AN ASSESSMENT OF LEVELS IN PATRONAGE OF TRADITIONAL MEDICINE IN KADUNA STATE, NIGERIA

Joshua, S.[1], Mamman, M.[*2],Laah J.G.[*2]

[1]*Department of Geography, Federal University Lokoja, Kogi State.*

[2]*Department of Geography, Ahmadu Bello University, Zaria.*

[*]*E-Mail: josilas2000@gmail.com*

ABSTRACT

This paper present results on the levels of Patronage of Traditional Medicine in Kaduna State Nigeria. The aim of the study is to assess the factors influencing patronage of traditional medicine in Kaduna state, Nigeria. Data from the study were derived from the administration of a structured Questionnaire and data from herbal medicine clinic. Questionnaire was purposely administered among 400 respondents who were herbal practitioners. The one way ANOVA result obtained shows that there is a significant spatial variation in the factors that determine the choice of a particular healthcare facility among the selected LGAs (F = 14.889, P< 0.05; Sig 0.000; df 2/347).The finding of the study reveals that the factors responsible for the patronage of traditional medicine are availability of traditional medicine, accessibility, confidentiality, nature of the illness, affordability, adaptability and acceptability of traditional medicine.The One-Way ANOVA. The ANOVA result shows that there is a significant variation in the perception of patrons about traditional medicine among the selected LGAs (F = 22.383, p<0.05). This implies that people perceive traditional medicine differently and may affect their level of patronage of traditional medicine in the study area. However, the traditional healers contribute in the healing process of patients through diagnoses. Thus, the traditional medicine man could serve as an important resource of information and should be incorporated in the health care system. The study recommends that there should be a policy of active collaboration between orthodox medical practitioners and traditional healthcare providers.

Keywords: *Levels, Traditional Medicine, Healers, Perception, Patrons and Patronage*

1.0 INTRODUCTION

Traditional medicine (TM) consists of medical knowledge system that developed over centuries within various societies before the era of modern medicine. According to the World Health Organization (WHO) cited in (Joshua, 2010), traditional medicine (TM) is the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences, indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in prevention, diagnosis, improvement or treatment of physical, mental, or social imbalance and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing. Traditional medicine might also be considered as amalgamation of dynamic medical know-how and ancestral healing practice and experience (Joshua, 2010). Herbal medicines are plant derived material(s) or preparation(s) with therapeutic or other human health benefits, which contain either raw or processed materials from one or more plants. In some traditions, material of inorganic animal origin may also be present. These definitions highlight some inherent factors in traditional medicine that have been the cause of concern of the safety status of herbal preparations. These include lack of written records of ingredients and

***Corresponding Author**

How to cite this paper: Joshua, S., Mamman, M.,Laah J.G. (2018).
An Assessment of levels in Patronage of Traditional Medicine in Kaduna State, Nigeria
Confluence Journal of Pure and Applied Sciences (CJPAS), 1 (2), 189-203.

Vol. 1, No. 2, Nov. 2018
ISSN: 2616-1303 | Web:*www.cjpas.fulokoja.edu.ng*

methods of preparation, lack of scientific proof of some claims and so on.

However, there is the Problems of Accessibility, Availability, Affordability, and Adaptability of Modern Medicine in Kaduna State which in turn enhances patronage of traditional medicine due to the failure of modern medicine to meet the requirement of the population in the State and the country at large. Giving the population growth rate of 3.02% in the country is a demographic burden and that calls for concern to demographers and population experts to look into these healthcare challenges. Traditional medicine is commonly found around us; as such it is used often when people are faced with health challenges that need urgent attention before consultation of modern healthcare services. In other words, traditional medicine has a wider coverage and is most common where the modern medicine is inadequate. The deterioration in the performance of the modern medicine is largely due to brain drain syndrome of medical personnel, especially physicians leaving the country in recent time for better remuneration abroad (Joshua, 2010).

Traditional medicine can also be considered as amalgamation of dynamic medical know-how and ancestral healing practice and experience (Joshua, 2010).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 (Mamman and Laah, 2006). 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 (Joshua, 2010). 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 (Mamman and Laah, 2006).

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 (Joshua, 2010).

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 (Joshua, 2010). Wagun, (1979) 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 (Laah, 2002). This paper aimed at assessing the level of patronage of traditional medicine in Kaduna state.

Vol. 1, No. 2, Nov. 2018
ISSN: 2616-1303 | Web:www.cjpas.fulokoja.edu.ng

1.1CONCEPTUAL FRAMEWORK

1.1.1 Modified Model of the Use of Traditional Medicine

Urbanization which is associated with overall growth of all sectors of a country's economy can be said to bring about improvement in the lives of people which are made better as a result of the establishment of more industrial and commercial jobs, thereby increasing the purchasing power of the people. This gives rise to environmental determinism. The global trend of urbanization, especially in Africa suggests that more people are drawn into urban areas as against the countryside. With more people being drawn into urban areas without a corresponding increase in residential facilities, the situation of more demand of residential facilities than supply arises. This situation rather triggers the emergence of squatter settlements.

Income as a factor also determines one's use or otherwise of traditional medicine. The exceptionally more expensive forms of traditional medicine are mostly patronized by the very well to-do and educated people in the city. Not many people are willing to access traditional medicine at higher prices, because the general perception is that indigenous products must always be cheaper. Some people therefore are reluctant to spend more money on locally prepared drugs. Some people in the high income bracket resort to the use of modern biomedical medicine regardless of the cost involved.

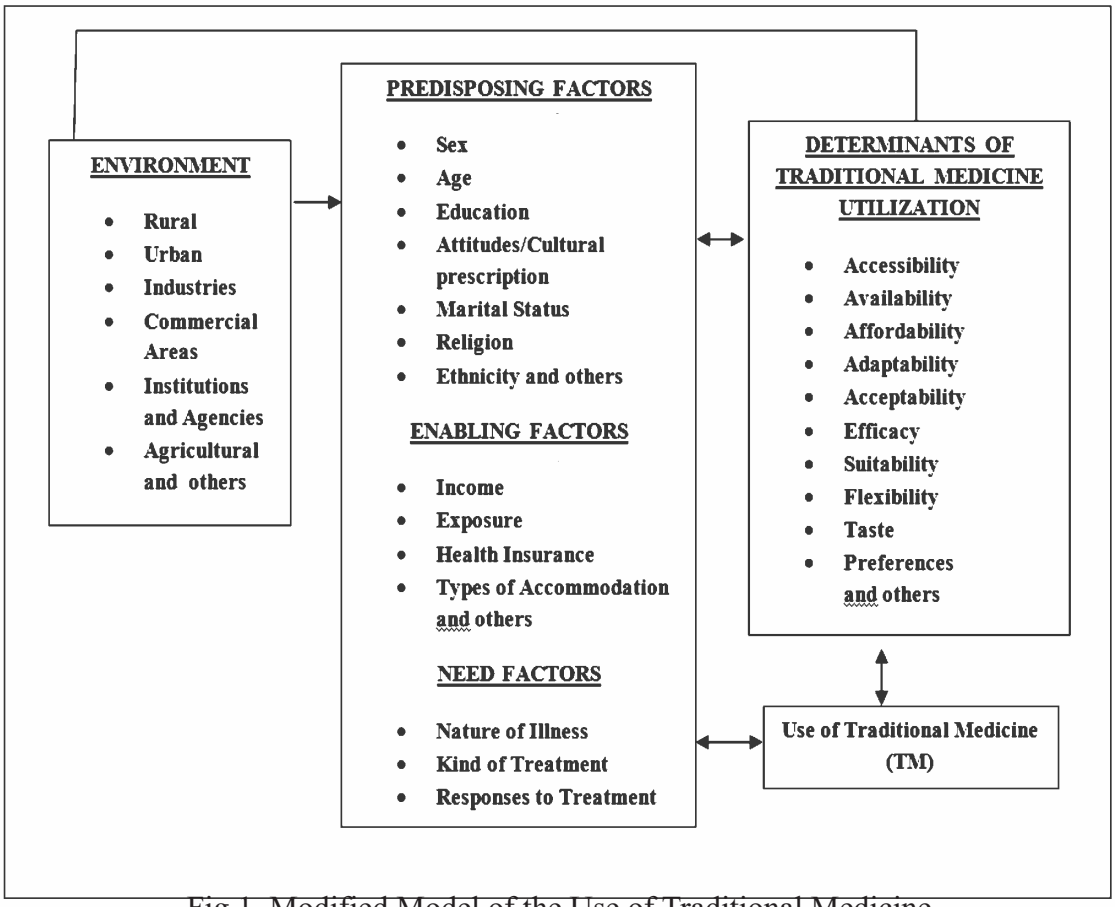

Fig.1. Modified Model of the Use of Traditional Medicine
Source: Modified From Andersen and Newman, 1995

Vol. 1, No. 2, Nov. 2018
ISSN: 2616-1303 | Web:www.cjpas.fulokoja.edu.ng

These people also disregard the use of traditional medicine without taking into consideration its efficacy and cost. The use of traditional medicine therefore declines in favour of the orthodox medicine within the higher earning group.

The other determinants of the use of traditional medicine are accessibility, acceptability, availability, adaptability, flexibility, efficacy, affordability, taste, preferences and suitability. One's culture and beliefs determine to a large extent, the kind of healthcare to choose. Efficacy of a particular drug also influences one's choice of a particular medicine, as well as, taste and preferences.

In conclusion, it can be said that the environment of an individual is a determinant of the kind of healthcare they choose. There are other predisposing factors (Age, Sex, education, attitudes) that also account for the kind of medicine used. According to Andersen and Newman (1995), factors like income and health insurance are enabling factors of the use of a particular health facility.

1.2. STUDY AREA

1.2.1 Location

Kaduna State is located on the southern end of the high plains of northern Nigeria, bounded by parallels of latitude $9^0 02'$N and $11^0 32'$N, and extends from the upper River Mariga on longitude $6^0 15'$E to $8^0 38'$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 (NPC, 2009). 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 45,711.2km^{2}and had a population of 6,113,503 people with an annual growth rate of 3% during the 2006 census (FRN, 2010).

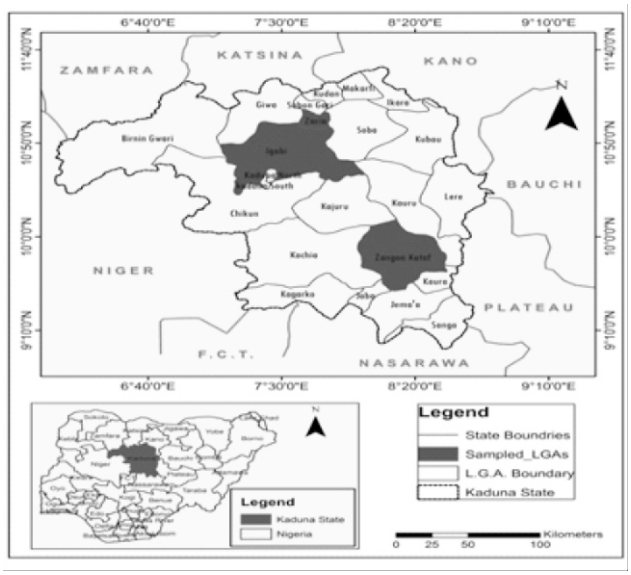

Fig.i: Kaduna State Showing the Study Area

Source: Adapted from Administrative Map of Kaduna State

2.0 MATERIALS AND METHODS

2.1.1 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.

2.1.2 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.

2.1.2.1 *Primary sources*

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

Vol. 1, No. 2, Nov. 2018
ISSN: 2616-1303 | Web:www.cjpas.fulokoja.edu.ng

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.

2.2.2.2 *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.

2.2.3 Sampling Design and Sample Size

Kaduna State has a population of 6,113,503 (FGN, 2007). 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 ZangonKataf.

Table 1: Distribution of LGAs by Senatorial Zones

NORTH Zone 1		CENTRAL Zone 2		SOUTH Zone 3	
LGA	POPN	LGA	POPN	LGA	POPN
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	364,575	Kaura	174,626
Sabongari	291,358	north	402,731	Kauru	221,276
Soba	291,173	Kaduna	109,810	Sanga	151,485
Zaria	406,990	South		ZangonKataf	318,991
		Kajuru			
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 (ii) present the details.

Wards in Igabi LGA		
1.Afaka	6.Kerewa	11.Turunku
2.Gora	7.Unguwan Rimi	
3.Kamuru Ikulu	8.Zaman Dabo	
4.Kamanton	9.Zango Urban	
5.Madakiya	10.Zonkwa	
Wards in Zaria LGA		
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	
Selected wards in Kaduna		
Igabi LGA	**ZangonKataf LGA**	**Zaria LGA**
Gadan Gaya	KamuruIkulu	Dambo,
Kerewa,	UnguwanGaiya	KauranLimanci
Rigasa	Zango Urban	Kwarbai B
ZangonAya		Tukurtukur
2.Birnin Yero	7.Kwarau	12.Zangon Aya
3.Gadan Gaya	8.Riga Chikun	
4.Gwaraji	9.Rigasa	
5.Igabi	10.Sabon Birni	
Wards in ZangonKataf LGA		
1.Gidan Jatau	6.Unguwan Gaya	11.Zonzon

Source: National Population Commission, 2009

Yamane, (1961), sample size of a given population determination formulae is used to calculate the number of questionnaire to be administered. The formula is as follows:

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

$(n_2) = \frac{1,156,734}{1 + 1,156,734(0.05)^2}$

$= \frac{1,156,734}{2892.835}$

$= 400$

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

Table iii: Distribution of Questionnaires in the Selected LGA's

Selected LGA	Population	No. of questionnaires administered per LGA.
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. Kerlinger (1999) describes purposive sampling as being characterized by the use ofPersonal judgment and a deliberate attempt to obtain representative samples by including presumable typical areas or groups in the sample.

2.3.4 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.

3.0 RESULTS AND DISCUSSIONS

3.1 Spatial Variation in the Perception of Traditional Medicine

People have different perceptions of traditional medicine, and these determine the

Vol. 1, No. 2, Nov. 2018
ISSN: 2616-1303 | Web:www.cjpas.fulokoja.edu.ng

level of patronage. In the three selected Local Government Areas of the study, patrons have different feelings and opinions concerning this healthcare system. Table (iv) gives vital information on the spatial variation in the perception of patrons about traditional medicine. In Igabi LGA, patrons see traditional medicine from four principal perspectives of efficacy, its accessibility and availability including affordability. However, efficacy and easily accessible to the people are identify to be the perception of patrons in Igabi concerning traditional medicine. In Zangon-Kataf and Zaria LGAs, the people perceive traditional medicine as efficient, accessible and available for the people to access at ease respectively. These views of patrons in Zangon-Kataf and Zaria LGAs vary from that of Igabi LGA. This is statistically ascertained by the result of One-Way ANOVA. The ANOVA result in (Table v) shows that there is a significant variation in the perception of patrons about traditional medicine among the selected LGAs ($F = 22.383$, $p<0.05$). This implies that people perceive traditional medicine differently and may affect their level of patronage of traditional medicine in the study area.

Table iv: Distribution of Respondents by Perception of Traditional Medicine

Perception of traditional medicine	Igabi				ZangonKataf	
	Yes		No		Yes	
	Freq	%	Freq	%	Freq	%
Efficacy	40	12.38	6	7.79	39	12.07
Geographical accessible	30	9.29	16	20.78	10	3.10
Available	12	3.72	12	15.58	20	6.19
Affordable	12	3.72	6	7.79	7	2.17
Suitable	3	0.93	0	0.00	1	0.31
Flexible	5	1.55	0	0.00	2	0.62
Most preferable	6	1.86	0	0.00	8	2.48
Others	1	0.31	0	0.00	0	0.00
Total	**109**	**33.75**	**40**	**51.95**	**87**	**26.93**

Source: Field Survey, 2014

Vol. 1, No. 2, Nov. 2018
ISSN: 2616-1303 | Web:www.cjpas.fulokoja.edu.ng

Table v: Distribution of Respondents by ANOVA on the Factors Influencing Perception and Patronage of Traditional Medicine

Variables		Sum of Squares	Df	Mean Square	F	Sig.
Factors influencing perception of traditional medicine		104.611	2	52.306	22.383*	0.000
	Error	810.886	347	2.337		
	Total	915.497	349			
Factors influencing patronage of traditional medicine		43.458	2	4.729	34.824*	0.000
	Error	216.542	347	0.6240		
	Total	260.000	349			

*Significant at 5% alpha level

Source: Field Survey, 2014

In summary, traditional medicine is frequently used by the people of Igabi, Zangon-Kataf and Zaria LGAs in the treatment of illness.

3.2Factors that Influence the Perception and Patronage of Traditional Medicine

3.2.1 Reasons for Patronizing Traditional Medicine

The choice of healthcare centre whether traditional or modern is usually influenced by the perception of people on the causes of illness. The result in Table vi shows that 32.0% of the respondent's indicate acceptability as a reason that influences perception of traditional medicine, 24.0% accessibility and 21.5% as affordability. This is evident in African continent where uncommon deaths and known symptoms of some ailments are attributed to be caused by human factor and are immediately tackled using traditional medicine. For instance, spiritual attack is attributed to evil people who cast spell to kill their victims, and without any diagnosis, the victim is taken to traditional healers for healing and thereafter protection. However, apart from the cause of ailment, several other factors interplay to enhance the patronage of traditional medicine in the study area. They are availability, adaptability, efficacy, suitability, flexibility, taste and preferences as prominent factors that come together to influence the patronage of traditional medicine.

Tablevi: Distribution of Respondent by Reasons for Patronizing Traditional Medicine

Reasons	**Igabi**				**ZangonKataf**				**Zaria**				**Total**	
	Yes		No		Yes		No		Yes		No			
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	freq	%
Accessibility	36	9.00	0	0.00	30	7.50	0	0.00	30	7.50	0	0.00	96	24
Availability	12	3.00	0	0.00	9	2.25	0	0.00	11	2.75	0	0.00	32	8
Affordability	36	9.00	0	0.00	29	7.25	0	0.00	21	5.25	0	0.00	86	21.5
Adaptability	4	1.00	0	0.00	2	0.50	0	0.00	2	0.50	0	0.00	8	2
Acceptability	38	9.50	0	0.00	28	7.00	0	0.00	28	7.00	0	0.00	94	23.5
9źź[illegible]	ى	[illegible]	[illegible]	[illegible]	ى	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	ي
{ĵ-[illegible]	ي	[illegible]	[illegible]	[illegible]	و	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	ي
y	ى	[illegible]	[illegible]	[illegible]	ى	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	ي
ÇĂ[illegible]	ي	[illegible]	[illegible]	[illegible]	و	[illegible]	[illegible]	[illegible]	ى	[illegible]	[illegible]	[illegible]	ى	ي[illegible]
es	و	[illegible]	[illegible]	[illegible]	و	[illegible]	[illegible]	[illegible]	ى	[illegible]	[illegible]	[illegible]	ي	و
hC[illegible]	و	[illegible]	[illegible]	[illegible]	و	[illegible]	[illegible]	[illegible]	و	[illegible]	[illegible]	[illegible]	ى	[illegible]
ÇĂ[illegible]		[illegible]			[illegible]	[illegible]				[illegible]				
	[illegible]	5	[illegible]	[illegible]	0	0	[illegible]	[illegible]	[illegible]	5	[illegible]	[illegible]	[illegible]	[illegible]

{[illegible]

Vol. 1, No. 2, Nov. 2018
ISSN: 2616-1303 | Web:www.cjpas.fulokoja.edu.ng

Others are of the opinion that the high maternal mortality rate as a result of incompetent medical staff and the absence of medical equipment for such purpose has made most childbearing mothers to resort to traditional birth attendants for delivery. These people are believed by the childbearing mothers to be well experienced and skillful in handling delivery issues than many staff in the modern facility. Most women have argued that giving birth under the guidance of traditional birth attendants is faster and easier than the long labour experienced in the hospital. This is another reason why they patronize traditional medicine.

3.3 Reasons for Not Patronizing Traditional Medicine

Several reasons are responsible for people not patronizing traditional medicine in Kaduna State. Table vii present the information on the reasons for not patronizing traditional medicine, in a whole 27.5% are of the opinion that the method of preparation of traditional medicine is faulty, hence manufacturers of traditional medicine don't have standardized methods of preparation as such certainty of the quality is not guaranteed. Furthermore, majority of the manufacturers and healers of TM work at the healing points or their homes and don't attract National Agency for Food and Drug Administration and Control (NAFDAC) to certify their products before commencing sales. Indeed the equipment, water and the healing centres environment in general are not free from disease causing vectors as a result of the filthy nature of the environment. The method of preparation of TM often discourages potential users of TM because of the unhygienic method of preparation. However 25.0% of the respondents indicate dosage as the problem of TM, in fact dosage of TM does not influence the choice of patronage; however, 25.0% indicates that improper dosage discourage them from using TM. As a matter of fact one of the limitations of TM according to the respondents is the improper dosage prescribe by the healers, as such they don't quantify the chemical composition of some of these herbs thereby enabling people to take the proper dosage.

Furthermore, 20.0% of the respondents are of the opinion that packaging is the problem impinging the patronage of TM in the study area. In fact, it was reiterated that some TM sold in the market don't have labels let alone instructions on the dosage. In addition, manufacturing and expiring dates in most times are unavailable, as such some effective drugs due to poor packaging are considered ineffective by the respondents. Also 7.5 % of the respondents indicate taste and application of drugs as the problem of not patronizing traditional medicine in the study area. Indeed, TM especially the herbs in particular are often bitter or sour taste which makes it difficult to consume. However, most medicine that is associated with shrines and spiritualist has crude methods of application and patrons often disengage from their use irrespective of how effective they maybe.

ISSN: 2616-1303 | Web:www.cjpas.fulokoja.edu.ng
Vol. 1, No. 2, Nov. 2018

Table vii: Distribution of Respondent by Reasons for not Patronizing Traditional Medicine

Reasons	Igabi				ZangonKataf				Zaria				Total	
	Yes		No		Yes		No		Yes		No			
	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	Freq	%	freq	%
Method of preparation	0	0.00	46	11.50	0	0.00	49	12.25	0	0.00	93	23.25	188	47
Dosage problem	0	0.00	47	11.75	0	0.00	12	3.00	0	0.00	10	2.50	69	17.25
Packaging problem	0	0.00	24	6.00	0	0.00	29	7.25	0	0.00	25	6.25	78	19.5
Taste	0	0.00	18	4.50	0	0.00	8	2.00	0	0.00	3	0.75	29	7.25
Application of drugs	0	0.00	3	0.75	0	0.00	2	0.50	0	0.00	5	1.25	10	2.5
Problem of preservation	0	0.00	5	1.25	0	0.00	9	2.25	0	0.00	3	0.75	17	4.25
Others	0	0.00	6	1.50	0	0.00	1	0.25	0	0.00	2	0.50	9	2.25
Total	**0.00**	**0.00**	**149.0**	**37.25**	**0.00**	**0.00**	**110.0**	**27.50**	**0.00**	**0.00**	**141.0**	**35.25**	**400.0**	**100.0**

Source: Field Survey, 2014

Vol. 1, No. 2, Nov. 2018
ISSN: 2616-1303 | Web:*www.cjpas.fulokoja.edu.ng*

The overreliance on the supernatural makes spiritualist and fetish priest and priestesses to prescribe medicines which application is impossible to understand because of being very mysterious or complicated. while 12.0% indicates problem of preservation as the reason for not patronizing traditional medicine, because it is a liquid base substances that can easily get spoilt when not properly preserve, as such it make the TM difficult to preserve.

3.4Factors Influencing the Choice of Healthcare Services

In the literature, several factors are known to determine patients' choice of a particular healthcare whether traditional or orthodox, and the factors vary across geographic space. Information on the determinants of the choice of healthcare is depicted in Table viii. The responses of respondents as shown in the table indicate clear variance in healthcare choice among the three selected LGAs. For instance, the choice of healthcare according to respondents in Igabi LGA is nature of illness, confidentiality and kind of treatment. These three factors greatly influence the choice of traditional or orthodox health facility in the area. In Zangon-Kataf LGA, confidentiality, efficacy and ability to cure illness are potent factors considered by the people before making choice. The people in this area believe much in the efficacy of a particular healthcare in relation to the nature of illness cum the ability of the healthcare to keep record secretly. However, a look at the determinants of healthcare choice in Zaria identifies confidentiality, ability to cure illness and nature of illness as key factors. Looking at the determinants of healthcare choice across the three LGAs show some form of similarity in the factors that determine the selection of a particular healthcare.

Vol. 1, No. 2, Nov. 2018
ISSN: 2616-1303 | Web:www.cjpas.fulokoja.edu.ng

Table viii: Distribution of Respondents by the Choice of Healthcare

Determination of choice of healthcare	Igabi		Zangon Kataf		Zaria		Total	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
It cures illness	25	6.25	22	5.5	40	10	87	21.75
Confidentiality	40	10	37	9.25	53	13.25	130	32.5
Nature of illness	39	9.75	8	2	29	7.25	76	19
Kind of treatment	29	7.25	19	4.75	16	4	64	16
Responses to treatment	7	1.75	2	0.5	1	0.25	10	2.5
Efficacy	8	2	22	5.5	2	0.5	32	8
Others	1	0.25	0	0	0	0	1	0.25
Total	**149**	**37.25**	**110**	**27.5**	**141**	**35.25**	**400**	**100**

Source: Field Survey, 2014

Vol. 1, No. 2, Nov. 2018
ISSN: 2616-1303 | Web:www.cjpas.fulokoja.edu.ng

For instance, across the three LGAs, confidentiality is a potent determinant of choice; this was followed by nature of illness. Indeed, the nature of illness is one obvious factor that significantly determines patients' choice of healthcare facility. If the ailment is perceived to be an attack that would defile orthodox medicine, such a person is immediately taken to the traditional healers. The ability of a particular healthcare to maintain confidentiality in patient's case file among other issues that require strict confidentiality or secrecy determines patient's choice. The one way ANOVA result obtained in (Table ix) shows that there is a significant spatial variation in the factors that determine the choice of a particular healthcare facility among the selected LGAs (F = 14.889, P< 0.05; Sig 0.000; df 2/347).

Table ix: Distribution of Respondents by ANOVA on the Factors Influencing Perception and Patronage of Traditional Medicine

Variables		Sum of Squares	Df	Mean Square	F	Sig.
Factors influencing patronage of traditional medicine	Error	43.458	2	4.729	34.824*	0.000
		216.542	347	0.624		
Total		260.000	349			

*Significant at 5% alpha level

Source: Field Survey, 2014 This simply means that though there is interplay in the factors that determine choice of traditional medicine, they vary significantly across geographic space.

From the in-depth interview, the respondent is of the opinion that:" people will be dying in our villages because they are too poor to afford money to pay for the medicine, the bed for admission and other necessary medical facilities to take care of their ailments"(35 year respondent from Zaria).

4.0CONCLUSION

Fundamental to the health of the people is the provision and patronage of adequate, effective and efficient healthcare systems with traditional medicine playing a major role. To realize these dreams therefore, the levels of patronage of traditional medicine in Kaduna State, Nigeria is very importantand the availability, affordability, accessibility, and adaptability of traditional medical practices must be taken into consideration for effective healthcare delivery system in Kaduna State, Nigeria.

REFERENCES

Andersen, R. and Newman, J.F. (1995). Symbiotic Relationships of Quality of Life, Health Services Research, and other Health Research. Quality of Life Research 3(1):365-371.

Federal Republic of Nigeria (FRN). (April, 2010). Federal Republic of Nigeria 2006 Populationand Housing Census. Priority Table Vol. III.

Vol. 1, No. 2, Nov. 2018
ISSN: 2616-1303 | Web:*www.cjpas.fulokoja.edu.ng*

Abuja: National Population Commission.

Joshua, S. (2010). "*An Assessment of the Role of Traditional Medicine in Health Care Delivery of Sabon Gari Local Government"*, An UnpublishedM.Sc. Thesis Submitted to Department of Geography, Ahmadu Bello University, Zaria, Nigeria, P211.

Kerlinger, K. (1999), "Purposive Sampling". In: R. Stock (1981), Healthcare Behaviour in Rural Nigerian Setting. A PhD Dissertation Presented to University of Liverpool,30pp.

Laah, J.G. (2002). The Growing Patronage of Unorthodox Medical Practices in Nigeria, A Paper Presented at the Post Graduate Seminar of the Department of Geography, ABU, Zaria, Nigeria.

Mamman, M. and Laah J.G (2006). An Assessment of Traditional and Faith Based Health Delivery in Kaduna State, Nigeria. Being a Paper Presented at the 48th Annual Conference of the Association of Nigerian Geographers (ANG), held at the Federal University of Technology, Yola, from 30th July- 2nd August, 2006.

Udo, R. K. (1970).*Geographical regions of Nigeria*.University of California Press.Vision 2020 Kaduna State, (2010).Report of the Vision 2020 Technical Working Group on Urban and Rural Development, Kaduna State, Nigeria.

Wagun, Z.A. (1979). An African Therapeutic System, Waltham. *African Journal of Education*, 5(2): 60-68.

Yamane, T. (1961).*Statistics: An Introductory Analysis*, 2nd Edition, New York: Harper and Row.