# Professional Dominance and Integration of Alternative Medical Practices in Nigeria.

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**Abstract**

This study was conducted to determine the impact of professional dominance of the orthodox health care practitioners in the integration of alternative medical practices using health workers from three government health care facilities in Calabar: University of Calabar Teaching Hospital, Federal Neuro Psychiatric Hospital and General Hospital, Calabar as the study area. Ex-post facto research design was adopted in the study and null hypothesis was drawn from the variables of orthodox professional dominance and integration of alternative medical practice. Data was generated through questionnaire and interview sessions. A 24-item questionnaire were distributed among 400 randomly selected health workers from the three health care facilities in Calabar. Generated data were statistically analyzed using the contingency Chi-square analytical procedures. Findings from the study revealed that there was a significant relationship between professional dominance of the orthodox practitioners and the integration of alternative medical practice in government health care facilities. It was recommended that merger acts should be organized to enhance awareness and benefits of effective collaboration of both health care systems.

Keywords : Traditional, Orthodox, Medical, Health care, Integration

## Introduction

A health system is an organizational framework for the distribution or servicing of the health care needs of a given community (Asuzu 2007). Alves (2007) considers it as a fairly complex system of interrelated elements that contribute to the health of people in their homes, work places, educational institutions etc. Health system in Nigeria is structured along three levels of care; primary, secondary and tertiary levels (Wolinsky,1988). The system is run concurrently such that all the 3 levels of government - local, state and federal hold primary responsibility for one level each, i.e. Local government is responsible for providing primary level of health care; State government caters for the secondary level of care while Federal government is responsible for providing tertiary level of health care.

Primary health care is the first point of contact a person encounters with the health care system. According to the WHO (1978) definition, it means an essential health care based on practical, scientifically sound and socially

acceptable method and technology made universally accessible to individual and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self - reliance and self – determination, (Kale, 2008). The provision of this caliber of health care services requires an intimate knowledge of the community itself and its health problems coupled with community participation which pave way for identified health problem to be addressed. Primary health care services include the preventive, curative, promotive and rehabilitative aspects.

Primary Health Care provides the sound structure to address all aspects of health care arising from social, emotional and physical factors. It incorporates numerous health related disciplines and services, subject to its level of operation, available resources and funding. In addition to the provision of medical care, with its clinical services treating diseases and its management of chronic illness, it includes such services as environmental health, pharmaceuticals, counseling, preventive medicine, health education and promotion, rehabilitative services, antenatal and postnatal care, maternal and child care, programs and necessary support services to address the effects of socio-somatic illness and other services provided in a holistic context and included in the WHO definition. This all-inclusive, integrated health care refers to the quality of health services. It is a comprehensive approach to health and arises out of the practical experience within the community itself to provide effective and culturally appropriate health services to its members.

Primary health care incorporates numerous health related discipline and services. Akinsola (2005) enumerated the aims and objectives of primary health care as given by Pearce (2002) to include:

i) To make health services accessible and available to everyone wherever they live.

ii) To ensure that whatever technology is used must be within the ability of the community to use effectively and be maintained.

iii) To ensure that community is fully involved in planning the delivery and evaluation of health care services in the spirit of self-reliance.

In sum, Primary Health Care is essentially aimed at promoting health, preventing disease, curing disease, rehabilitating people to normal lives after an illness or disability. It is pertinent to mention that the principle upon which the primary health care is founded is that health is a fundamental human right to be enjoyed by the people in all communities.

Primary Health Care System according to (Erinosho, 1998) attempts to address people's health needs through an integrated approach utilizing other sectors such as education, housing, social and medical service for effective attainment of objectives. In addition, it gives recognition to local people with little or no formal education who could

be trained to perform some basic health services, thus the use of traditional healers and traditional birth attendants in the villages. On the whole, the community people are expected to actively participate in planning, organizing, managing and benefiting from primary health care systems in their villages.

Traditional medicine practitioners on the other hand, as observed by Adeyemi (2009) occupy an unenviable position in most African societies and Nigeria in particular, but their works are sought by the high and mighty as well as those at the lower level. Traditional medicine is often part of culture of the people that uses it, and as a result, it is closely linked to beliefs. World Health Organization (2008) observed that in African region, traditional medicine has become part of the people culture even though this form of medicine is not as well organized as modern medicine. Unlike western biomedicine, Alternative medicine makes little distinction between body, mind and spirit, in curing the whole person that is treated including the social and spiritual milieu deemed necessary for total health (Green, 2007). Of course this explains why people in almost all sectors of the economy seek their services. Among them are politicians, market women, patients facing various health conditions including fractures, typhoid fever, pregnant women for the delivery of their children. However, despite the wide acceptance of the healing powers and products among local population, the indigenous medicine practitioners still do not get the recognition and support they deserve. Alternative Medical Practice is also plagued by issues such as resistance by stubborn protagonists of either of the two systems or that only lip service is paid to the idea of co – operation / integration. Nothing has been done on the part of government to actively develop and regulate the use and practice of traditional herbal medicine.

At the same time, many scientific or orthodox health care practitioners and professionals, even those in countries with a strong history of traditional medicine, express strong reservations and frank disbeliefs about the purported benefits of traditional medicine. Many countries, however have adopted integration models such as China, India, Indonesia, Cuba, Uganda, South Africa, Ghana and many more. In some countries it is legal and formalized while it is in process in others. Ajai, (2017) lamented that despite the economic potential that currently exists in herbal medicine globally, Nigeria is not mentioned, and as such do not benefit from the global economic benefits that accrue from herbal medicines and medicinal products. Against this backdrop, this study seeks to critically assess and examine the impact of professional dominance of the orthodox health care practitioners on collaboration between indigenous and orthodox medical practice. In other words, how do orthodox health workers in government settings influence the integration of indigenous medicine as an integral part of primary health care.

**Literature Review**

Traditional medicine in Nigeria

Traditional medicine and its therapeutic system of care is a significant component of health care delivery in Nigeria as it is in other developing countries. It is a cultural gem of various communities around the world which encompasses all kinds of folk medicine, unconventional medicine and any kind of therapeutic method that had been handed down by the tradition of a community or ethnic group (Adesina, 2010). Nigeria is a culturally pluralistic society, and the medical sector is a complex pluralistic system composed of indigenous therapeutic activities; orthodox or Western medicine; Islamic healing approaches, as well as practices which synthesize aspects of various methods (Ernst, 2003). Many communities have, therefore, since creation, developed various traditional systems using locally-available resources for the alleviation of their health problems.

The British colonial masters brought in orthodox medicine and, today, both systems of medicine exist in the country; both have the primary objective to cure, manage or prevent diseases and maintain good health. It is important to stress the relevance of traditional medicine to the majority of Nigerians. Most Nigerians, especially those living in rural communities do not have access to orthodox medicine and it is estimated that about 75 per cent of the populace still prefer to solve their health problems consulting traditional healers (Akerele, 2008). Where such access exists, the rising cost of imported medications and other commodities used for medicines have posed a big problem. Besides, many rural communities have great faith in traditional medicine, particularly the inexplicable aspects as they believe that it is the wisdom of their fore-fathers which also recognizes their socio-cultural and religious background which orthodox medicine seems to neglect.

Traditional medicine is as old as time and widely used in Nigeria and other African countries. Its relevance to the majority of Nigerians cannot be overemphasized as those living in rural communities do not have much access to orthodox medicine. It is an integral part of the people rural life where it is an available option of health care delivery. Many illnesses which defy orthodox treatment are easily resolved when traditional medicine is applied (Pearce,2005). As a holistic discipline, it involves extensive use of indigenous herbalism combined with aspects of African spirituality. The development of traditional medicine in Nigeria has led to its sub-division into various categories of healers and various healing methods and strategies such as bone setters, exorcists, TBAs, herbalists, traditional psychiatrists etc. Despite numerous attempts at government interference, this ancient system of healing continues to thrive in Nigeria and practitioners can be found in many other parts of the world, (Bamidele, Adebimpe & Oladele, 2009).

The practitioners of African Traditional Medicine are quite numerous and live among the people, in such a way that the sick persons have easy access to them. Many of the traditional doctors frequently mention a “calling” from the spirits of the ancestors as the origin of their dedication to the healing activities. Others acknowledge that they

simply continue with a family tradition that passes from fathers to their children. According to Carrera (2010), all of them had to undergo between two and five years of training, under the supervision of an experienced traditional healer, to learn the trade before establishing their own practice. The traditional doctor develops his activities on two complementary levels, derived from the African concept of sickness: the supernatural or spiritual, and the corporal or physical level (Carrera, 2010).

i) The supernatural level

The healer - as an expert on the feelings, beliefs and the dominant norms of conduct norms of the community to which the patient belongs - tries first to establish the "spiritual" cause of the ailment. Listening to the sick person or to his/her relatives, using divinatory techniques and putting himself in contact with the spirits of the ancestors, he will decide on what has broken the equilibrium of the person or the group and which evil forces are causing the sickness. Once the deep cause has been established, the traditional doctor will prescribe the actions to follow – reparation of an injustice, reconciliation between antagonized persons, performance of the rites due to the ancestors, etc. to restore the equilibrium within the individual or the social group. He also resorts to prayers and invocations destined to recover the favour of the ancestors and to send away the evil spirits (Joshua, 2005). It was this somehow "mysterious" aspect of the activities of the traditional healers that made westerners - missionaries included – dismiss them as 'witchcraft' and superstition. However, Hippocrates himself had already warned that one could not be a good doctor without being a good priest at the same time (Avis, 1992). African traditional medicine maintains a strong connection between healing and spirituality because the population of the continent live deeply the psycho-religious values of the human person, (Dime, 1995; Hasan,2000).

ii) The physical level

Once the primary causes of the ailment are determined and treated, the traditional practitioners move on to eliminate the corporal manifestation of the sickness. To do this, they make use of their vast knowledge of medicinal plants and of the therapeutic properties of certain animal parts and minerals, (Sofowora, 1993). Their own experience, added to the accumulated experience of their predecessors for generations, allow the healers to offer effective and cheap remedies for the main ailments afflicting the population of the continent, like malaria, stomach infections, respiratory problems, rheumatism, arthritis, sexual dysfunctions, anaemia, parasite infections, mental problems, bone fractures, etc.

After diagnosis of the type of sickness the patient suffers from, the traditional medicine-man selects the plant or collection of plants – leaves, roots, barks, stems, adequate to the treatment of the ailment. Sometimes, he will also use parts of animals or minerals whose curative properties complement those of the plants. With all those ingredients,

the healer prepares a cooked paste or an infusion that the patients take orally or are applied topically. He may also incinerate those ingredients and apply the resulting powder on the small incisions done on the skin.

Most traditional doctors treat all kinds of diseases, but some of them stand out for their success in curing a concrete sickness and attract patients from all parts of the country where they practice and even from neighbouring countries (Omigbodun, 2001). Some healers claim to have identified medicinal plants which kill the AIDS virus and affected persons flock to them in their thousands searching for remedy. However, there are herbalists who have found effective remedies for the relief of the ailments that accompany the AIDS infection and that can help to improve health conditions of patients (Carrera, 2010).

The Nigerian traditional medical practitioners fall into the following types of practices:

a. Herbalists – This term describes traditional healer whose specialization lies in the use of herbs to treat various ailments. Sofowora (1993) stated that he is expected to be highly knowledgeable in the efficacy, toxicity, dosage and compounding of herbs. Herbalists use many herbs that is, medicinal plants or parts of such plant (e.g.) barks, roots, stems, seeds, leaves, flowers etc. and sometimes animal parts are added in various treatments (Adesina, 2010). The herbal preparations may be administered in powder form which could be rubbed into cuts made on any part of the body; soaked in water or local gin for drinking; powdered and mixed in native soap and used for bathing; ointments; soup which is consumed by the patient, could also be administered as enema. According to World Health Organization, these herbal extracts from plants and animals from diverse parts of have been found to be useful for treating diseases such as malaria, diabetes, epilepsy, sickle cell disorder, inflammation, and hypertension. In Nigeria, as well as Ghana, Zambia and Mali, herbal medicines are the first line of treatment for 60% of children with high fever from malaria. Herbalism is cultural gem of various communities and encompasses folk medicine, unconventional methods that had been handed down by the tradition of a community or ethnic group (Alves & Rosa, 2007).

b. Traditional birth attendants (TBAs): Traditional Birth Attendant as defined by WHO is a person who assists mothers at childbirth and who initially acquired his/her skills delivering babies by him/herself or by working with other birth attendants. In the northern part of Nigeria, Traditional Birth Attendants are of the female sex only but in some other parts both male and females are involved.

In most African countries, they are trained to conduct simple antenatal care, deliveries, safety and cleanliness, how to prevent neonatal tetanus, and to recognize abnormalities during pregnancy and labour thereby reducing the incidence of infant and child mortality. They occupy a prominent position in Nigeria as between 60-85% births in the country (Adesina, 2010) and especially in the rural communities are performed by the TBAs. They are highly

experienced in obstetric, paediatric care, diagnose pregnancy, and determine position of growing foetus in womb and provide postnatal care.

Sofowora (1993) explains that the practice of obstetrics and gynaecology by Traditional Birth Attendants (TBAs) or traditional midwife play a major role even in the big cities of developing countries (especially in Africa) in diverting or reducing utilization of health care services in maternity hospitals by pregnant women. It is believed that TBAs use herbs to aid deliveries, and difficult births are managed with the aid of incantations (e.g.) the use of herbs given as 'enema' to cause immediate delivery of baby; while some barks of trees, ground and mixed with locally made black soap is used for bathing throughout the period of pregnancy to prevent illness and ensure easy labour.

Traditional Birth Attendants have been able to contribute their skills for the good of the community. With experienced TBAs, child delivery by caesarean section is no more common or necessary since they possess knowledge of plant preparations which have muscle relaxant properties. Most times, the use of words according to different religious and social or cultural beliefs has helped in many cases. No doubt, the use of traditional medicines for reproductive health care is due in large part to subsisting cultural beliefs about the causes of reproductive ill health and perceptions regarding the effectiveness of various methods of treatment for addressing them. The social stigma often associated with various reproductive health problems in Africa and poor access to orthodox services are additional factors that contribute to the persisting importance of traditional medicines in reproductive health care in the continent (Okonofua, 2012).

When considering effectiveness and safety, traditional medicines, as used for reproductive health care in Africa, there can be no doubt that when appropriately trained and well-motivated, traditional birth attendants can play important roles in providing maternity care to underserved communities in Africa, especially to women who would otherwise have no access to any form of assistance at birth. In this regard, having a Traditional Birth Attendant would be regarded as better than not having any form of attendant at all.

c. Traditional psychiatrists – The traditional psychiatrist specializes mainly in the treatment of lunatics and those with mental disorders. Lunatics are usually restrained from going violent by chaining them with iron or by clamping them down with wooden shackles. This is most times done by member of the family to protect their dignity and respect and avoid shame. People with mental disorders who are violent, particularly those that are demon possessed, are usually caned or beaten to submission and then given herbal hypnotics or highly sedative herbal potions to calm them. Treatment and rehabilitation of people with mental disorders usually take long periods.

d. Diviners – In Erinosho (1998) divination is the art of seeing vision among indigenous healers as the means through which patients' problems are analyzed and events are predicted. Diviners use this art to explain the basis of

difficulties of their patients which are often linked to ancestral forces, evil machinations of kins and neighbours strain in relationships etc. divination is therefore used as a tool for socio-medical diagnosis of illness or diseases. The practitioners may prescribe rituals associated with the community's religious worship as treatment to problem. With their ability to deal with the unseen, the supernatural, they are usually held in high esteem in the community as they are believed to have extraordinary power and extra-sensory perception which make them see beyond the ordinary man.

Adesina (2010) stated that their activities include making prayers, reciting and chanting incantations, making invocations and preparing fetish materials to appease unknown gods for treatment of diseases. Diviners in the Muslim setting are called "*marabouts*". These Muslims or mallams according to Shehu and Sheshi (2017) are known to have great power to seek out the cause of a variety of social, financial and medical problems and to find their solutions. The work of mallams are based to some extent on Islamic medical tradition, they provide a wide range of services to both non- Muslims as well as Muslim, in addition to providing amulets and other charms to protect one against future dangers.

e. Bone setters: Bone setting or orthopaedic surgery is the art of repairing fractures and other orthopaedic injuries. It is recognized to have attained a level of success comparable to that in orthodox medicine in Nigeria. Traditional bone setters are those knowledgeable in the art and skill of setting broken bones in the traditional way, using their skill to see that bones unite and heal properly. There have been reported cases of fractures resulting from motor accidents or falls from trees. Such fractures may be simple, compound or complicated. Wounds resulting from such fractures are usually cleaned; the bones are set making sure that the ends of the bones unite properly to prevent any deformity. Bleeding is usually stopped on application of plant extracts, basil or cassava leaf extracts or the giant snail's body fluid. It is common to use banana leaves as lint. Wooden splints made from bamboo plants are used to immobilize the fractures while fresh or dry banana stem fibre (a fibrous plant), have served as bandage (Erinosho, 1998). Patients are usually also subjected to radiant heat treatment or hot applications of peppers to reduce inflammation and swelling. The occurrence of deformities or abnormal shapes of post-treatment limbs is very rare.

An interesting aspect of the bone setter's approach is the selection of a chicken whose leg would be broken and re-set. The fracture caused on the chicken is treated alongside that of the patent at the same time and in the same way. This is usually used to determine the time the patient's fracture would heal, and the time to remove the wrapped splints and clay caste. It is particularly note-worthy that bone setters are often capable of arresting the deterioration of gangrenous limbs that may lead to amputation. This feat makes amputation rare. Situations have arisen when patients have had to be withdrawn from hospital for treatment in the bone setter's clinics (Fasola, 2016). Summarily, according

to Fenton and Morris (2003) public health relies extensively on complementary (alternative) medicine in its mission to prevent and treat disease. It accepts reductionistic methods to identify the origin of illness at the cellular and subcellular level, and then applies these principles in assessing and addressing risk factors in populations.

This results in a three-tiered approach to the delivery of public health services: (1) primary prevention, which involves efforts to reduce exposure to risk factors for injury and illness; (2) secondary prevention, which involves the identification and control of disease in its early stages; and (3) tertiary prevention, which attempts to control the impact of existing illness and injury through prolonged treatment and rehabilitative services. Chronic illnesses require the development of a new model of health care that is multidimensional and that recognizes all factors influencing health and illness. At a public health level, multidimensional problems require multidimensional interventions, which is the basis of the integrative medical approach.

**Collaboration of Traditional Medicine with other health systems**

The integration of TCM and western medicine has been widely promoted and studied in China, Asia, India and other countries in Africa and for millennia, people around the world have healed the sick with both herbal or traditional remedies, handed down through generations and the orthodox medicine. Developing countries with ancient histories of traditional medicine are also hunting for ways to modernize their own medical heritage. The traditional practitioners, on their part, are creating associations in some parts of the continent to obtain the official recognition and certification that would allow them to exercise their activities without legal impediments. These organizations also encourage among their members the exchange of information about the treatment of the different diseases.

Currently, in China, integration is mainly at the level of physicians who have received training and can treat patients in both. For example, over a third of the training in TCM schools is in western medicine, and western-medicine schools also offer some training in TCM (Hollenburg,2010). A report by the Victorian state government in Australia on Traditional Chinese Medicine (TCM) education in China noted that Graduates from the university courses are able to diagnose in western medical terms, prescribe western pharmaceuticals, and undertake minor surgical procedures. In effect, they practice TCM as a specialty within the broader organization of Chinese health care (Robson, 2014).

Report on the Asia Pacific Traditional and Complementary Medicine conference, Kuala Lumpur, Malaysia November 2008 emphasizes the popularity of traditional and complementary medicine (T/CM) which is increasing around the world, not just in Western countries such as Australia and the United States but also in Asian countries such as Malaysia and Japan. Governments have responded to the unrelenting growth of TCM in different ways. Traditional / Complementary Medicine is becoming, or has become, fully integrated into the healthcare system of

several Asian countries. In doing so it has not lost its traditional flavour but has slowly broadened to include scientific principles and evidence based medicine so practitioners have more 'tools for their toolbox' and inter-professional communication and understanding can be improved (Braun, 2018).

In Australia there has been formal recognition of chiropractic (a medical system based on the theory that disease and disorders are caused by a misalignment of the bones, especially in the spine, that obstructs proper nerve functions) Microsoft Encarta (2009). All rights reserved practice as evidenced by changes to recent funding models whereas the practices of naturopathy and western herbal medicine remain popular amongst the public but not yet acknowledged as allied health care. In Malawi, the University and the Health Ministry give a certificate of professional aptitude to herbalists whose remedies pass a series of scientific tests. In Senegal's Traditional Medicine Centre (CEMETRA), modern medicine doctors and traditional healers work together attending the patients and investigating medicinal plants. In Mulago Hospital of Kampala, Uganda, there is also a good collaboration among the two and there are doctors who combine modern science and traditional practices in the treatment of the patients. Similar experiences are taking place in other African countries (Asuzu,2007). Ghana and other neighbouring countries have centers of excellence where research on traditional medicine is done and training and degrees awarded. Nigeria on the other hand is still grappling with giving legislative backing to a practice which is sustaining millions of Nigerians that cannot afford orthodox treatment (Okajugo,2009).

One of the efforts made at institutionalizing the practice is an attempt to pass a bill on traditional medicine into law. The Bill titled 'Establishment of Nigerian Traditional Medicine Policy and the Bill to establish the Traditional Medical Council of Nigeria', was developed by the Federal Ministry of Health in 2006, but has only passed through the second reading since then. The Bill, if passed is expected to regulate the practice by polishing the knowledge of existing practitioners thus preventing quackery. Studies have continued to show that a large percentage of the population will definitely patronize herbal medicine practitioner because they are the most accessible especially in rural areas and they are affordable.

**Methods and Procedures**

The study adopted the Ex-post facto research design for collecting data from the population of study which consisted all health care professionals or workers from the three orthodox health care facilities in Calabar including: General Hospital in Calabar Municipality, University of Calabar Teaching Hospital in Calabar Municipality and Federal Psychiatric Hospital in Calabar South Local Government Area. A sample of 400 representing 28.8% of the health workers was randomly selected to constitute the representative sample of the study drawn from doctors, nurses

and other para-medicals in the three health care facilities. The selection of these institutions was purposive as they constitute the major government health care institutions in Calabar Municipality and Calabar South.

Table 1: Population of the study – by strata/Health facility and profession

| Strata/ Hospital | Professions Doctor (%) | Nurses (%) | Others (%) | Total Respondents | Percentage (%) |
|---|---|---|---|---|---|
| UCTH: | 260 (11.50) | 644(28.57) | 783 (38.74) | 1687 | 75.84 |
| FPHC: | 24 (1.06) | 117 (5.19) | 30 (1.33) | 176 | 7.08 |
| GHC: | 29 (1.29) | 189 (8.39) | 213 (9.45) | 391 | 17.38 |
| TOTAL | 313(13.84) | 950 (42.15) | 1026 (44.19) | 2254 | 100.00 |

Source: UCTH, Calabar Nominal Roll and estimates (2018); FPHC, Nominal Roll and Annual Report (2018) and GHC nominal roll (2018)

Accidental sampling technique was adopted in selecting the various health workers and questionnaires were administered to workers on duty in their respective offices/wards to obtain their views on their attitude and perception about integrating traditional healers into the government health care delivery.

**Results**

Table 2: Summary of responses to structured questions related to professional dominance by orthodox medical practitioners

| S/N | Question | Positive Responses SA | A | Total | % | Negative Responses DS | D | Total | % |
|---|---|---|---|---|---|---|---|---|---|
| 25. | As scientific health care worker, I can work together with the TM health practitioners. | 73 (18.25) | 56 (14) | 129 | 32.25 | 148 (37) | 123 (30.75) | 271 | 67.75 |
| 26. | Doctors sometimes feel challenged by the popularity of the TM practitioners | 110 (27.5) | 126 (31.5) | 236 | 59 | 82 (20.5) | 82 (20.5) | 164 | 41 |
| 27. | TMP is old fashioned and should not be included in modern health care delivery system. | 153 (38.25) | 136 (34) | 260 | 72.25 | 91 (22.75) | 20 (5) | 140 | 27.75 |
| 28. | Orthodox health workers would not like to be integrated with TMP into a single medical system. | 192 (48) | 133 (33.25) | 325 | 81.25 | 48 (12) | 27 (6.75) | 75 | 18.75 |

Source: Field survey 2018

The analysis revealed that out of a total of 400 respondents who participated in the study, the majority (232 or 58.0%; made up of 97 or 24.3% males and 135 or 33.80% females) agreed that professional dominance by orthodox medical practitioners significantly influence the integration of Traditional Medical Practitioners into the government health care delivery system. The remaining 42.0% (168) of the study respondents disagreed to the fact that it is professional

dominance that militates against this integration. The decision rule drawn from the statistical analysis of this study accepted that professional dominance by orthodox medical practitioners significantly influences the integration of Traditional Medical Practitioners into the government health care delivery system. The calculated $X^2$ value of 63.06 was higher than the crit.r-value of 11.07 (63.06 >11.07) at 0.05 significance with 5 degree of freedom. This, among various others is considered to be contributive to the bottle-necks debarring smooth acceptance of TMP into the national health delivery system. Homsy, Balaba and Kabatesi (2004) observed that the relationship between modern and traditional health care providers in Nigeria has been characterized by tension, denial, suspicion and mutual repugnance. This provides a simplistic and undimensional portrayal of modern and traditional health providers' attitude towards each other, and their unwillingness to collaborate. To this end, Roger and Rodwell (2016) in their research on AIDS, reported that several collaborative moves to foster easy and smooth integration of TMP with Orthodox medical services failed; and that this failure was not unconnected with the issue of professional dominance on the part of orthodox practitioners. At the 2017 African Traditional Medicine Day organized by the Lagos State Traditional Medicine Board in Ikeja, Dr. Odukoya, an Associate Professor of Pharmacognosy at University of Lagos observed that factor militating against the advancement and full integration of traditional medicine in the country is the lack of legal document to regulate the practice. In another report, it was made known that the traditional medicine bill presented to the National Assembly, years ago is still pending before the lawmakers even though experts have confirmed that it would contribute immensely to the country's Primary Health Care System.

According to Ajai (2017) although it is conceivable that traditional healers can work together with orthodox medical practitioners, conflict may arise from the issue of professional elitism and fear economic and status competition that help explain why the medical establishment may resist opportunities to cooperate with or extend recognition to indigenous practitioners.

Political ideology may also bias government officials against indigenous practitioners. As Parker (2016) notes, governments may be influenced by the attitude of western medical practitioners who oppose healers on grounds of their inability to disclose the actual contents of their products, lack of proper documentation and control. Many orthodox medical practitioners express frustration with the magical, ritual aspects of traditional healing deeming it unscientific, unnecessary and unfit. Green (2007); Brayn, 2018) opined that African government officials tend to regard indigenous practitioners as a somewhat embarrassing anachronism. Traditional healers in particular project an image of the backward, the primitive, the heathen, even of the illegal. It should be remembered that most colonial regimes supported medical missionary efforts to illegalize or severely curtail the practices of "witchdoctors." Today,

Western-educated African elites would prefer to pretend that "witchdoctors" are a thing of the past rather than a genuine force to be reckoned with.

**Conclusion**

On the basis of the above findings, this study conclude that professional dominance of orthodox health care practitioners still influence the integration of traditional medicine into government mainstream health care delivery system. The tension between these two systems was expressed by the orthodox health workers who indicated an ambivalent relationship with THPs, with some of the participants being negative about traditional healing while others felt that there was merit to traditional methods of healing and should be considered as recognized part of government health care delivery system.

However, health systems strengthening is critical for attainment of the health-related Millennium Development Goals. Government should therefore create an ideal opportunity to revisit the place of traditional medicine, to take a positive look at its many contributions to health care that is equitable, accessible, affordable, and people-centered and its eventual integration into the health care delivery system of the country for the benefit of the people. Furthermore, this integration will contribute in no small amount to improved health care services, as well as improvement in the life span of people in Nigeria. This is exemplified by the emergence of food supplement companies (Edmark, Tianshi, Greenworld, Forever living products, Norland, FOHOW etc) whose products come from rich traditional herbal resources of other countries.

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