

KNOWLEDGE, ATTITUDE AND USE OF TRADITIONAL MEDICINE BY MOTHERS OF UNDER-FIVE CHILDREN: A CASE STUDY OF IKLIN SPECIALIST HOSPITAL OJOTA, LAGOS STATE

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Year:

2022

Cite as:

Igba, G. T. (2022). *Knowledge, attitude and use of traditional medicine by mothers of under-five children: A case study of Iklin Specialist Hospital Ojota, Lagos State* [Master's thesis, Texila University of Zambia]. Greenresearch Publishing. <https://doi.org/GR28073892>

ABSTRACT

Background: Traditional medicine involves the use of herbal remedies, animal parts, minerals, spiritual divinations, and traditional bone settings. Practice of traditional medicine varies from country to country and from region to region, these experiences are passed from generation to generation although the practices evolve over the years. The use of traditional medicine among African societies is an age long practice which continues to flourish in spite of growth of western civilization and religious enlightenment. In some parts of Nigeria, a majority of the population relies on traditional healers to meet their primary health needs and for many others it is their only source of health care.

Objectives: The general objective was to assess the knowledge, attitude and use of traditional medicines by mothers of under-five children presenting at Iklin Specialist Hospital, Ojota, Lagos State.

Methods: A descriptive cross sectional study involving mothers of under-fives at Iklin Specialist Hospital, Ojota, Lagos State using a structured questionnaire on the knowledge, attitude and use of herbal medications for under-five children will be used. The researcher used simple random sampling because it is a convenient method of sampling which in turn allows for calculation of sampling error. A sample size of 165 was used.

Results: The knowledge of traditional medicine was high among our research participants, 132 (90.4%) know about traditional medicine while 14 (9.6%) were not aware. A great percentage of the participants 88 (62.9%) got to know about traditional medicine from their families and relations. There was a statistically significant difference in the age of mothers that used traditional medicine in their under-five children (mean= 32.06 SD = 4.30) and those that did not (mean = 29.89 SD= 4.24), $t(130) = 2.92$, $p < 0.05$. Chi-square tests of independence were calculated comparing the use of traditional medicine in under-five children and religion, tribe, educational level, occupation and marital status.

Conclusion: The knowledge of traditional medicine was high among mothers of under-five children. Similarly, use of traditional medicine by mothers in their under-five children was prevalently high, 71 (53.4%). The high knowledge and use of traditional medicines could be attributed to ones' ethnic group, cultural beliefs among other factors. There was a statistically significant difference in the age of mothers that use traditional medicine in their under-five children (mean= 32.06 SD = 4.30) and those that did not (mean = 29.89 SD= 4.24), $t(130) = 2.92$, $p < 0.05$. Likewise, a significant relationship was found in the use of traditional medicine and tribe (Chi square (3) = 10.79, $p < 0.05$), use of traditional medicine and marital status (Chi square (2) = 7.8, $p < 0.05$) but not with religion and educational status. Lemon, ginger, garlic and moringa leaves were the most commonly used TMs while animal therapy and urine accounted for the least used TMs. Fever, convulsions and Diarrhoea were cited as the common conditions that mothers treated with TMs.

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CHAPTER ONE: INTRODUCTION

1.0 BACKGROUND

Traditional medicine involves the use of herbal remedies, animal parts, minerals, spiritual divinations, and traditional bone settings. Its use is not only limited to achieving good health but also includes protecting children from menace of evil spirits, wild animals, accidents etc. According to WHO (2008), traditional medicine is the sum total of the knowledge, skills and practices based on 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 or mental illnesses.

The practice of traditional medicine varies from country to country and from region to region, from one ethnic group to another. These experiences and practices are passed from generation to generation although they evolve over the time. The use of traditional medicine among African societies is an age long practice which continues to flourish in spite of growth of western civilization, modern medical practices and religious enlightenment. For instance, in some parts of Nigeria, majority of the population relies on traditional healers to meet their primary health care needs and for many others social challenges.

WHO (2008) reported that 80% of the emerging world's population use traditional medicines, particularly herbal medicines. Countries like China, India and Ghana are well known for their traditional medicine practices. The use of traditional medicine in other countries have not been

formally recognized either due to lack of adequate/acceptable research methodology for evaluating of these medicines.

1.1 PROBLEM STATEMENT

Traditional medicine is in wide spread use by mothers of under-five children. This is probably due to economic constraints (traditional medicines are considered more affordable and readily available), fear of adverse effects of modern drugs, cultural beliefs surrounding certain illnesses and safety of natural substances, and dissatisfaction with conventional treatments amongst others.

Evidence from research has suggested that there is a considerably high practice of traditional medicines. A study done in Aba, Abia State of eastern Nigeria on the prevalence and attitude towards traditional medical practice amongst mothers for under-fives by Ngwogu et al (2019), showed that majority of population have used one or more forms of traditional medicine. The report indicated that patients/ guardians do not disclose to their physician their previous usage of herbal medicine. The none disclosure of use of traditional medicines to physicians by mothers' risks children of under-five to toxicity. On the other hand, the limited knowledge and documentation of traditional medicine use for specific illnesses and the none approval by medical authorities in some countries has made physicians to be reluctant in embracing traditional medicines.

Further, a number of herbs could cause adverse effects due to plant-drug interaction plant, herbal extracts may be adulterated, contaminated or contain biologically toxic substances, poor safety, efficacy, quality and quantity control (WHO,2008). There is also delay in presentation to a

modern health facility and initiation of appropriate treatment as much time is spent at home trying out traditional therapies. Traditional therapies may worsen the outcome of illnesses. All above are life threatening and contributes to high child mortality evidenced in Africa.

1.3 JUSTIFICATION OF STUDY

This study was about the knowledge, attitude and use of traditional medicine by mothers for under-five children presenting at Iklin Specialist Hospital, Ojota, Lagos State. It aimed at assessing how they use it, and the purpose of using it. There is limited information and research on this topic, the results of this study may contribute to the knowledge of other researchers, serve as base for further research or stimulus for new researches. Quality of health of under-fives will improve if mothers who are their sole care givers are armed with appropriate knowledge and insight on the effects of traditional medical practices. Knowing the attitude and use of traditional medicines among mothers for under-fives will help even the health care providers gain increased understanding on attitude and use of traditional medicine among the people they ought to serve.

1.4 GENERAL OBJECTIVES

To assess the knowledge, attitude and use of traditional medicines by mothers of under-five children presenting at Iklin Specialist Hospital, Ojota, Lagos State.

1.4.1 SPECIFIC OBJECTIVES

To assess knowledge of mothers of under-five on various traditional medical practices.

To determine their attitude towards the use of traditional medicines by mothers for under-fives.

To determine the types traditional medicine commonly used by mother for under-fives.

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To determine factors that influences the use of traditional medicines by mothers of under-fives.

1.5 RESEARCH QUESTIONS

What is the attitude of mothers towards the use of traditional medicines for under five children?

What are the common types of traditional medicines used by mothers of under five children?

What factors influence the use of traditional medicines of under five children?

How much knowledge do mothers of under five children have on traditional medicines?

CHAPTER TWO: LITERATURE REVIEW

2.0 THEORITICAL FRAMEWORK

The belief construct and its association with health–illness perceptions, attitudes and the motivation for traditional medicine (TRM) uptake have been amply debated in the medical and health services literature. Studies have independently explained the impact of belief paradigm on TRM use and its relationship with the unique, holistic and philosophical orientation approach that places much emphasis on the triadic natural forces of mind, body and soul. To have a systematic and inclusive framework that articulates in-depth understanding of how personal health beliefs impact of TRM use, theory of care-seeking behavior was adopted to guide the study.

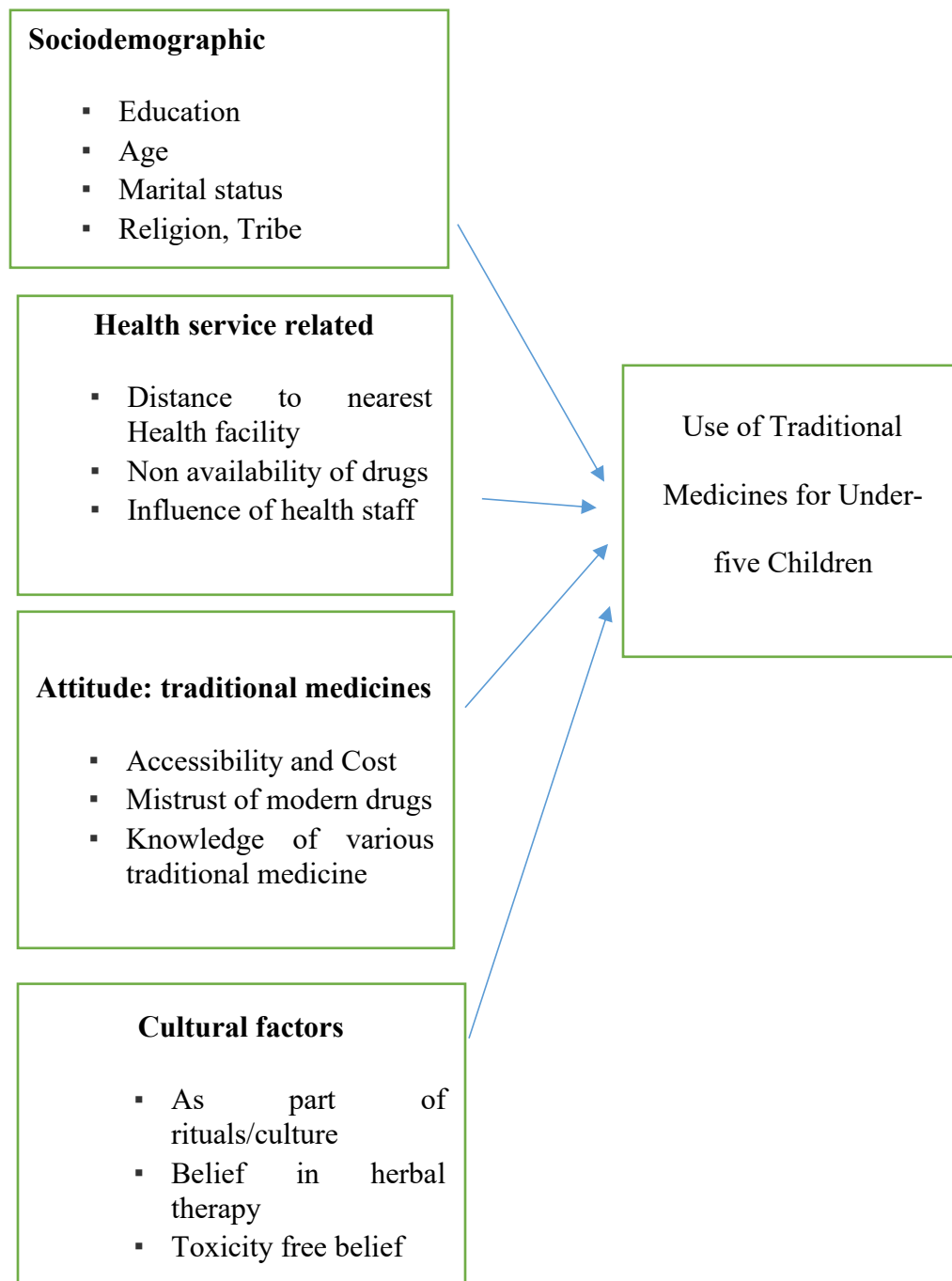
Emanating from theory of general behavior, the theory of care-seeking behavior is a social cognitive perspective that has widely been applied in the field of behavioral changes regarding health care consumption among populations. According to the theory, psychosocial variables of affect, utility, norms and habits, as well as facilitating variables predominantly influence care seeking behavior. In context, ‘Affect’ connotes the feelings associated with care seeking such as an anxiety about care and diagnostic procedures and their results. This affective thought of people may potentially push them from the use of certain forms of medical modality. People remain hostile to the modern sophisticated care which is entirely considered as alien to the

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African medical culture. Utility is the expectation that explains the perceived value and overall benefits of seeking care. Studies have reported how relatively, minimal side effects of TRM pull medical consumers along into TRM use. Norms take into account the social, personal norms and interpersonal issues to engage in health care seeking. To a larger extent, one's own paradigmatic beliefs and personal health philosophies about what is the morally correct behavior of seeking care and self-agreement to act based on beliefs by others influence the motivation to access care (Razak et al, 2016). The social cohesion that binds community members together, as epitomized in Africa may influence TRM use. Social networks and recommendations through information sharing among families and friends as well as the community members determine health care decisions.

Habits denote the usual way patients act, whether to seek care promptly or not. It relates well to the care behaviors of previous experiences, particularly when similar situation suffices. Experiences of effectiveness, less side effects of TRM and positive affective behavior of traditional healers may pull people along to utilize TRM. These mechanisms could be influenced by facilitating conditions such as having health insurance, less medical cost conditions and family history of medical conditions. The relationships among the theoretically identified variables propose that psychosocial variables could influence behavior either directly or in interaction. The tendency for logic to support certain influences on the direction and magnitude of health care cannot be underestimated. Care-seeking behavior thesis has been supported empirically in various studies. Despite its content validity, no study has been guided by the care-seeking behavior theory in explaining why wholesale utilization of TRM continues to upsurge, particularly in the African landscape (Razak et al, 2016).

2.1 CONCEPTUAL FRAMEWORK



2.2 GLOBAL PERSPECTIVE

The last two decades have witnessed globally renewed interest in the use of traditional and complementary and alternative medicine. A recent study of complementary and alternative medicine (CAM) use in the U.S. population reported that in 2007, 4 out of 10 adults had used some form of CAM within the past year. It was estimated that Americans spent 33.9 billion U.S. dollars (USD) out-of-pocket on CAM products and services during the prior year, accounting for 11.2 percent of total out-of-pocket health care expenditures. In other developed nations the use of CAM is equally extensive. The use of traditional medicine is even more substantial in the developing world. According to data provided to WHO, in India 70 percent of the population and in Ethiopia more than 90 percent of the population depend on TM for primary health care. It is reported that more than 70 percent of the population in Chile and 40 percent of the population in Colombia have used traditional medicine. In China, traditional medicine accounts for approximately 40 percent of all health care delivered (Tang et al, 2015), which suggests significant proportion of Chinese people use traditional medicines.

In Saudi Arabia, study of herbal medicine use in a group Taif among children by Aisubaie et al (2017) revealed that most parents used herbs for their children in the past. The most commonly used herbs were; anise and fenugreek. According to a cross sectional study conducted in Kuwait by Law and Son (2013) investigating public awareness, patterns of use and attitudes toward natural health products, most of herbal remedies use to promote and maintain health and to

prevent illness and build immune system, some of consumers have experienced a side effect due to using herbal medicine.

A study carried out in Germany by Yong (2014) with 17,450 study subjects, a total of 1,055 children use at least one herbal medicinal product. Children younger than 6 years old showed a higher use of herbal medicinal products compared to children in other age groups. With increasing age, use of herbal medicinal products declined both in boys and girls. Significant differences were found between younger (≤ 6 years) and older (7–17 years) children. A significant difference was found between boys and girls in the age group 14–17 years only, with girls showing a higher use than boys (3.8% vs. 1.9%, $p < .001$). No difference was found among children residing either in East vs. West Germany, or in North vs. Central vs. South Germany ($p = .181$) or in rural areas vs. cities.

Another cross sectional hospital based study carried out simultaneously, in 2011, in Khartoum and in Wad Madani, Al Gezira State, Sudan, aimed to study the impact of spiritual beliefs on explanation of the epilepsy etiology and the choices and methods of spiritual and traditional medicine used in the management of epilepsy in Sudan (Inaam, 2013).

The study by Inaam, (2013) comprising 180 care givers of whom 165 (91.7%) were mothers with age range between 30–40 years. The study revealed that Traditional and spiritual medicine for the treatment of epilepsy was the most common. Herbs, black cumin (*Nigella sativa*), honey and olive oil were mentioned among others as a traditional treatment for epilepsy. About two fifth started traditional or spiritual treatment before seeking any medical advice. Nevertheless, only

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2.4% stopped the medical treatment as advised by the traditional healer. Majority, thought that spiritual and/ or traditional treatment were effective in the management of epilepsy, while a few got worse (Inaam, 2013).

2.3 REGIONAL PERSPECTIVE

A cross-sectional, descriptive study among Malay women admitted in the antenatal and postnatal ward by Law et al (2013) to determine the knowledge, prevalence and use of herbal medicines during pregnancy revealed that few of the pregnant women had taken herbal medicines with conventional medicines on the same day while majority of the women during pregnancy used traditional medicines were from their parents, followed by traditional healers and midwives. This study revealed that the use of traditional was common and information came from various sources including from health workers.

Further study conducted by Narjes et al (2012) in Ethiopia among pharmacists working in community pharmacies revealed that majority of the participants did not attend any additional training on herbal medicines while others had limited access to information on herbal medicine and stated that females were more likely than males to opine that they have easy access to information regarding herbal medicines. The study also indicated that nearly half of the pharmacists sometimes use herbal medicines for self-treatment.

Another study conducted between June and September, 2008 in Johannesburg by Ryan (2014) states that there was less inclination to the use of traditional medicines on their children. Overwhelming response from the participants answered in the negative while only a few responded in the affirmative. Those who affirmed knowledge of name/contents mentioned products like Onion, garlic, salt and water.

A study carried out in Kerbala province, Iraq from 2009-2010 by Aisubaie, et al (2017) comprising 145 mothers with age average of 34 years divided in to 4 groups according to teaching level revealed high attitude of mothers towards herbal treatment in comparison with trade drugs for the treatment of their children and also revealed increase in their attitude with decreased educational level. The results showed that the primary cause for using herbal therapy is its low cost in comparison with trade drugs, available by hand, there is no need for consultation and the mothers believe that, these herbals are free from side effect or even toxicity.

In sub-Saharan Africa with approximately 12 million People living with Epilepsy (PWE), 90% do not receive adequate medical treatment (Ryan, 2014). In this context, traditional medicine, being easily accessible, plays an important role. However, in sub- Saharan Africa, studies on the attitude of people (both affected and not affected by epilepsy) towards traditional medicine for treatment of epilepsy are scarce. In this study, 167 people (59 PWE, 62 relatives, 46 villagers) were interviewed at the hospital and in the community with a semi-structured validated questionnaire regarding the prevailing attitude towards traditional medicine for treatment of epilepsy in a rural area of northern Tanzania. Various traditional healing methods (THM) could be ascertained, i.e. traditional herbal medicine, spiritual healing, scarifications and spitting

2.4 LOCAL PERSPECTIVE

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According to Inaam, (2013). the majority of patients with epilepsy, although on medical treatment, used traditional and spiritual methods as well. Traditional and spiritual healers may be involved positively in the management of epilepsy and extensive public educational programs are needed. Fifty (27.8%) used different traditional methods to treat epilepsy the commonest were herbs, black cumin (*haba-tal Baraka, Nigella sativa*), honey, olive and /or sesame oil.

A study consisting of 347 respondents, who were selected from Ezeagu and Nsukka Local Government Areas of Enugu State, by Isife (2012) revealed that the common treatment option adopted by majority of the respondents was use of herbs, while minority of the respondents opted for orthodox medicine. About 94% of respondents believed that usage of herbs in these communities was widespread. A sizeable population of the indigenous used available herbs to treating their ailments. Despite the availability of modern health care facilities, the study population seemed to prefer herbal treatments for their ailments. In terms of gender and the use of herbs, it was found that the males were most inclined to the use of herbs than female indigenous.

Parents of children with epilepsy, asthma or sickle cell anemia who presented consecutively to the pediatric neurology, respiratory and hematology clinics of the Lagos State University Teaching Hospital (LASUTH), Ikeja were interviewed with a structured open- and close-ended questionnaire in 2007. A total of 303 Complementary Medicines (CAMs) were used by the patients, either alone or in combination with others. CAM was reportedly used by 99 (31%) patients (epilepsy -38%, sickle cell anemia – 36% and asthma – 25%). The majority of these patients were currently using CAM (Amoara, et al 2018). Biological products were the most frequently used CAMs, followed by alternative medical systems and mind-body interventions.

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Relations, friends and neighbors had a marked influence on 76% of the parents who used CAM for their children. Eighty-five (86%) parents were willing to discuss the use of CAM with their doctors but were not asked. CAM use was associated with adverse reactions in 7.1% of the patients.

According to Ibrahim (2011) who conducted a study involving 388 participants, among Urban residents in Lagos, Nigeria, herbal medicines were reportedly used by most respondents. Family and friends had a marked influence on the respondents who used herbal medicine preparations. Herbal medicines were considered safe by half of the respondents despite 20.8% of those who experienced mild to moderate adverse effects.

A survey conducted on herbal medicine use among ante-natal women in a tertiary hospital in Kano by Kazeem (2008) revealed that about 40% of those using herbal medicine admitted to have been engaged in self-medication on orthodox drugs during pregnancy. On their reason for using herbal medicine, 94.3% of the respondents said they use herbal medicine because it is their traditional medicine, while 87.3% said they will still use herbal medicine because they have been using it from birth. Nearly 80% of them are not sure of its efficacy, 58.6% said they will use it in the future. Mothers, peers, radio, television, community, society and traditional healers were important sources of information on herbal medicine for the respondents.

A descriptive cross-sectional design in Kano State, Nigeria by Lawan et al (2017) comprising respondents aged 17 to 49 years with a mean and standard deviation of 33.3 ± 9.2 years revealed that majority of the respondents were married, Hausa/Fulani, Muslims, and had 5 to 12 children and that three-quarters of the mothers, 144 (76.2%) used herbal and/or spiritual remedies at a

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stage or throughout their last perinatal period and beyond (pregnancy, childbirth and up to 6 weeks after delivery). About two-thirds of these mothers used the remedies in combination with orthodox medicines. Less than half received advice on using the remedies from parents or close relative from spouses; from friends/close associates and from an Islamic scholar. Majority of the mothers that used herbal and spiritual remedies did so in different permutations and combinations.

More than one-third of the mothers that used the remedies had multiple indications for doing so. Common indications highlighted were maintaining good health during pregnancy, easy labor and safe delivery and treatment of common ailments like fever, diarrhea, hypertension and high blood sugar (Inaam, 2013).

Majority of the mothers believed that herbal remedies are very effective in managing or preventing health conditions associated with pregnancy, and only one mother was skeptical about the use of herbal remedies in these conditions. In the same vein, majority of the mothers reported that spiritual remedies are very effective in managing/preventing problems associated with pregnancy. However, a proportion of mothers reported that spiritual remedies are not effective in managing health conditions associated with pregnancy. More than half of the mothers believe that herbal remedies are very effective in managing labor and health problems occurring during puerperium (Inaam, 2013).

A Cross-sectional cluster survey Ivan (2016) comprising 8089 women aged 15–49 years with 11 305 children aged 0–36 months in July–August 2011 in Cross River State, Nigeria. 24.1%

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(1371/5686) of women reported using traditional medicine at childbirth; these women had less education, accessed antenatal care less, experienced more family violence and were less likely to have birth certificates for their children. Young children with diarrhea were taken to traditional medical practitioners; these children were less likely to receive BCG, to have birth certificates, to live in households with a more educated head, or to use fuel other than charcoal for cooking. Mothers or caregivers answered questions about treatment of the last episode of diarrhea in 5416 children who had consulted for their last episode of diarrhea. In response to the question about where the child was taken first, the local pharmacy was the most common reported source of or treatment of cases. Traditional medicine was reported to be the first source of treatment in 1.6% of cases of diarrhea. Among the 33.6% of mothers who reported another source of treatment for the same episode, 29.3% said that they used traditional medicine. Combining first and second sources of treatment, 11.3% of mothers reported that they used traditional medicine for childhood diarrhea. One in every four women in Cross River State had her last delivery attended by a traditional practitioner and 1 in every 10 children were taken to a traditional practitioner to treat their last case of diarrhea.

CHAPTER THREE

METHODOLOGY

3.0 STUDY DESIGN

A descriptive cross sectional study involving mothers of under-fives at Iklin Specialist Hospital, Ojota, Lagos State using a structured questionnaire on the knowledge, attitude and use of herbal medications for under-five children was used.

3.1 STUDY SETTING

The study was conducted in Lagos State whose boundaries are formed by Ogun State to the North and East, Edo State to the south, Republic of Benin to the west. The capital of this state is Ikeja and the major language spoken is “Yoruba language”. The people of this state are mostly traders. Lagos is the largest city in Nigeria and the second most populous city in Africa, with a population of 15.4 million. It is African most populated and industrious city. The study was conducted at Iklin Specialist Hospital, Ojota, Lagos State. There are so many units and clinics in this hospital but for the purpose of this study, focus was on the Children Outpatient Department, Antenatal Clinics and Immunization Clinic.

3.3 STUDY POPULATION

This study comprised mothers of under-five attending children's clinic at the following departments: Out-Patient Department, Antenatal clinic and Immunization clinics within the hospital during the course of the study. Iklin hospital attendance from January to November, 2022 was 1189 clients.

3.3.1 INCLUSION CRITERIA

All mothers of under-five children

All guardians of under-five children

All parents with under-five children who will consent

3.3.2 EXCLUSION CRITERIA

All mothers or care givers of under-fives who refused consent

All mothers whose children who are too ill

All mothers who are mentally unstable.

3.4 SAMPLE SIZE

The sample size of this study was calculated by using Taro Yamane (Yamane, 1973) formula with 95% confidence level. According to the hospital statistics, about 1,189 clients attend the children's clinic at Iklin Hospital. To determine the sample size, the researcher adopted Yamane formula as presented below:

$$n = \frac{N}{1 + N(e)^2}$$

Where : n = sample size required N = number of people in the population e = allowable error (%)

$$\begin{aligned}n &= N / (1 + N (e)^2) \\&= 1189 / (1 + 2,890 (0.05)^2) \\&= 1189 / (1 + 2,890 (0.0025)) \\&= 1189 / 2,891 (0.0025) \\&= 1189 / 7.2275 \\&= 164.5 (165)\end{aligned}$$

3.5 SAMPLING TECHNIQUE

The researcher used simple random sampling because it is a convenient method of sampling which in turn allows for calculation of sampling error, reduces selection bias and highest precision of the estimate. The simple random sampling also suits the need for the research. The researcher selected out mothers with under-five children and numbered them. The researcher then further folded the corresponding numbers and picked ten numbers. A questionnaire was then assigned a number to each mother whose numbers correspond with what we picked. The researcher partnered with the staff at the children's clinic where the sample was selected. This was to assist with data collection. The data collection took three (3) weeks.

3.6 STUDY INSTRUMENTS

The principal research instrument for this work was the questionnaire. This questionnaire comprised four sections: section I was sociodemographic: consisted of eight questions: age in years, marital status, religion, highest level of educational attainment, occupation. Section II: on the knowledge of the use of traditional medicine by mothers for under-five children included

three questions in this session. Section III: on the attitude towards the use of traditional medicine by mothers for under five children. The final section (IV) on the practice of the use traditional medicine among mothers for under five children and the factors that influence their practice. There will be nine questions to access the use of traditional medicine by mothers for under-five children.

3.7 DATA COLLECTION METHOD

The questionnaires were self-administered. The questionnaires were administered on Mondays to Fridays over three (3) weeks duration at immunization clinics, children outpatient department and the antenatal clinics after an informed consent.

3.7.1 DATA ANALYSIS PLAN

The questionnaires were checked for completeness and consistency. Data was analyzed using IPM SPSS (Statistical Package of Social Sciences) statistics version 20. Frequency tables and proportions were reported for categorical variables and charts. Microsoft excel was also used for figure.

3.9 ETHICAL CONSIDERATION

Before data collection, approval was obtained from the Iklin Specialist Hospital, research and public health department of IKlin hospital Ojota, Lagos State Research Ethics Committee and a verbal consent from the research respondent after explaining what this research entails. Each respondent shall be assured confidentiality of their responses and agreed to participate voluntarily. All study participants were issued informed consent forms and retained the right to withdrawal from the study at any point.

3.10 STUDY LIMITATIONS

There may be recall bias as the mothers are required to give history on what they have done in the past. A community based study may have given a better response but we were restricted to carrying out a hospital based study which in this case were urban dwellers and were most likely to be elites and will rarely use traditional medicine. Limited resources to carry out large scale study. Covid 19 restricted adequate contact.

CHAPTER FOUR

4.0 DATA PRESENTATION

4.1 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

The study was a cross sectional descriptive design whose objective was to assess the knowledge, attitude and use of traditional medicine by mothers for under-five children presenting to Iklin Specialist Hospital, Ojota, Lagos State. A total of 145 respondents participated in the study, representing a 96.67% response rate.

TABLE 1

Variable	Frequency	Percent
Age of the mother in years		
20-30	71	49.0
31-40	70	48.3
41-50	3	2.0
51-60	1	0.7
Mean = 31.04, SD = 4.69		
Age of the child in months		

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1-12	51	35.92
13-24	39	27.46
49-60	18	12.68
25-36	17	11.97
37-48	16	11.27
<1	1	0.70
Mean = 24.19 , SD =18.53		

Religion

Christianity	145	100.0
Islam	0	0.0

Tribe

Igbo	131	92.25
Ibibio	4	2.82
Urhobo	4	2.82
Yoruba	3	2.11

Educational level

Tertiary	100	71.43
Secondary	34	24.29
No formal	4	2.86
Primary	2	1.43

Occupation

Civil servant	49	33.79
Trader	31	21.38
Unemployed	27	18.62
Self-employed	26	17.93
Student	12	8.28

Marital status

Married	139	95.21
Single	6	4.11

How many under-five children do you have

1	62	42.5
2	54	37.0
3	27	18.5
4	3	2.1

4.2 KNOWLEDGE OF TRADITIONAL MEDICINE

TABLE 2: The table below represents participants' responses on the knowledge of traditional medicine.

Knowledge		Frequency	Percent
Awareness of traditional medicine	Yes	132	90.41
	No	14	9.59
Meaning of traditional medicine mean to you	Use of local herbs (Agbo)	118	83.69
	Use of traditional healers	71	50.35
	Use of traditional bone-setters	54	38.30
	Use of animal or other plant products	43	30.50
	Use of spiritual healers	41	29.08
Source of knowledge on traditional medicine	Family/Relations	88	62.86
	Herbal Drug Vendors	52	37.14
	Friends	46	32.86

	Internet/Social Media	37	26.43
Knowledge on the different types of traditional medicine	Moringa leaves and lemon grass	118	84.29
	Ginger and Garlic	115	82.14
	Bitter leaf and scent leaf juice	111	79.29
	Palm Kernel Oil	107	76.43
	Traditional bone-setters (dibia okpukpu)	85	60.71
	Ogwu iba	80	57.14
	Traditional healers (dibia mgborogwu)	74	52.86
	Urine Therapy	54	38.57
	Chinese supplement	53	37.86
	Spiritual healers (dibia afa)	51	36.43
	Animal Products	30	21.43

Majority 132 (90.4%) of the participants knew about traditional medicine while 14 (9.6%) were not aware. 88 (62.9%) got to know about traditional medicine from their families and relations. In the knowledge on the types of traditional medicine, moringa leaves and lemon grass 118 (84.3%) had the highest score while urine therapy 54 (38.6%) had the lowest knowledge score.

4.3 ATTITUDE TOWARDS TRADITIONAL MEDICINE

TABLE 3: Table below show attitude of study participants towards traditional medicine

Attitude		Frequency	Percent
Opinion on effectiveness of traditional	Works Sometimes	74	53.2

medicine	Works	64	46.0
	Does Not Work	1	0.7
	Sometimes	71	51.5
	No	53	38.4
	Yes	14	10.1

Attitude towards different types of traditional medicine practices	Like	Neutral	Dislike
Herbal products	42 (34.7%)	50 (41.3%)	29 (24.0%)
Urine Therapy	12 (10.6%)	35 (31.0%)	66 (58.4%)
Animal Products	8 (7.1%)	47 (41.6%)	58 (51.3%)
Palm Kernel oil	84 (65.1%)	27 (20.9%)	18 (14.0%)
Moringa leaves and lemon grass	74 (57.8%)	42 (32.8%)	12 (9.4%)
Ginger and Garlic	91 (70.5%)	33 (25.6%)	5 (3.9%)
Chinese supplement	22 (19.5%)	66 (58.4%)	25 (22.1%)
Bitter leaf and scent leaf juice	79 (63.2%)	37 (29.6%)	9 (7.2%)
Ogwu iba	40 (35.4%)	46 (40.7%)	27 (23.9%)
Traditional healers (dibia mgborogwu)	21 (18.9%)	58 (52.3%)	32 (28.8%)
Spiritual healers (dibia afa)	9 (8.0%)	48 (42.9%)	55 (49.1%)
Traditional bone-setters (dibia okpukpu)	45 (38.8%)	45 (38.8%)	26 (22.4%)

Variable		Frequency	Percent
Use of Traditional Medicine should be encouraged among mothers for their under-	Strongly Agree	12	8.9

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five children



Agree	49	36.3
Neutral	27	20.0
Disagree	27	20.0
Strongly	20	14.8
Disagree		

Variables		Frequency	Percent
Use of traditional medicine in under-five children	Yes	71	53.38
	No	62	46.62
Reason for use of traditional medicine	It is very effective	55	72.37 ^a
	Family/relation's advice	28	36.84
	It is available	14	18.42
	It is cheap	10	13.16
	Social media advice	6	7.89
Types of traditional medicine used	Palm Kernel oil	65	75.58
	Bitter leaf and scent leaf juice	44	51.16
	Ginger and Garlic	31	36.05
	Herbal products	18	20.93
	Moringa leaves and lemon grass	17	19.77
	Traditional bone-setters (dibia okpukpu)	12	13.95
	Traditional healers (dibia mgborogwu)	10	11.63
	Ogwu iba	6	6.98
	Chinese supplement	5	5.81
	Spiritual healers (dibia afa)	5	5.81
	Animal Products	2	2.33
	Urine Therapy	1	1.16
Method of using traditional medicine	Alone	45	51.72
	Traditional medicine first, then modern medicine	22	25.29
	In combination with modern medicine	15	17.24
	Modern medicine first, then traditional medicine	5	5.75
Frequency of using traditional medicine	Sometimes	52	62.65
	Rarely	27	32.53
	Always	4	4.82

My doctor is aware on my use of traditional medicine	No	61	72.62
	Yes	23	27.38
Illness traditional medicines are used for	Fever	32	40.51
	Convulsions	32	40.51
	Diarrhea	31	39.24
	Malaria	25	31.65
	Fractures	23	29.11
	Pneumonia	20	25.32
	Cleanse body system	19	24.05
	Typhoid	15	18.99
	Boils	13	16.46
	Boost immunity	9	11.39
	Swollen body parts	7	8.86
	Poor feeding	7	8.86
Previous use of traditional medicine	No	64	71.11
	Yes	26	28.89
Reason for stoppage of use	Not effective	15	57.69
	Medical advice	13	50.00
	Unwanted side effects	12	46.15

Bad outcome	7	26.92
Not available	5	19.23
Too expensive	1	3.85

Table above shows that 64 (46%) believe that traditional herbs work, 74 (53.2%) believe that it works sometimes while one 1 (0.7%) was of the opinion that it does not work. Ginger and garlic was most used 91 (70.5%). Among the different types of traditional medicine, urine therapy was disliked most 66 (58.4%).

4.4 USE OF TRADITIONAL MEDICINE

Figure 1: The use of traditional medicine in under-five children

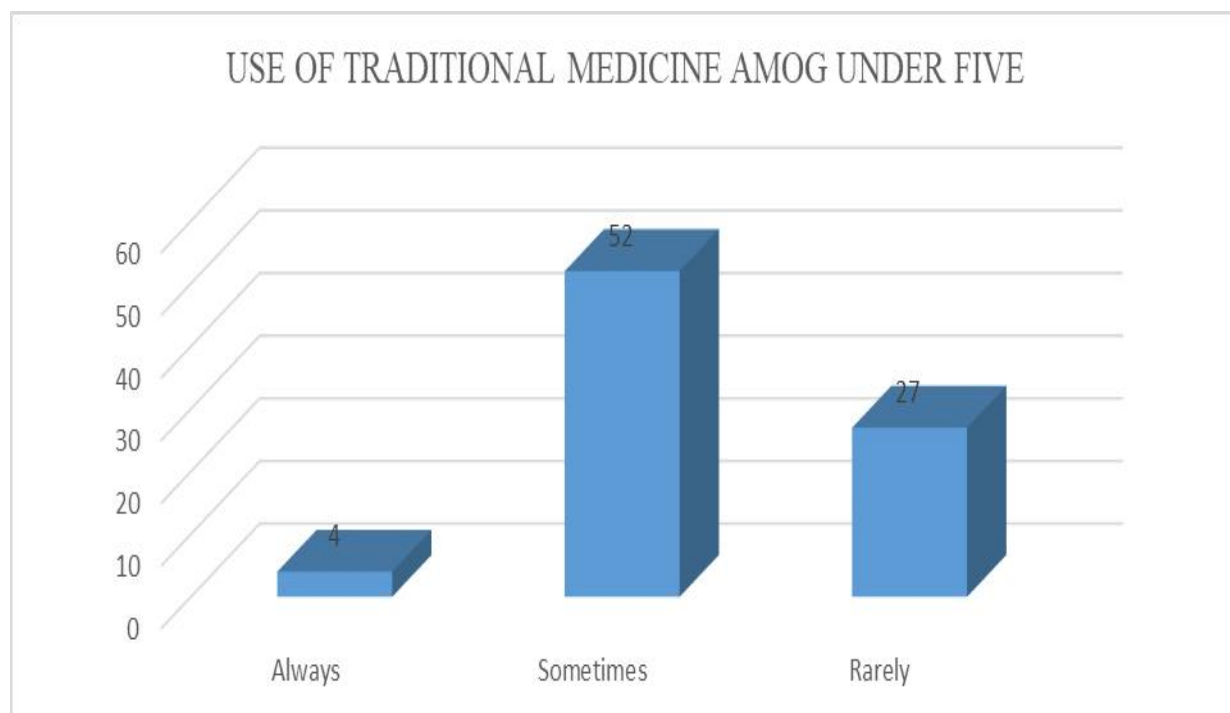


Figure 1, shows a prevalence of 71 (52%) in the use of traditional medicine among the under-five children among the study participants while 27 (39%) rarely and 4 (9%) always.

4.5 COMMON ILLNESSES FOR WHICH TRADITIONAL MEDICINE IS USED

FIGURE II: Common illnesses treated with traditional medicines

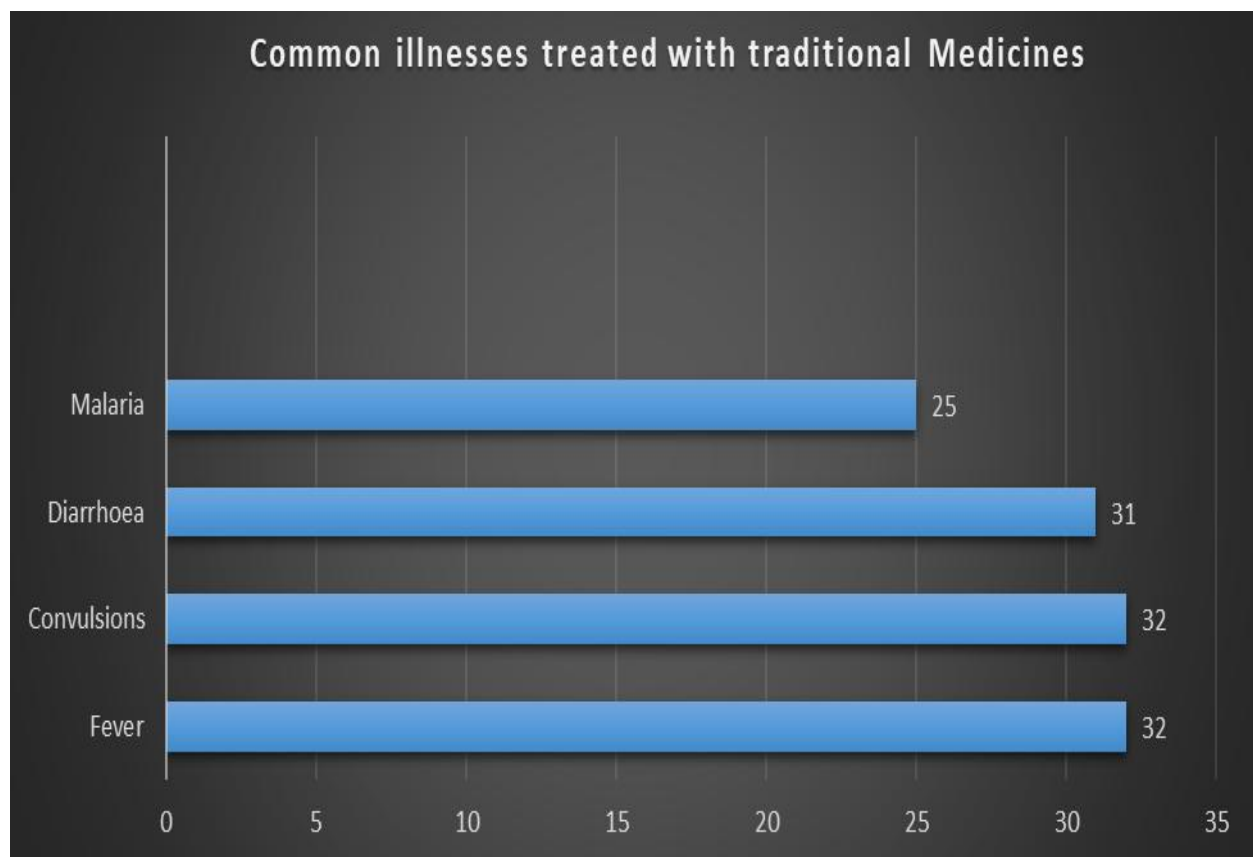


Figure shows that common illnesses treated include; Fever 32 (40.5%), convulsions 32 (40.5%), diarrhoea 31 (39.2%) and malaria 25 (31.6%).

4.6 RELATIONSHIP BETWEEN THE USE OF TRADITIONAL MEDICINE IN UNDER-FIVE CHILDREN WITH THE DIFFERENT SOCIO-DEMOGRAPHIC CHARACTERISTICS

Table 4

	Do you use traditional medicine for your under-five child				
Variables	<i>No (%)</i>	<i>Yes (%)</i>	<i>T-test</i>	<i>df</i>	<i>p-value</i>
Age of the mother in years					
20-30	32 (51.6)	30 (48.4)	2.92	130	<0.5**
31-40	29 (43.3)	38 (56.7)			
41-50	0 (0.0)	3 (100.0)			
51-60	0 (0.0)	0 (0.0)			
	Mean = 29.89 SD = 4.24	Mean = 32.6 SD = 4.30			
			<i>Chi-square</i>	<i>df</i>	<i>p-value</i>
Religion					
Christianity	61 (46.2)	71 (53.8)	3.54		0.17
Islam	0 (0.0)	0 (0.0)			
Tribe					
			10.79		
Igbo	58 (48.3)	62 (51.7)		3	0.01
Yoruba	0 (0.0)	3 (100.0)			
Urhobo	0 (0.0)	4 (100.0)			
Ibibio	4 (100.0)	0 (0.0)			
Educational level					

No formal	0 (0.0)	2 (100.0)	2.75	3	0.43
Primary	1 (50.0)	1 (50.0)			
Secondary	16 (55.2)	13 (44.8)			
Tertiary	42(44.7)	52 (55.3)			
Occupation					
Student	5 (41.7)	7 958.3)	4.32	4	0.365
Unemployed	17 (63.0)	10 (37.0)			
Trader	13 (50.0)	13 (50.0)			
Civil servant	18 (41.9)	25 (58.1)			
Self-employed	9 (37.5)	15 (62.5)			
Marital status					
Single	6 (100.0)	0 (0.0)	7.8	2	0.02
Married	56 (44.4)	70 (55.6)			
Divorced	0 (0.0)	1 (100.0)			

Table 5 showing statistically significant difference in the age of mothers that use traditional medicine in their under-five children ($mean = 32.06$ $SD = 4.30$) and those that do not ($mean = 29.89$ $SD = 4.24$), $t(130) = 2.92$, $p < 0.5$.

CHAPTER FIVE

5.0 DISCUSSION OF FINDINGS

5.1 KNOWLEDGE OF TRADITIONAL MEDICINE USE

Traditional medicine involves the sum total of the knowledge, skills and practices based on theories, beliefs and experiences to different cultures used in the maintenance of health as well as in prevention, diagnosis and treatment of physical or mental illness. The practice varies from country to country and from region to region. This study is a cross sectional descriptive study assessing the knowledge, attitude and use of traditional medicine by mothers for under-five children presenting to Iklin Specialist Hospital, Ojota, Lagos State, Nigeria. This study involved a total of 145 mothers of under five children with the mean age of 31.04 and SD of 4.69

The knowledge of traditional medicine was high among study participants, 132 (90.4%) know about traditional medicine while 14 (9.6%) were not aware. A great percentage of the participants 88 (62.9%) got to know about traditional medicine from their families and relations. On the knowledge on the types of traditional medicine, moringa leaves and lemon grass 118 (84.3%) had the highest score, followed by ginger and garlic 115 (82.5%), bitter leaf and scent leaf 111(79.3%) and palm kernel oil 107 (76.4%). Animal therapy 30 (21.4%), spiritual healers (Dibia afa) 51 (36.4%) and urine therapy 54 (38.6) had the lowest knowledge score on the type of traditional medicine.

Similar findings were observed in a study in Nnamdi Azikiwe University Teaching Hospital Nnewi (NAUTH) where 96.1% of study participants had knowledge of traditional medicine with a majority (79.69%) of the study population obtaining their knowledge from friends and peers.

This pattern of findings could be attributed to the fact that most mothers seek for healthcare advice from family and friends rather than healthcare professionals. This study recommends that more healthcare programs and outreaches be organized to promote the appropriate knowledge of common health conditions/illnesses and encourage people to seek proper healthcare advice from a professional.

5.2 ATTITUDE OF PARTICIPANTS TOWARDS TRADITIONAL MEDICINE,

The study revealed that 64 (46%) believe that traditional medicines were effective when used on under five children, 74 (53.2%) believe that it works sometimes while one 1 (0.7%) was of the opinion that traditional medicines are not effective. When their attitudes towards the different types of traditional medicine were assessed, 91 (70.5%) liked ginger and garlic, 84 (65.1%) liked palm kernel oil, 79 (63.2%) liked bitter leaf and scent leaf juice and 74 (57.8%) liked mornings leaves and lemon grass. Among the different types of traditional medicine, urine therapy was disliked most 58.4%, followed by animal products 51.3% and spiritual healers 55 (49.1%). A total of 61 (46.2%) were of the view that traditional medicines should be encouraged among mothers for their under-five children. Findings from this study are in agreement to findings from similar studies.

In a similar study by Lawan et al (2017) involving 189 mothers of under-five children accessing the use of traditional medicine in Kano State Nigeria, holy water and unprocessed herbs were among the more favoured traditional medicine among mothers and about 78% believed that spiritual remedies were very effective in managing labour and health problems occurring during the puerperium period. However, this study did not assess the efficacy of traditional medicine in comparison to modern medicine.

5.3 PREVALENCE USE OF TRADITIONAL MEDICINE

The study revealed that the prevalence use of traditional medicine was 71 (53.4%) among our study participants (table 4), and when the reason for the use of traditional medicine was assessed, 55 (72.4%) opined that it was very effective. Among our study participants, palm kernel oil was the most widely used 65 (75.6%) followed by bitter leaf and scent leaf juice 44 (51.2%) while the least used was urine therapy 1 (1.2%) and animal products 2 (2.3%). The prevalence of the use of traditional medicine in most African studies reviewed were greater than 50% in all cases, similar to the prevalence of 53.4% in this study. A prevalence of 66.8% in the use of traditional medicine was seen in an urban study carried out in residents in Lagos Nigeria (Aisubaie et al 2017). Similarly, a study done in Saudi Arabia, involving 404 women revealed a prevalence of 71% in the use of traditional medicine in the study population. This study conducted in Nigeria suggests that this pattern of findings could still be attributed to the low level of access to good healthcare facilities, illiteracy and poverty which favours the practice of traditional medicine in the study population.

On the assessment of concomitant use of traditional medicine with modern medicine, 45 (51.7%) of the study participants who used traditional medicine use it alone, 15 (17.2%) use it in combination with modern medicine, 22 (25.3%) use traditional medicine first then modern medicine while 5 (5.7%) use modern medicine first then traditional medicine. Less than half 23 (27.4%) of participants that use traditional medicine for their under-five children usually inform their doctors of their use of traditional medicine while the remaining 61 (72.6%) do not. The commonest illnesses for which traditional medicine was utilised in treatment among the participants that use traditional medicine were fever 32 (40.5%), convulsions 32 (40.5%) and

diarrhoea 31 (39.2%) and malaria 25 (31.6%). Among participants who used traditional medicine in the past and later stopped, 15 (57.7%) stopped because it was not effective, 13 (50%) because of medical advice and 12 (46.2%) because of the unwanted side effects.

5.4 STATISTICAL RELATIONSHIP BETWEEN MATERNAL AGE AND THE USE OF TRADITIONAL MEDICINE IN UNDER-FIVE CHILDREN

An independent sample t-test was used to test for a statistical relationship between maternal age and the use of traditional medicine in under-five children. There was a statistically significant difference in the age of mothers that used traditional medicine in their under-five children (mean = 32.06 SD = 4.30) and those that did not (mean = 29.89 SD = 4.24), $t(130) = 2.92, p < 0.05$. Chi-square tests of independence were calculated comparing the use of traditional medicine in under-five children and religion, tribe, educational level, occupation and marital status. A significant relationship was found in the use of traditional medicine and tribe (Chi square (3) = 10.79, $p < 0.05$), use of traditional medicine and marital status (Chi square (2) = 7.8, $p < 0.05$) but not with religion and educational status. Urhobos and Yorubas were more likely to use traditional medicine in their under-five children (100%) than the Igbos (51.7%) and Ibibios (0%). Also divorced women were more likely (100%) to use traditional medicine in their under-five children than the married (55.6%) and single (0%). However, these differences could have been due to the disproportion in the number of women from each tribe and marital status that participated in the result. A contrary finding to this study was seen in a study among women aged 15-49 in Cross-Rivers State Nigeria, where the use of traditional medicine was significantly related to education level as women with less education were more likely to use traditional medicine than those with higher levels of education.

CHAPTER 6

6.0 CONCLUSION

The knowledge of traditional medicine was high in the study population 132 (90.4%) while the prevalence of the use of traditional medicine by mothers in their under-five children was 71 (53.4%). There was a statistically significant difference in the age of mothers that use traditional medicine in their under-five children (mean= 32.06 SD = 4.30) and those that did not (mean = 29.89 SD= 4.24), $t(130) = 2.92, p < 0.05$. Likewise, a significant relationship was found in the use of traditional medicine and tribe (Chi square (3) = 10.79, $p < 0.05$), use of traditional medicine and marital status (Chi square (2) = 7.8, $p < 0.05$) but not with religion and educational status.

Chi-square tests of independence were calculated comparing the use of traditional medicine in under-five children and religion, tribe, educational level, occupation and marital status. A significant relationship was found in the use of traditional medicine and tribe (Chi square (3) = 10.79, $p < 0.05$), use of traditional medicine and marital status (Chi square (2) = 7.8, $p < 0.05$). Urhobos and Yorubas were more likely to use traditional medicine in their under-five children (100%) than the Igbos (51.7%) and Ibibio (0%). Also divorced women were more likely (100%) to use traditional medicine in their under-five children than the married (55.6%) and single (0%).

However, these differences could have been due to the disproportion in the number of women from each tribe and marital status that participated in the result. A different outcome might be seen if the sample size is increased and the study carried out in a more central location to remove tribal bias.

The study further revealed that mothers accessed knowledge of traditional medicines and the conditions they treat from friends and family relations. The study also revealed that urine was the least form of traditional medicine used in treating illnesses among mothers while lemon, garlic and ginger were the preferred traditional herbs.

6.1 RECOMMENDATIONS

The researcher recommends that non-harmful Traditional medicine practices be considered in the conventional health care system as an alternative therapy. Present evidence reveals acceptability in this region and among mothers with under five children. However, further research should be conducted to ascertain the efficacy, side effects and appropriate measures in carrying out these practices.

On the other hand, government should ensure availability, accessibility and affordability of health care facilities in order to create a better alternative to traditional medicine and to encourage the general public to seek medical services. This will encourage mothers to prioritize and access modern/conventional forms of treatment for illnesses they believe are better cured by traditional medicines. Free health care services should also be made feasible for these common conditions for which participants used traditional medicine, this will reduce the prevalence of the use of traditional medicine.

There is need for close collaboration between traditional healers who provide herbal medicines and conventional practitioners in formal health facilities. This will lead to sharing of information on various forms of herbal remedies available and what they are used for. It will further enable

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the conventional practitioners in the health sector share their expertise and concerns such as possible side effects.

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Appendix

I. QUESTIONNAIRE

KNOWLEDGE, ATTITUDE AND USE OF TRADITIONAL MEDICINE BY MOTHERS FOR THEIR UNDER-FIVE CHILDREN AMONG THE MOTHERS PRESENTING TO PAEDIATRICS OUTPATIENT DEPARTMENT AT IKLIN SPECIALIST HOSPITAL, OJOTA, LAGOS STATE

This questionnaire is to aid the research on the topic mentioned above. The researcher assures you that information will be kept confidential. *Instructions: please tick or indicate in the spaces provided*

SECTION I: SOCIODEMOGRAPHIC DATA

1. Age of the mother in years [.....]
2. Age of the child in months [.....]
3. Religion: (1) Christianity []. (2) Islam []. (3) Others [.....]
4. Tribe: [.....]
5. Educational level: (1) No formal []. (2) Primary []. (3) Secondary []. (4) Tertiary []
6. Occupation: (1) Student []. (2) Unemployed []. (3) Trader []. (4) Civil servant [].
(5) Self-employed[] (6) Others.....
7. Marital status: (1) Single []. (2) Married []. (3) Divorced [].
8. How many under-five children do you have? [.....]

SECTION II: KNOWLEDGE OF TRADITIONAL MEDICINE

9. Do you know about traditional Medicine? (I) YES [☐]. (II) NO [☐]

10. What does traditional medicine mean to you?

- Use of local herbs (Agbo) [☐]
- Use of traditional healers [☐]
- Use of traditional bone-setters [☐]
- Use of animal or other plant products [☐]
- Use of spiritual healers [☐]
- All of the above [☐]

11. Please indicate the types of traditional medicine you know:

	Herbal products	
1	Urine Therapy	
2	Animal Products	
3	Palm kernel oil	
4	Moringa leaves and lemon grass	
5	Ginger and Garlic	
6	Chinese supplement	
7	Bitter leaf and scent leaf juice	
8	Ogwu iba	
9	Traditional healers (dibia mgborogwu)	
10	Spiritual healers (dibia afa)	

11	Traditional bone-setters (dibia okpukpu)	
12	Others	

SECTION III: ATTITUDE TOWARDS TRADITIONAL MEDICINE

12. What do you think about traditional medicine? (1) It works []. (2) It does not work [].

(3) It works sometimes [].

13. Do you think it is better than modern medicine? (1)Yes []. (2) No []. (3) Sometimes [].

14. Please indicate your opinion on the following traditional medicine practices:

	TYPES OF TRADITIONAL MEDICINE PRACTICES.	LIKE	NEUTRAL	DISLIKE
I.	Herbal products			
II.	Urine Therapy			
III.	Animal Products			
IV.	Palm kernel oil			
V.	Moringa leaves and lemon grass			
VI.	Ginger and Garlic			
VII.	Chinese supplement			
VIII.	Bitter leaf and scent leaf juice			
IX.	Ogwu iba			
X.	Traditional healers (dibia mgborogwu)			
XI.	Spiritual healers (dibia afa)			

XII.	Traditional bone-setters (dibia okpukpu)			
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15. In general, do you feel that the use of traditional medicine should be encouraged among mothers for their under-five children? (1) Strongly Agree []. (2) Agree []. (3) Neutral []. (4) Disagree []. (5) Strongly Disagree []

SECTION IV: USE OF TRADITIONAL MEDICINE.

16. Do you use traditional medicine for your under-five child? (I) Yes []. (II) No [].

17. If yes, why do you use it?

- It is cheap []
- It is available []
- It is very effective []
- Family/relation's Advice []
- Others.....

18. Which of the following do you/have you used on your under-five child?

I.	Herbal products	
II.	Urine Therapy	
III.	Animal Products	
IV.	Palm kernel oil	

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V.	Moringa leaves and lemon grass	
VI.	Ginger and Garlic	
VII.	Chinese supplement	
VIII.	Bitter leaf and scent leaf juice	
IX.	Ogwu iba	
X.	Traditional healers (dibia mgborogwu)	
XI.	Spiritual healers (dibia afa)	
XII.	Traditional bone-setters (dibia okpukpu)	
XIII.	Others	

19. How do you use it?

- ☐ Alone [].
- ☐ In combination with modern medicine []
- ☐ Traditional medicine first, then modern medicine []
- ☐ Modern medicine first, then traditional medicine []

20. How often do you use it? (1) Sometimes []. (2) Rarely []. (3) Always [].

21. Do you inform your doctor of your use of traditional medicine? (1) Yes []. (2) No [].

22. What illnesses do you use it for?

I.	Malaria	
II.	Fever	

III.	Convulsions	
IV.	Boils	
V.	Swollen body parts	
VI.	Diarrhea	
VII.	Fractures	
VIII.	Poor feeding	
IX.	Pneumonia	
X.	Boost immunity	
XI.	Cleanse body system	
XII.	Typhoid	
XIII.	Others, specify:	

23. Were you using traditional medicine in the past and later stopped? (1) Yes []. (2) No [].

24. If yes, why did you stop?

- Not effective []
- Too expensive []
- Not available []
- Bad outcome []
- Medical advice []
- Unwanted side effects [].

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HEALTH RESEARCH AND ETHICS COMMITTEE REG.NO. NHREC04/04/2008 (www.nhrec.net)		
PROJECT TITLE: KNOWLEDGE, ATTITUDE AND USE OF TRADITIONAL MEDICINE BY MOTHERS OF UNDER-FIVE CHILDREN. A CASE STUDY OF IKLIN HOSPITAL OJOTA LAGOS. REF. NO.: LREC/ 06/10/1802 PRINCIPAL INVESTIGATOR: DR. IGBA TOCHUKWU GEORGE ADDRESS: DEPT. OF PUBLIC HEALTH, TEXILA AMERICAN UNIVERSITY, GUYANA SOUTH AMERICA. DATE OF RECEIPT OF VALID APPLICATION: 05/01/2023 DATE OF APPROVAL: 09/02/2023		
NOTICE OF APPROVAL		
This is to inform you that the research described here in the submitted protocol, the consent forms, advertisements and other participant information materials have been reviewed and given full approval by the Health Research and Ethics Committee of LASUTH (LREC) This approval dates from 09/02/2023 to 30/03/2023. If there is any delay in starting the Research, please inform the HREC LASUTH so that the dates of approval can be adjusted accordingly. Note that no participant accrual or activity related to this research may be conducted outside of these dates. All informed consent forms used in this study must carry the HREC LASUTH assigned number and duration of HREC approval. In a multiyear research, endeavor to submit your annual report to the HREC early in order to obtain renewal of your approval and avoid disruption of your research. THE NATIONAL CODE FOR HEALTH RESEARCH AND ETHICS (www.nhrec.net) REQUIRES YOU TO COMPLY WITH ALL INSTITUTIONAL GUIDELINES, RULES AND REGULATIONS AND WITH THE TENETS OF THE CODE INCLUDING ENSURING THAT ALL ADVERSE EVENTS ARE REPORTED PROMPTLY TO THE HREC. NO CHANGES ARE PERMITTED IN THE RESEARCH WITHOUT PRIOR APPROVAL BY HREC LASUTH EXCEPT IN CIRCUMSTANCES OUTLINED IN THE CODE. THE LREC RESERVES THE RIGHT TO CONDUCT COMPLIANCE VISIT TO YOUR RESEARCH SITE WITHOUT PREVIOUS NOTIFICATION.  PROF. Y.A. KUYINU		
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