2009) who revealed that easy access, cultural belief and comparatively low cost were significant in the use of traditional medicine. An IDI respondent further attests to this position gave her opinion on the matter thus:

> *"I prefer the traditional medicine over the hospitals because when you have an ailment that requires cure, the modern medicine will suppress it down, while the traditional medicine will uproot it totally. The modern medicine will douse it, but traditional herbs will evacuate it. No hiding places. It will be urinated or defecated.*"
>
> **(IDI/Orita-Elesemerindilogun/May/2016)**

Another respondent in the IDI gave further substantiated the claim by asserting the difficulty of access to hospitals as against the traditional healers that are in every nook and cranny. She gave her opinion thus:

> *"What is hospital, we do not even have one here. Many of us patronize the TBAs while a greater number amongst us deliver at home. We do not have any hospital here and we have to walk a long distance to the either Akanran or even cross over the border to Ijebu in Ogun State, those are the closest places we can find hospitals. The only person who acts as a medical doctor here is an auxiliary nurse who began by selling drugs but has now upgraded to*

start giving injections and passing drips without undergoing the training"

{IDI/Female Participant/Kajola/June/2016}

Table 4.3: SOCIO-CULTURAL FACTORS IN THE USE OF TRADITIONAL MEDICINE

Community Attitude Towards Traditional Medicine	**Frequency**	**Percentage %**
Highly Encouraging	84	58.3
Fairly Encouraging	38	26.4
Discouraging	13	9
Indifferent	9	6.3
Total	**144**	**100**
Culture Values are Considered in Choice of Healthcare Model		
True	108	75
False	21	14.6
Indifferent	15	10.4
Total	**144**	**100**
Level of Sensitization on Traditional Medicine		
Adequate	97	67.4
Inadequate	33	23
Indifferent	14	9.7
Total	**144**	**100**
Occupation Influences the Use Traditional Medicine		
True	46	32
False	87	60.4
Indifferent	11	7.6
Total	**144**	**100**
Religion Influences the Use of Traditional Medicine		
True	118	82
False	15	10.4
Indifferent	11	7.6
Total	**144**	**100**
Price Influences the Use of Traditional Medicine		
True	101	70.1
False	37	25.7
Indifferent	6	4.2
Total	**144**	**100**
Traditional Medicine is More Accessible than Modern Medicine		
True	91	63.2
False	40	27.8
Indifferent	13	9
Total	**144**	**100**

Source: Field Survey (2016)

The decision to use patronize a Traditional Healer or to consult a Western-styled professional is usually not a simple action taken by the immediate the woman in question. Such decisions often are an embodiment of the worldviews and philosophies of family members concerned, the neighbours as well as the prevailing socio-cultural norms of the community. This is indicated by 84.7% of the respondents who revealed that the community attitude is encouraging. Furthermore, they often help to proffer solutions that have worked on same or similar issues. In the study area, though exhibiting glimpses of urbanity, the inhabitants are predominantly rural and the cultural sentiments are echoed in their health beliefs and the decision to seek healthcare. This revelation is an affirmation of the prior discovery of Sallah (2011) who revealed that the steps taken individuals toward health care services utilization is largely dependent on the culture of the people. In the views of an IDI participant:

"There are some people who are used to it. They were born into the art. They prefer traditional medicine to hospitals. Some believe that since it's what was been used to bring them up from infancy, its potency is never a thing of dispute."

{IDI/Female Participant/Akanran/June/2016}

"In the olden days, there are some certain things we do to make women deliver safely. Then they usually grow older than we do. What is injection or tablet in the face of these practices? Some used 120, 150, and 200 years, but today…"

{IDI/Female Participant/Akanran/June/2016}

However, in the light of increasing urbanization and knowledge of western-styled hospitals, some women have come to value both systems with each believed to have its own distinct wherewithal.

This is contained in the submission of an IDI respondent who stated that:

"Both models are good. It is just for each one to know its area of strength and weakness. For instance, when we talk about proper diagnosis of the problems often witnessed during pregnancy, that is in the realm of the western- styled practitioners, but when we talk about medication and actions that can ensure safe delivery when it's time for labour, it is entirely in the purview of the traditional practitioners".

{IDI/Female Participant/Akanran/June/2016}

Another ambivalent respondent who neither in total support nor opposition of the two models attested thus:

"Some people were brought up with the traditional medicine and are used to it and might reject injection. However, children of nowadays often reject traditional medicine and insist on modern

medicine which we have no grudge against. We know both are useful. The Hospital is good and has its own advantages such as in emergencies, when the hospitals handle it, it vanishes immediately via drips and other first aid that stabilizes the person's condition and such may leave the hospital and revert to the traditional medicine. Therefore, the hospital is a helping hand on emergency days and situations. None is useless, be it the modern or traditional, as far as each knows its onion." ***{IDI/Olorunsogo/May/2016}***

The respondent's choice of healthcare is largely correlated to their cultural values, family values, and as well other significant others that surround them as indicated by 75% of the respondents who revealed that the prevailing socio-cultural norms play a sensitive role in their choice of healthcare model. In this regard, the use of traditional medicine in pregnancy is consistent with their socio-cultural heritage and spiritual beliefs. This submission further proves the earlier disclosures of Fabrega (1973); Owumi (2002); Erinosho (1998); and Igun (1979) that the use of traditional medicine is root rooted in the culture of the people, especially the rural dwellers and it serves as a platform for preserving cultural heritage. An IDI respondent expressed his opinion thus:

"People have not foregone their culture which also accounts for the patronage of traditional medicine, especially during pregnancy."

{IDI/Akanran/May/2016}

Another respondent who proclaimed himself as a fervent apostle of culture gave his view thus:

"It's religion that gave birth to modernization. Today, we do not believe so much in our culture again. The cause of civilization is religion and the cause of religion is civilization. The two are related; one cannot function independently of the other. Civilization has brought new things. You will even see a proliferation of religion because of increasing civilization. So, where the cultural beliefs are prevalent and held supreme, it will definitely play great role in the decision to seek care."

{KII/Male Participant/Orita-Elesemerindinlogun/June/2016}

On the issue of sensitization and information of traditional medicine, more than two-third (67.4%) of the respondents believed that there is a virile platform for adequate sensitization of the benefits of traditional medicine. Such sensitization is embedded in the socialization process in line the social norms. This further attests to the earlier report that the respondents were knowledgeable about traditional medicine and such knowledge often came from family members, community elders and significant others. In terms of the correlation between their occupation and the uptake of traditional medicine, more than half of the respondents (60.4%) disagreed with such notions as they claimed that regardless of being involved in strenuous labour on the farm, the use of traditional medicine is common among all and sundry irrespective of their occupation.

Religion plays a prominent role in the relative acceptance or rejection of traditional medicine. This is evident in the findings of the study where 82% of the respondents alluded to religion as an important factor in the use of traditional medicine. This view is informed by the fact that, prior to the emergence of the "foreign religions", traditional medicine was prominent as it worked in tandem with the indigenous beliefs of the people. However, with the coming on board of the new religion, their acceptance, and their views of the indigenous belief system as animistic, traditional medicine witnessed either a decline in patronage or subversive patronage. This view is reflected in the earlier finding of Akintan (2001) who opined that religion tends to influence the belief system most especially; reproductive ones which are affected by religious affiliation. An IDI respondent who lamented thus corroborates this feeling:

"The major reason why some people make use of modern and reject traditional medicine is religion. The traditional medicine is far more effective than the modern medicine. However, religion has blinded everyone and led to its rejection. Religion has made us lose a lot of thing. Fanatics in religion are not helpful at all. Some people might want to approach this shop but are afraid of what people will say if they see them approach an herbalist. So, religion has made us forgo many of the things our fathers used in those days." ***(KII/Male/Ita-Elesemeridinlogun/May/2016)***

Linking the price to of traditional medicine to its prevalence, 70.1% of the respondents believed that price of traditional medicine was related to its prevalence among them. Although it is worthy to note that respondents explained that the modern healthcare model, where available, was usually cheap, but they argued that traditional medicine often come with little or no cost and also within the reach of all. According to an IDI respondent:

"The price they charge at the hospital is not so much that we cannot afford, however, can you compare it with herbs that I can easily make myself or even consult a neighbour. It is when I get pregnant that I even consult the TBA "Iya Abiye", because it is a delicate time. If not, I will sit down in my house and make herbs myself".

{IDI/Gbedun/June/2016}

In terms of access, 63.2% opined that the TBAs are usually easy to access because they live within the neighborhoods, provide low cost services, consultation and delivery. Added to

this is the fact that the TBAs are friendly to mothers and provide counseling services.

Table 4.4: REASONS/PATTERNS OF TRADITIONAL MEDICINE USE IN PREGNANCY

Pregnancy-Related Challenges Influences Use of Traditional Medicine	**Frequency**	**Percentage %**
True	123	85.4
False	11	7.6
Indifferent	10	7
Total	**144**	**100**
Use of Traditional Medicine During Previous Pregnancy		
Yes	128	88.9
No	14	9.7
Indifferent	2	1.4
Total	**144**	**100**
Severity of Challenge Influences the Choice of Traditional Medicine Use		
True	128	88.9
False	9	6.3
Indifferent	7	4.9
Total	**144**	**100**
Period/Length of Pregnancy Influences the Use of Traditional Medicine		
True	115	80
False	18	12.5
Indifferent	11	7.6
Total	**144**	**100**

Source: Field Survey (2016)

The findings of this study reflect the common held belief during pregnancy; women face a myriad of challenges. 85.4% of the respondents agreed that they face more health challenges during pregnancy than when they were not pregnant. Such challenges often vary from person to person and in intensity. While some claimed to witness mild headaches, nausea, body pains and frequent spitting, others claimed they threw up frequently, had severe body pains, skin problems amongst others the most common uncomfortable symptoms experienced during pregnancy are nausea and vomiting. In addition, 88.9% of the respondents claimed to have used traditional medicine during previous pregnancy and saw a correlation between the severity of challenge faced in pregnancy and traditional medicine utilization. These views are captured in the expression of the respondents that goes thus:

> *"It's true; they are faced with numerous challenges which vary from person to person and with varied intensity. The fall sick frequently and when they get to hospital and they don't get the problems solved, they patronize us."*
>
> ***{IDI/Gbedun/June/2016}***

Another IDI respondent opined thus

> "They come to treat malaria, and there is also some "tapa" that have pile, diarrhea," **{KII/Olorunsogo/May/2016}**

Another respondent aired her view as follows:

> *"Anyone in pregnancy is bound to have issues. Firstly, I often refer them to the hospital to go for scan to know the nature of the ailment. This is because the pregnancy situation is a very delicate stage that requires caution when handling. They will look for all that is wrong before knowing what to do. Having found out what is wrong, we can now decide whether to utilize either traditional or modern. At times we tend to their complaints based on their symptoms, but if the symptom persists and she's due for scan, we encourage them to do so."*
>
> ***{IDI/Foworogun/June/2016}***
>
> *"Some pregnant mothers will complain about body ache, some complain that the underneath of their stomach aches. So, if there is something we can simply prescribe for such conditions we do if not we might refer such persons to the hospitals for proper check-up"*
>
> ***{IDI/Foworogun/June/2016}***

The findings of the study where 95 (87.2%) of the respondents revealed that the utilization of traditional medicine is not limited to particular stage of the pregnancy period; in fact, it is used in all trimesters. What is just important is to follow the prescription for it to be effective and not have a negative effect. They may also be used to prepare for labour such that or for other unrelated health issues such as colds and respiratory illnesses or skin problems. An IDI respondent opined thus:

> "They come to treat malaria, and there is also some "tapa" that have pile, diarrhea," **{IDI/Olunloyo-Olorunsogo/May/2016}**

Another IDI respondent has this to say:

> *"If a woman is pregnant, there are some things that are embedded as part of our heritage meant for use by pregnant women which people often reject today. These are used at various stages of the pregnancy development up until the delivery of the baby."*
>
> ***{IDI/Foworogun/May/2016}***
>
> *"There is no period that they cannot use traditional medicine during pregnancy. In fact, it is highly recommended once it up to three months. The only*

needed consciousness is just that, there is herbal concoction for different stage of the pregnancy. We have the one designed for 3 months, four months, until 9 months. On no occasion should a pregnant woman use the one meant for a particular month in another month. And even if they do, we consult the elders who also know better than us, and they tell us ways of remedying the maladies to avoid calamity"

{KII/Kajola/June/2016}

In addition, almost all the respondents (89.9%) revealed that they have used traditional medicine during previous pregnancy. This revelation might be unconnected to the continuous use as the previous positive experience was also disclosed by the almost all the respondents in their previous pregnancy/pregnancies. This further verifies the postulation of Mbawanji (2012) who revealed that those who used herbal medicine in their immediate pregnancy are likely to use it in their future pregnancy. This continuous patronage as evident in the finding of this study and as seconded by Mbawanji (2012) may be due to the positive experience with consumption of traditional medicine that often lures them to continue the patronage.

In the light of the numerous challenges faced in pregnancy, a mass majority 102 (93.6) of the respondents also opined that the severity of challenge faced also informed their patronage of traditional medicine. This is especially in situations whereby self-treatment has failed. According to an IDI respondent:

"If they used modern and it doesn't solve it, they patronize us and vice versa. It is born with us; it's been with us, before the advent of modern."

(KII/Male/July/2016)

Another respondent opined thus:

"We have seen a situation before whereby the woman was taken to Akanran for delivery. After labouring for 4 days without any positive news and she was dying, we advised her people to bring her. We consulted the oracle and, in few minutes, she delivered her baby safely. A week later, we advised her to return to the hospital to showcase the wonders we can do and also for her to do proper check-up which is within the purview of the hospitals"

{KII/Kajola/June/2016}

Table 4.5 AVAILABLITY OF AND ACCESS TO MODERN HEALTHCARE SYSTEM

Awareness of Hospitals in the Area	**Frequency**	**Percentage %**
Yes	119	82.6
No	19	13.2
Indifferent	6	4.2
Total	**144**	**100**
Satisfaction with Service Rendered in Hospitals		
Yes	67	46.5
No	39	27.1
Indifferent	38	26.4
Total	**144**	**100**
Attitude of Hospital Staffs		
Highly Encouraging	47	32.6
Fairly Encouraging	43	29.9
Not Encouraging	31	21.5
Indifferent	23	16
Total	**144**	**100**
Challenge in Modern Medicine & Utilization of Traditional Medicine		
True	79	54.9
False	36	25
Indifferent	29	20.1
Total	**144**	**100**
Efforts to Overcome Challenges		
Positive	41	28.5
Negative	35	24.3
Indifferent	68	47.2
Total	**144**	**100**

Source: Field Survey (2016)

The majority of the study participants (82.6%) revealed that they are aware of where hospitals are located within their locale. However, on the functionality of the hospitals, many claimed that most of the functional hospitals where privately owned by community members as the state-owned ones are either short of staffs, not functional at all, or are located at far distance. Added to this is the consensus among study participant of the usual closure of these available hospitals.

On the level of satisfaction derived from the available hospitals, the opinion of the respondents was divided. While 46.5% of the respondents revealed that they were satisfied with the services rendered in the available hospitals, more than half of the respondents, 53.5% revealed that they were not satisfied or indifferent on the issue. The relative divide might not be unconnected from the fact that while the hospitals, where available might be functionally serving the people within the area, the dearth of hospital which often make some respondents walk great distance before they can access it might have informed their dissatisfaction. This could be further explained by the fact that these hospitals generally are not active on weekends, lack equipment among other impediments that are not satisfactory to the people. Added to this is the perception of the women on the source of ailment and what works for them. All these problems bedeviling the functioning of the hospitals corroborates the submissions of Babalola & Fatusi (2009) who revealed that lack of personnel,

inadequate drug supplies, lack of weekend operations, are factors that not only undermine the quality of care an expectant mother receives, but over time erodes confidence in the health care system overall and deters women from seeking care.

According to an IDI respondent:

> *"If someone is ill, they might use herbs for malaria we use dongoyaro, mango, lemon grass, cashew leave and son. Once you mix these, it will resolve all the health challenges. Some go to the hospital and get instant results but after a short while, the health challenge reappears which forces them to come to the herbalist and once they come here, we tend to their needs by making concoctions for drinking and bathing. They get tired as a result of frequent malaria attacks and we give them medicine for those."*
>
> ***{IDI/Akanran/May/2016}***

This supposition can be further explained by the respondents' opinion on the attitude of the staffs as only 32.6% of the respondents expressed satisfaction with the attitude of the staffs in the hospitals as highly encouraging. This maybe connected from experiences of responses in the hospitals. Such include among others, the delay in receiving treatment, and unfriendly/hostile attitude of the health staff. This also affirms the submission of Ebere (2013) who revealed that poor staffing as well as indifferent or contemptuous treatment by staff of hospitals often deters the rural dwellers, especially the pregnant mothers from seeking their help.

About the relationship between the challenges faced with the use of hospitals and the uptake of traditional medicine. Over half 54.9% of the respondents argued in this direction as 45.1% of the respondents either stated otherwise or were indifferent to the question. This further bares the reality that the hospitals are faced a lot of shortcomings which is a disservice to the rural dwellers. This correlates the earlier synopsis of Ademiluyi & Arowole (2009) who stated that the available health services are characterized by inefficiency, wasteful use of resources and low quality of services.

Table 4.6 PERCEIVED EFFICACY OF TRADITIONAL MEDICINE DURING PREGNANCY

Belief in Efficacy of Traditional Medicine	**Frequency**	**Percentage %**
Yes	131	91
No	1	0.7
Indifferent	12	8.3
Total	**144**	**100**
Perceived Effectiveness		
Highly Effective	97	67.4
Moderately Effective	46	31.9
Ineffective	1	0.7
Total	**144**	**100**
Traditional medicine Prevents Pregnancy Miscarriage		
True	124	86.1
False	11	7.6
Indifferent	9	6.3
Total	**144**	**100**
Traditional Medicine Ensures Growth of the Fetus		
Yes	128	88.9
No	-	-
Indifferent	16	11.1
Total	**144**	**100**
Traditional Medicine Can Prevent Terrestrial Attack		
Yes	73	50.7
No	38	26.4
Indifferent	33	22.9
Total	**144**	**100**
Traditional Medicine Causes Pregnancy Complications		
True	17	11.8
False	99	68.8
Indifferent	28	19.4
Total	**144**	**100**
Traditional Medicine Prevents Opportunistic Infections		
True	126	87.5
False	7	4.9
I don't know	11	7.6
Total	**144**	**100**

Source: Field Survey (2016)

All the respondents, except one, revealed that they consider traditional medicine efficient. They choose to use herbal remedies because they consider it efficient in tackling the numerous health challenges during pregnancy. This stance is in tandem with the earlier findings of Moody, (2007); & Osemene, (2011) who espoused that herbal medicine has its in-built safety mechanisms, are less concentrated, and are designed to target and reverse specific pathologies in the minutest of time. The respondents aptly reveal these views thus:

> *"Traditional medicine is very effective since it is ordained by God. Whatever we give to them, it's by the grace of the almighty, and it works."*
>
> ***{IDI/Araromi/June/2016}***

Another respondent expressed his views thus:

> *"Even the doctors know the truth that the traditional medicine is the most virile and effectual. I do not*

make use of injection or drugs or even tablets, but I cannot go sick. In fact, I have never been sick. When I started noticing some symptoms of sickness 2 days ago, I looked for a leaf "Ewe Akese" and mixed it together with lime; it was just like Don Simon... I poured it in a transparent glass cup and when you see me taking it, you will think its Don Simon. Once you take these herbs, your urine, faeces, and sweat will show instant flushing out of the problems."

{KII/Male/Orita-Elesemeridinlogun/May/2016}

Another respondent had this to say:

"Those nurses you see often seek our help for you not to seek our help, you must be extremely spiritual. The care of the pregnant people is very delicate, so it's something that really need high level of spirituality of the doctors to be successful I taking care of the pregnant mother, if not, they will put him in trouble. Such a doctor will have been spiritually baptized."

{IDI/Akanran/May/2016}

On the effectiveness of these medicines, 67.4% of the respondents perceive it to be highly effective with a further 31.9% perceiving it as moderately effective in resolving pregnancy-related ailments and ensuring general wellbeing. This includes preventing pregnancy miscarriage as opined by 86.1% of the respondents and ensuring the growth of the foetus as indicated by 88.9% of the respondents who participated in the study. According to an IDI respondent:

"Once you combine leaves together, you will resolve all challenges. Therefore, some people prefer the traditional things because of the antecedents. However, due to modernization, and irrational enculturation, people have continued to do away from it. In hospitals they might start using same needle to inject different persons, which might be detrimental." **{IDI/Akanran/May/2016}**

Another respondent said:

"It has happened to me before that I was planning to wash when I noticed it was time for the baby to come out, I just simply put the cloths aside and went inside to deliver myself at ease. That is because a number of herbs, which I have consumed, are working wonders that on the delivery day, it is all easy. Nevertheless, today people do not make use of that one again. What the doctors can claim to know is the position of the baby in the womb. All the factors that can constitute impediments to safe delivery are within the knowledge of the traditional medicine; the doctors do not know them. On delivery day just like every stage of the pregnancy, there is what she will use that will make her at ease."

{KII/Foworogun/May/2016}

"My customers register and come at last twice a month. Fever spoils the blood, which will affect both the mother and child. The tm is very effective in addressing their challenges. At times, the malaria might be attached with "Ogbhele"; she will be seeing symptoms such as body pains, headache, so it might come in throat issues. If such people come, we have some stuff we give them to put in the mouth. Once they do that, it will remove all dirt around the tooth and throat area and it washes out does dirt, we make herbs for them, they drink some and use some to bath and once this is done, health will be restored."

{IDI/Akanran/May/2016}

Another respondent opined further:

"We have a drug we offer called "Sarugbo domidan". Today people are no longer having wives owing to powerless in terms of sexual functioning. During the time of our ancestor, if a man has even four wives and he uses the drug, he will tend to all four wives on same night. However, today, you can only do within the limit of your biological capacity. It's like "igbin" snail and its shell, when you see one that uses it, such a person is usually healthy".

{IDI/Olunloyo-Olorunsogo/May/2016}

The potency of the traditional medicine is so deep-rooted in the beliefs of the people to the extent that such potency powers were extended to unseen terrestrial attack. The findings of this study showed that more than half of the respondents (50.7%) perceive traditional medicine as potent in wading off terrestrial attacks. With such beliefs attached to traditional medicine, it is not surprising to that traditional medicine has continued to hold sway amongst them. To the majority (68.8%) of the respondents, such mixtures and concoctions usually come with no side effect once the dosage are taken in line with the prescription, therefore making it safe with no negative maternal-foetus complication. In the same vein, 87.5% of the respondents testified to the virility of traditional medicine in preventing opportunistic infections.

On measures to promote traditional medicine, open dialogue around the perceived advantages of traditional medicine and their usage is lacking. Health promoters therefore have a potentially important role in creating understanding about culturally sensitive practices, correcting misunderstandings and advancing further research. Communication can be improved by including basic principles of traditional medicine in the curriculum of western-trained clinic staff, and through additional training on communication skills. Activities of health promotion and education should be based on the needs and knowledge of pregnant women and directed to all decision makers. All parties should stimulate openness about traditional medicine and mutual referral and feedback.

The establishment of steering groups in each sub district, with an active role for health promoters, could facilitate collaboration and communication between THs and clinic staff. These groups could explore willingness towards co-operation, assess failures and successes of both health systems and advocate clarity in dosages. According to an IDI respondent:

> *"Both should complement one another and not work at logger heads. You would notice that there was a time when people go to the hospital and still not reject the herbs. They complement one another such that during the time of delivery, she feels at ease and delivers safely."*
>
> **{IDI/Foworogun/May/2016}**
>
> *"There is need for collaborative dialogue where we can sit down and discuss to know the areas of strength and otherwise. If there is collaboration with government, we will improve on our parts and they will help us in their own way".*
>
> **{IDI/Foworogun/May/2016}**

4.2 Discussion of Findings

Traditional medicine was devised to counteract environment problems, and as a response to certain diseases and life hazards, is extended to pregnancy. Traditional medicine is very popular because the practice takes full account of the socio-cultural experience of the people. This has endeared it to the people, especially the rural dwellers who lack access to western medical practice. Consequently, it is affordable, accessible and considered efficacious by the people. The traditional health care system has continued to thrive not only in the rural areas where over 70 per cent of the population live but also in the urban centres which have greater access to orthodox medical facilities. In spite of the stiff opposition to traditional medical practice from official quarters, its patronage and use has not whittled down.

Furthermore, the period of pregnancy holds as a clandestine in most African societies including Nigeria. Despite the illumination and understanding brought about by science, this conviction still persists. Up until now, there is a dearth of western hospitals and qualified workers in most of the rural areas in Nigeria. Although some believe in modern health care but do not usually, utilize such services due to its non-availability or exorbitant cost. Members are therefore encouraged to use traditional medical facilities due to their availability, accessibility and affordability. The various societies that make up the Nigerian State have for long relied on the indigenous health system which was developed as a response to their environment and it involves the use of locally available resources to prevent and cure diseases. Many generations of Nigerians have used a natural health care system.

The finding of this study shows that traditional medicine is an embodiment of the people's culture, which has led to its persistence and use among the populace. The fact that the study population had knowledge, positive disposition, and have used it for long period is a pointer to the continual utilization. Again, the study result showed a high level of perception of efficacy of traditional medicine. This high level of perception of the women about the safety of traditional medicine in this study corroborates the findings of Hollyer, Boon, Georgousis, Smith & Elinarson (2002), and Lapi, Vannaco & Moschini (2008) that women choose to use herbal remedies because they consider it safer than pharmaceutical drugs and a naturally derived product that is always safe. The belief of majority of the respondents on efficacy of herbal remedy in managing problems during pregnancy was similar to those reported by Fakeye, Adisa & Ismail (2009) in a study where more than two-thirds of respondents who had used herbal remedies at one time or the other during pregnancy have confidence in the efficacy and safety of herbal remedies.

Usage of herbal remedies among respondents and intentions to use it in the future pregnancy was very high and this was consistent with the findings of Mbwanji (2012) who found that those who used herbal medicine in their immediate pregnancy will still want to use it in their future pregnancy. Findings of this study also shows that majority of the respondents have used herbal remedy to manage one or more illnesses related to pregnancy which is in sync with the work of Nordeng & Havnen (2001) who reported in their work that herbal medicines may be used during pregnancy to treat pregnancy symptoms like nausea, vomiting, labour. The assertion of some women on the use of herbal remedy to induce labour is also in consonance with the study of Goncalves (2001) who confirmed that in pregnancy herbs orally used on a regular basis serves as a tonic to clean the womb and attain an easy and quick delivery, and in order to protect the child from evil.

Therefore, efforts should be geared towards debunking the rumours and unfounded lies leveled against traditional medicine. In view of this, the government and other relevant stakeholders are hereby urged to intensify efforts in understanding the benefits and perceived shortcomings of traditional medicine. With such machinery in place, people will get to access healthcare service the way they want it while the fear of harm is eliminated. According to the Health Belief Model, people will only take health-related action when they feel that a negative condition can be avoided and have positive expectation from a recommended health action.

V. SUMMARY

This study, which looked into rural inhabitants and the utilization of traditional medicine with pregnant mothers as the case study, attempted a mix of historical and contemporary concerns about the prevalence and trend traditional medicine utilization globally, including the Sub-Saharan Africa region where Nigeria belongs. In addition,

effort was made to peruse the lag that exists between the vigorous promotion of western-styled healthcare and its accessibility, availability, and affordability especially among the rural dwellers. This was facilitated with the aid of past research findings, theoretical postulation, as well as other literature, especially those that pertain to maternal health, traditional medicine, and the western healthcare model. The Health Belief Model (HBM) was used as a theoretical focal point in this study. In all, a total of One Hundred and Fifty-five (155) questionnaires were distributed among pregnant mothers in Ona-Ara Local Government Area from which One Hundred and Forty-four (144) valid responses were obtained, while the IDI and KII featured 21 and 15 respondents respectively. Responses obtained from the field were analyzed using the Statistical Package for Social Sciences (SPSS) and content analysis.

In all, results showed that perception of pregnancy as a sensitive and delicate one, the prevalence of traditional medicine and its perceived efficacy, the relative unavailability and inaccessible of hospitals, were all related to the resort to traditional medicine during pregnancy. Other major determinants of traditional medicine use in pregnancy observed are prevailing socio-cultural norms, religious beliefs, as well as prior positive experience. Recommendations are in the areas of promoting collaborating between the traditional practitioners and the western-styled healers in the quest for improving maternal and child health.

Recommendations

In view of the findings of this study, the following recommendations are hereby put forward in the onerous task of battling maternal mortality and the encouragement of traditional medicine utilization. Since there is widespread use and strong positive disposition towards traditional medicine by pregnant women, it is imperative for midwives, community health nurses and health care practitioners to be aware of this practice and make efforts in obtaining information about the use of traditional medicine by pregnant women. This will keep them abreast of evidences regarding potential benefits or harmful effects of traditional medicinal agents.

Considering the utilization of herbal remedy by the women in this study, there is need for rigorous laboratory exploration of common herbal remedies being used by women for their safety to both mothers and babies. Such evidences are needed for educating women on the safe use of herbal remedy. This will create a platform to enlighten mothers, family members, friends and even the Traditional Birth Attendants (TBAs) should be educated through community mobilization and education programs on the possible harm of indiscriminate use of traditional medicine during pregnancy.

Again, it is recommended that health care providers should take into consideration the prevailing cultural practices in the communities in designing health education and messages that will promote the positive cultural practices and reduce the impact of negative ones among pregnant women. This will enable pregnant women to accept health messages concerning negative cultural practices during pregnancy.

For traditional medicine to live up to its true billings, communication should be improved by including basic principles of traditional medicine in the curriculum of western-trained clinic staff, and thorough additional training on communication skills. Activities of health promotion and education should be based on the needs and knowledge of pregnant women and directed to all decision makers. All parties should stimulate openness about traditional medicine and mutual referral and feedback. This should be done by establishing piloting groups in each sub district, with an active role for health promoters, who would help facilitate collaboration and communication between traditional healers and clinic staff. These groups could explore willingness towards co-operation, assess failures and successes of both health systems and advocate clarity in dosages.

Contribution to Knowledge

The findings of this study showed that the women because of their perception of its safety embraced the use of herbs and efficacy over the years and its use may not be easily stopped among the population studied. If the use of herbal remedy by pregnant women and the entire population of women are to be controlled during pregnancy, there is need for an evidence-based laboratory research that can explore the safety of some of these herbs. These evidences are essential in providing health information to women on the use of herbal remedies during pregnancy. The prerequisite of the fulfillment of these nursing responsibilities are knowledge and skills in obtaining information about the non-harmful herbal remedies that can be used during pregnancy; and the harmful herbal remedies that must not be used during pregnancy. All these could only come from a rigorous collaborative research among healthcare team such as nurses/midwives, gynecologists, pharmacists, and laboratory scientists.

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