

## Temporal Fixity of Patronage of Traditional Medicine in Kaduna State, Nigeria

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**ABSTRACT:** This paper present result on the temporal fixity of Patronage of Traditional Medicine in Kaduna State Nigeria. The aim of the study is to assess the temporal fixity in patronage of traditional medicine in Kaduna state. Data from the study was derived from the administration of a structured Questionnaire and data from herbal medicine clinic. Data were collected from a questionnaire survey of a sample of 400 respondents of the study area. Descriptive statistics, the ANOVA, Pearson's correlation and regression analysis were the techniques used to summarize the data and test the hypotheses. The results of the findings shows that there is a difference between the nature of patronage of traditional medicine that is whether the patronage is arranged, planned, routine or unplanned and its temporal fixity. It is evident that the nature of patronage of traditional medicine determines its time fixity. Therefore, 85.2 % respondents could not have done anything at that time and the time taken to reach the healing centre is 1-2 hours while 67.6% could have done something at that time. That shows how strongly attached people in the study area are to their culture, tradition and the belief in traditional medicine regarding patronage to traditional medicine services in the study area. Temporal fixity of patronage of traditional medicine also varies based on whether you have visited him at some other time? It shows that majority of the respondent's 87.4% say no while 64.7% respond yes and the time taken to reach the healing centre are 1-2 hours. This implies that greater percentage of patrons of traditional medicine patronize their services at an agreed time and cannot afford to patronize them at the wrong time. Therefore, 15.9% respondent's whose time taken to reach healing centre is 3-4 hours answered in the affirmative and 7.8% say they cannot. All these go to establish that most of the patronage of traditional medicine is fixed in time. Therefore, it is recommended that traditional medicine should be patronized at an agreed time of the day or night, morning, afternoon and evenings.

**KEYWORDS:** Fixity, Patronage, Temporal and Traditional Medicine

### 1. INTRODUCTION

Trado-medical services is a cultural gem in different societies around the world and encompasses all kinds of unorthodox medicine, alternative medicine and indeed any kind of



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therapeutical method that had been handed down by the tradition of a community or ethnic group. Traditional medicine can also be considered as amalgamation of dynamic medical know-how and ancestral healing practice and experience [3]. Traditionally, rural communities in Kaduna State have relied upon the spiritual and practical skills of traditional medicinal practitioners (TMPs), whose botanical knowledge of plant species and their ecology and scarcity are invaluable [6]. Throughout Nigeria, the gathering of medicinal plants was traditional restricted to TMPs or their trainees. It is estimated that the number of traditional practitioners in Kaduna State is 10,000-20,000 in comparison with 100 medical doctors [3]. For this reason, there is a need to involve TMPs in state healthcare systems through training and evaluation of effective remedies, as they are a large and influential group in primary healthcare.

It is difficult to characterize a ‘typical’ healer, because there are many different kinds, and the cultural diversity and complexity of their practices are unique, when considered in detail. Most healers have in common, however, that they describe and explain illness in terms of social interaction and that they act on the belief that religion permeates every aspect of human existence. Their concepts of health and illness are more comprehensive than those of orthodox doctors and ‘health’ as we know it cannot be adequately translated in many Nigerian languages [6].

Other prominent features of traditional healers are a deep personal involvement in the healing process, the protection of therapeutic knowledge by keeping it secret and the fact that they are rewarded for their services. The social context of the therapeutical process requires reciprocity and this payment contributes to the effectiveness of the treatment. Over the years, the types and methods of payment for traditional healing have changed, especially in urban settings; practitioners are increasingly demanding monetary payments [3]

There is now a growing patronage of traditional medicine in Kaduna State and in Nigeria in general, leading to a clash of interest between modern and traditional medicine which may be due to professional and cultural pride. The overall picture that emerges today is that people in our society directly or indirectly use the services of the traditional doctors irrespective of social class [3]. [9] states that traditional medical practitioners are more competent in the treatment of health problems native to Africa, such as malaria and yellow fever than those which are foreign example tuberculosis, measles and chicken pox [5]. This paper aimed at analyzing the spatial trend in patronage of traditional medicine in Kaduna state.



## 2. STUDY AREA

### 2.1 Location

Kaduna State is located on the southern end of the high plains of northern Nigeria, bounded by parallels of latitude  $9^{\circ}02'N$  and  $11^{\circ}32'N$ , and extends from the upper River Mariga on longitude  $6^{\circ}15'E$  to  $8^{\circ}38'E$  of the Greenwich meridian on the foot slopes of the scarp of Jos Plateau (Udo, 1970). The state is divided into three senatorial zones, namely; Kaduna North, Central and South and it comprises twenty three (23) Local Government Areas, 46 Local Development Areas (LDAs), and there are 255 political wards [7] Kaduna State shares its boundary with Katsina State to the North, Niger State and Abuja to the west, Plateau State to the South and Kano State to the east. The State occupies an area of approximately  $45,711.2\text{km}^2$  and had a population of 6,113,503 people with an annual growth rate of 3% during the 2006 census [1].

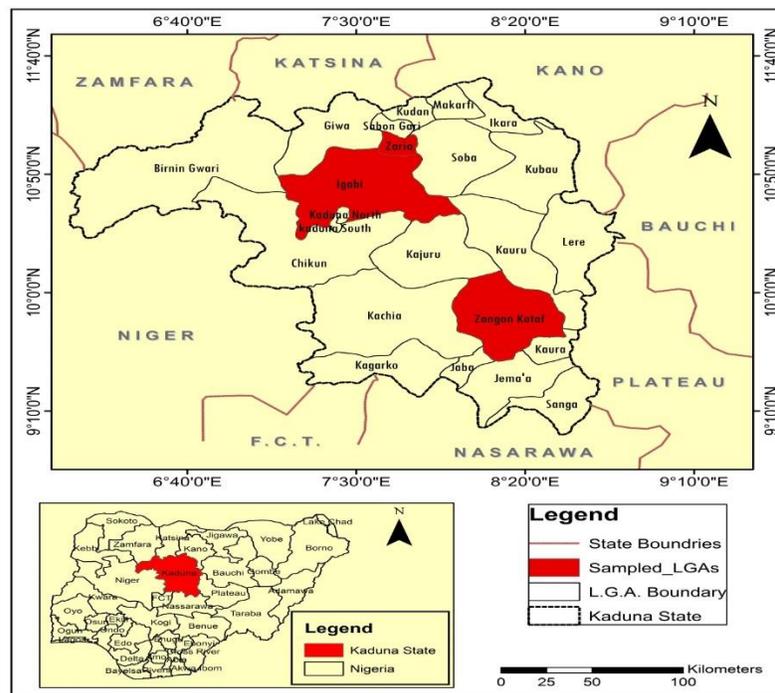


Figure 1 Kaduna State Showing the Study Area  
Source: Adapted from Administrative Map of Kaduna State



### **3. MATERIALS AND METHODS**

#### *3.1 Types of Data*

The types of data include socio-economic data, place or layout of resident data, demographic data; cultural data and perceive distance such as distance from the health care service provision is used.

#### *3.2 Sources of Data*

The data that was used for this study were obtained from both primary and secondary sources. The primary source involves the use of structured questionnaires while the secondary source involves the use of textbooks, magazines, journals, articles, gazettes and other relevant materials were used for the review of related literature.

##### 3.2.1. Primary sources

Primary source data are the information obtained through first hand, collated by the researcher. It involves the use of semi-structured questionnaire.

The actual respondents include traditional medical practitioners, patrons of traditional medicine, community leaders, NGO's, Institutions and Agencies in Kaduna State. The respondents were selected at the point of administering traditional medicine. The research assistants were at the healing point to administer the questionnaires to willing clients/patients on a daily basis until the required sample size was obtained.

##### 3.2.2. Secondary Sources

As part of the secondary data, existing official and unofficial statistics from both national and international publications, including articles, journals, books, conference papers, theses and dissertations were used. Some of the publications from WHO/UNICEF were used as guides. Data from Federal and State Ministries of Health/Planning and the National Bureau of Statistics (NBS) were required for background information on distribution of healthcare facilities. Data were also obtained from the National Population Commission (NPC) publications, analytical reports and other commissioned papers.



In addition, records and documents from Kaduna State health and revenue departments, general hospitals, NAFDAC centers, dispensaries and clinics were used. Downloaded online articles and reports of conferences of national and international agencies from several web sites were used and some of these pieces of information provided answers to several questions in this research.

### *3.3 Sampling Design and Sample Size*

Kaduna State has a population of 6,113,503 [2]. It comprises of twenty three (23) Local Government Areas, grouped into three senatorial districts. Three Local Government Areas were selected for the study. The selection of these three LGAs was based on certain criteria.

One Local Government Area was chosen from each of the three senatorial districts. The LGA chosen was the one with the highest population in each of the senatorial districts in Kaduna State. Therefore, the LGAs chosen are Zaria, Igabi and Zangon Kataf.

Table 1 Distribution of LGAs by Senatorial Zones

| <b>NORTH<br/>Zone 1</b> |             | <b>CENTRAL<br/>Zone 2</b> |             | <b>SOUTH Zone<br/>3</b> |             |
|-------------------------|-------------|---------------------------|-------------|-------------------------|-------------|
| <b>LGA</b>              | <b>POPN</b> | <b>LGA</b>                | <b>POPN</b> | <b>LGA</b>              | <b>POPN</b> |
| Ikara                   | 194,723     | Birningwari               | 258,581     | Jaba                    | 155,973     |
| Kubau                   | 280,704     | Chikun                    | 372,272     | Jema,a                  | 278,202     |
| Kudan                   | 138,956     | Giwa                      | 292,384     | Kachia                  | 252,568     |
| Lere                    | 339,740     | Igabi                     | 430,753     | Kagarko                 | 239,058     |
| Makarfi                 | 146,574     | Kaduna north              | 364,575     | Kaura                   | 174,626     |
| Sabongari               | 291,358     | Kaduna South              | 402,731     | Kauru                   | 221,276     |
| Soba                    | 291,173     | Kajuru                    | 109,810     | Sanga                   | 151,485     |
| Zaria                   | 406,990     |                           |             | ZangonKataf             | 318,991     |
| 8                       |             | 7                         |             | 8                       |             |

**Source:** National Population Commission, 2009

The systematic random sampling was employed to select the wards from each LGA, for the administration of questionnaire. All the wards in the selected Local Government Areas were arranged alphabetically and every other third ward was selected as samples for questionnaire administration. Tables 2 present the details.



Table 2 The systematic random sampling

| <b>Wards in Igabi LGA</b>       |                        |                  |
|---------------------------------|------------------------|------------------|
| 1.Afaka                         | 6.Kerewa               | 11.Turunku       |
| 2.Birnin Yero                   | 7.Kwarau               | 12.Zangon Aya    |
| 3.Gadan Gaya                    | 8.Riga Chikun          |                  |
| 4.Gwaraji                       | 9.Rigasa               |                  |
| 5.Igabi                         | 10.Sabon Birni         |                  |
| <b>Wards in ZangonKataf LGA</b> |                        |                  |
| 1.Gidan Jatau                   | 6.Unguwan Gaya         | 11.Zonzon        |
| 2.Gora                          | 7.Unguwan Rimi         |                  |
| 3.Kamuru Ikulu                  | 8.Zaman Dabo           |                  |
| 4.Kamanton                      | 9.Zango Urban          |                  |
| 5.Madakiya                      | 10.Zonkwa              |                  |
| <b>Wards in Zaria LGA</b>       |                        |                  |
| 1.Angwan Fatika                 | 6.Kauran Limanci       | 11.Tudun Wada    |
| 2.Angwan Juma                   | 7.Kufena               | 12.Tukurtukur    |
| 3.Dambo                         | 8.Kwarbai A            | 13.Wuciciri      |
| 4.Dutsen Abba                   | 9.Kwarbai B            |                  |
| 5.Gyallesu                      | 10.Kona                |                  |
| <b>Selected wards in Kaduna</b> |                        |                  |
| <b>Igabi LGA</b>                | <b>ZangonKataf LGA</b> | <b>Zaria LGA</b> |
| Gadan Gaya                      | Kamuru Ikulu           | Dambo,           |
| Kerewa,                         | Unguwan Gaiya          | Kauran Limanci   |
| Rigasa                          | Zango Urban            | Kwarbai B        |
| Zangon Aya                      |                        | Tukurtukur       |

**Source:** National Population Commission, 2009

[10] Sample size of a given population determination formulae is used to calculate the number of questionnaire to be administered. The formula is as follows:

$$\text{Finite population } (n_2) = \frac{N}{1 + N(e_i)^2}$$

Where: n= Sample size

$e_i$  = Level of precision or Earlier constant (0.05 degree of freedom)

N= Population Size = 1,156,734

$$\begin{aligned} (n_2) &= \frac{1,156,734}{1 + 1,156,734(0.05)^2} \\ &= \frac{1,156,734}{2892.835} \\ &= 400 \end{aligned}$$



Therefore, the copies of questionnaire administered were 400 distributed as revealed in Table 3.

Table 3 Distribution of Questionnaires in the Selected LGA's

| <b>Selected LGA</b> | <b>Population</b> | <b>No. of questionnaires administered per LGA.</b> |
|---------------------|-------------------|--|
| Zaria               | 406,990           | 141  |
| Igabi               | 430,753           | 149  |
| Zangon-Kataf        | 318,991           | 110  |
| Total               | 1,156,734         | 400  |

**Source:** National Population Commission, 2009 / Field Survey, 2014

The purposive sampling technique was used to administer the questionnaire at the healing point to willing client on daily basis until the required sample size was obtained. [4] Describes purposive sampling as being characterized by the use of personal judgment and a deliberate attempt to obtain representative samples by including presumable typical areas or groups in the sample.

### *3.4. Method of Data Analysis*

Both descriptive and inferential statistics were used in the analysis. The descriptive statistical analysis was adopted for summarization of data, tables and graphs.

## **4. RESULTS AND DISCUSSIONS**

The results of the findings shows that There is a difference between the nature of patronage of traditional medicine (that is whether the patronage is arranged, planned, routine or unplanned) and its temporal fixity.



Table 4 Distribution of Respondent's by doing anything else at that Time and Time Taken to Reach the Healing Centre

| Could you have done anything else at that time? | Time Taken to Reach the Healing Centre |             |           |             |           |            |           |            |            |            |          |            | Total      |              |
|---|--|-------------|-----------|-------------|-----------|------------|-----------|------------|------------|------------|----------|------------|------------|--------------|
|   | 1-2 hours                              |             | 3-4 hours |             | 5-6 hours |            | 7-8 hours |            | 9-10 hours |            | Others   |            | Freq       | %            |
|   | Freq                                   | %           | Freq      | %           | Freq      | %          | Freq      | %          | Freq       | %          | Freq     | %          |            |              |
| Yes   | 115                                    | 67.6        | 21        | 12.4        | 17        | 10.0       | 8         | 4.7        | 5          | 2.9        | 4        | 2.4        | 170        | 100.0        |
| No  | 196                                    | 85.2        | 24        | 10.4        | 8         | 3.5        | 2         | 0.9        | 0          | 0.0        | 0        | 0.0        | 230        | 100.0        |
| <b>Total</b>                                    | <b>311</b>                             | <b>77.8</b> | <b>45</b> | <b>11.2</b> | <b>25</b> | <b>6.2</b> | <b>10</b> | <b>2.5</b> | <b>5</b>   | <b>1.2</b> | <b>4</b> | <b>1.0</b> | <b>400</b> | <b>100.0</b> |

Source: Field Survey, 2014

Table 5 Distribution of Respondent's by Visit at Some Other Time and Time Taken to Reach the Healing Centre

| Could you have visited him at some other time? | Time Taken to Reach the Healing Centre |             |           |             |           |            |           |            |            |            |          |            | Total      |              |
|--|--|-------------|-----------|-------------|-----------|------------|-----------|------------|------------|------------|----------|------------|------------|--------------|
|  | 1-2 hours                              |             | 3-4 hours |             | 5-6 hours |            | 7-8 hours |            | 9-10 hours |            | Others   |            | Freq       | %            |
|  | Freq                                   | %           | Freq      | %           | Freq      | %          | Freq      | %          | Freq       | %          | Freq     | %          |            |              |
| Yes  | 110                                    | 64.7        | 27        | 15.9        | 18        | 10.6       | 8         | 4.7        | 5          | 2.9        | 2        | 1.2        | 170        | 100.0        |
| No   | 201                                    | 87.4        | 18        | 7.8         | 7         | 3.0        | 2         | 0.9        | 0          | 0.0        | 2        | 0.9        | 230        | 100.0        |
| <b>Total</b>                                   | <b>311</b>                             | <b>77.8</b> | <b>45</b> | <b>11.2</b> | <b>25</b> | <b>6.2</b> | <b>10</b> | <b>2.5</b> | <b>5</b>   | <b>1.2</b> | <b>4</b> | <b>1.0</b> | <b>400</b> | <b>100.0</b> |

Source: Field Survey, 2014



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From Table 4; it is evident that the nature of patronage of traditional medicine determines its time fixity. Therefore, 85.2 % respondents could not have done anything at that time and the time taken to reach the healing centre is 1-2 hours while 67.6% could have done something at that time. That shows how strongly attached people in the study area are to their culture, tradition and the belief in traditional medicine regarding patronage to traditional medicine services in the study area.

Temporal fixity of patronage of traditional medicine also varies based on the question could you have visited him at some other time? Table 5 shows that majority of the respondent's 87.4% say no while 64.7% respond yes and the time taken to reach the healing centre is 1-2 hours. This implies that greater percentage of patrons of traditional medicine patronize their services at an agreed time and cannot afford to patronize them at the wrong time. The result of this analysis is related to the one obtained for the earlier question: could you have done anything else at that time? Table 5.9 also shows that they could not have visited him at some other time? Therefore, 15.9% respondent's whose time taken to reach healing centre is 3-4 hours answered in the affirmative and 7.8% say they cannot. All these go to establish that most of the patronage of traditional medicine is fixed in time and space.



Table 6 Distribution of Respondent's by Visit Elsewhere and Time Taken to Reach the Healing Centre

| Could you have visited him elsewhere? | Time Taken to Reach the Healing Centre |      |           |      |           |      |           |     |            |     |        |     | Total |       |
|---------------------------------------|--|------|-----------|------|-----------|------|-----------|-----|------------|-----|--------|-----|-------|-------|
|                                       | 1-2 hours                              |      | 3-4 hours |      | 5-6 hours |      | 7-8 hours |     | 9-10 hours |     | Others |     | Freq  | %     |
|                                       | Freq                                   | %    | Freq      | %    | Freq      | %    | Freq      | %   | Freq       | %   | Freq   | %   |       |       |
| <b>Yes</b>                            | 96                                     | 64.0 | 25        | 16.7 | 16        | 10.7 | 8         | 5.3 | 5          | 3.3 | 0      | 0.0 | 150   | 100.0 |
| <b>No</b>                             | 215                                    | 86.0 | 20        | 8.0  | 9         | 3.6  | 2         | 0.8 | 0          | 0.0 | 4      | 1.6 | 250   | 100.0 |
| <b>Total</b>                          | 311                                    | 77.8 | 45        | 11.2 | 25        | 6.2  | 10        | 2.5 | 5          | 1.2 | 4      | 1.0 | 400   | 100.0 |

Source: Field Survey, 2014

Table 7 Distribution of Respondent's by been elsewhere at that Time and Time Taken to Reach the Healing Centre

| Could you have been elsewhere at that time? | Time Taken to Reach the Healing Centre |      |           |      |           |      |           |     |            |     |        |     | Total |       |
|---|--|------|-----------|------|-----------|------|-----------|-----|------------|-----|--------|-----|-------|-------|
|   | 1-2 hours                              |      | 3-4 hours |      | 5-6 hours |      | 7-8 hours |     | 9-10 hours |     | Others |     | Freq  | %     |
|   | Freq                                   | %    | Freq      | %    | Freq      | %    | Freq      | %   | Freq       | %   | Freq   | %   |       |       |
| <b>Yes</b>                                  | 117                                    | 65.0 | 28        | 15.6 | 19        | 10.6 | 8         | 4.4 | 5          | 2.8 | 3      | 1.7 | 180   | 100.0 |
| <b>No</b>                                   | 194                                    | 88.2 | 17        | 7.7  | 6         | 2.7  | 2         | 0.9 | 0          | 0.0 | 1      | 0.5 | 220   | 100.0 |
| <b>Total</b>                                | 311                                    | 77.8 | 45        | 11.2 | 25        | 6.2  | 10        | 2.5 | 5          | 1.2 | 4      | 1.0 | 400   | 100.0 |

Source: Field Survey, 2014



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Table 6 shows that it is evident that the nature of patronage of traditional medicine determines its time fixity. For instance, respondent's response to the question could you have visited him elsewhere? Shows that 64.0% say yes and the time taken to reach the healing centre is 1-2 hours while 86.0% say no that implied that patronage of traditional medicine is fixed in time.

Temporal fixity of patronage of traditional medicines also varies with the type of patronage, that is, where the patronage is based. In Table 7 respondent's respond to the question could you have been elsewhere at that time? The result shows that 65.0% of the respondent's concerned could have been elsewhere at that time and the time taken to reach the healing centre is 1-2 hours while 88.2% could not have been elsewhere at that time, this confirms the strong believe and confidence in patronage of traditional medicine and herbal medicine product by the people of Kaduna State.

## 5. CONCLUSION

From the research findings, it became obvious that temporal fixity of patronage of traditional medicine plays a dominant role to determine how people see's traditional medicine in terms of their perception and the types of diseases infected and cost of treatment for such ailments. Furthermore, temporal fixity of patronage of traditional medicine is also paramount as some are satisfy with the level of patronage while others are dissatisfied. The potential of traditional medicine in treating diseases was acknowledged by patrons and practitioners of traditional medicine. As such, traditional medicine undoubtedly occupies so much space in the healthcare delivery system in the country.

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