

RESEARCH ARTICLE

ASSESSMENT OF FACTORS ASSOCIATED WITH THE UTILIZATION OF TRADITIONAL MEDICINE DURING PREGNANCY AND CHILD BIRTH AMONG REPRODUCTIVE AGE WOMEN IN IGABI LOCAL GOVERNMENT, KADUNA STATE

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Abstract

Background: Traditional medicine remains the most accessible and affordable form of treatment in primary healthcare for rural communities worldwide. It has been used for pregnancy care in many countries, even when modern healthcare is available. The study aims to determine the factors associated with the utilization of traditional medicine during pregnancy and childbirth among reproductive age women in Igabi LGA Kaduna State. **Methods:** The study employed a semi-structured interviewer-administered questionnaire with a cross-sectional survey method. The study was conducted in six selected wards of Igabi Local Government. The objects of the study were women of child of bearing age (WCBA). Four hundred and forty women were randomly sampled for the study. Ethical consideration was kept during all the stages of the study and the statistical package for social science (SPSS) version 23 was used to evaluate the data. **Results:** it was observed that cultural factors were the major (71.5%) factor associated with the utilization of traditional medicine during pregnancy and childbirth. This is followed by environmental, social, personal, economic and religious factors. **Conclusion:** Cultural factors are strongly linked to the use of traditional medicine during pregnancy and childbirth. It is recommended that there is need to include community education programs to inform members about harmful traditional practices related to pregnancy and childbirth. Additionally, further research should be carried out to examine the effects of traditional medicine on pregnancy and labor outcomes.

Keywords: Traditional Medicine, Factors, Utilization, Practice, Pregnancy, Labour

INTRODUCTION

Traditional medicine remains the most accessible and affordable form of treatment in primary healthcare for rural communities worldwide. Traditional medicine (TM) as defined by the World Health Organization as “the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different

cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness” (Che et al., 2024).

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The utilization of traditional medicine (TM) during pregnancy and childbirth has gathered significant attention due to its prevalence in various cultural contexts and its potential implications for maternal and neonatal health. Globally, TM remains an integral part of healthcare systems, especially in low- and middle-income countries where accessibility, affordability, and cultural acceptance drive its usage (Kim et al., 2020).

Traditional medicine has been used for pregnancy care in many countries, even when modern healthcare is available. The prevalence rates vary between 12% and 93% among pregnant women in Sub-Saharan Africa (Mudonhi & Nunu, 2022). In Nigeria, its use is reported to be between 31.4% and 68% (Mudonhi & Nunu, 2022).

TM is commonly used by pregnant women to relief nausea and vomiting, improvement of fetal growth, stimulation of labour and delivery, prevention of premature labour and spontaneous abortion, and to aid placental expulsion (Leke et al., 2022).

However, limited research exists on factors influencing utilization of traditional medicine during pregnancy and childbirth. This study aims to determine the factors associated with the utilization of traditional medicine during pregnancy and childbirth among reproductive age women in Igabi LGA Kaduna State. Understanding these factors is crucial for integrating traditional practices into modern healthcare systems, ensuring maternal safety while respecting cultural values.

MATERIALS AND METHODS

Research Design

A descriptive cross-sectional survey design was used to assess the factors associated with the utilization of traditional medicine during pregnancy and childbirth among reproductive age women in Igabi LGA Kaduna State. A cross-sectional study design delivers information concerning the situation at a given time. [8] In this type of study, the status of an individual with respect to a particular item is assessed at the same point in time.

Study Area

The study was carried out in Igabi Local Government Area of Kaduna state. It is located 650m above sea level, between latitude $10^{\circ} 47' 0''$ N and longitude $7^{\circ} 46' 0''$ in the tropical Sahel to Sudan Savannah and is bordered to the North by Giwa and Zaria LGA, to the East by Soba LGA, to the South by Chikun and Kaduna North LGA

and to the West by Birnin Gwari LGA. The LGA is made up of three districts namely: District A (Rigasa), District B (Igabi) and District C (Rigachukun) each with four political wards making a total of twelve wards. The head quarter of the local government is located in Turunku. It has total population of 601276 according to projected total population 2019. [9] Total population of women of child bearing age (WCBA) is 132281 women. The predominant tribe in the L.G.A. is Hausa/Fulani. Islam and Christianity are the two religious being practiced in the L.G.A.

Target Population

The target population for this study were women of child bearing age (WCBA) in Igabi Local government of Kaduna State.

Sample and Sampling Technique

A sample size of 399 was obtained using Yamane formula 1967: $n = \frac{N}{1 + N(e)^2}$. With non-response rate of 10%, the sample size became 439. However, a sample of 440 was used for the study.

A Multistage sampling technique was used to select the determined sample. This type of sampling is mainly used when the population is too large and scattered.

Stage 1 – Selection of wards from the Local Government

Using a simple random sampling technique in which paper basket method was used; six (6) wards were selected from the Local Government. The selected wards are: Afaka, Rigasa, Rigachikun, Igabi, Birnin Yero and Zangon Aya wards.

Stage 2- Selection of settlements

Considering a wide community presentation, three settlements were randomly selected from each selected ward. A total of eighteen settlements were used for the study

Stage 3- Selection of households

Proportionate allocation was used to determine the number of households from each selected settlement. A total of 440 households were selected for the study.

Bottle spinning method was used to select the first household. The household which the bottle pointed to

serve as the first household and the direction of the bottle determine the movement to the subsequent households. Household on the right-side of the first households that met the inclusion criteria were subsequently selected until the allocated number of households for each selected settlements was reached.

Stage 4- Selection of respondents (WCBA)

One woman of child bearing age was selected from each selected household. In a selected household with multiple eligible women of child bearing age, one was randomly selected and recruited into the study. Any house without WCBA was jumped and moved to the next house.

Instruments for Data Collection

The instrument for data collection was a semi- structured interviewer-administered questionnaire Four hundred and forty questionnaires were administered for the study, the questionnaire contained two sections to elicit respondent’s information on socio-demographic characteristic, and factors associated with the utilization of traditional medicine during pregnancy and childbirth.

Data Analysis

Descriptive statistical methods were used in which data was analyzed and presented in form of frequencies, percentages and mean using Statistical package for social sciences (SPSS) version 23.

Ethical Consideration

Ethical clearance from Kaduna state ministry of Health was obtained. Participation was voluntary, informed consent was obtained from the study participant, anonymity and confidentiality was ensured.

The table shows the socio-demographic characteristics of the respondents. The results shows that 54.5 % of the women are within the age range of 21-30 years, 57.3% are between para 2-4 and 61.8% live in urban areas.

Table 4.1; Socio-Demographic characteristics of the respondents (n=440)

Variables	Frequency	Percentage (%)
Age (Years)		
≤ 20	52	11.8
21-30	230	54.5
31-40	96	24.1
41-50	42	9.5
Highest level of education		
Primary	58	13.2
Secondary	226	51.4
Tertiary	138	31.4
Informal	18	4.1
Ethnic group		
Hausa/Fulani	258	58.6
Yoruba	100	22.7
Igbo	60	13.6
Babur	4	2.3
Ebira	2	0.5
Igala	2	0.5
Nupe	8	1.8
Occupation		
Unemployed	46	10.5
Employed	186	42.3
Self employed	208	52.2
Religion		
Islam	298	67.7
Christianity	138	31.4
Others	4	0.9
Marital status		
Married	390	88.6
Divorced	38	9.6
Separated	4	0.9
Widowed	4	0.9
Residence		
Urban	272	61.8
Rural	168	38.2
Family type		
Extended family	144	34.5
Nuclear family	288	65.5
Parity		
Nullipara	40	9.1
Primipara	68	15.5
Para 2-4	252	57.3
Grand Multi Para	80	18.2
Average Family Monthly Income (Naira)		
< ₦30,000	244	56.8
≥ ₦30,000	94	43.2

Table 4.2; Factors associated with the utilization of traditional medicine in reproductive health among reproductive age women in Igabi Local Government (n=401)

Variables	Highly Affect(4) F (%)	Affect(3) F (%)	Neutral (2) F (%)	Not Affect(1) F (%)	Highly Not Affect(0) F (%)	No Response(0) F (%)	Mean X
Cultural factors	287(71.5)	62(15.5)	14(3.5)	12(3.0)	12(3.0)	14(3.5)	3.1
Environmental factors	253(63.1)	52(13.0)	30(7.5)	32(8.0)	24(6.0)	10(2.5)	3.0
Social factors	226(56.4)	71(17.7)	44(11.0)	42(10.5)	12(3.0)	6(1.5)	3.0
Personal factors	231(57.6)	67(16.7)	47(11.7)	39(9.7)	10(2.5)	7(1.7)	2.9
Economic factors	193(48.1)	98(24.4)	57(14.2)	21(5.2)	8(2.0)	24(6.0)	2.9
Religious factors	138(34.4)	75(18.7)	87(21.7)	25(6.2)	26(6.5)	50(12.5)	2.3
Aggregate mean	221(55.1)	71(17.7)	47(11.7)	29(7.2)	15(3.6)	19(4.7)	2.9

The table above shows the factors associated with the use of traditional medicine in reproductive health with total aggregate mean of 55.1%. This shows that 71.5% and

63.1% of the women are on the opinion that cultural factors and environmental factors highly affect the utilization of traditional medicine during pregnancy and childbirth respectively.

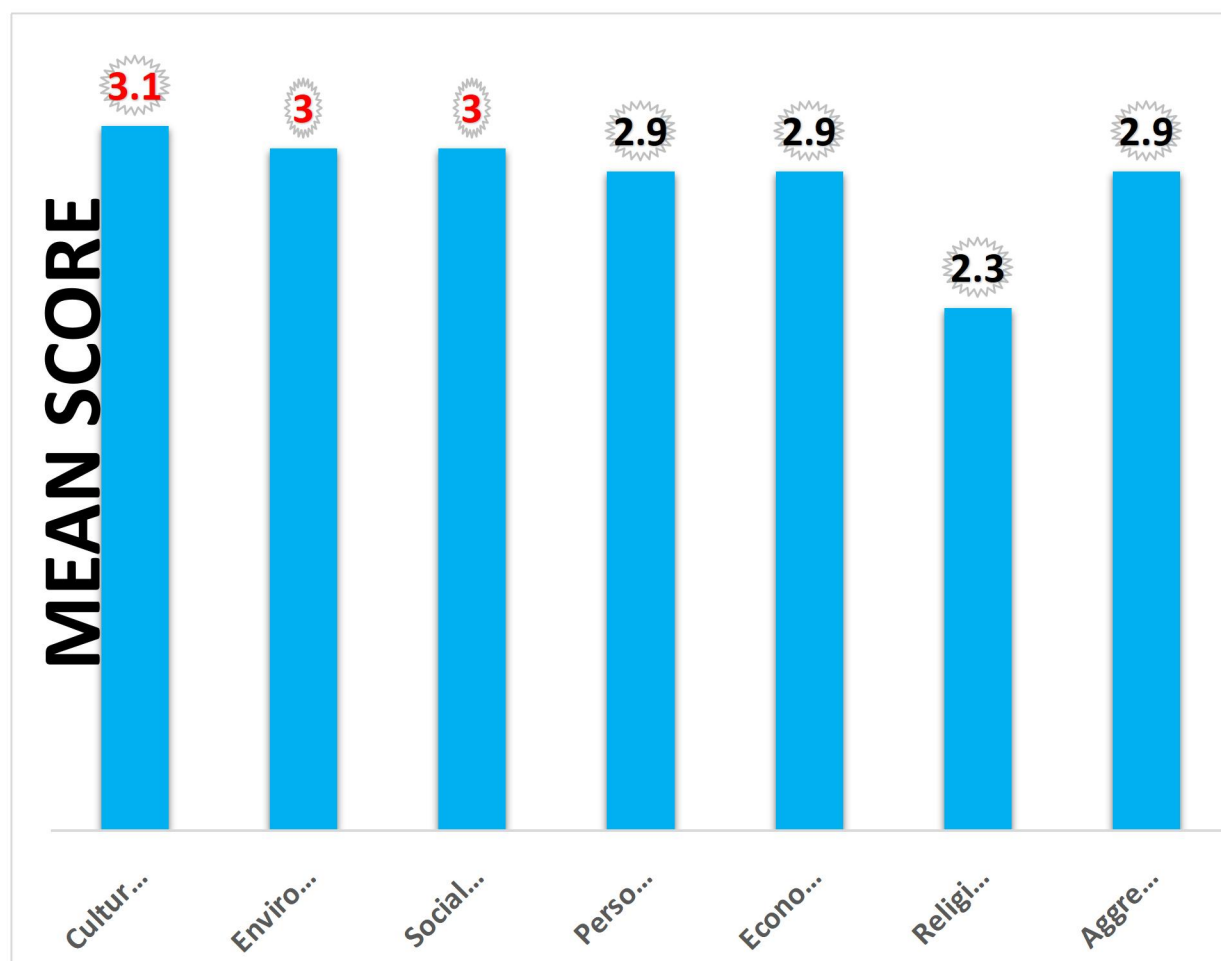


Fig 4.1 Summary of Factors associated with the Utilization of Traditional Medicine during Pregnancy & Childbirth.

Discussion

The findings of the study revealed that majority of the women are within the age range of 21 – 30 years, attended secondary school, belongs to Hausa ethnic group, are self-employed and mostly muslims. The findings show that personal, social, cultural, economic, environmental and religious factors are associated with the utilization of traditional medicine in during pregnancy and childbirth. Majority says that cultural factors are mostly associated with the use of traditional medicine during pregnancy and childbirth. This is because cultural beliefs and practices play a significant role in shaping healthcare-seeking behaviors, particularly in traditional societies. This is followed by environmental factors and social factors with relatives playing the most important role. The availability and accessibility of traditional birth attendants, as well as the influence of family members and community norms, can all contribute to the use of traditional medicine.

The fourth factor was personal factors and belief is the most important personal factor that affected the use of during pregnancy and childbirth. The fifth factor was economic factors with income as the most important factor. Women's beliefs about the effectiveness and safety of traditional medicine, as well as their economic circumstances, can influence their healthcare-seeking behaviors.

The least factor was religious factor and Islam is the most important factor. However, the finding that Islam is the most important religious factor is consistent with the demographic profile of the study population.

This is supported by the findings of Leke et al. (2022) which reported different factors that influence HM use during pregnancy as cultural norms, religious affiliation, poverty, low level of education, limited care facilities in rural settings, and availability and accessibility of traditional birth attendants. Addis et al. (2021) also reported that family influence, particularly from elder women, plays a pivotal role in encouraging the utilization of traditional medicine during pregnancy and childbirth. Adamolekun et al. (2023) also reported that factors influencing TM utilization include socioeconomic status, education level, cultural beliefs, and accessibility to modern healthcare facilities. This is reinforced by the findings of Dimene et al. (2020) which stated that factors such as level of education ($p = 0.016$), family income ($p = 0.007$), and residential settlement ($p = 0.026$) showed significant statistical association for use of traditional medicines.

Conclusion

Based on the findings, it can be concluded that cultural factors are strongly linked to the use of traditional medicine during pregnancy and childbirth.

Recommendation

From the study findings; the following recommendation were made; There is need to integrate beneficial traditional practices into modern health care, ensuring safety and efficacy. Community-based education programs should be conducted highlighting benefits and risks of traditional medicine.

Additionally, further research should be carried out to examine the effects of traditional medicine on pregnancy and labor outcomes.

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Conflict of Interest

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Authors' Contributions

JHI: Conceptualization, DS: Data collection, ASL: Data Analysis, BFU: Critical revision of manuscript, HA: Methodology, HS: Critical revision of manuscript

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