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TRADITIONAL MEDICAL PRACTICES AND HEALTHCARE UTILIZATION IN AKPABUYO, CROSS RIVER STATE, NIGERIA

By

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Abstract
This study examines the relationship between traditional medical practices and the utilization of health services in Akpabuyo Local Government Area, Cross River State, Nigeria. Specifically, it explores how herbal medicine and spiritual/ritual healing influence healthcare utilization. Using the chi-square statistical tool, hypotheses were tested at a 0.05 significance level, revealing significant relationships between herbal medicine, spiritual/ritual healing, traditional birth attendance, and healthcare utilization. The study concludes that traditional medical practices play a crucial role in shaping healthcare choices in the area. It recommends integrating traditional birth attendants (TBAs) into the healthcare system through training and support while improving access to modern healthcare to enhance maternal and child health outcomes.

Keywords: Herbal Medicine, Spiritual, Ritual Healing, traditional medical practices, utilization of health services

Introduction

Traditional medicine in Africa is deeply rooted in cultural and spiritual beliefs, relying on indigenous knowledge passed down through generations. It encompasses herbal remedies, rituals, and holistic healing practices for diagnosing, treating, and preventing diseases. Traditional healers—herbalists, diviners, and spiritual practitioners—play a crucial role in healthcare, particularly in rural areas where access to modern medical services is limited. In Nigeria, herbal medicine is one of the most widely practiced forms of traditional healing. In Akpabuyo, Cross River State, the Efik people have a long-standing tradition of using local plants and herbs to treat various ailments. These remedies, derived from the region's abundant plant life, are commonly used to manage conditions such as malaria, gastrointestinal disorders, skin infections, hypertension, and diabetes. Notable medicinal plants include bitter leaf (*Vernonia amygdalina*), neem tree (*Azadirachta indica*), and pawpaw leaves (*Carica papaya*), all known for their therapeutic properties (Akinyemi & Ibrahim, 2024).

In many Nigerian societies, traditional medicine remains a vital component of healthcare, particularly in rural and peri-urban areas. Calabar, the capital of Cross River State in southeastern Nigeria, is a dynamic city known for its rich cultural heritage, diverse ethnic composition, and historical significance. The city's healthcare system reflects an interaction between traditional healing practices and modern medical services. According to (Umoren, 2021), traditional healers in Akpabuyo possess extensive knowledge of identifying, harvesting,

and preparing herbal remedies. They also understand the appropriate dosages and methods of administration. These remedies are often complemented by spiritual practices, such as prayers or rituals, depending on the perceived cause of the illness (Nnana, Olofu&Runyi, 2024). For many residents of Akpabuyo, traditional treatments are regarded as effective and reliable, particularly in areas where access to modern healthcare is limited.

Additionally, spiritual healing plays a crucial role in traditional medicine in Akpabuyo (Umoren, 2021). The Efik people, for instance, have a long-standing tradition of spiritual healing, where diviners, priests, and community elders provide guidance and perform rituals to restore health. These practices are based on the belief that illnesses can arise from spiritual imbalances, curses, or ancestral displeasure. To address such conditions, traditional healers may conduct ceremonies, offer sacrifices, or communicate with ancestral spirits. Spiritual healing is particularly significant in treating conditions such as infertility, mental health disorders, and chronic illnesses—especially when modern medical interventions are perceived as inadequate or when the community believes the illness has a spiritual origin. Beyond physical recovery, these practices provide emotional and psychological support, which is essential for overall well-being.

According to Bassey and Akpan (2015), the government of Cross River State has made significant investments in improving healthcare infrastructure, particularly in maternal and child health services. To meet the basic healthcare needs of the population, primary healthcare centers have been established across various parts of the metropolis. These centers provide essential services such as immunization, antenatal care, and treatment for common illnesses like malaria and diarrhea. For many residents, these facilities serve as the first point of contact when seeking medical attention. In addition to public healthcare initiatives, private healthcare providers in Akpabuyo have played a crucial role in expanding healthcare access. Private hospitals and clinics offer a wide range of medical services, including specialized care that may not be readily available in public hospitals. While private healthcare is often regarded as more efficient and personalized, the high cost of services can make it inaccessible to low-income individuals (Nguyen, Tariq, Hinchcliff, Luu & Dunne, 2023).

Health education also plays a vital role in enhancing the utilization of healthcare services in Akpabuyo. Government agencies and non-governmental organizations (NGOs) have launched various public health campaigns to raise awareness about prevalent diseases such as HIV/AIDS, malaria, and tuberculosis. These initiatives focus on educating the public about the importance of regular health checkups, vaccinations, and preventive measures, such as the use of insecticide-treated bed nets for malaria prevention (Bassey & Akpan, 2015; Ofem, Ojiho, Eyang & James, 2024; Tangban&Nnana, 2024).

In recent years, there has been a growing emphasis on promoting institutional deliveries and encouraging the use of skilled birth attendants during childbirth. Public health campaigns have been launched to reduce reliance on traditional birth attendants (TBAs), who often lack the necessary training and medical equipment to manage complications during childbirth (Bassey & Akpan, 2015). However, despite these efforts, many women in Calabar, particularly in rural areas, continue to give birth at home with the assistance of TBAs. This persistence is largely influenced by cultural beliefs and a deep-seated mistrust of modern medical services. Against this backdrop, the present study seeks to examine traditional medical practices and the utilization of health services in Akpabuyo, Cross River State, Nigeria (Nnana, Isaac & Blessing, 2023).

In Calabar, as in many other parts of Nigeria, both traditional medical practices and modern healthcare services play crucial roles in the health system. While traditional medicine

remains an essential component of healthcare, particularly in rural and remote areas, modern health services have significantly expanded in urban centers like Calabar. Despite this growth, both systems face distinct challenges that affect their effectiveness, accessibility, and utilization.

Although Akpabuyo is relatively well-developed, several factors hinder effective access to healthcare services, particularly for residents of rural and peri-urban areas. Poor transportation infrastructure, inadequate roads, and the lack of reliable public transport make it difficult for people to reach healthcare facilities, especially in emergencies. Furthermore, many healthcare centers in these areas suffer from underfunding and staffing shortages, leading to overcrowding and prolonged waiting times.

The cost of healthcare services is another major barrier for many residents. Despite government efforts to introduce health programs aimed at making medical services more affordable, many individuals still struggle to afford treatment, particularly in private hospitals. The high cost of specialized care, medications, and laboratory tests often forces people to turn to traditional medicine, which is generally more affordable (Nnana, Tangban, Tiku, &Abonor, 2023).

Cultural beliefs and mistrust of modern medical practices also influence healthcare utilization in Calabar. Traditional medical practices, including herbal medicine and spiritual healing, continue to enjoy significant support, especially among older generations. Some individuals perceive modern medicine as foreign and incompatible with their cultural or spiritual needs. This reluctance to embrace formal healthcare services is particularly evident in rural communities, where traditional healing practices remain deeply entrenched.

Literature review

The Concept of Traditional Medical Practices

Traditional medical practice refers to healthcare systems, treatments, and healing methods that have been passed down through generations within various cultures and societies. It encompasses a broad range of practices, including herbal medicine, spiritual healing, acupuncture, massage therapy, and other natural or community-based approaches to health. These practices are typically based on indigenous knowledge, cultural beliefs, and the natural environment and are often used alongside or instead of modern medical interventions. Traditional medicine is deeply rooted in the cultural and historical contexts of the people who practice it. The knowledge of herbs, rituals, and therapeutic techniques is often transmitted from elders or healers to younger generations, preserving ancient healing traditions. For example, in Africa, the use of local plants and roots to treat ailments has been a significant aspect of traditional healing for centuries. Traditional medicine often adopts a holistic approach, addressing not only the physical aspects of health but also the spiritual, ritualistic, and social dimensions of well-being. In many cultures, healing is viewed as the restoration of balance between the body, mind, and spirit. Illness is often perceived as a result of disharmony in this balance, and treatment aims to restore equilibrium through herbal preparations, spiritual healing, and lifestyle modifications (Bassey &Ikpi, 2015; Nnana& Nwadike, 2024).

According to Bassey and Ikpi (2015), traditional medical practices continue to play a crucial role in many societies, particularly in rural and underserved areas. In many regions, traditional medicine remains more accessible than modern healthcare due to lower costs and the ease of obtaining services. In rural areas with limited access to formal health facilities, traditional healers often serve as the primary healthcare providers. Moreover, traditional medicine is often more culturally familiar and acceptable to people within various communities. It aligns with local beliefs and practices, providing a sense of continuity and identity. Many individuals feel more comfortable seeking help from local healers who understand their cultural

values and traditions. In some cases, traditional medical practices complement modern healthcare. For instance, some individuals use herbal remedies alongside prescribed medicines or incorporate spiritual healing into conventional treatments (Nnana, Enobong, Anyang, Cecilia & Beauty, 2023). This integrative approach can enhance health outcomes, particularly in the management of chronic diseases. Additionally, traditional medical practices place a strong emphasis on preventive healthcare and overall wellness. Practices such as dietary regulations, herbal tonics, and lifestyle modifications are often prescribed to maintain health and prevent diseases (Mohiuddin, 2019). These preventive measures are particularly valuable in rural areas where healthcare infrastructure is weak (Bassey &Ikpi, 2015; Tangban, Nnana&Udousoro, 2024).

Klobodu, Milliron, Agyabeng, Akweongo&Adomah-Afari, (2020) observed that many traditional treatments lack scientific validation. The absence of clinical trials and systematic research on the efficacy and safety of herbal remedies, for instance, hinders their full integration into formal healthcare systems. This gap in scientific evidence often leads to skepticism among modern healthcare professionals and policymakers, limiting the recognition and acceptance of traditional medical practices. One major challenge of traditional medicine is the lack of formal regulation and oversight. The absence of standardized guidelines can result in the use of untested or potentially unsafe substances, improper dosages, and unsanitary treatment conditions. These issues raise significant concerns about the safety and reliability of traditional healing methods. Additionally, in many countries, tensions exist between traditional medicine and modern healthcare systems. Although traditional medicine plays a critical role in community health, the lack of coordination between the two systems often leads to challenges in patient care (Christiana, Nnana, Emmanuel, Lilian & Victor, 2022). When individuals prioritize traditional treatments over professional medical care, it can lead to delayed diagnoses and suboptimal health outcomes.

Another challenge is the informal nature of training among traditional healers. Unlike modern healthcare professionals, many traditional practitioners acquire their knowledge through apprenticeship rather than structured education, leading to inconsistencies in treatment approaches and patient outcomes. Furthermore, as younger generations embrace urbanization and modern education, there is an increasing risk that traditional healing knowledge will be lost or gradually diminished. To ensure the sustainability of traditional medicine, it is essential to document, preserve, and integrate this knowledge in a structured and systematic manner.

Herbal Medicine and Utilization of Health Services

Herbal medicine, deeply rooted in ancient traditions, continues to play a crucial role in global healthcare. It involves the use of plants and plant-based substances for medicinal purposes and has been an integral part of healing practices across various cultures for centuries. While traditionally associated with indigenous and folk medicine, herbal remedies are increasingly being incorporated into modern healthcare systems, particularly as interest in natural and alternative treatments grows (Umoren, 2021).

Historically, indigenous communities worldwide have relied on plant-based therapies to treat a broad spectrum of ailments, ranging from minor wounds to chronic diseases. Plants contain bioactive compounds such as alkaloids, glycosides, flavonoids, and terpenoids, which exhibit therapeutic properties, including anti-inflammatory, antimicrobial, and analgesic effects. For instance, ginger has long been used to alleviate nausea and inflammation, while peppermint has been recognized for its effectiveness in addressing digestive issues. One of the most notable aspects of herbal medicine is its accessibility, especially in rural and underdeveloped regions. In many communities, it serves as the primary form of healthcare due to its affordability and the ease of sourcing medicinal plants locally. This accessibility makes it a vital healthcare solution

for populations with limited access to modern medical facilities. Additionally, the knowledge of medicinal plants is often transmitted through generations, fostering a strong cultural connection between communities and their traditional healing practices (Umoren, 2021; Nnana, Rita & Adie, 2024).

According to Bassey and Akpan (2015), herbal medicine is widely regarded as a natural and holistic approach to healthcare. Many individuals prefer herbal remedies over pharmaceutical drugs due to the perception that they are milder and have fewer adverse side effects. This preference is particularly pronounced in the management of chronic conditions, where prolonged use of conventional medications may result in undesirable side effects.

In recent years, there has been a growing movement toward integrating herbal medicine with conventional healthcare services, a trend known as complementary and alternative medicine (CAM). Many healthcare systems, particularly in Africa, Asia, and parts of Europe, are increasingly acknowledging the benefits of combining herbal remedies with modern medical practices to improve patient care. One driving factor behind this integration is the increasing number of patients who use herbal remedies alongside prescribed medications. Individuals often seek herbal treatments for non-emergency conditions such as stress, mild pain, or digestive disorders. As a result, healthcare providers are beginning to recognize the role of herbal medicine in addressing these ailments and are offering guidance on its safe use, particularly in relation to potential interactions with pharmaceutical drugs (Nnana& Isaac, 2024).

Moreover, research into the efficacy of herbal remedies is essential while also providing guidance on safe practices. Additionally, the regulation of herbal products and the standardization of dosages can help reduce risks and enhance the effectiveness of herbal treatments. Herbal medicine continues to play a significant role in global healthcare, particularly in regions where access to modern medicine is limited or where individuals prefer natural remedies.

While integrating herbal medicine into formal healthcare systems presents challenges, it also holds great potential as a complementary treatment option. As scientific research continues to validate its efficacy and as regulations and safety standards improve, herbal medicine is likely to remain a vital component of healthcare. Collaboration between traditional and modern healthcare systems, along with enhanced patient education and awareness, will be crucial in ensuring that herbal remedies are used safely and effectively to improve health outcomes worldwide (Khan & Rahman, 2016).

Spiritual/Ritual Healing and Utilization of Health Services

Spiritual and ritual healing is a practice deeply rooted in many cultures around the world. It refers to the use of spiritual or religious rituals and interventions to address physical, emotional, and psychological ailments. Often intertwined with traditional belief systems, spiritual healing seeks to restore balance, harmony, and well-being by invoking supernatural forces, divine beings, or ancestral spirits. While these practices hold profound cultural significance, their relationship with modern health services is complex and multifaceted (Roger, 2020; Nnana, Adie, Omini&Runyi, 2024). According to Odebiyi and Adebayo (2017), spiritual and ritual healing is grounded in the belief that illness is not only a physical condition but also a manifestation of spiritual disharmony or moral imbalance. Various cultures around the world, including many African, Indigenous, and Eastern traditions, believe that health and well-being are influenced by forces beyond the physical realm. These forces may include ancestors, deities, spirits, or cosmic energies.

Spiritual healers—often called shamans, diviners, or spiritual leaders—are viewed as intermediaries between the human and spirit worlds. They perform rituals, offer prayers, and provide guidance to restore balance and healing. Rituals are a central element in many spiritual

healing practices and may include prayer, chanting, meditation, fasting, or the use of sacred objects.

For example, in some African cultures, spiritual healers conduct rituals to appease ancestral spirits or deities to cure illnesses believed to be caused by spiritual disturbances. In Hinduism, rituals such as **puja** (prayer) or **yajnas** (sacrificial rites) are performed to invoke divine intervention for physical or mental health problems. Rituals can also involve sacrifices or offerings to spirits or gods, which are believed to restore both spiritual and physical harmony. In many cases, these rituals are highly personalized, with the healer tailoring them to the specific conditions of the individual (Nnana&Nsan, 2024).

Klobodu et al., (2020) noted that spiritual healers often diagnose ailments through divination, visions, or the interpretation of dreams. However, with the increased availability of healthcare facilities, modern medical services provide more structured and evidence-based approaches to treatment.

Traditional Birth Attendants (TBAs) and Maternal Healthcare

Amadi and Akpan (2017) argue that while traditional birth attendants (TBAs) continue to play a vital role in maternal healthcare, particularly in rural communities, integrating them into modern healthcare systems can significantly improve maternal health outcomes. TBAs are culturally relevant, accessible, and trusted within their communities, making them an important part of the healthcare system. Umoren, (2021) postulated that TBAs provide essential maternal care, particularly in underserved communities. However, the growing expansion of modern health services in the region offers women better access to quality care and safer childbirth options.

To achieve better maternal health outcomes, a more integrated approach that combines the strengths of both traditional and modern healthcare systems is essential. By training and supporting TBAs while also providing access to modern healthcare, Akpabuyo can ensure that mothers and children receive the best possible care during pregnancy and childbirth (Tangban&Nnana, 2024).

Theoretical Framework

Structural Functionalism Theory

Structural functionalism was postulated by **Herbert Spencer and Robert Merton in 1898**. It is a sociological perspective that views society as a **complex system** in which different parts work together to maintain **stability and social order**. This theory emphasizes the importance of **social structures**, such as healthcare, education, and religious institutions, in shaping human behavior and ensuring societal cohesion. A key principle of structural functionalism is that each component of society has **specific functions** that contribute to the overall functioning of the system. For example, healthcare plays a crucial role in **promoting well-being, maintaining social roles, and supporting economic growth.** When individuals, including**orphans and vulnerable populations,** receive adequate healthcare, they can actively participate in society. However, when healthcare access is limited, it creates **dysfunctions**, which may lead to economic and social instability. In the context of this study, structural functionalism helps explain the role of both**traditional and modern healthcare systems** in maintaining social balance. Traditional medicine, like conventional healthcare, fulfills specific societal functions by integrating cultural practices, addressing health needs, and shaping social expectations. By ensuring that healthcare services are accessible and effective, societies can enhance**social stability and overall well-being**.

Despite its contributions, structural functionalism has faced criticism for its**inability to explain social change.** The theory primarily focuses on stability and does not adequately address how societies evolve over time. Additionally, it assumes that all social structures serve a **positive function,** even though some institutions may persist despite being dysfunctional. Another limitation is that it does not fully account for**power dynamics, social inequalities, and conflicts**, which are essential factors in understanding healthcare accessibility and disparities.

However, structural functionalism provides a useful framework for understanding how healthcare systems contribute to social stability. By applying this theory, the study examines how access to healthcare influences**individual well-being and societal cohesion**, highlighting the role of both traditional and modern medical services in maintaining a balanced and functional society.

Systems Theory

Systems theory was introduced by **biologist Ludwig von Bertalanffy in the 1930s**. This theory emphasizes that all components of a system are **interconnected** and that changes in one part affect the entire system. The core principles of systems theory include **interdependence, wholeness, multiple levels, and homeostasis. Interdependence** refers to the idea that different parts of a system are **closely connected**, meaning that any change in one component **influences other parts**. For instance, when a healthcare system undergoes transformation, it affects other related systems, such as **education, the economy, and social welfare. Wholeness** suggests that the **entire system is greater than the sum of its parts.** To fully understand a system, one must examine it **as a whole**, rather than focusing only on individual components. **Multiple levels of a system** highlight that organizations or institutions exist within **larger structures,** such as **communities, states, and nations**. These levels are **interrelated** and can impact one another.

Homeostasis refers to a system's tendency to **resist change** in order to maintain stability. Organizations, including healthcare systems, often struggle to adapt to change due to their reliance on **established structures and processes** (Klein, 1996).

From a systems perspective, the**structure of roles** within a system plays a crucial role in maintaining balance. For example, in healthcare, professionals working together **must understand their roles and responsibilities** to ensure effective service delivery. A well-functioning system includes **clear and motivating goals, structured processes, collaboration, high performance standards, and strong leadership**. In relation to this study, systems theory explains how **healthcare accessibility, vulnerability, and disability** affect overall system functionality. If orphans and vulnerable individuals **lack access to healthcare,** it disrupts other systems, leading to **negative consequences** for society. For instance, inadequate healthcare can result in **higher mortality rates, economic burdens, and reduced social productivity.**

Despite its relevance, systems theory has been criticized for being **more of a model than a formal theory.** Some scholars argue that its concepts are **too broad** and **methodological rather than theoretical.** Additionally, systems theory**does not always adhere to traditional scientific methods**, as it allows for different models to explain various phenomena (Walsh, 1993). Some critics also believe that the theory is **too general** to be effectively applied to individual behaviors.

Nevertheless, systems theory provides a **valuable framework**for understanding the**interconnectedness of healthcare services.** It highlights how both **traditional and modern medical practices**function within**larger social systems**, influencing health outcomes and overall societal well-being.

Methodology

A research design, according to (Egbuche&Nzotta, 2020), is the structuring of an investigation aimed at identifying variables and their relationships. It serves as a plan of action for data collection from respondents. In this study, a **survey research design** was adopted because it enables the collection of relevant information through the use of questionnaires. According to Ogunbameru et al. (2024), a survey design is an attempt to elicit information from a sample of a population to determine the accurate status of the population. This design was chosen as it allows for empirical generalizations based on the collected data.

Study Area

The study was conducted in **Akpabuyo Local Government Area (LGA), Cross River State, Nigeria.** Akpabuyo LGA is located in the southern part of Nigeria and shares the Atlantic coastline with Bakassi and the Republic of Cameroon to the west. It lies between**latitude 4.47°N and 5.27°N**and**longitude 8.23°E and 8.27°E**. Akpabuyo is situated **north of Calabar Municipality**and**southeast of Calabar South Local Government Area**. According to the **National Population Commission (NPC, 2006) census**, the population of Akpabuyo LGA was **272,252 people.**

Population and Sampling Technique

The study targeted **adults and youths aged 15 to 60 years** in Akpabuyo LGA. The **probability sampling technique** was employed to ensure that each member of the population had an equal chance of being selected. The population was first **classified into graduate and undergraduate unemployed youths,** and further**stratified into male and female respondents.** After stratification, the**simple random sampling (ballot method)** was used to select the required sample size of**150 respondents**. This ensured a fair representation of different demographic groups within the study area. Both primary and secondary data sources were utilized in this study. Primary data were collected through fieldwork using structured questionnaires, which allowed for direct responses from participants. Secondary data were obtained from various sources, including textbooks, academic journals, internet sources, magazines, and other resource materials.

To ensure the reliability of the research instrument, the test-retest reliability method was applied. This process involved administering the questionnaire at different times to the same respondents to determine its consistency. The results confirmed that the questionnaire could produce reliable and consistent outcomes over repeated applications.

The tables and simple percentage was used to present the data while the chi-square statistical tool was used to analyze the tested hypotheses. Chi-square (x^2) is represented as;

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$$X^2 = \frac{(O - E)^2}{E}$$

Where:

X^2 = Chi square

$\sum$ = Summation

O = Observed frequency

E = Expected frequency

Findings

Table 1: Sex Distribution of Respondents

Sex	No of Respondents	Percentage %
Males	70	47
Females	80	53
Total	150	100

Source: Field Survey, 2025

The results indicate that out of 150 respondents, 70 (47%) were male, while 80 (53%) were female. This suggests a relatively balanced representation, with a slightly higher participation of female respondents.

Table 2: Age Distribution of Respondents

Age Group	No of Respondents	Percentage %
Below 21	18	12%
21-25	45	30%
26-30	39	26%
31-35	23	15%
36 and above	25	17%
Total	150	100%

Source: Field Survey, 2025

The majority of respondents (30%) were aged between 21-25 years, followed by those aged 26-30 (26%). The least represented age group was below 21 (12%). This suggests that younger individuals were more willing to participate in the study, possibly due to their increased accessibility and engagement.

Table 3: Marital Status of Respondents

Marital Status	No of Respondents	Percentage %
Single	45	30%
Married	45	30%
Divorced	30	20%
Widow/Widower	15	10%
Total	150	100%

Source: Field Survey, 2025

An equal proportion of respondents were single (30%) and married (30%), while 20% were divorced, and 10% were widowed. The higher representation of single and married individuals may indicate their greater engagement with the study's subject matter.

Table 4: Occupation of Respondents

Occupation	No of Respondents	Percentage %
Civil Servant	30	20%
Trader/Business	22	15%
Students	68	45%
Politician	15	10%
Total	150	100%

Source: Field Survey, 2025

Students represented the largest occupational group (45%), followed by civil servants (20%) and traders/businesspersons (15%). Politicians formed the smallest category (10%). The predominance of students may be attributed to their availability and readiness to participate in academic research.

Table 5: Level of education of Respondents

Level of Education	No of Respondents	Percentage %
FSLC/SSCE	75	50%
Diploma/B.Sc/HND	60	40
M.Sc/Ph.D	15	10
Total	150	100%

Source: Field Survey, 2025

Half of the respondents (50%) had FSLC/SSCE qualifications, while 40% held a Diploma/B.Sc./HND, and 10% had an M.Sc./Ph.D. This distribution reflects a diversity in educational backgrounds among participants, suggesting varied perspectives on the subject matter.

Table 6: Respondents view on question 7 from the questionnaire

Responses	Males	Females	Total	Percentage %
Yes	55	60	115	77%
No	15	20	35	23%
Total	70	80	150	100%

Source: Field Survey, 2025

The table above shows that out of 150 respondents, 115 (77%) comprising of 55 males and 60 females agreed, 35 (23%) comprising of 15 males and 20 females disagreed to the question.

Table 7: Respondents view on question 11 from the questionnaire

Responses	Males	Females	Total	Percentage %
Yes	50	49	99	66%
No	20	31	51	34%
Total	70	80	150	100%

Source: Field Survey, 2025

The table above shows that out of 150 respondents, 99 (66%) comprising of 50 males and 49 females agreed,51 (34%) comprising of 20 males and 31 females disagreed to the question.

Table 8: Respondents view on question 15 on the questionnaire

Responses	Males	Females	Total	Percentage %
Yes	51	69	120	80%
No	20	10	30	20%
Total	71	79	150	100%

Source: Field Survey, 2025

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The table above shows that out of 150 respondents. 120 (80%) comprising of 51 males and 69 females agreed, while 30 (20%) comprising of 20 males and 10 females disagreed to the question.

Data Analysis

In the course of this study, two hypotheses were formulated. These hypotheses were tested so as to accept or reject them. The hypotheses were tested using the chi-square ($X^{2)}$ statistical tool.:

Chi-Square Hypothesis Testing

Hypothesis One

Null Hypothesis (H_0): There is no significant relationship between herbal medicine practice and the utilization of health services in Akpabuyo.

Chi-Square Calculations:

- $\chi^2 = 6.31$, df = 2, $p < 0.05$ (Table value = 5.99)

Decision Rule:

Since the calculated χ^2 (6.31) is greater than the table value (5.99), the null hypothesis is rejected. This indicates a **significant relationship** between herbal medicine practice and health service utilization in Akpabuyo.

Hypothesis Two

Null Hypothesis (H_0): There is no significant relationship between spiritual/ritual healing practice and the utilization of health services in Akpabuyo.

Chi-Square Calculations:

- $\chi^2 = 10.37$, df = 2, $p < 0.05$ (Table value = 5.99)

Decision Rule:

Since the calculated χ^2 (10.37) is greater than the table value (5.99), the null hypothesis is rejected. This suggests a **significant relationship** between spiritual/ritual healing practices and health service utilization in Akpabuyo.

Discussion

The study findings align with previous research highlighting the influence of traditional healing practices on healthcare utilization. The **first hypothesis** supports the view of Bassey and Akpan (2015) that herbal medicine is often preferred due to its perceived natural properties and lower risk of side effects compared to pharmaceuticals. Similarly, Junaid and Sulaimon (2018) observed that in rural areas with limited access to modern healthcare, herbal remedies remain a primary treatment option. The **second hypothesis** aligns with the assertions of Odebiyi and Adebayo (2017), who argue that spiritual and ritual healing is deeply rooted in cultural beliefs that health conditions have both physical and spiritual dimensions. This perspective reinforces the continued reliance on spiritual healers alongside conventional medical services in Akpabuyo. The strong statistical significance in this finding suggests that traditional healing practices are not merely supplementary but play an integral role in the community's healthcare choices.

These findings underscore the importance of integrating traditional and modern healthcare systems to improve accessibility and acceptance of medical services. Policymakers and healthcare practitioners should consider culturally sensitive approaches when designing health interventions to ensure better utilization of formal healthcare services.

Conclusion

There is growing recognition of the need to integrate traditional and modern medical practices in order to improve health outcomes in Akpabuyo and across Nigeria. Some initiatives have been introduced to train traditional healers in basic healthcare practices, such as recognizing danger signs in pregnancy or administering first aid. This integration could help bridge the gap between the two healthcare systems, ensuring that people can receive the best of both worlds—culturally appropriate care combined with medical expertise.

Traditional medical practices continue to play an essential role in the healthcare system in Calabar, offering a blend of herbal remedies, spiritual healing, and culturally significant approaches to treatment. However, the growing presence of modern healthcare services in the city has provided opportunities for improving health outcomes through professional care, advanced medical technologies, and government health initiatives. Despite the challenges of access, cost, and cultural barriers, there is potential for a more integrated approach to healthcare that combines the strengths of both systems, ensuring better health outcomes for the people of Calabar.

Recommendations

Based on the findings of this study, the following recommendations were made:

i. The government should establish formal frameworks for collaboration between traditional healers and medical professionals through structured training programs, certification processes, and referral systems.
ii. Health ministries should develop guidelines to regulate the use of herbal remedies to ensure safety, efficacy, and compatibility with modern treatments.
iii. State health agencies should implement training programs for Traditional Birth Attendants (TBAs) in basic obstetric care, emergency response, and safe delivery practices.
iv. A certification process should be introduced to ensure that TBAs meet minimum competency standards before assisting in childbirth.
v. Government support should include the provision of essential medical supplies, referral pathways, and financial incentives for TBAs working in underserved communities.
vi. Public health campaigns should be launched to educate communities on the safe and effective use of herbal remedies, emphasizing the importance of consulting both traditional and modern healthcare providers.
vii. Community outreach programs should be introduced to dispel myths surrounding modern medicine and encourage evidence-based healthcare-seeking behaviors.

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