

Full Length Research Paper

Gender dimension of herbal medicine's knowledge and practice in Ekiti and Ondo States, Nigeria

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In Nigeria several occupations and practices are gender biased right from their names and references. The womenfolk are not heard of but it was discovered that in almost all local markets in Nigeria, women engage in the sales of herbal products for the treatment of numerous ailments however, there are no available data of their contributions to herbal medicine. It is on this note that this study was carried out to examine the gender dimension of herbal medicine's knowledge and practice in Ekiti and Ondo States. A multi-stage random sampling method was used in selecting 140 respondents from the two States. A structured interview schedule was used in collecting the data. Results of the findings indicate that majority (81.4%) of herbal medicine practitioners in Ekiti and Ondo States were women. Data show a high level of patronage and effectiveness. Most of them inherited the practice from their parents but a few males learned it through informal training. Both genders engaged in the treatment of various ailments and were frequently patronized by patients with infertility problems, children's ailments, skin diseases and malaria. They mostly used indigenous methods in processing and preservation of herbs however a good proportion (23%) of the male gender has engaged in the modern method of processing and preservation of herbs. Challenges faced by herbal medicine practitioner in both States includes lack of processing facilities, low publicity, ignorance, low level of education and poor finance base. All the challenges were prominent among the female gender than their male counterparts. It is recommended that Agricultural extension agents should evolve a model for improving women's herbal medicine practice through non-formal education while the male counterparts who are more knowledgeable in the practice can be used as resource persons. Both the male and female herbal practitioners should be encouraged to form and join cooperative societies to enable them access loans. Young people should be encouraged to join the profession in order to prevent it from going into extinction.

Key words: Gender, herbal medicine, knowledge, practice.

INTRODUCTION

Diseases have always been a constant problem plaguing human being from time immemorial. Primitive people, and to a certain extent modern people, turned to black magic and supernatural power for remedies. Others turn to orthodox medicine. In recent times, several nations are witnessing a drift from orthodox medicine, black magic and use of supernatural power to herbal medicine. This might partly be due to the population explosion resulting in high ratio of medical personnel to patients as well as the risks and uncertainties of survival among certain

patients whose ailments are referred to as cancerous or beyond medical reasoning. Also, the cost of orthodox medicine in Nigeria is increasing beyond what most household living below poverty level of \$1 dollar per day can afford. A 1993 Harvard Medical School survey on the use of complementary/alternative medicine found that only 3% of Americans were using therapeutic herbs. In 1994, the FDA estimated that 8% of Americans were using herbal products, in 1995 the Gallup Poll showed that 17% were using herbal products, and in 1997 it is estimated that an astonishing 40% of the American public uses herbs regularly.

As reported by Ligotti (2008) recently, the World Health Organization estimated that 80% of people worldwide rely

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on herbal medicines for some aspect of their primary health care. In the last 20 years in the United States, increasing public dissatisfaction with the cost of prescription medications, combined with an interest in returning to natural or organic remedies, has led to an increase in the use of herbal medicines. Nearly one-third of Americans use herbs, and it is estimated that in 1998 alone \$4 billion was spent on herbal products in the country. In Germany, roughly 600 - 700 plant-based medicines are available and are prescribed by approximately 70% of German physicians (Ligotti 2008). Annual sales of herbal products was 1 billion in 1991, and in 1997 3.24 billion in the USA. The interest of herbal medicine has increased immensely in the last few years; unfortunately the herbal knowledge has not increased as rapid as the sales, meaning that there is a great number of people using herbs without the appropriate level of knowledge to use them, not only safely but effectively Jamie (2002).

According to AVMC (2007) several herbs are often used together to enhance effectiveness and synergistic actions and to reduce toxicity. Herbal medicine includes such amazingly effective agents as willow bark (providing salicylate, which is an Aspirin-like and effective pain killer, at much lower doses than one might expect, when compared to Aspirin itself), Digitalis or foxglove (a remarkably effective heart drug, having action on all aspects of cardiac function), dandelion (an effective diuretic, providing copious potassium, which modern diuretics tend to drain from the body! - French name *pis en lit*) and periwinkle or Vinca (a predecessor of the potent cancer drug Vincristine). The herbs available in most stores come in several different forms: teas, syrups, oils, liquid extracts, tinctures, and dry extracts (pills or capsules). Teas are simply dried herbs left to soak for a few minutes in hot water, while other teas are the herbs boiled in water and then strained for consumption. Syrups, made from concentrated extracts and added to sweet-tasting preparations, are frequently used for sore throats and coughs. Oils are extracted from plants and often used as rubs for massage, either alone or as part of an ointment or cream. Tinctures and liquid extracts are solvents (usually water, alcohol, or glycerol) that contain the active ingredients of the herbs. Tinctures are typically a 1:5 or 1:10 concentration, meaning that one part of the herbal material is prepared with five to ten parts (by weight) of the liquid. Liquid extracts are more concentrated than tinctures and are typically a 1:1 concentration. A dry extract form is the most concentrated form of an herbal product (typically 2:1 - 8:1) and is sold as a tablet, capsule, or lozenge.

Herbal medicines are traditionally selected according to the perceived needs of the patient and based upon the individual herbs' constituents. Whether single herbs are used, or a combination of herbs is selected, depends upon the spread of activity of each herb and whether or not it supplies the necessary spectrum of action in the body. Sharp knives, chopping boards, wicker baskets, wooden

trays, packing paper, fine and heavy scales are among the common equipment used in the processing of medicinal herbs. In addition, mortar and pestle, stone rollers (male and female), and steel crucibles are used to pulverize dried slices of medicinal herbs. Mixing is usually done in small ceramic cups or earthenware cover lids. After wet and sticky mixing, pellets or pills are formed manually.

In Nigeria, certain experts in herbal medicine emerged and become widely known in treating some deadly diseases and at affordable prices. Most of these people were men. The womenfolk were not heard but it was discovered that in almost all local markets in Nigeria, women engaged in the sales of herbal plants and medicine and engaged in the treatment of some diseases. But there are no available data of their contribution to herbal medicine. It is on this note that this study is carried out to examine the gender dimension of herbal medicine knowledge and use. Specifically, the study aimed at finding out if "What is their source of Knowledge? What are their preservation strategies? Why they are not heard of? And how can we improve their participation and practice of herbal medicine and what is the implication of these to agricultural development?"

METHODOLOGY

The study was carried out in Ekiti and Ondo States of Nigeria (Figure 1). Ondo State is made up of 18 Local Government Areas is located in the South-western Zone of Nigeria. It lies between longitudes 4°30" and 6° East of the Greenwich Meridian, 5° 45" and 8° 15" North of the Equator. Ondo State is bounded in the North by Ekiti/Kogi States; in the East by Edo State; in the West by Oyo and Ogun States and in the South by the Atlantic Ocean. It has a land area of 14,788.723 km² and a population of 3,441,024. Ondo state falls between the mangrove and the rain forest Zones. The area has a mean annual rainfall ranging from 3000 to 2000 mm and a temperature range of 17.5 to 27°C. The relative humidity of the state is above 60% (Figure 2).

Ekiti State is made up of 16 Local Government areas. It is located between longitudes 40° 51" and 50° 451" East of the Greenwich meridian and latitudes 70 151 and 80 51 North of the Equator. Ekiti State falls within the rain forest Zone. Ekiti is bounded on the South by Ondo State, on the North by Kwara State, on the East by Kogi State and Osun State to the west. The mean annual rainfall of Ekiti state is 2400 to 2000 mm while the temperature ranges from 20 to 27°C. It has a land area of 6,353 km². By 1991 Census, the population of Ekiti State was 1,647,822 while the estimated population upon its creation on October 1st 1996 was put at 1,750,000 with the capital located at Ado-Ekiti. The State is mainly an upland zone, rising above 250 m above the sea level. It lies within the area underlain by metamorphic rock of the basement complex. It has a generally undulating land surface with a characteristic landscape that consists of old plains broken by stepped out-crops dome rocks that may occur singularly or in groups or ridges. Such rocks out-crops exist mainly at Efon-Alaaye, Ikere-Ekiti and Okemesi-Ekiti. The State is dotted with rugged hills (Figure 3). 10 out of the 34 Local Government Areas in Ondo and Ekiti States were randomly selected. From each Local Government Area, 2 villages were randomly selected and seven herbal medicine practitioners were interviewed from each village. These make a total of 140 respondents. A structured interview schedule was



Figure 1. Map of Nigeria.

utilized in eliciting information from them. Data collected were subjected to descriptive statistical analysis.

RESULTS AND DISCUSSIONS

Socio-economic characteristics

Data in Table 1 indicates that majority (81.4%) of herbal medicine practitioner in Ekiti and Ondo States were women. The ages of the male respondents range from 31 to 69 years with a mean age of 52.6 while that of the female respondents range from 27 to 72 years with a mean age of 53. Majority (84.6%) of the male respondents were married while 15.4% were widowed. Also, majority (91.2%) of the female respondents were married, 1.8% were divorced and single, respectively, while 5.2% were widowed. The educational status of both male and female respondents was very low. However, the percentage of males with tertiary education was higher when compared with the female respondents (23.1% to 4.4%). Both male and female gender engaged in all the religious practices available in their states however a large percentage (53.8%) of the male respondents engaged in the African Traditional religion. Both the male and female

gender have a large family sizes however the family size of the female respondents outstripped that of the males. From the above, it could be deduced that majority of herbal medicine practitioner in Ekiti and Ondo States are women, relatively old, and of low educational status, the male gender were more educated than the females. Both gender engaged in all the religious practices in their area but a large percentage of the male gender engaged in the African Traditional Religion. The low level of education of the female gender might be one of the major reasons why they are not as popular as their male counterparts. This might also affects their level of publicity as well as the introduction of modern methods of processing their herbs.

Ailments treated and frequency of patronage

They treat various kinds of ailments from fractures from accident cases to malaria fever, Typhoid fever, Yellow fever, Syphilis, Gonorrhoea, Children general diseases, Hypertension, skin diseases, diabetes, infertilities, low sperm counts, leprosy cancers etc. Data in Table 2 shows that medical herbs practitioners were patronized most frequently by patients with infertility and children



Figure 2. Map of Ondo State.

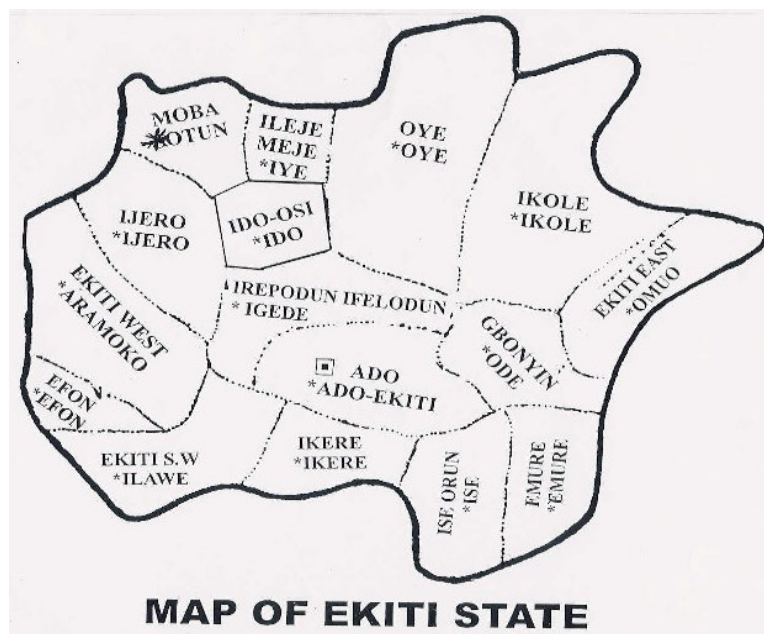


Figure 3. Map of Ekiti State.

Table 1. Socio-economic characteristics of the respondents.

Variable	Male (f = 26)	%	Female (f = 114)	%
Age				
<30years	0	0.0	03	2.6
31-40years	04	15.4	12	10.5
41-50years	06	23.1	24	21.1
51-60years	10	38.4	35	30.7
61-70years	06	23.1	14	12.3
>70years	0	0.0	26	22.8
Marital status				
Single	0	0.00	02	1.8
Married	22	84.6	104	91.2
Divorced	0	0.00	02	1.8
Widowed	04	15.4	06	5.2
Educational status				
No formal education	10	38.4	35	30.7
Non-formal education	02	7.7	09	7.9
Primary education	04	15.4	42	36.8
Secondary education	04	15.4	23	20.2
Tertiary education	06	23.1	05	4.4
Religion				
Christianity	09	34.6	35	30.7
Muslim	03	11.6	34	29.8
African Traditional Religion	14	53.8	45	39.5
Family size				
<4 members	06	23.1	17	14.9
4-6members	09	34.6	35	30.7
7-8 members	11	42.3	45	39.5
>8 members	0	0.00	17	14.9

diseases. While ranking frequency of patronage, patients with infertility and Children's general diseases were ranked first this is followed by patients with skin diseases, malaria fever ranked forth, Typhoid fever ranked fifth, followed by low sperm count taking the sixth position, diabetes and syphilis occupied the seventh and eighth position while leprosy and cancer occupied the thirteenth and fourteenth position. Patients with Infertility having the first position might be due to the importance placed on child birth by Africans and especially Nigerians in marriage. Married women without issue are usually faced with diverse problems such as broken relationship, extra marital affairs by husbands, Spouses having children outside marriage and lots more. More also, patients with children diseases coming first might result from the fact that children need extra care to keep them healthy. The occurrence of malaria in the forth position might result from the prevalence of anopheles mosquito in the environment which causes incessant sickness among

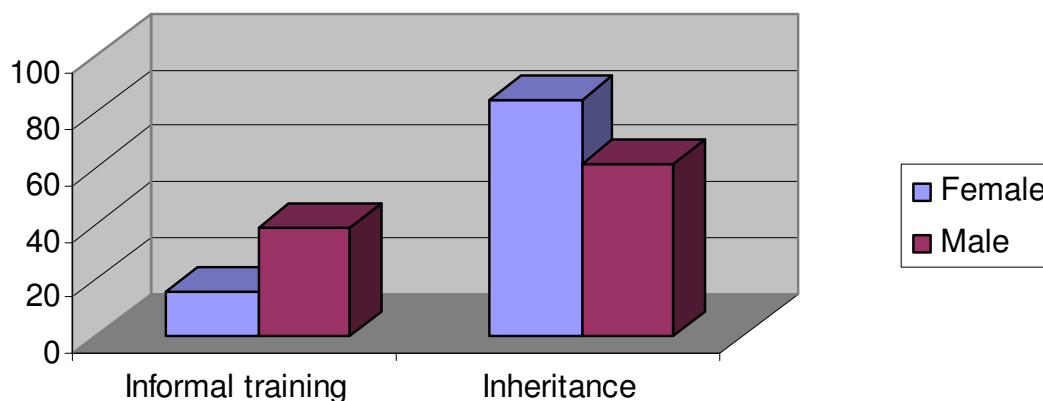
both young and old. The cost of treating these diseases using orthodox medicine as well as the time wasted in the cause of waiting for a medical doctor might be part of the reasons for the high patronage of herbal medicine.

Source of knowledge of herbal medicine

Efforts were made to find out how the respondents came about the practice of herbal medicine, Figure 4 indicates that majority (78.0%) of the female respondents came about the practice of herbal medicine through inheritance while 58.0% of the male gender came about the practice through inheritance. This implies that, either of the parents was in the practice before. About 42% of the male respondents learned the practices through informal training only a few (22%) of the female respondents undergo informal training. It might be deduced from the above that the practice of herbal medicine in the study

Table 2. Frequency of patronage in relation to ailments.

Ailments	Very frequently	Frequently	Undecided	Rarely	Sum	Rank
Malaria fever	65	30	28	20	426	4th
Typhoid	50	35	40	15	400	5th
Yellow fever	15	25	20	80	280	12th
Diabetes	35	40	30	35	400	7th
Venereal diseases	23	30	20	67	289	10th
Skin diseases	66	38	20	16	434	3rd
Syphilis	25	40	45	30	340	8th
Children general ailments	75	50	10	05	475	1st
Hypertension	16	55	40	29	338	8th
Infertility	75	50	10	05	475	1st
Low sperm count	30	48	30	32	388	6th
HIV/AIDS	05	25	60	50	265	11th
Leprosy	10	05	50	75	230	13th
Cancer	15	07	45	73	244	14th

**Figure 4.** Source of knowledge of herbal medicine.

area is still primitive especially among the female gender. This might be the reason why majority of the people in the system are old. If efforts are not made to encourage the young ones to be interested in the practice of herbal medicine, a time might come when the practice will go into extinction.

Method of processing/preserving herbs

Data in Figure 5 shows that all (100.00%) of the female respondents used indigenous method in processing / preservation herbs. Also a large number (77%) of the male respondents used indigenous method while 23.0% used the modern method of processing and preservation of herbs. It could be deduced from the above that herbal medicine practice by female gender in Ekiti and Ondo States is mainly handled locally while a few male gender are practicing modern techniques. The use of indigenous

method of preservation and processing of herbs by the female gender might be one of the reasons why the women in the profession were not heard at all, despite their population when compared to the males.

Challenges facing herbal medicine practitioner in Ekiti and Ondo States

Data in Figure 6 shows that herbal medicine practitioner in Ekiti and Ondo States are faced with diverse problems. Eighty point seven (80.7%) of the female respondents indicates ignorance as a major challenge to herbal medicine practice when compared to 38.5% of the males, 86% of the female respondents recorded lack of processing facilities and low publicity, respectively, as challenges facing herbal medicine practices in the two states compared to 69.2 and 46.2% of the males. Also, 76.3% of the female respondents indicates low level of

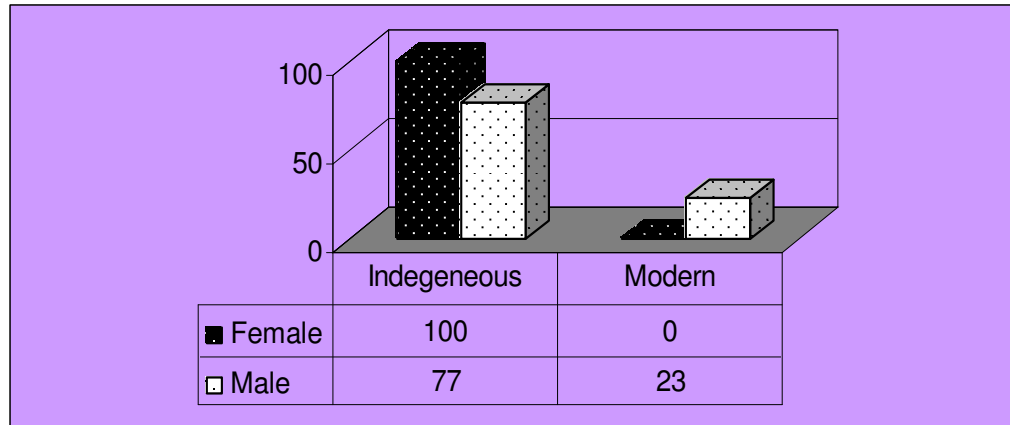


Figure 5. Method of processing/ preservation.

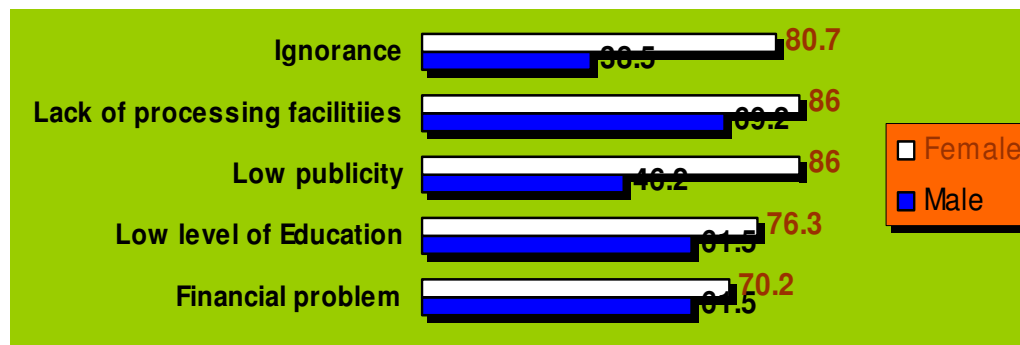


Figure 6. Challenges facing herbal medicine practitioner in Ekiti and Ondo States.

education as challenges while 61.5% as compared with 61.5% of their male counterparts while 70.2% of the females opined inadequate finance as challenges confronting herbal medicine practices as compared to 61.5% of the males. From the above, it could be deduced that majority of the male and female genders who engaged in the practice of herbal medicine in Ekiti and Ondo States were affected ignorance, lack of processing facilities, low publicity, low level of education as well as financial problems. However, the female genders were more affected than their male counterparts.

CONCLUSION AND RECOMMENDATION

The study was carried out to investigate the gender dimension of herbal medicine knowledge and practice in Ekiti and Ondo States of Nigeria. It was discovered that women formed a larger proportion of herbal medicine practitioner in both States. The educational status of both male and female respondents was very low. However, the percentage of males with tertiary education was higher when compared with the female respondents.

Majority of both male and female gender were married, relatively old with large family size and cut across the Christian, Muslim and African traditional religion while a large percentage of the males practice the African traditional religion. Most of them inherited the practice from their parents but a few males learned it through informal training. Both genders engaged in the treatment of various ailments and were frequently patronized by patients with infertility problem, children's ailments, skin diseases and malaria. They mostly used indigenous methods in processing and preservation of their however a good proportion (23%) of the male gender has engaged in the modern method of processing and preservation of herbs. Challenges faced by herbal medicine practitioner in both States includes lack of processing facilities, low publicity, ignorance, low level of education and poor finance base. All the challenges were prominent among the female gender than their male counterparts. Based on the findings of this study the following recommendations are being made; Efforts should be made to organize the women herbal practitioners in both States into cooperative groups. This will help in boosting their financial status. Extension works in the area should

focus on how to help herbal medicine practitioners improve their preservation and processing methods. Informal lessons can be organized for them while the male counterparts who are more knowledgeable in the practice can be used as resource persons. It is expected that if their educational status is improved it will have a cumulative effect on procuring solutions to the major challenges witnessed by the both the male and female herbal medicine practitioner in the two states, young people should be encouraged to join the profession in order to prevent it from going into extinction. This will also improve the practice as young people are known to be risk takers hence they will like to put into practice modern methods of processing and preservation of herbs.

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