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Edited by:
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TABLE OF CONTENTS

CHAPTER NINETEEN

TRADITIONAL HEALING PRACTICES AND HEALTH REFORMS IN NIGERIA

Owumi, Bernard. E. and Taiwo, Patricia A. (Jerome)

Introduction

Good health represents an ideal state towards which all human societies strive to achieve for their members. This is borne out of the ancient realization that only healthy people can fulfill their various obligations to the society and in the process ensure survival and development (Isamah, 1996). Thus, remaining healthy is vital to all people in all societies, but the ways of evaluating and treating the problems of ill-health varies from one group to the other (Owumi, 1996). As a result, each society or, more comprehensively, each culture, no matter its level of development evolves a health-care system best suited to its own peculiar circumstances and environment.

It is this context that National health policy stimulates the desire and expresses the collective will of the governments and people of the country to provide a comprehensive health-care for the citizenry. The policy describes the goals, structure, strategy and policy direction of the health-care delivery system envisaged. It defines the roles and responsibilities of the three tiers of government as well as those of non-governmental actors. The long-term goal of the health policy is to provide the entire population with adequate access not only to primary health-care but also to secondary and tertiary services through a well functioning referral system. Sound as this may appear, it still remain to be examined whether the referral system, referred to captures the alternative medicine available within the Nigerian society and the interest of the underserved population that abound in the rural areas that are underserved in terms of the localization of western- oriented medical system.

In its World Report, WHO assessed the health system of its 191 member states the report assessed and ranked countries health systems in terms of their responsiveness, fairness, overall goal attainment, level of health expenditure, per capita, impact on health and overall performance. It is noteworthy that Nigeria scored near the bottom of the 191 countries for every one of these indicators (UNICEF/NPC, 2001). The dismal performance of Nigeria in spite of its human resources and intellectual capital in health, not to mention its natural resources compared with most other African countries is indeed a cause for concern. The reason for this poor performance is not far from the fact that Nigeria is yet to adequately harness all human resources including traditional healers available for it to improve the health of its citizen.

Among the various ethnic groups in Nigeria, different health-care professionals have evolved aside the western health practitioners. The Yoruba referred to them as "babalawo"; the Hausa called them "boka", while the Igbo called them "dibia". Among these groups, different experts in various aspects of healing had emerged. They included herbalists, traditional birth attendants (TBAs), bonesetters, traditional psychiatrists and a host of others. Over time, these traditional health practitioners have created lasting impressions in the minds of their indigenes. Those who practised their art were recognized in their community as competent health-care providers (Maclean 1971, Erinosho and Ayorinde 1985 and Owumi 1989). They relied on vegetable, animal parts, mineral substance and certain other methods (divinations, prayers, incantations, among others) based on values of the community

regarding the physical, mental, and social wellbeing and the causes of disease and disability.

Even though reported estimates of healers in the population are based on intuition rather than surveys which assessed their numerical strength (Erinosho and Ayorinde, 1985), it is however widely believed that traditional healers are preponderant in the population of developing countries (Owumi, 2006). According to Ademuwagun (1969), close to 4% of the urban and 10% of the rural populations were traditional healers. In any case, it appears that the assertion concerning the preponderance of these healers derives from data on the utilization of their services when compared with those of the western practitioners. Furthermore, various reports suggest that the way an illness is perceived in Nigeria and other parts of tropical Africa is generally different from culture to culture and so is the utilization of medical care choices or options (Maclean, 1971; Oke, 1984; Owumi, 1989; 2005).

Against this background, this paper seeks to examine the extent to which health reforms thus far have addressed traditional medicine as a source of therapy, which sector has the reforms targeted? What are its goals? And at what level is the reform aimed? The paper also attempts at revealing the strategies that have been put in place (if any) to facilitate the achievement of the envisaged goal.

Modernization theory

Modernization theory emphasizes and approves the trend towards western, capitalist modernity. Modernization seems to be easily defined with reference to the concept of modernity which simply refers to what is 'up-to-date' in a specific place at a given time. Generally, it will be an aspect of westernization involving changes which contrast with the previous traditional stability according to Harrison (1988). Historically modernization is the process of change towards those social, economic, political systems that have developed in Western Europe and Northern America overtime especially with reference to the 17th and 19th century. Herbert Spencer and Durkheim stressed social and structural differentiation as a result of which societies become structurally more complex. The point is that the differences in societies and cultures will diminish as industrialization brings about a shift to modern society.

Harrison (1988), in summarizing the views of other theorists on modernization stated that, in many respects, modernity and tradition were regarded as antithetical. People, values, institutions and societies were either traditional or modern. They could not be both, and when the two came together, there would be some kind of social disturbance. At the best, there would be an uneasy symbiosis, probably for a temporary nature in which modern and traditional institutions might co-exist in a dual society. In more human terms, the grocer would live alongside the chief, but not for long.

The present situation encountered in the Nigerian society with regards to traditional and western-health care system is no way different from the explanations of Harrison (1988). The existence of traditional medicine in the curing and maintenance of illness/health cannot be overemphasized especially before the advent of Western medicine and even now. However, since the inception of Western healthcare system, the essence of traditional medicine has been relegated to the background so that our historical and traditional values as regards maintenance of health which we use to hold in high esteem has been overtaken by western values of health maintenance all in the name of modernization. However, attempts were made to westernize traditional

medicine with the aim of improving their standard, knowledge and skills. For instance, there was a time that traditional birth attendant were given kits and trained to improve their hygiene. However this was not extended to all parts of the country, and very few traditional practitioners enjoyed such opportunity. The tendency of allowing both traditional and health-care system to co-exist in the Nigerian community has attracted oppositions from some authorities and western medical doctors resulting in some form of social disturbance. This is because traditional medicine was not considered "rational", a term which is attributed to westernization by Max Weber. Hence, it seems that both traditional and western medicine in Nigeria can hardly co-exist peacefully. Rather, western medicine which in this case is regarded as the "chief", is the dominant, recognized, financed and highly supported health-care system in Nigeria.

Health reform which is meant to transform and re-build the system as the term "reform" depicts seem to be an abstract and a paper work only. In practice, the authorities and western medical agents accord very little or no recognition to traditional medicine despite the fact that it is widely used, affordable and considered efficient by the members that patronize it (Maclean, 1971; Erinosho and Ayorinde, 1985). Reform in the same light with modernization has to do with transform something to be better than it used to be. However, rather than adequately improving and transforming our own traditional medicine which has contributed immensely to healthcare maintenance in Nigeria, the authorities have relegated traditional medicine to the background and indirectly restricted it to an "underground" form of healthcare system so that there is very little or commitment on the part of the government towards training and empowering traditional healers. Initially, past reforms like the reform of 1988 had recognized traditional medicine. However, the current reforms like that of the 2004 never recognized or built upon the opinions of recognizing traditional medicine despite the fact that the it acknowledged that communities and health consumers are not sufficiently empowered to demand and advocate for their health rights. One begins to wonder whether we are retrogressing or progressing on our health reform system and in turn its impact on the healthcare of the people.

All over the globe, the existence of multiple sources of health care has never been in dispute, if nothing else, what obtains is the existence of a variety of methods of management of ill-health (Giddens, 1996). Even in the isolated societies, traditional values and religious practices have created health-care choices. This has become more apparent in cultures that were or are in contact with other cultures as is the case with Nigeria and more importantly in the global world of today (Owumi, 2005). Unfortunately, the issue of choice has not been addressed to facilitate the appropriate use of the word "alternative medicine." Our western bias is implicated in our inability to properly define what alternative medicine implies until recently. The picture that was created is such that western medicine is the sole medicine and all other medicines are alternatives.

Health-Care Policy and Reforms

Health-care reforms typically attempt to improve the quality of health-care, decrease the cost of health-care, improve the access to health-care specialists, expand the array of the health-care providers for consumers to make their choices and broaden the population covered by private or public insurance. These goals appear germane and suitable for a developing society like Nigeria where the varying status/orientation of

the referent man and the forms of available health-care are crucial and thus the divergent opinion as to what constitute health or healthy state.

The underlying principles and values of the health-care policy and reforms in the revised edition of the health-care policy and reforms of 2005 include:

- the principle of social justice and equity and the ideals of freedom and opportunity that have been affirmed in the 1999 constitution of the Federal Republic of Nigeria.
- Another principle is that of access to quality and affordable health care which is considered as a human right.
- A third principle is the fact that good health care shall be assured through cost effective interventions that are targeted at priority health problems. "Since health is an integral part of overall development, intersectoral cooperation and collaboration between the different health related ministries, development agencies and other relevant institutions shall be strengthened and a gender-sensitive and responsive national health system shall be achieved by mainstreaming a gender consideration and implementation of all health programs."

The overall health reform objective is to strengthen the national health system such that it would be able to provide effective, efficient, quality, accessible and affordable health services that will improve the health status of Nigerians through the achievement of the health-related Millennium Development Goals (MDGs).

It was further included in the policy declaration that apart from ideal state and governmental participation in contributing to better the quality of health and life of the people. Nigerians have the right to participate individually and collectively in the planning and implementation of their health care. Such, according to the policy, is not only their right, but also their solemn duty. A critical examination of the above policy and reform reveals that it targets every Nigerian in all ramifications vis-à-vis class, religious, geographical location, education residence, status, as well as gender, much so that the issues of equity, affordability, individual discretion and participation were directly and indirectly considered a right. This, therefore, implies that all forms of health- care which are considered useful, efficient and affordable can be adequately patronized based on individual's discretion and decisions. Individuals thus have rights to alternative health care system. However, the policy in actual practice has not achieved these over the years as most of these goals seem neglected when it comes to implementing them.

Essence of traditional/alternative medicine

Basically, the term alternative implies where there are two or more things performing the same function. Either of which is an alternative to the other. Put differently and in an anthropological sense, an item is alternative where the adoption of a new innovation does not exterminate the original practice or phenomenon (Oke 1984). In which case, the innovation is the alternative to the original facts. Before the advent of western medicine, Maclean (1971) observed that there was no question of choice of health care and thus it was the incursion of western medicine into our society that made the question of choice available. Thus it could be said that western medicine should in fact be tagged alternative medicine or being alternative to traditional medicine because traditional medicine predates western medicine indigenous and the

fact that the adoption of western medicine did not evolve a habit where traditional medicine is abandoned (Oke, 1984) neither was it under serious threat for change (Maclean, 1971). An understanding of this fact is inevitable for the proper appreciation of traditional medicine to enable us understand the need to promote and develop traditional medicine.

Health and healthy living is generally viewed from different perspectives including the biological perspective which stresses or relies on the establishment of a foreign body (disease). In order to return the individual to a state of good health, the health professional must therefore understand the normal functioning of body to be able to eliminate this foreign body (Allias, 1995; Popenoe, Cunningham and Boult, 1998). There is also the supernatural conception to health, which includes the belief that there are some supernatural forces which are powerful, invincible and incomprehensible to man that can inflict some harm or cause some kinds of misfortunes to him.

Lambo (1961) observed that indigenous African culture has not yet accepted European methods of treatment in their present forms, and our people seek medical care with a considerable degree of ambivalence (reminiscent of infantile ambivalence), but paradoxically with such a degree of dependence and often despair of resignation, that increases both the effectiveness and difficulties of the physician to the point where he can earn undue credit or undue blame. This assertion which is said to be made several years ago is still valid for tropical Africa today.

Traditional system of health-care, according to Isamah (1996), is still quite and relatively efficient for its millions of patrons for centuries, hence its persistence to the present in large parts of the world. Although, each culture evolved its own concepts of physical health and illness, much of what is now recognized as medicine derives from development in western society over the past two to three centuries (Giddens, 1989) from where it spread to almost all parts of the world. The consequence of this in Nigeria today as it is in other sub-Saharan African countries is that the modern medical system has been considered more dominant in the dualism of healthcare system that exists. This is probably because modern health-care system is more adequately financed and supported. Despite the above fact, Isamah (1996) still concluded that modern medicine has not been enhanced in terms of efficiency because of the bureaucratic nature of Nigerian hospitals. This is hardly experienced in the traditional healthcare system.

Treurnicht (2000) explained that indigenous knowledge system was not granted their rightful place in the development debate. This he stated was due to the fact that not until fairly recently, various scientists refused to realize the limitations of western medicine as it is not possible for western science to provide us with a universally applicable framework for all societies. He thus suggested that all knowledge systems should be mobilized to address the existing and future challenges in society. Such combination of knowledge was therefore very necessary especially with regards to maintenance of health.

The observation above, together with indigenous beliefs made traditional medicine not only persistent but also complementary and a major source of health care in our society. Added to the preceding is the fact that several studies have proven that traditional medicine enjoys high patronage (Erinosho & Ayorinde, 1985; Owumi, 1989, 2005). The high patronage that traditional medicine enjoys from the population

is an indication of its influence on the health care delivery. It has been acclaimed that 70% of the Nigerian population and, by extension, Africans utilize the services of traditional medicine (Owumi 2005). This is quite significant when we consider the fact that the frontier of western health care in our society is highly limited, and, so, the underserved in the society are catered for by this health care (traditional health care) in our society.

The multifaceted conception of ill health has further facilitated patient's tandemic use of therapeutic materials in one ailment episode. Studies have revealed that patients on admission to western system even smuggle traditional medicines to ward off evil forces and/or complement the treatment of western medicine. The rationale behind this attitude is rooted in our cultural values and perception about causes of ailment. It should be noted here that in spite of the high level of patronage which the practitioners enjoyed among their clientele, government not only prevented their uninhibited practice, but blackmailed and castigated the art as an unconventional, unscientific, barbaric medicine, to mention a few. It was just recently that the federal government gave tacit recognition to traditional medicine as a useful approach to health-care promotion at the primary care (PHC) level (FMOH, 1998). This was however not backed by financial support, except in situations where some selected TBAs were trained and given some kits to enhance the delivery of their services (Owumi, 2005)

Owumi (2005) emphasized that several studies have shown that the effectiveness of some indigenous healing practices in the management of a variety of ailment, are indisputable. These range from the activities of Traditional Birth Attendants (TBAs), traditional psychiatrists and others to a variety of herbs used in the treatment of the ailments. Furthermore, the significance of traditional health-care system does not only lie in the efficacy of treatment administered but also on the efficacy of the herbs used which sometimes form some components of western drugs. Sofowora (1982) scientifically demonstrated the fact that the herbs and plants used by traditional medicine practitioners have medicinal value. It is also needful to note that the popular Aro psychiatric hospital has its foundation in the belief of the efficacy of traditional medicine in the management of mental ailment. The fact that there is a socio-psychological component and explanation of health-care management gives room for us to realize that the values of our people which forms their beliefs and psychological interpretation of illness and health cannot be underscored.

The strong appeal of traditional medicine to the literate and non-literate in Nigeria, and Tropical Africa, despite efforts by the authorities to develop and promote a comprehensive western health-care delivery system has been attributed to a number of reasons. It has been observed that traditional therapists are more accessible than the formally trained western practitioners (Harrison 1974). Furthermore, the patient's confidence is greater on the therapeutic skills of the traditional practitioner than in those of the western practitioners. This belief stems from the fact that the traditional healer shares holistic or widely shared view about diseases which has implication for his understanding and relating to patients in the course of providing care.

It has been emphasized by Owumi (2005) that the most important reason accounting for the strong appeal and disposition of the patients and their next of kin to these healers could be found in the nature and scope of the therapies which the healer administers. The healer treats diseases through the use of herbs and other concoctions. He also initiates social diagnosis as well as integrates symbolic rituals. These axioms

(social diagnosis and symbolic rituals) which are familiar to African patients and their next of kins and which appear to be awesome, heighten suggestibility and induce a very strong therapeutic influence. The implications of the way in which illness is acted upon in tropical Africa, have also been highlighted in several reports (Erinosho and Ayorinde, 1985).

Despite the fact that traditional healers abound in large numbers and claim to have expertise in the management and treatment of diseases and disorders, a great number of them have not been tested scientifically for their therapeutic skills. Most of the traditional healers who most times learnt the skills from their kins are non-literate and getting old. What we are failing to consider is the fact that if they are not recognized and trained , they are likely to die with such skills which could tapped and passed to the younger generation for utilization in order to ensure maintenance of good health and continuity to the efforts to achieve health for all. The interest of the Nigerian government (except Lagos and Delta) according to Erinosho and Ayorinde (1985) Owumi (2005) has been confined only on the promotion of research on medical herbs which is even minimal.

In their study, Erinosho and Ayorinde (1985) stated that views from existing literatures can be categorized into diametrically opposed schools of thought which included those who examine the asset in traditional healing in relation to the numerical strength of the healers. In this regards, it is held that traditional healers could be used and that their services could complement those which are rendered through the western health- care delivery system. Justification for this is based on the preponderance (that is, numerical strength of the healers vis-à-vis the western health care agents and the fact that they (that is, the healers) constitute a viable alternative. This view is further strengthened by the fact that traditional healers in Tropical Africa serve as the cornerstone of health care largely because several Africans utilize their services and rely on indigenous medicine (Good et al., 1979; Warren et al., 1982).

Furthermore, there are those who perceive the full import of traditional medicine within the context of certain therapeutic techniques. There is at least a strong belief in the efficacy of traditional therapies for certain conditions in some quarters (Saunders et al., 1953; Prince, 1960); there are claims concerning the efficacy of indigenous therapies which are portrayed through dogged references to a number of pharmacologically active substances which are put to use by the traditional healer. In addition, the healer's dexterity in psychotherapy was considered a factor that enhances the efficacy. Whereas they are those who perceive traditional medicine as unempirical and a risk to human life and wellbeing and should not be allowed to co-exist with western medicine.

Unfortunately, there is inequality in terms of the recognition and financial support given to the traditional healthcare system when compared to that given to western health care system. This is probably because of the increased globalization, modernization and civilization that is said to be emulated by the Nigerian society today. What we have failed to realize is the fact that the gap between the rich and the poor is so wide and the rate of poverty in the country is so alarming that most individuals in the Nigerian society hardly acknowledge the need to be cautious of their health status, unless they experience break downs or perceive a threat to their health. This they do due to the cost of maintaining good health using western health-care hence the increased use of herbs such as "Agbo" and "jedijedi" (concoction for pile)

Whitehead (1999) stated that the issue of social inequalities in healthcare system and healthcare is now more widely recognized as a major challenge to public health. Further more, there are concerns that the situation may deteriorate with the unfavorable economic climate and with the retrenchment that has characterized policy responses both inside and outside the health sector over the past decade. Some debate has now opened up about the need to develop more equitable alternatives and how to go about it. Several debates have overtime been on as regards the need to adequately recognize alternatives for health care system such as traditional medicine.

Primary Healthcare System

Primary healthcare is the key to attaining the goal of health for all people of this country (Lambo 2005). It is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full involvement and at a cost that the community and the state can afford to maintain at every stage of their development in the spirit of self-reliance. It shall form an integral part of the national health system whose central function and main focus in the overall social and economic development of the community. This is because of the increase in poverty which has compounded the current situation of Nigeria today. Poverty is keeping more and more people in poor health, just as the poor health of an increasing number of Nigerians is retaining them in poverty. We are therefore at a point where we need to improve the health of Nigerians not only to break the vicious circle of ill-health, poverty and a low level of development, but convert it to a virtuous circle of improved health status, increased well-being and sustainable development.

In line with these, Owumi (2005) stressed that issues ranging from sustainable health care, finance, access to health-care services, patient/health professional ratio to drug availability featured mainly as part of the bane to effective and adequate health-care deliver as also identified by (Jegede, 2002). One way to resolve these problems according to Owumi (2005) was to "resort" to local and available in-expensive resources to improve or enhance access to health-care which was found in traditional medicine. As a result, traditional medicine was officially acclaimed as popular and highly accessible, affordable to the people with their material inputs found within the environment. It was with this value that traditional medicine became the cynosure of the World Health Organization with their special reference to developing countries like Nigeria, providing affordable health care to their people. Making reference to the Alma Ata conference, the Nigerian health care policy and strategy to achieve the health for all Nigerians goal in 1988 noted that:

> *Traditional medicine is widely use, that there is no uniform system of traditional medicine in the country but that there are wide variations with each variant being strongly bound to the local culture and beliefs. The local health authorities shall, where applicable see collaboration of the traditional practitioners in promoting their health programs (p 68).*

The policy further stated that

> *Traditional health practitioners shall be retrained in order to increase their skills and effectiveness and to promote their integration with the primary health acre system. In addition to this, they shall be instructed*

on how to make effective use of the referral system of the orthodox medical care (p 68).

There is need to further note that the above policy on the need to improve or develop traditional health-care system was not accidental in nature but was considered necessary because of the gap created by the western health-care system. Unfortunately, the policy seemed more like a paper work as traditional medicine or variant medicine as it was referred to by the National Health Policy document remains largely unchanged, improved and lacked adequate support. This is as a result of the fact that the desire to develop it was not home-grown, and those who in fact designed the policy (elite) were not sincere or lacked the desired commitment to harmonize these variant medicines (traditional medicine). This was confirmed by the sayings of Lambo (1989), as quoted by Owumi, (2005);

The unwillingness of medical doctors to accommodate other forms of medical practices is responsible for the nation's poor health status. He observed that western trained doctors have been brainwashed to be unreceptive to change and to consider their practice as superior to alternative and traditional medicine (P 28).

The discrimination against traditional medicine by western health professionals as reflected in their unwillingness to accommodate this alternative health care system traditional medicine) is obvious not only practice, but also in comments. For instance, Gureje (2005) state:

It is difficult to integrate a service about which very little is known. And much more difficult when the practice of one is not only befuddled with secrecy, but often associated with very obvious risks to life and wellbeing. The truth is that we cannot condemn wholesale traditional healing practice. We can neither extol nor recommend them (P 224).

Basically, lack of education and training of traditional healers has affected their tendency to be secretive in their practice. Erinosho and Ayorinde (1985) revealed that although several amongst the traditional healers who were interviewed in their study were prepared to give full information on their medicines and practices in return for official recognition, it seemed that those with some formal education amongst them are more disposed towards this than their counterparts who lacked formal education. Even western medical doctors, according to Erinosho and Ayorinde (1985), were divided on the recognition of traditional healers as some agreed, while some others did not probably because of the possible competition which might ensue between them and the traditional healers if they are accorded recognition. However, a reasonable number of western medical doctors, especially the females, agreed probable due to the fact that they must have benefited one way or the other from the activities of the traditional healers. More so when interviewed on the integration of traditional healing techniques into western medicine, majority of the western medical doctors agreed. However, in actual practice today, such is not obvious at all. It was further revealed by Erinosho and Ayorinde (1985) that the relationship between traditional healers and both the Nigerian authorities and the formally trained western medical doctors have been marked by deep-seated suspicion in the past decades and up till now. This is connected mainly to the wariness on the part of the authorities, on one

hand, to consider the issues of recognition and the general hostility of the formally trained western medical doctors on the other hand. It could on the other hand be attributed to the fact that traditional medicine is considered outdated and primitive as only the values and norms of the western world seem to be considered "rational"

Health Care Reforms and Transformation of Traditional Medicine

No doubt, a little transformation has been observed in terms of the recognition of traditional healthcare system. Traditional healers to some extent have been recognized and trained in some states like Delta and Lagos states. They have formed associations and guild under which they can seek protection and adequate recognition. International organizations have also acknowledged their importance and recognized them. The case of the WHO's declaration of the Alma Ata conference comes to mind.

In November (1995), WHO convened an inter-regional meeting on prevention of maternal and the working Group recommendations endorsed and encouraged efforts to train traditional birth attendants (TBAs) to provide effective prenatal care within the first "referral unit" point at which many maternal deaths occur. Attempts have been made to train traditional healers especially traditional birth attendant and incorporate them into primary health-care system. Dangoji (1992) stated that efforts were put in place by health workers in Nigeria under the umbrella of Inter-Africa Committee (IAC) on traditional practices affecting the health of women and children to work with traditional birth attendants (TBAs), to identify safer methods they could use among their clients. It set up pilot projects in every Local Government Area (LGA) in Nigeria where they trained midwives who in turn would train TBAs. The trainers depended on practical demonstrations, posters films and culturally relevant information about taboos to teach the illiterate TBAs about safe labour and delivery methods. Each TBA received a delivery kit to supplement her traditional delivery techniques once she finished the training course. The IAC midwives were said to have been in contact with the TBAs which has resulted in their high interest and that of their communities and also gave them the support and problem-solving skills required to maintain replacement parts. These same exercises were also carried out in places like Oyo state where a total 673 TBAs were retrained. It was also however recorded that about nine LGAs had no records of training TBAs. The exercise was conducted in other states, but the level of government's commitment has a great deal of impact and affects the general performance.

Owumi (1994) conducted a study on the position of the TBAs within the primary health-care context in Nigeria with reference to Oyo state. He concluded in the study that the retraining of TBAs in Oyo state was as a result of the TBA's persistent utilization consequent upon their utility within the community in addition to WHO declaration and not as a result of the government's sincere desire for development. Thus, there was poor or lack of commitment to the programme. Lack of commitment on the part of the government to improve traditional health-care system is due to the fact that the importance of traditional medicine in Nigeria today is yet to be adequately recognized by them, and this is what contributes a great deal to the inequality experienced in the health care of the people.

The implication of the increased lack of recognition and support for traditional health-care system has certainly increased inequalities in healthcare and difficulty in achieving the Millennium Development Goal of Health for all by the year 2015 and this goal had been on and was unachieved even before the year 2000. We

may, therefore, continue to dream and set such goals without realizing it if adequate recognition and support is not given to traditional medicine which attracts the patronage of not less than 70% of the Nigerian population and has been considered popular and affordable, especially by the underserved population. This will continue to increase because of the numerical strength of traditional health-care system which attracts the patronage of not less than 70% of the Nigerian population. This at least constitutes a justifiable ground on the need for its development if we are to extend adequate health care to the underserved in society.

Several countries in the world have made successful remarks in their provision of equitable and accessible healthcare to their citizens. Notable among these are Britain, Germany and America. Britain has been termed a liberal welfare state in terms of healthcare. Its National Health Service (NHS), with its tax financing, state provision and claims to benefits based on social citizenship has made positive impact in the health of its citizens. Britain imposed a market into its state-administered health-care system so that the distribution of health-care was based on the demand and patronage of members of its society to a referral system. In Germany, benefits are provided on the basis of membership in an occupational or regional sickness fund and corporatist actors administer the system on the state's behalf. Germany opted for a more mixed menu of cost containment policies, including a cautious use of market forces for greater state intervention, but also adjusting the tried and true framework of associational self-governance. The United State has a liberal healthcare system in which majority of the population receives insurance through the workplace on the basis of a voluntary decision by employers. Britain and Germany have recorded great success not only in safeguarding solidarity, but also in the equitable access to health care (Guiamo & Phillips, 1999).

Traditional health-care system is popular, preferred and highly patronized in spite of its being befuddled with secrecy and characterized by obvious risks to life as alleged by Gureje (2005). A critical look again will make us realize that if something is not done by getting the practitioners trained like their western counterparts by the governments; more harm is likely to occur. This is because many Nigerians and indeed Africans run to them not only as their last resorts, but also as reserved healers. A lot have been emphasized on the need to improve the health of the masses and ensure equality in health care for indigenes and members of the society, but very little has been done to ensure equal or adequate recognition to traditional healers who contribute a great deal to health maintenance of Nigerians. If healthcare must be equally accessible and affordable in Nigeria society as stated in the Health Reforms and Policy, then justice must be done to the traditional healers because it has been considered a right on the part of the individuals to participate in the implementation of decisions pertaining to achieving good health. Most Nigerians have been observed to prefer and patronize traditional healers as a result; the traditional should be encouraged and improved upon in order to meet the goal of the healthcare policy/reform of Nigeria. This to a large extent can contribute highly to our achievement of the millennium goal of health for all by the year 2015 if health must really get to all.

Recommendations

Recognizing the high numerical strength, accessibility, affordability and patronage of traditional medicine, there is need to identify the numbers of traditional heath-care

practitioners in Nigeria. There are some associations and traditional medicine guilds already where we can start from. Other states could emulate Delta and Lagos state governments who have taken a step to recognize them. We could also trace the unrecognized traditional medical practitioners in the course of action. Traditional practitioners should be educated, trained and retrained continuously and adequately with full commitment on the part of the government rained. Traditional health-care system should be adequately financed and supported both nationally and internationally in order to enable them carry out their activities more effectively and efficiently. There is also need to back up these traditional practitioners legally so that it will be easy to monitor, assess and evaluate their activities.

It is expected that we build on past suggestions and views which can contribute to improving Nigerian healthcare system and not abandon them. Thus health-care reforms should be revised to build on past strategies that support the development of traditional medicine. The reform should be revised to spell out clearly the role of the government in the traditional health-care system as well as the expectations or functions of this health- care system. Machinery could be set in place to ensure it is improved and evaluated over time to meet the need of the people. If truly Nigerians have the right to participate individually and collectively in the planning and implementation of health care as implied in the health care reform, then government should be generally involved in evaluating Nigerian's patronage of the health-care system and making it affordable and accessible to all members like it is done in Britain. Otherwise, Africa, and Nigeria in particular, will continuously be saddled with the problem of managing the healthcare problem of their population, especially because of the fact that traditional health-care system which is better patronized by the Nigerian population.

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