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Full Length Research Paper

# Factors affecting the level of patronage of traditional herb Sellers (THSs) in Osun State, Nigeria.

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This study examined the factors affecting the level of patronage of traditional herb sellers (THSs) in Osun State. The sample of 120 randomly selected registered THSs (those who had full stock of herbal materials/animal parts in their stores) out of a population of 800 in the three senatorial zones of the State. Two hundred and forty members of the public (clients) were also randomly selected from the same senatorial zones in which one hundred and sixty people indicated that they were regular users of herbal medicines. Data generated were analysed using descriptive and inferential statistics. Among others, key findings showed that resources of THSs (the capital base, size of shop, volume of herbal commodities or wares) were the most important factors that determined the level of client's patronage. Majority of the clients that had patronized the THSs rated them highly (76.2%) and was very satisfied with their services and the herbal medicines used which could be due to the effectiveness of their medicines, availability of variety of needed herbal commodities or wares at any time (91.7%); efficiency in their work (90%); presence of matured assistants/apprentices to attend to clients (92.5%) and so forth. The study concluded that the resources of THSs had influence on client's patronage due to the availability of varieties of needed herbal wares, clear efficiency in their work, presence of capable assistants/apprentices, and improved hygiene.

Key words: Client patronage, Herbal medicine, Resources, Socio-economic class, Traditional herb sellers.

# INTRODUCTION

Patronage is the support, encouragement, privilege, or financial aid that an organization or individual bestows to another. In the history of art, arts patronage refers to the support that kings, popes and the wealthy have provided to artists such as musicians, painters, and sculptors. It can also refer to the right of bestowing offices or church benefices, the business given to a store by a regular customer, and the guardianship of saints. In some countries the term is used to describe political patronage, which is the use of state resources to reward individuals for their electoral support (http://en.wikipedia.org/w/index.php?title=Patronage&oldi d=586930965). The word "patron" derives from the Latin *patronus*, "patron," one who gives benefits to his clients

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Author(s) agree that this article remain permanently open access under the terms of the Creative Commons Attribution License 4.0 International License which is the concern of this study. It has been noted that traditional systems of medicine in which THSs belong to, have made significant contributions towards fulfilling healthcare needs of the people in the past. This present study, therefore, aimed to examine the influence of the economic resources of traditional herb sellers in terms of herbal commodities they are selling on the clients' patronage in Osun State, Nigeria.

In Nigeria, modern health services have failed to meet the needs of the teeming population, especially in the rural areas. The state of the health care in the country point to the very poor living habits of the people. Poverty, joblessness and ignorance have all compounded the situation of the average Nigerian, making it difficult for him to enjoy adequate health care. The immediate consequence has been to resort to traditional medicine.

In quoting Ayantunji, (2002) stated that: "The patronage of traditional medicine has increased due to a number of factors, such as poor or non effectiveness of synthetic drugs which are either fake and adulterated or expired. For instance, chloroquine as antidote of malaria is becoming less powerful as a result of the fake ones now available and the resistance of the malaria parasite." It should again be stressed at this juncture that the cost of some of these drugs is beyond the reach of many Nigerians; there is also a dearth of facilities as well as scarcity of qualified medical practitioners in orthodox medi-care in the State. In support of this, (Ojua et al., 2013) also stressed the problem of fake drugs, inactive or inefficient healing or curative strength of the orthodox services, high cost, and poor distribution, and so forth have made the trado-medical services to enjoy high patronage. All these tend to enhance the preference and patronage of herbal medicines.

Traditional Herb Sellers (THSs) or Traditional Medicinal Ingredient Dealers (TMIDs) are sellers of medicinal materials which may be in form of plants parts such as leaves, flowers, fruits, seeds, stems, barks, roots, and rhizomes. They also trade in other animal parts and in whole form. The THSs are known by different names in Yoruba land as "Elewe Omo" (dealers in plants and animals parts) or sometimes called "Alagbo Omo". They sell plant materials with or without animal and mineral substances. They have the skill to manufacture and prescribe the herbs for healing, particularly for child diseases and mother's ailments. Often they are referred to as "Oniwosiwosi" or "Alate" which connotes sellers of varieties of materials for medicinal uses but not necessarily include plants and animals parts in Yoruba land (Opatola, 2005). The Hausa people called them "Masu magani gargajiya" meaning native medicine sellers, while in Igbo land they are being called Umuofia. Their names and roles vary from one society to the other. Hence, the study aimed to examine the factors affecting the level of patronage of Traditional Herb Sellers (THSs) in Osun State, Nigeria.

# The purpose of the study

The purpose of the study was to find out the factors affecting the level of patronage of traditional herb sellers in Osun State so as to know what this would have on the relationship between their resources and the number of clients that patronize them. Secondly, the purpose was to locate which socio-economic status would assess the THSs more positively.

# Hypotheses

(i) The larger the resources of the THSs (income, capital base, size of shop, volume of herbal commodities or wares), the greater their contribution in terms of number of clientele.

(ii) That a higher proportion of the people on the lower socio-economic status would assess the THSs more positively than the proportion of those on the higher socio-economic status would.

# Methodology

The study was conducted in Osun state (Southwest) Nigeria. Osun State is one of the 36 States of the Federal Republic of Nigeria. Presently, the State consists of 30 Local Government Areas with one area office (Ife-East Area Office, Modakeke-Ife). As at 2006 census, her population was 3,423,535 with land area (km<sup>2</sup>) of 7985 and density per/km<sup>2</sup> of 275 [National Bureau of Statistics (www.nigerianstat.gov.ng)].

#### Sampling and sample size

The three senatorial districts in Osun State were considered for the study. Two local governments (LGAs) out of the ten LGAs from each senatorial district were purposively selected. This selection of LGSs was done on the basis of where there were high concentrations of THSs. This made up a total of six LGAs from which the populations of traditional herb sellers and public were selected. These six LGAs were each stratified into rural and urban communities. In each of these communities, the markets were visited to identify the THSs using the snowball technique and the assistance of contact persons. From the total number of 800 THSs identified, 120 THSs (shared equally among rural and urban areas) were selected for interview using systematic random sampling technique. Respondents were interviewed using semi-structured questionnaire. In order to get a sample of the public opinion, a multistage sampling technique was used. The LGAs were stratified based on residential patterns - Elite areas (Government Reserve Area and others) and low class or slum areas. This was made up of a total of 12 residential clusters. Using simple random sampling technique, a block was selected per cluster. In the selected block, the numbers of housing units were identified. From the housing units in the study area, the numbers of households (both men and women) were listed for interview on their views about THSs. This is because women are the primary care givers. The head of the households (where available) was again interviewed to get the male's views on THSs, as men too were known to patronize them for different types of ailments. They were all interviewed using

Number of clients THSs received per day	Number of Observation	Percentage
1-10 clients	44	27.5
11-20 clients	51	31.7
21 and above clients	65	40.8
Total	160	100.0

 Table 1. Percentage of average number of clients that THSs received per day.

Table 2. Sex of clients (Public).

Sex	Frequency	Percentage
Male	77	48.2
Female	83	51.8
Total	160	100.0

structured questionnaire. Altogether, 160 respondents were fully interviewed. The urban/rural distinctions were being made in order to establish whether or not there were differences in responses based on locations.

#### **Data collection**

The pilot study was conducted shortly before starting the field work. This was to familiarize the researcher with the THSs and the public (clients). The survey protocols and questionnaire were administered to THSs and the public (clients) in IIe-Ife and Modakeke to obtain their understanding of the various questions. The results and reactions to these were used to further improve and perfect the questionnaire before the actual study. Data were collected using only quantitative method of survey questionnaires to both THSs and the public.

#### Data analysis

Descriptive and inferential statistics were used to analyse field data. Such parameters as means, frequency distributions, percentages and chi-square were used to test relationships between different variables involved in the resources of THSs as regard to their patronage on health care delivery.

Ethical Clearance: The authors received the consent of the respondents before carrying out the study.

#### FINDINGS AND DISCUSSION

#### **Traditional herb sellers**

There were 120 traditional herb sellers that completed the questionnaire, though other-administered required face-to-face approach.

The demographic characteristics of the respondents showed that majority of the THSs were 30 years and

**Table 3.** Frequency of patronage of THSs by theclients.

Rate of patronage	Frequency	Percent
1 – 3 times	62	38.8
4 – 6 times	52	32.4
10 – above	46	28.8
Total	160	100

above, the sex of the respondents revealed that 118 were women which constituted about 98.3 percent while men were just 1.7% of the sample population. This supported Omobuwajo et al. (2005) study that all the indigenous herb sellers were women. This definitely means that herb selling is a female dominated profession. As regards the marital status of the THSs, 95% of them were married while the remaining 5 percent were single. This showed that the herb selling career is not only for married people. Religiously, majority of the herb sellers were Muslims and they comprised 65.8% of the sample. This also corresponded to the findings of Omobuwajo et al. (2005). The Christian population comprised 34.2% of the population. These might comprise those who were not Christians. On the income of the herb sellers, 66.7 percent were in the high income group. That is those who earned more than N5, 000: 00k monthly (\$33.3). While those who earned less than N5, 000: 00k monthly (\$33.3) (low income group) were 33.3%.

From the Table 1, 40.8% of the THSs received average number of 21 or more clients per day, while 27.5% received the least number of clients that was between 1-10 client per day which cut across both low and high income groups.

With respect to sex, 102 females (51.8%) responded to the questionnaire. This might be due to the fact that women are always at home every time, and also the interest in which they had in the study. The 48.2% were males Table 2.

From Table 3, one hundred and sixty (160) clients patronized THSs differently. The groups which had patronized the THSs before were then asked to rate their services and to state the level of satisfaction received from the herbal medicine used. Majority (76.2%) rated them highly and was very satisfied with their services and the herbal medicines used (Table 4).

On the question of how the respondents who had used THSs felt with herbal medicine, 90% confirmed that they were very satisfied and satisfied. This could be due to the effectiveness of their medicines. However, 1.9% claimed that they were very dissatisfied and 6.2% stated that they were indifferent. The satisfaction derived by the respondents from the herbal medicines used was further confirmed by the answers provided by the public on how they viewed THSs and their services. For instance, majority of the public (99.2%) explained that their image

Rating of the quality of the THSs' Service	Frequency	Percent
Very high	88	55
High	34	21.2
Undecided	6	3.8
Low	23	14.4
Very low	9	5.6
Total	160	100.0
Satisfaction received from herbal medicine		
Very satisfied	92	57.5
Satisfied	52	32.5
Very dissatisfied	3	1.9
Dissatisfied	3	1.9
Indifferent	47	6.2
Total	160	100.0

Table 4. Assessment of the THSs' services by clients

within the society has improved considerably (Table 5). The most frequently cited explanation provided by the public for believing that their public image had improved is the fact that their level of patronage has gone up tremendously (80.0%). They felt that this was connected with the public's recognition of their worth. When clients too were asked about the benefits they derived from the THSs' products, majority stressed that they were affordable (cheap), readily accessible, had minimal side effects, and that they even attempted to cater for the spiritual aspects of their illnesses.

The reason given by the majority of the public for patronizing THSs were the availability of variety of needed herbal commodities or wares at any time (91.7%); there is clear efficiency in their work (90%); they have raised the state of hygiene involved in the preparation of their products (89.2%); public now friendly toward them (63.3%) and finally that the presence of matured assistants/apprentices to attend to clients (92.5%).

# **Testing of Research Hypotheses**

**Test of Hypothesis I (H<sub>1</sub>)** "The larger the resources of the THSs (income, capital base, size of shop, volume of herbal commodities or wares), the greater their contribution in terms of number of clientele".

**Null Hypothesis I (H<sub>o</sub>)** "The larger the resources of the THSs" (income, capital base, size of shop, volume of herbal commodities or wares), the lower their contribution in terms of number of clientele".

To test this hypothesis, data collected on THSs' income and average numbers of clients that THSs received per day were subjected to chi-square analysis using crosstabulation. Chi-square analysis of the resources of the THSs (income/capital etc) on the client's patronage yielded a chi-square (X2) value of 11.931 which is significant at  $p \le 0.05$  level. This means that the resource of THSs (income/capital etc) was a significant determinant on the clients' patronage. These data accepted the alternate hypothesis. This tended to show that the capital base of the THSs, that is the ability to expand and stalk up the stall, the variety of herbal commodities or wares available, the number of assistants/ apprentices and so forth would definitely enhance the patronage as clients would naturally believe that the THSs was successful, effective and knowledgeable. Thus more clients were likely to flock there.

**Test Hypothesis II (H<sub>1</sub>)** "that a higher proportion of the people on the lower socio-economic status would assess the THSs more positively than the proportion of those on the higher socio-economic status who would.

**Null Hypothesis II (H<sub>o</sub>)** "that a higher proportion of the lower socio-economic status would assess the THSs less positively than the proportion of those in the higher socio-economic status would". To test this hypothesis, data collected on the socio-economic of the public (client) and the rating of service of THSs (assessment) were subjected to chi-square analysis using cross tabulation tables (Table 7).

A chi-square analysis of the socio-economic class (income group) and the patronage and rating of service of THSs using cross-tabulations yielded X2 value of 17.225, which is significant at  $p \le 0.05$  level (Table 6). This implies that the socio-economic class (income group) of the public (clients) had a significant effect on the assessment of THSs. These data rejected the null hypothesis, while accepting the test hypothesis.

From the Table 7, one can see that the low socio-

Public perception on whether the image of the THSs has improved	Frequency	Percent	
Yes	159	99.2	
No	01	0.8	
Total	160	100.0	
Reason given by public for patronizing THSs			
Availability of variety of needed herbal commodities or wares at any time			
Yes	146.72	91.7	
No	13.28	8.3	
Total	160.0	100.0	
There is clear efficiency in their work			
Yes	144.0	90.0	
No	16.0	10.0	
Total	160.0	100.0	
They have raised the state of hygiene involved in the preparation of their products.			
Yes	142.72	89.2	
No	17.28	10.8	
Total	160.0	100.0	
Public now friendly toward them			
Yes	101.28	63.3	
No	58.72	36.7	
Total	160.0	100.0	
Presence of matured assistants/apprentices to attend to clients			
Yes	148.0	92.5	
No	12.0	7.5	
Total	160.0	100.0	

**Table 5**. Public (clients) perception and reasons given by clients for patronizing THSs in Osun state.

**Table 6.** Showing the effect of resources of THS on the client's patronage.

Average number of Clients per day	Low income	High income	Total	df	X2	p-value
1-10 clients	17	16	33			
11-20 clients	15	23	38	2		
21 and above clients	8	41	49		11.931	0.003
Total	40	80	120			

Significant (P≤ 0.05).

economic class (low income group) had the highest rating of the services of the THSs. One can therefore confidently

say that our test hypothesis has been confirmed and accepted.

Table 7. Effect of socio-economic status of	people (Income group	) on the assessment of THSs.
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Income Group	Very high	High	Undecided	Low	Very low	Total	df	X2	p-value
Low	45	21	2	19	9	96			
High	43	13	4	4	-	64	8	15.6011	0.048
Total	88	34	6	23	9	160			

Significant (P≤ 0.05).

Table 8. Socio-economic (Income group) of clients and patronage of THSs in Osun State

Income Group	1-3 times	4-6 times	10- above	Total	df	X2	p-value
Low	46	31	19	96			
High	16	21	27	64	2	11.9068	0.003
Total	62	52	46	160			

Significant (P≤ 0.05).

# DISCUSSION

First and foremost, the study revealed that the resources of the indigenous herb sellers (that is their income base, their size of shop, volume of stock) had influence or significant impact on the clients' patronage. That is, most of the herb sellers who had enough money to buy herbal materials / animal parts and so forth in their shops had large patronage by the public. This was confirmed by the response of the THSs, for 99.2% of them accepted that they were expanding because their shop were fully stocked up than in the previous years and so forth.

The study also showed that the higher proportion of the low socio-economic class patronized the indigenous herb sellers more than the proportion of the higher class, which confirmed the acceptance of the test hypothesis. Table 8 showed that the two social categories of people (high and low income group) patronized indigenous herb sellers, but the low income group patronized them the more.

This shows that socio-economic parameters had significant impact on consumer's attitude towards the usage of traditional system of medicine in Osun State at the period of study.

# Conclusion

The study was designed to examine the factors affecting the level of patronage of THSs in Osun state, Nigeria. The reasons given by clients for patronizing THSs in Osun state were that the resources available to THSs in terms of the availability of varieties of needed herbal commodities which could be seen in THS's shop, clear efficiency in their work, presence of mature assistants/ apprentices to attend to clients, improved hygienic preparation of their products which make public now friendly toward them. All these definitely enhance the patronage of THSs.

# **Conflict of Interests**

The author(s) have not declared any conflict of interests.

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