

## THE CONTRIBUTION OF INDIGENOUS HERBAL ENTREPRENEURS (IHES) TO HEALTHCARE DELIVERY IN OSUN STATE, NIGERIA

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### ABSTRACT:

*The role of Indigenous herbal entrepreneurs (IHEs) is called Lékuléja in Yoruba language) in meeting the health needs of the people of Osun State, Nigeria was investigated.*

*The sample population comprised 120 herb sellers, 240 members of the public (clients) and 7 top government health officials which were subjected to descriptive and inferential statistics - chi square: the statistical package for social sciences (SPSS) and ZY index.*

*The result showed that the education level of indigenous herbal entrepreneurs had no significant effect on the client's patronage. The resources of the herb sellers were significant in determining the success of the trade and the level of clients' patronage. The socio-economic status of the clients also had a significant effect on both the assessment and patronage of herb sellers.*

*Based on the findings, the study concluded that IHEs have contributed significantly to the health needs of the people of the State as their clientele increased over the years, possibly due to the affordability and acceptability of their services by most of their clients. The study therefore recommends that full integration of the IHEs into the healthcare delivery system in order to complement the orthodox health services will reduce the socio-economic burden of health provision in the state.*

**Key words:** Indigenous Herbal Entrepreneurs, Contribution, health, needs, Lekuleja

### INTRODUCTION

The IHEs are a silent link among all other traditional healers and also constitute an important direct port of call for other consumers (fig. 1.1). People generally refer to the herb sellers as “Lékuléja” (sellers of medicinal materials, i.e., plants, animals and minerals, either in whole form or in parts), but within them, there are some distinctions. The “Eléwé Omo” (native pre-natal/natal/post-natal experts) is also sometimes called “Alágbo Omo”. They sell plant materials with or without animal or mineral substances. They have the skill to manufacture and prescribe the herbs for healing (particularly for children and women diseases) (Opatola, M. O. & Kolawole, T. O. 2014). Those herb sellers that have shops or are stationed in public places like motor parks, garages, etc are called “Pàràgà”. Lékuléja (IHEs) are sometimes called “Oníwòsìwòsì” or “Aláte” or “Jágilégbòsoògùn” (sellers of varieties of medicinal materials for medicinal uses) in some areas. They are mostly connected with other traditional practitioners. The primary duties of IHEs (Lékuléja) are service provision by making fresh and dried herbs available, either directly to the clients or to the medical practitioners who use them as raw materials for herbal remedies. The job of herb sellers has been described as “herb selling”, “herbal trade” or “herbal marketing”.

With the giant strides being taken in the promotion of herbal medicine, it is very pertinent to examine the herb sellers (Lékuléja). What has been done so far on this group? Not much work has been reported on herb sellers (Lékuléja). Omobuwajo in her study interviewed 65 herbs sellers (Lékuléja) in the Southwest of Nigeria. This study differs considerably from the present one both in terms of areas of emphasis, and in the methodologies adopted. For example, while she focused on herb sellers alone, the present study investigated the public perception of them that is, societal views, including the views of traditional healers and government functionaries.

Also, while she examined their roles from a scientific background, this study adopted a social science perspective. The study is therefore filling a gap in the herb selling profession, especially as Omobuwajo (2002) herself had concluded that the non-recognition and misconception of the role of herb sellers (Lékuléja) by government and the public is due to the lack of detailed investigation into the area. She advocated for more studies into the field, while this is necessary, attention must be paid to how such studies are carried out in order to appreciate the relevance of the herb sellers (Lékuléja) in meeting the healthcare needs of the public. It is to this end that the present study has adopted a holistic approach. It is in view of this that this particular study focuses on the role of IHEs (Lékuléja) in meeting the healthcare needs of the people of Osun State, Nigeria.

## LITERATURE REVIEW

### Herbal Therapy and Entrepreneurial Indigenous Herb Sellers

The belief that sicknesses and diseases come as a result of attack from witches and/or punishment from the ancestors is giving traditional medicine undue attention and recognition among the Yoruba people. The fact of the matter is that, there are sicknesses or diseases that the orthodox doctors cannot diagnose but which can be treated by the traditional doctors. For example, those that have fractured bones as a result of motor accident have their bones treated with herbs rather than having their legs amputated in the hospital and those who were to go through caesarian operations have their babies delivered through therapeutic incantations and herbs (Olagunju, 2012).

Moreover, herbal healing is a system of medical treatment in which various parts: – leaves, barks, roots, seeds, fruit, latex and resin – of different plants are used in order to treat symptoms and promote good health.

Different ethnic groups in Africa have their own legends about the origin of herbal medicine in their own societies. Babalola (2003) draws on a Yoruba legend which explained that the first man to practise the art of herbal healing was Orunmila who was endowed with this knowledge by God named as ‘*Olodumare*’.

The healing in trado-medical practices can be categorized as follows:

- i. Healing through the use of herbs, roots, and other traditional materials like honey and animal products.
- ii. Healing through the use of sacred water and saliva.
- iii. Healing through incantations, rituals and sacrifices.
- iv. Healing through the use of magical practice such as spiritual birth, incision and so on.
- v. Healing by divination.
- vi. Healing through the use of charms and amulets.

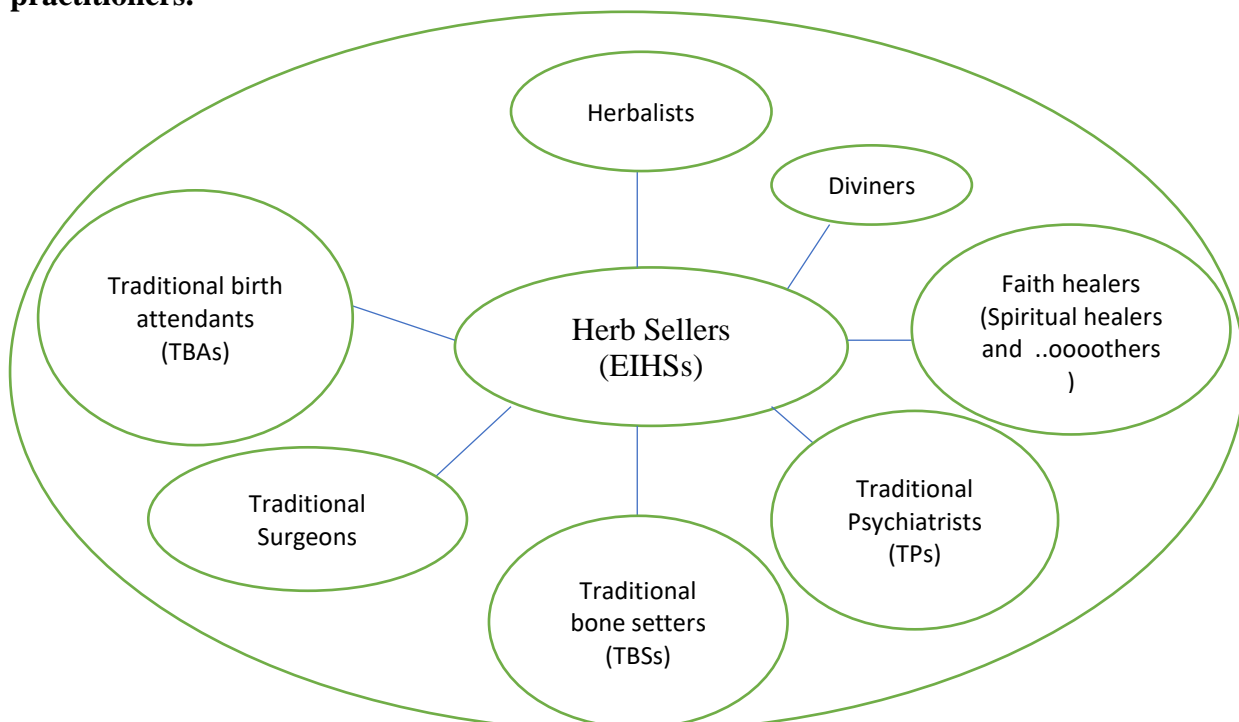
At this juncture, it is necessary to know the type of healers who are at the center of healing processes in traditional medicine through which herbal materials like stem, roots, and other traditional materials like honey, minerals and animal products get to other traditional healers and the public. That is the Indigenous Herbal Entrepreneurs (IHEs) are silent link to all other traditional medical practitioners like – herbalist; diviners; traditional birth attendants (TBAs); traditional surgeons; traditional bone setters (TBSs); traditional psychiatrists (TPs); and faith healers or spiritual healers and others. The IHEs are sellers of medicinal materials which may be in form of plant, animal and mineral substances parts such as leaves, flowers, fruits, seeds, stems, barks, roots, rhizomes and animal parts. The IHEs are known by different names, in Yoruba land as. “*Elewe Omo*” (Native prenatal / natal / postnatal experts) or sometimes called “*Alagbo Omo*”. They sell plant materials with or without animal and mineral substances

mainly for children ailments. They have the skill to manufacture and prescribe the herbs for healing, particularly for children and their mother’s ailments. Often, they are referred to as “*Oniwosiwosi*” or “*Alate*” or “*Jagilegbo sogun*” in Yoruba land which connotes sellers of varieties of plant materials for medicinal purposes. The Hausa people called them “*Masu magani gargajiya*” meaning Native medicine sellers, while in Ibo land they are being called *Umuofia*. Their names and roles vary from one society to the other (Opatola, 2005), a fact earlier observed by Cunningham (1993).

Erinosho (1998) also classifies IHEs into the sub-group of indigenous native healers to him, they are important to the society in that they sell leaves, roots, bark of trees, and animal parts, which are processed and used in medicines for the treatment of various ailments. He emphasized that the major vendors of these items, who are in a sense, healers, can be found in market places all over Nigeria. In Iran, traditional herb sellers (who are being called Attaries) are usually laymen who sell medicinal herbs, dispense herbal drugs, and even provide medical services. A number of them have traditional knowledge and experience in herbal medicine. Many Iranian people continue to consult these herbal sellers/practitioners (HerbalGram, 2007). It has been noted that people choose Iranian traditional medicine and herbal therapies mostly because of their socio-cultural beliefs and, of course, partly because of the barriers presented by the complicated, time-consuming, and expensive system of modern health care.

According to Sofidiya, Odukoya, Afolayan, and Familoni (2007), popular markets known to house the trade of medicinal plants in Lagos metropolis are Mushin, Oyingbo and Agege. These markets are filled with traditional shops with stalls and shelves simply arranged. Customers to these markets are primarily traditional healers and sometimes patients seeking treatment from the traders that are traditional healers. On designated market days, farmers who serve as commercial collectors bring in fresh herbs to sell from neighbouring towns and villages outside the metropolis. Majority of the herb traders in these markets are women with little or no education.

**Fig. 1.1: Indigenous Herbal sellers – a silent link to all other traditional medical practitioners.**



**Key: Indigenous Herbal Entrepreneurs (IHEs)**

### **Theoretical Framework of the study (Parsons's evolutionary model of the social system)**

The two theoretical approaches of this study are functionalism and social systems theory. It adopts Parsons's evolutionary model of the social system.

#### **Tenet of Functionalism**

One of the underlying tenets of functionalism is the organic analogy. This is essentially a descriptive technique that suggests that society is similar to an organism in Biology. This theory has been put forward by many writers and is strongly associated with the work of the anthropologist, Radcliffe-Brown. It originated at the turn of the century with discoveries in the natural sciences and is a holistic view of society that suggests that just as organs serve different functions for the biological organism, so the individual institutions of our society serve the needs and purposes of the whole of our culture (www.sociology.org.uk 2005).

Structural functionalism offers an explanation of social behaviour which is based upon the needs of the social system. The motives of the individual are subordinated to the needs of the social system. Parsons offers a view of the family, for instance, which relies on women acting as emotional supports for their men folk (www.sociology.org.uk 2005).

It is useful to employ an organismic analogy to an understanding of the Functionalist perspective. Societies are analogous to living organisms (for example, a human being). Each part of the human body is linked, in some way, to all other parts. Individual organs combine to create something that is "greater than the sum total of their individual parts". In social terms, "organs" equate to social institutions (patterns of shared, stable, behaviour) and the focus of analysis is upon the relationship between various institutions in society. This represents a macro approach to the theorising and study of the social world (www.sociology.org.uk 2005).

All parts of a society have a purpose (or function) and certain needs. For example, the purpose of the work institution is to create wealth and in order to do this it needs people with a certain level of educational knowledge. In this respect, each institution in society faces certain problems that have to be solved if it is to both exist and function properly. Therefore, the central feature of Parson's social system model is an analysis of the operations of the system in the environment. Change in the social system is a process of evolution whereby the system becomes better adapted to an existing environment or adapts to a changing environment. Parsons, therefore, is concerned with the areas of interchange between the social system and other systems like the physical, the cultural, and personality systems (Filmer, Phillipson, Silverman, and Walsh 1972). The EIHSs, for example, contributes to the organization of society by ensuring health care treatment of society's members, by caring for the young until they become adults, and by training the young into the existing culture.

According to Parsons (1937), any system of action (a society, an institution, a group) has general features, in order to operate successfully as a system; certain functional prerequisites have to be fulfilled. These are, in ascending order of importance, (a) adaptation, (b) goal attainment, (c) integration, and (d) pattern maintenance and latency (AGIL). Correspondingly, within the social system as a whole, the most basic need is for (a) adaptation to the environment through economic activity, but this only provides the conditions for 'higher' aspects of social life. Actors pursue (b) socially, shaped goals, in ways that are governed by (c) the norms and sanctions institutionalized in society: ultimately these goals and norms derive from (d) an overarching cultural system of values, on which there is consensus. Most importantly, the cultural system controls other aspects of society, and if one wishes to explain social change one must look first at changes at the cultural level. To Parsons, the primary reality of the cultural system is the problem of the co-existence of men and, more particularly, the legitimation of the system's normative order.

Thus, the key explanations lie at two levels- in terms of the cultural system and its effect on behaviour, and in terms of the functional needs of the system as a whole, both of which are our concern in this study. Thus, the EIHSs, as a group within the traditional health care system may be seen as providing health care within the prevailing cultural order, but also interlocking with the other groups to aid the functioning of the society.

## **METHODOLOGY**

Mixed method of data collection was used in this study, that is both qualitative and quantitative data collection were used to collect data for the study.

The three senatorial districts in Osun State were considered for the study. Two Local Government Areas (LGAs), out of the ten LGAs in the State and from each senatorial district were purposively selected making up of a total of six LGAs from which the population of EIHSs were selected. The six local government areas are: Ife East, Ibokun, Ayedaade, Iwo, Boripe, and Ifelodun. They were stratified each into rural and urban communities, the markets were visited to identify the EIHSs, using the snowball technique and the assistance of contact persons.

From the total number of EIHSs identified (about 800), 120 of them were selected for interview using a systematic random sampling technique: 60 from rural areas and 60 from urban centers. The sample population comprised of 240 members of the public (clients), from the same senatorial districts, and 7 top government health officials from the Department of public health, Ministry of Health, Osogbo.

The instruments used were semi-structured questionnaires for the herb sellers, structured questionnaires for the members of the public, and in-depth interview schedule for the government health officials.

The data collected were analysed using descriptive and inferential statistics. The analyses were carried out using the statistical package for social sciences (SPSS), while the qualitative data collected through interviews were analysed using the ZY index. This will allow readers to evaluate the reliability and validity of the research and the clarity of the topic.

## **FINDINGS/DISCUSSIONS**

The study revealed that the educational level of EIHSs had no significant effect on the clients' patronage ( $x^2 = 4.666$ ,  $df = 6$ ,  $p\text{-value} = .587$   $p > 0.05$ ). 70 out of 120 IHEs (58.3%) had no formal education. The resources of the IHEs (the capital base, income, size of shop, volume of herbal commodities or wares) were significant in determining the level of clients' patronage ( $x^2 = 11.931$ ,  $df = 2$ ,  $p\text{-value} = 0.003$   $p < 0.05$ ). This meant that the capital base of the herb sellers enhanced patronage by the clients. The socio-economic status (e.g. the income group) of the clients had a significant effect on the assessment of the IHEs ( $x^2 = 13.465$ ,  $df = 3$ ,  $p\text{-value} = .004$   $p < 0.05$ ). 76.2% of the public respondents indicated their satisfaction with herb seller services and rated them very high. Again, the study showed that the socioeconomic class of clients had a significant effect on the patronage of IHEs ( $x^2 = 17.225$ ,  $df = 5$ ,  $p\text{-value} = .004$   $p < 0.05$ ). Most of the patronage to the herb sellers appeared to derive from clients of low socio-economic status.

In discussion about the study, the study revealed that the educational level of indigenous (IHEs) has little or no effect on clients' patronage. Most (58.3%) of the IHEs studied have no formal education, while the rest of them had formal education, with some of them having up to post-

secondary education. In spite of their low level of education, a majority (81.2%) of the clients that were interviewed patronized them for different ailments. The clients did not consider the IHEs’ level of education for patronage. The health officials who were interviewed also confirmed the efficacy of the herb sellers’ products (outcome and efficacy matter).

The resources of the IHEs had a significant impact on the clients’ patronage. The larger the size of their stocks, as dictated by their financial base, the higher the patronage. 99.2% of the IHEs agreed that they were expanding because their shops were more fully stocked than in the previous years etc. Both the public and the government health officials in their interviews also supported this view.

Majority (76.2%) of those who had previously patronized IHEs rated them high and were very satisfied with the services. This also corroborated the comments given by the Government health officials interviewed. This is significant in terms of the possible continuous use of the IHEs. If such a large percentage of clients who had previously used them rated them highly and were satisfied with the services they received, then herb sellers would probably continue to receive steady patronage. In a recently concluded study, Odebiyi et al. (2004) on “Feeding and care of Low Birth weight babies in rural communities in Ekiti State”, mothers and staff of Christian birth and maternity homes stressed the use of some herbs as catch-up strategies for low birth weight babies (àgbo amómowú). They also had another herbal mixture for purging the over-weight babies in order to ensure that other physiological stages of development are not slowed down by the big sizes. The herb sellers gave information on preparations that should be administered to babies until the colostrum from their mothers stops and the white milk begins to appear.

Moreover, previous research has revealed high rates of traditional medicine usage in Nigeria with a high rate of traditional medicine usage, consistent with that found in prior research (Suellen Li, Stella Odedina, Imaria Agwai, Oladosu Ojengbade, Dezheng Huo, & Olufunmilayo I. Olopade, 2020).

**Table 1: Socio-Economic Status of Clients and Patronage of IHEs in Osun State.**

Income group	Frequency of visit to the Indigenous Herbal Entrepreneurs (IHEs)			Total	df	X <sup>2</sup>	P
	1 – 3 times	4 – 6 times	10 – above				
Low	46	31	19	96	3	13.465	0.004
High	16	21	27	64			
Total	62	42	46	160			

**Source: Field Survey, 2025**

**Significant at P < 0.05**

The study also revealed that the proportion of the low socio-economic class among those who patronized the indigenous IHEs was higher than that of the high socio-economic class, confirming the acceptance of the test hypothesis. Table 1 above shows that the two social categories of people (high and low-income groups) patronized Indigenous IHEs, but the low-income group patronized them more, thus confirming earlier findings by Roemer (1916), who stressed that “*IHEs are being patronized by different social categories of people regardless of their socio-economic status in developing countries of the world*”. This is because the indigenous herb sellers are readily available, affordable, acceptable, and accessible to whoever needs them in all parts of Osun State. These findings were similar to those of Odebiyi et al

(2004). In their study, Opatola, M. O. and Kolawole, T. O. (2014) showed that a higher proportion of the low socio-economic class patronized the indigenous herb sellers more than the higher class. That is the two social categories of people (high and low-income groups) patronized Indigenous herb sellers, but the low-income group patronized them the more.

Integrating traditional healing practices into modern health care is a dynamic journey recognizing that health care is not linear but an intertwined web of cultural and community contexts with a need for a more inclusive approach. This exploration involves navigating the delicate balance between respecting cultural diversity and incorporating evidence-based methodologies (Anjorin & Hassan Wada, 2022; Masemola et al., 2023; World Health Organisation, 2023).

Martin, I. et.al (2024) emphasized in their study that World Health Organization (WHO) held the inaugural Traditional Medicine Global Summit in India in 2023 to promote the evidence-based integration of traditional medicine (TM) into the global healthcare system. The summit offers many opportunities for Africa, where most people rely on TM for health care. It was stressed in the study that TM enjoys a relatively wide patronage across Africa. However, its potential to improve the health status of the continent's populace remains largely underexplored

(Martin, I. Wealth, E. O., Ruth, M. O., Olaitan K. O. & Ololade, S. G. 2024).

Other findings that emanated from the study included various recommendations by the clients of the EIHSs as well as the government health officials that the indigenous herb sellers must be fully integrated into the healthcare delivery system for them to complement the efforts of orthodox medical practice for better health care in Osun State. This would necessitate collaboration between the sets of two practitioners as earlier proposed as follows by *Oke (1973) "the integration of traditional drugs that have been tested by western style medical standard into western-style medical practice in Nigeria"*. And also, Harrison (1973) focused "*on personnel suggested the integration of traditional healers into Western style medical practice after a period of retraining*".

Moreover, our present findings have clearly identified the contributions of EIHSs in the healthcare delivery system in Osun State, particularly it's easy accessibility, availability, acceptability, and affordability to the people, as well as provision of possible cures for hopeless diseases like asthma and diabetes etc.

On the advantages of herbal medicines and reasons for people's preference for orthodox drugs, it was confirmed that with the use of herbal medicines, factors like the patient's culture are recognized during treatment, and it takes into cognizance the spiritual aspects of illness; patients are told the nature and cause of their illnesses. This tends to confirm Atadou's (1985) study in which he noted that the holistic approach of traditional medicine works to calm the patient. He referred to this phenomenon as a "psychological opium" saying that "*a patient who has faith in the healing powers of traditional medicine can derive from it a sense of belonging and an awareness of self in the midst of fear and death, thereby helping to alleviate pain and suffering, and as a consequence facilitate healing*".

The EIHSs have been seen to have contributed to the health needs of the people of Osun State, despite their low educational background and having been patronized by both high and low-income groups, although with more patronage from low-income groups. Furthermore, the majority of those who patronised them were very satisfied with their services, which were rated very highly.

## CONCLUSION AND RECOMMENDATIONS

The study concluded that entrepreneurial indigenous herb sellers have contributed significantly to the health needs of the people of the state as their clientele increased over the years, possibly due to the affordability and acceptability of their services by most of their clients.

### Recommendations for further research.

The goal of this research has been the role of IHEs in meeting the health needs of the people of Osun State, Nigeria. Findings have revealed a lot of gaps that could be further explored to clarify problems that are still hazy and that served as limitations of this study such as the size of the sample, which was due to the limited time and financial resources available to the investigator. Accordingly, there is need for further research in the following areas:

- (a) Scope: a larger study is worth conducting to eliminate the limitation of this present study in terms of sample size.
- (b) The views of other traditional practitioners on the IHEs contribution to health care delivery needs further investigation highlight more on IHEs work in the society.

### Recommendations for teaching, learning and practice

There is need to broaden the scope of herb selling through teaching and learning, for young people (youths) to be able to engage in the business in order to improve on it. Health education is also very important for the practitioners through the health officers since they need to be guided for better participation and transformation in the state and in their business. Specifically-

- (a) There must be cooperation between practitioners of traditional medicine and those of western medicine.
- (b) Schools and research institute for traditional medicine must be established.
- (c) There must be formalized training of practitioners (university departments of traditional medicine).
- (d) Medicinal product compounded from herbs must be allowed to be sold in drug stores.
- (e) Research on medicinal plants must be encouraged through the establishment of research laboratories on herbs.

### Implications for Policy

From this study, it was indicated that the majority of Nigerian population uses herbal medicine due to one reason or the other i.e. for the treatment of their illness. On the basis of these findings, it was suggested that efforts should be made towards the full integration of the herb sellers in the health care delivery system of the state in order to complement the effort of the orthodox medical practitioners in providing better health care for the state. This can perhaps be done by giving some necessary financial assistance to the herb sellers by the government so as to serve as incentives for them to cooperate with the policy makers in making available their knowledge and techniques to enhance the existing state of herbal medicine.

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