
Research

Sociological Study on Socioeconomic and Cultural Influence on Traditional Medicine Acceptability and Use among Rural Households in Yobe State, Nigeria

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Abstract: Traditional medicine is an integral part of health care services in many developing countries, especially in rural areas where orthodox health care service provision is scarce. The use and acceptance of traditional medicine are still rising in Nigeria because of the many socioeconomic factors, cultural beliefs, perceived success, low cost and availability. The study looked at the socioeconomic and cultural factors affecting acceptability and utilization of traditional medicine among rural households in Yobe State, Nigeria. The study was done using a descriptive cross-sectional survey design. Structured questionnaires were used to gather information from the rural household heads and adult residents of selected communities within the state of Yobe. Data analysis was done using descriptive and inferential statistical methods. The findings showed that the traditional medicine was widely accepted and used by the rural households because of cultural attachment, accessibility, low cost of the medicine and trust in the traditional healers. The study also revealed that the educational level, income status, occupation, religious affiliation, family influence and accessibility to health care were important factors affecting the utilization of traditional medicine. Most of the respondents agreed that traditional medicine was effective in the treatment of common ailments and others used both traditional and orthodox medicine simultaneously. The researchers found that socioeconomic and cultural factors have a significant effect on the acceptability and utilization of traditional medicine among the rural households in Yobe State. The study made the following recommendations: Regulation of the traditional medicine practices, incorporation of safe traditional health care into primary healthcare, public awareness of safe healthcare practices and better access to orthodox health care in rural communities.

Keywords: Traditional Medicine, Socioeconomic Factors, Cultural Beliefs, Acceptability, Utilization Of Health Services, Rural, Yobe State, Nigeria.

INTRODUCTION

Healthcare seeking behaviour is one of the most essential parts of social life as health is directly related to productivity, social stability and quality of life. Even though the modern world and biomedical advancement are booming, traditional medicine is still considered to be a key health tool for millions of people across various developing countries, especially Africa. Traditional medicine refers to indigenous knowledge, beliefs and practices in the prevention, diagnosis and treatment of ailments, which are culturally passed down from generation to generation.

In many African societies, the use of traditional medicine is not just considered an alternative means of healing but also as a way of life and a way of embracing culture. The healing practice of the indigenous people is ingrained in their social norms, religious beliefs and cultural norms. Traditional medicine is seen as being culturally integrated, spiritually fulfilling, affordable and readily available, and for these reasons, is often a preferred choice for rural households. The tradition of traditional medicine use shows a cultural, social and healthcare behaviour relationship.

Nigeria has a wealth of traditional medicine including herbal healers, traditional birth attendants, divination, bone setting, spiritual healing and therapeutic rituals. Traditional medicine is still widely used both in urban and rural communities, although orthodox healthcare institutions are growing. The World Health Organisation (WHO, 2023) reports that about 80% of the population in developing countries relies partially or fully on traditional medicine as their primary healthcare service. Traditional healers are more readily available and socially more accepted than biomedical practitioners in rural areas of Nigeria.

Socioeconomic inequality is still one of the primary determinants to the utilization of traditional medicine amongst the rural people. Limited access to orthodox health care services due to poverty, unemployment, low levels of literacy and poor health care infrastructure. The financial burden of having to travel to the hospital for a consultation, transportation, lab tests and/or prescribed drugs is a burden that many rural households can't afford. Traditional medicine, on the other hand, is more likely to be cheaper, easily accessible, and familiar to the local culture. The result of this is that traditional healers are

likely to be preferred to hospitals by the rural population where orthodox health services are considered costly or inaccessible.

The insecurity in Yobe State, poverty and lack of healthcare infrastructure compound the problems in healthcare. Access to functional health facilities is limited in many rural communities, and health care workers are scarce and essential medicines are in short supply. Rural households are also less likely to use formal health care services due to transportation and low socioeconomic status. In these settings, traditional medicine practitioners are still filling healthcare gaps in the communities.

Additionally, sociocultural beliefs on illness and healing also promote the use of traditional medicine. In many rural African societies, disease can be seen as a biological process, but it can also be understood as a spiritual or supernatural event as a result of witchcraft, displeasure of the ancestors or spiritual attack. These beliefs give rise to the demand for traditional healers, who it is believed have spiritual powers and traditional knowledge to cure both physical and spiritual ailments.

Other factors that play a great role in the acceptability of traditional medicine include family socialization and the influence of the community. Adults who grew up in families that used herbal medicine and/or spiritual healing regularly are more likely to use these practices as adults. People may be more likely to trust the advice of traditional healers because they have previously trusted them in the community, have a good knowledge of the culture, and have heard positive stories about their effectiveness in treating illness.

Traditional and orthodox medicine are used together in many African societies, and this is termed medical pluralism. Many people use herbal medicine alongside biomedical medicine to maximize recovery of healing or simply consider orthodox medicine to be inadequate. Use of traditional and orthodox medicine simultaneously, however, may pose a health risk such as delayed diagnosis, adverse drug interactions and complications from unregulated herbs.

Even with biomedical progress, traditional medicine remains a key approach to health care, emphasizing the need for health care choice to be understood within its social, cultural and economic context. The role of sociological studies in understanding the impact of culture, social norms, education, income and community organization on healthcare decision making among rural people is especially important.

While there are a few studies on utilization of traditional medicine in Nigeria, few sociological studies have specifically concentrated on the role of socio-cultural factors that

influence traditional medicine acceptability and utilization among rural households in Yobe State. These factors are significant for healthcare policy makers, sociologists, public health practitioners and community development agencies in developing culturally appropriate healthcare interventions and enhancing healthcare delivery systems.

Hence, this study investigated the socio-economic and cultural factor affecting the acceptability and utilization of traditional medicine among rural households in Yobe State, Nigeria.

THEORETICAL FRAMEWORK

Structural Functionalist Theory

The study used Structural Functionalist Theory as a theoretical framework since it outlines the role of various social institutions and cultural practices in maintaining stability and functioning of society. In structural functionalism, the social system is seen as a whole composed of various interrelated parts, all of which serve a function and contribute to the stability of the social system.

Functionalist theorists, like Talcott Parsons, argue that health care institutions have important roles to play in maintaining the stability of the society, keeping individuals healthy and productive. As a social institution, traditional medicine plays important social and cultural roles in rural areas, which encompass deliverance of accessible healthcare services, maintenance of indigenous knowledge, and building cultural identity.

Traditional medicine for Africa plays part biomedical role, but also spiritual, psychological and social in many rural societies in Africa. Traditional healers are community members that have an established reputation for healthcare services and are generally trusted to offer counselling, spiritual advice, conflict resolution and social assistance. Their practices help to build social relations and the continuity of culture within a community.

Traditional medicine is also an example of the structural functionalist theory because the practice of traditional medicine remains even in the face of modernization and the growth of orthodox medicine. Traditional medicine becomes an alternative institution in a society that provides health service roles where formal health institutions are not able to fulfil. Traditional medicine is increasingly relied upon by rural households due to poor healthcare infrastructure, poverty and lack of healthcare workers.

The theory is relevant to the current study because it helps to explain why traditional medicine is still embraced and used in rural communities even though

socioeconomic conditions and cultural beliefs may be blamed for this. Traditional medicine is still effective because it meets the health care needs which are not being met by orthodox medical systems.

Medical Pluralism and Healthcare-Seeking Behaviour

Medical pluralism is the coexistence of and simultaneous use of several health care systems in a society. People in most African countries, use traditional medicine and orthodox medicine as they feel they have a better chance of getting a cure from the former than the latter, depending on how serious or mild their ailment is, their cultural beliefs or the availability of such medicines.

The results of this study revealed that respondents use traditional and orthodox medicine to a great extent. This sort of healthcare behaviour is indicative of pragmatic healthcare decision making and among rural people, who mix and match different forms of treatment in order to ensure maximum healing outcomes.

The dual system of traditional and biomedical healthcare can be challenging and opportunities. Traditional medicine enhances access to health services for the underserved rural population, on the other hand. Conversely, failure to regulate and communicate between traditional healers and biomedical practitioners can be a health risk due to inappropriate treatment combinations, and delayed medical treatment.

It is increasingly advocated by public health experts that collaborative healthcare models should be adopted whereby safe traditional healthcare practices are incorporated into formal healthcare systems. This integration can contribute to enhancing the uptake of culturally appropriate health care services and to the regulation and assurances of patient safety in the use of traditional medicine.

MATERIALS AND METHODS

Study Design

In this study, descriptive cross-sectional survey was used to study the acceptability of traditional medicine and utilization among the rural households in Yobe state, Nigeria. The design was suitable as it allowed the collection of data from the respondents at a point in time related to their health-seeking behaviours, beliefs and use of traditional medicine.

Study Area

The study was carried out in some selected rural communities of Yobe State, Nigeria. Yobe State is one of the northern states of Nigeria, with majority of its population living in the rural communities where they are mainly involved in agricultural activities,

animal husbandry, fishing and petty trading. The state has low literacy rate, poverty and inadequate access to modern healthcare services, poor healthcare infrastructure.

Poor accessibility of hospitals and health care facilities in rural areas has made traditional medicine practitioners very important to many of the people in Yobe State. Within these communities are traditional healers, herbalists, bone setters and spiritual healers as important healthcare providers.

Study Population

The population of the study was the adult residents and household heads of the selected rural communities of Yobe State. The study involved both male and female respondents age 18 years and above.

Sample Size Determination

The sample size for the study was determined using Cochran's formula for descriptive cross-sectional studies (Cochran, 1977):

$$n = \frac{Z^2 pq}{d^2}$$

Where:

n = smallest sample size

Z= The standard normal deviation at 95% confidence interval is called Z.

p = estimated prevalence of medicine utilization through traditional methods from previous studies

q=1-p

d = margin of error (0.05)

The prevalence value of 68.4% obtained from the study conducted by Yusuf et al. (2022) on traditional medicine utilization among rural households in northern Nigeria was used.

p=0.684

q=1-0.684=0.316

$$n = \frac{(1.96)^2 (0.684) (0.316)}{(0.05)^2}$$

A 10% non-response adjustment was added to obtain the final sample size of 420 respondents.

Sampling Technique

The respondents were selected through multistage sampling technique. Simple random sampling was used for the selection of rural communities and systematic sampling was done for the identification of households in selected communities. The respondents were selected through convenience sampling technique based on availability and willingness.

Inclusion Criteria

The study included:

- Residents 18 years and older.
- People who resided in the communities for at least one year.
- Persons who agree to be informed.

Exclusion Criteria

- The study excluded:
- Temporary and visiting residents.
- Those who were seriously ill when data was collected.
- Persons not willing to cooperate.

Data Collection

Data were collected through the use of a structured questionnaire, which was developed from previous related studies on the use of traditional medicine and seeking healthcare. The questionnaire was divided into four parts as follows:

Section A: sociodemographic characteristics.

Section B: Awareness and use of Traditional Medicine

Section C: socio-economic factors

Section D: Cultural beliefs and acceptance of traditional medicine

Both closed and multiple-choice questions were included in the questionnaire.

Validity and Reliability of the Tools

The questionnaire was face and content validated by the experts in the field of Sociology, Public Health and Social research methodology. Changes and amendments were made to their recommendations.

A pilot project was conducted in a community similar to the study area in a rural setting to test for reliability. The internal consistency of the instrument was measured by using Cronbach's alpha coefficient.

Data collection

Research assistants, familiar with the local language and culture, assisted in data collection. The study aimed was explained to the respondents prior to the administration of the questionnaires. The confidentiality and anonymity of the responses were ensured all along the study.

Method of Data Analysis

Data gathered were coded and analysed through the use of the Statistical Package for Social Sciences (SPSS) Version 25. Data were summarized using descriptive statistics (frequencies, percentages, mean and standard deviation). Chi-square test was used for inferential statistics to identify association of variables. A p value < 0.05 was considered statistically significant.

Ethical Consideration

The institutional ethical review committee approved the study. Community leaders were also sought from the selected rural communities for permission. Respondents gave informed consent prior to participation and information provided were kept confidential throughout the study.

RESULTS

A total of 420 questionnaires were distributed to respondents in selected rural communities of Yobe State, Nigeria. Out of these, 401 questionnaires were correctly completed and returned, giving a response rate of 95.5%.

Sociodemographic Characteristics of Respondents

Table 1: Sociodemographic Characteristics of Respondents (n = 401)

Variable	Frequency (f)	Percentage (%)
Age Group (Years)		
18–29	108	26.9
30–39	144	35.9
40–49	92	22.9
50 years and above	57	14.2
Gender		

Variable	Frequency (f)	Percentage (%)
Male	214	53.4
Female	187	46.6
Marital Status		
Single	48	12.0
Married	298	74.3
Divorced	26	6.5
Widowed	29	7.2
Educational Level		
No Formal Education	132	32.9
Primary Education	98	24.4
Secondary Education	118	29.4
Tertiary Education	53	13.2
Occupation		
Farming	146	36.4
Trading	112	27.9
Civil Servant	38	9.5
Artisan	54	13.5
Others	51	12.7
Monthly Income		
Below ₦30,000	188	46.9
₦30,000–₦60,000	126	31.4
Above ₦60,000	87	21.7

Table 1 indicated that majority of the respondents were aged between 30 – 39 years (35.9%), married (74.3%) and mainly farmers (36.4%). Almost half of those who responded (46.9%) made less than ₦30,000 per month, and 32.9% were not educated at all.

Awareness and Use of Traditional Medicine

Table 2: Awareness and Utilization of Traditional Medicine among Respondents

Variable	Frequency (f)	Percentage (%)
Aware of traditional medicine	388	96.8
Not aware of traditional medicine	13	3.2
Use traditional medicine regularly	276	68.8
Occasionally use traditional medicine	94	23.4
Never use traditional medicine	31	7.7
Combine traditional and orthodox medicine	248	61.8
Depend mainly on traditional medicine	122	30.4
Depend mainly on orthodox medicine	31	7.7

The results indicated that the level of awareness of respondents about traditional medicine was very high (96.8%). The vast majority of the respondents (68.8%) stated that they use traditional medicine regularly and 61.8% said that they use both traditional and orthodox medicine for treatment.

Types of Traditional Medicine Commonly Used

Table 3: Common Forms of Traditional Medicine Used by Respondents

Type of Traditional Medicine	Frequency (f)	Percentage (%)
Herbal remedies	304	75.8
Spiritual healing	138	34.4
Bone setting	92	22.9
Traditional birth attendants	116	28.9
Massage therapy	74	18.5
Scarification	42	10.5

The study indicated that herbal medicine was the most used traditional medicine (75.8%), spiritual healing was next (34.4%) and the use of traditional birth attendants was last (28.9%).

Socioeconomic Factors Influencing Traditional Medicine Use

Table 4: Socioeconomic Factors Influencing Utilization of Traditional Medicine

Factor	Frequency (f)	Percentage (%)
Affordability of traditional medicine	294	73.3
High cost of hospital treatment	266	66.3
Lack of nearby healthcare facilities	238	59.4
Poverty/low income	248	61.8
Long waiting time in hospitals	174	43.4
Unemployment	146	36.4
Lack of health insurance	198	49.4

The results showed that the major socioeconomic determinants of the use of traditional medicine in rural households were: affordability of traditional medicine (73.3%), high cost of orthodox medicine (66.3%), poverty (61.8%) and lack of adjoining health facilities (59.4%).

Cultural Factors Influencing Traditional Medicine Acceptability

Table 5: Cultural Factors Influencing Acceptability of Traditional Medicine

Cultural Factor	Frequency (f)	Percentage (%)
Family tradition	228	56.9
Belief in spiritual causes of illness	196	48.9
Trust in traditional healers	254	63.3
Community influence	188	46.9
Religious beliefs	134	33.4
Fear of hospitals	116	28.9
Perceived effectiveness of traditional medicine	276	68.8

The study showed that perceived effectiveness of traditional medicine (68.8%), trust in traditional healers (63.3%), and family traditions (56.9%) were important factors that strongly affected acceptability and use of traditional medicine among the study participants.

Perception of Respondents toward Traditional Medicine

Table 6: Respondents' Perception toward Traditional Medicine

Variable	Frequency (f)	Percentage (%)
Traditional medicine is effective	286	71.3
Traditional medicine is safer than orthodox medicine	184	45.9
Traditional medicine has fewer side effects	168	41.9
Traditional healers are trustworthy	258	64.3
Orthodox medicine is superior	98	24.4
Traditional medicine should be integrated into healthcare system	304	75.8

The results revealed that overwhelming majority of the respondents thought that traditional medicine works (71.3%) and should be incorporated into formal health care (75.8%).

Relationship between Educational Status and Traditional Medicine Use

Table 7: Chi-Square Analysis Showing Relationship between Educational Status and Traditional Medicine Use

Educational Level	Use Traditional Medicine	Do Not Use	Total
No Formal Education	122	10	132
Primary Education	82	16	98
Secondary Education	76	42	118

Educational Level	Use Traditional Medicine	Do Not Use	Total
Tertiary Education	28	25	53
Total	308	93	401

Chi-Square Result

$\chi^2=38.41, p<0.05$

The chi square analysis revealed that there was a significant relationship between educational status and the use of traditional medicine among the respondents ($\chi^2= 38.41, p< 0.05$). The respondents with lower level of education were more likely to use traditional medicine than the respondents with higher education.

DISCUSSION

The study investigated the socioeconomic and cultural dimension of the acceptability and utilization of these traditional medicines among the rural households of Yobe State, Nigeria. The results of the study indicated that a lot of the respondents were aware and using traditional medicine. Most rural households either used traditional medicine as their preferred medicine or supplement their orthodox medicine with traditional medicine.

The high level of traditional medicine use found in the study is in line with the report by Mohammed and Dahiru (2026), which indicated that traditional medicine was much utilized by the residents of the northern region of Nigeria because of the traditional attachment, accessibility and affordability. Likewise, the WHO (2023) reported that there is a high reliance on traditional medicine for primary health care in developing countries.

The research showed that herbal medicine is the most frequently used traditional medicines among the respondents. This is in line with the findings of Olaitan et al. (2025) which indicated that medicinal herbs are readily available and are relatively cheaper in rural communities in Africa and thus herbal medicine is still the most common traditional remedy in society.

It was also found that socio-economic factors had significant impact on household utilization of traditional medicine in rural households. Traditional medicine use was influenced by affordability, poverty, high cost of hospital treatment and inadequate

healthcare facilities. The results are in line with previous research which found that socio-economic disadvantage and lack of adequate health care facilities contribute to reliance on traditional health care among rural communities (Goodman et al. 2022).

The study also found that cultural beliefs had a significant influence on the behaviours of the respondents in relation to health care. Acceptability and utilization of traditional medicine was greatly influenced by trust in traditional healers, belief in spiritual causes of illness, family traditions and perceived effectiveness of traditional medicine. This discovery is consistent with the sociological theory on social and cultural construction of health care decisions. Adebayo et al. (2024) reported similar results, as culture and inherited belief has been found to have a significant impact on healthcare decision making among rural Nigerians.

The belief of effectiveness and reliability of traditional medicine also played a role in the acceptance of traditional medicine among respondents. Many of the participants thought that a special indigenous knowledge of traditional healers can cure diseases which cannot be cured by orthodox medicine. The finding corroborates that of Chukwuma and Obi (2023) which found high confidence in the traditional healers in the rural communities in sub-Saharan Africa.

The study also showed that there was a statistically significant association with education and the use of traditional medicine. The highly educated respondents were less likely to rely on traditional medicine than their less educated counterparts. This may be due to the fact that less educated people have less exposure to biomedical health information and more of a belief in traditional culture. Yusuf et al. (2022) found similar associations between educational level and patterns of health care use.

The general conclusion derived from the findings is that traditional medicine is still a significant healthcare resource among the rural households in Yobe State, influenced by the socio-economic factors and their entrenched cultural beliefs. Despite the modernisation, the use of traditional medicine continues to be practiced, highlighting the need for culturally competent health care policies and the incorporation of safe traditional health care practices into the main health care system.

CONCLUSION

The socioeconomic and cultural factors affecting the acceptability and utilization of traditional medicine among rural households in Yobe State, Nigeria, were studied. The

results indicated that traditional medicine has a high level of acceptance and is being used by the rural people despite the availability of orthodox medicine.

Results of the study indicated that poverty, low income, unemployment, affordability of traditional medicine, high cost of hospital treatment and inadequate health care infrastructure were among the most important socioeconomic variables affecting dependence on traditional medicine by rural households. Many rural communities lack access to modern healthcare facilities, making it difficult for people to reach them, which only enhanced their dependency on indigenous healthcare practices.

The study also confirmed that cultural factors had significant effect on Acceptability and utilisation of Traditional Medicine. The respondents' health seeking behaviour was largely influenced by family tradition, trust in traditional healers, belief in the spiritual causes of illness, influence of the community and traditional medicine perceived to be effective. Traditional medicine was seen as not just a health care tool, but also an integral part of culture and indigenous knowledge.

In addition, the study found statistically significant correlation between educational level and traditional medicine use, showing that the educational levels of the respondents were correlated with the amount of dependency on traditional medicine, with the less educated ones more dependent on traditional medicine than the more educated ones.

The study, it is concluded, socioeconomic hardship and entrenched beliefs about traditional medicine still influence its acceptability and use among rural households in Yobe State. Traditional medicine has a significant role in providing care but there is need for a proper regulation, public enlightenment, integration of safe traditional healthcare practices into formal healthcare system for better health outcomes and decreased unsafe traditional healthcare practices.

RECOMMENDATIONS FOR POLICY IMPLICATIONS.

The results of this research are of relevance to healthcare policies and rural development in Nigeria. First, the reliance on traditional medicine by rural household indicates the fact that there is a considerable lack in accessibility and affordability of orthodox medicine among the households living in the rural areas. It is therefore important that the government invest in strengthening the health infrastructure in the rural areas, so as to improve access to health services and reduce the number of preventable illnesses.

Second, the fact that traditional medicine is widely accepted implies the need for increased control and monitoring of traditional health care practices. Unfortunately, some of

the herbs used in traditional healing practices are not studied and some of them may be contaminated, administered incorrectly, or contain toxic chemicals. Development of regulatory mechanisms for traditional medicine practitioners will contribute to enhancement of safety of traditional medicine and public confidence.

Third, the social and cultural significance of traditional medicine in rural areas should be acknowledged by the healthcare policies. Safe and evidence-based traditional healthcare practices may be integrated into the formal healthcare system to enhance the utilization of the healthcare system and culturally sensitive delivery of healthcare.

Lastly, public health education activities need to be directed towards raising awareness about the importance of safe healthcare practices, risks of self-medication, and the potential hazards of using unregulated herbal products. For effective education on healthcare in rural areas, people from the community, including religious leaders, traditional leaders, and health workers, must be engaged in the process.

LIMITATIONS

There are some limitations in the study during the entire process of the study. The use of self-administered questionnaires could have led to response bias as some of the respondents may not have been able to give all accurate information about their healthcare practices and utilization of traditional medicine.

Secondly, the study was conducted in only selected rural communities in Yobe State which means the findings do not necessarily reflect the health care behaviours in the entire of Nigeria. Traditional medicine use may be differently influenced in various geographic areas due to cultural differences.

Thirdly, insecurities and transportation problems in some rural communities had an impact on accessibility during the data collection process. There were also geographical limitations due to financial and time constraints.

Notwithstanding these constraints, the study offers significant socio-scientific understanding of the ingredients that affects acceptance and utilization of traditional medicine by the rural households of Yobe State.

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APPENDICES

Appendix I: Questionnaire

Section A: Sociodemographic Characteristics

1. Age:
 - o 18–29
 - o 30–39
 - o 40–49
 - o 50 years and above
2. Gender:
 - o Male
 - o Female
3. Marital Status:
 - o Single
 - o Married
 - o Divorced
 - o Widowed
4. Educational Level:
 - o No Formal Education
 - o Primary Education
 - o Secondary Education
 - o Tertiary Education
5. Occupation:
 - o Farming
 - o Trading

- o Civil Servant
 - o Artisan
 - o Others
6. Monthly Income:
- o Below ₦30,000
 - o ₦30,000–₦60,000
 - o Above ₦60,000

Section B: Awareness and Use of Traditional Medicine

7. Are you aware of traditional medicine?
- o Yes
 - o No
8. Do you use traditional medicine?
- o Regularly
 - o Occasionally
 - o Never
9. Do you combine traditional and orthodox medicine?
- o Yes
 - o No
10. Which type of traditional medicine do you commonly use?
- Herbal remedies
 - Spiritual healing
 - Bone setting
 - Traditional birth attendants
 - Massage therapy
 - Scarification

Section C: Socioeconomic Factors

11. Why do you use traditional medicine?
- Affordable
 - Easily accessible
 - High hospital cost
 - Poverty
 - Lack of nearby healthcare facilities
12. Does lack of health insurance influence your healthcare choices?
- Yes
 - No

Section D: Cultural Factors and Acceptability

13. Do family traditions influence your use of traditional medicine?
- Yes
 - No
14. Do you trust traditional healers?
- Yes
 - No
15. Do you believe traditional medicine is effective?
- Yes

- No
16. Should traditional medicine be integrated into the healthcare system?
- Yes
 - No
-



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