



FUW CENTRE FOR RESEARCH JOURNAL OF EDUCATIONAL STUDIES (FUWCRJES)



Complementary and Alternative Medicine Health-Seeking among Students in Federal University Wukari, Taraba State, Nigeria

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Abstract

Complementary and Alternative Medicine is a growing area of health care within developed and developing countries and is increasingly popular with consumers and professionals. Against this background, a study to determine Complementary and Alternative Medicine Health-Seeking among Students in Federal University Wukari Taraba State, Nigeria was carried out. One research questions and one null hypotheses were raised to guide the study. The survey involved a sample of 100 students drawn from a population of 1000 using the proportional sampling procedure. Complementary and Alternative Medicine Health-Seeking among Students in Federal University Wukari Taraba State, Nigeria (CAMHSSsQ) questionnaire of used CAM was the instruments for data collection. Only 96 out of 100 copies of the questionnaire were duly completed. Data were analyzed using frequency and percentage. Chi Square statistics were employed to test the null hypothesis $p < .05$. Findings showed that the use of complementary and alternative medicine (52.5%) of CAM users assessed their health status as good, (34.3%) Alternatives Medicine being the most frequently used product while (28.3%) respondents shows that conventional medicine is not effective. Consequently, it is recommended, there is need for clinical trial on the benefits associated with the used of CAM to facilitate proof of efficacy and the safety of the products, as well as a designed framework on public health, health education and health promotion programme be developed by the government on how to use complementary and alternative medicine to be useful across all spectrum.

Keywords: Complementary, Alternative Medicine, Health-Seeking

Introduction

Complementary and alternative medicine (CAM) constitutes a broad spectrum of therapeutic and diagnostic disciplines that exist largely outside conventional health care institutions. Common to most CAM systems is a focus on individualizing treatment and being holistic, whilst recognizing the spiritual nature of each individual. However, claims about efficacy often lack scientific

evidence and have often been disproved during testing. The United States National Science Foundation has defined CAM as “all treatments that have not been proven effective using scientific methods” (National Science Foundation, 2002). Many practices form part of historical or cultural traditions rather than being based on scientific principles, e.g. Chinese and herbal medicine. Complementary medicine refers to practices which are used together with conventional medicine e.g. acupuncture used with conventional pain relief. Alternative medicine includes

practices used in place of conventional practices, while integrated medicine is defined as conventional medicine combined with CAM practices that are safe and show some evidence of efficacy (National Centre for Complementary and Alternative Medicine, 2011). CAM practitioners refer to conventional medicine as allopathic medicine.

The global situation as reported in the WHO tradition medicine strategy 2002 - 2005 showed a CAM use prevalence rate of Belgium (31%), China (40%), Colombia (40%), USA (42%), Australia (48%), France 49%, India (65%), Canada (70%) and Chile (71%) [WHO 2002]. The same report observed that in Africa, up to 75% of people living with HIV/AIDS use traditional medicine. A literature review on the use of CAM for cancer patients in a number of European countries suggest that CAM is popular among cancer patients with 35.9% using some form of CAM (range among countries 14.8% to 73.1%) Molassiotis, Fernandez-Ortega, Puel, Ozden, Scot, Panteli and Margulies, (2005).

CAM is a growing area of health care within developed and developing countries and is increasingly popular with consumers and professionals. Cooper and Fraser (2003). In the past decade, attention and interest in the use of CAM has been reawakened globally. Evidence from studies carried out in different parts of the world has established that CAM use is very common and varies among populations Barnett, Cotroneo, Purnell, Martin, Mackenzie, Fishman (2003) & World Health Organization (WHO)

(2002) and the nature of what is consumed under the umbrella of CAM varies in form and number in different parts of the world. The most popular include herbs, acupuncture, non vitamin, non mineral, natural products, faith/prayer healing, among others Barnes and Bloom (2008), Barnes, Powell-Griner, McFann and Nahin (2004), Ezeome and Anarado, (2007).

Complementary and alternative medicine or modalities (CAM) are defined by the National Center for Complementary and Alternative Medicine (NCCAM 2014), National Institutes of Health, as “health care approaches with a history of use or origins outside of mainstream medicine.” Various forms of CAM have been reported for centuries. Use of CAM declined with the appearance of antibiotics in the early 1900s and then regained popularity in the 1970s (Cuellar 2006). The World Health Organization has noted that various forms of CAM have served as the primary health practice in developing countries for years and are expanding worldwide in countries where more conventional medicine is predominant. Numerous social, economic, and political factors have influenced the renewed interest in CAM in the United States. For more than 1800 CAM therapies have been identified that can offer both benefits and risks to the users, so health care providers must have a basic knowledge of these therapies.

In sub-Saharan Africa, the use of CAM is particularly high because it is culturally acceptable with several therapies such as massage, herbal remedies and

biological products being practiced and handed down through generations WHO (2019), and Alade, Okpako, Ajibessin, and Omobuwajo, (2016). The prevalence of CAM use in Nigerian children has been found to range from 30-60% James, Wardle, Steel, (2018) Oshikoya, Senbanjo, Njokanma and Soipe, (2018), Oshikoya et al. (2008) reported a 31.0% prevalence rate in its use among children with chronic illnesses such as sickle cell, asthma and epilepsy in Lagos. In Ibadan, Lagunju (2013) reported 56.6% prevalence of use of CAM among children attending an outpatient neurology clinic for management of epilepsy with biological and spiritual therapy mostly used. CAM has also been popularly used in the management of children with chronic gastrointestinal disorders, cancer and special needs Mosavat, Heydari, Hashempur, Dehghani (2018) Isaac-Otero, Molina-Alonso, AsencioLópez, and Leal-Leal (2016.). Apart from its use for the treatment of ailments, the use of CAM has been reported in adults and children routinely for general health maintenance. Onyiaapat, Okoronkwo, Ogbonnaya (2011).

In Nigeria, A centre for research in traditional complementary and alternative medicine established in June, 2017 aims to support World Health Organization programme in integrate traditional medical practice into public healthcare in Nigeria and around the globe. The centre is to support the work of the WHO Traditional Medicine Strategy 2014–2023, assist the Federal, state and local governments in Nigeria develop policies and implement plans that

strengthen the role traditional medicine (TM) plays in keeping populations healthy. The center will work in collaboration with the Nigerian Council of Physician of Natural Medicine (NCPNM) and other traditional medical practitioners. Although the use of traditional herbs and remedies are well known and relatively common, the use of CAM in the general adult population irrespective of their health status is unknown. This present study is therefore a preliminary to providing baseline data on the use of CAM among students in Federal University Wukari. Complementary and alternative medicine methods can be very different in their origins and practice, being variously based on traditional medicine, spiritual beliefs or novel approaches to healing.

The National Centre for Complementary and Alternative Medicine (NCCAM) in America has classified CAM into five major groups (National Centre for Complementary and Alternative Medicine, 2008), with some overlap: Whole medical systems: overlaps more than one group; e.g. Traditional Chinese medicine, Naturopathy and Homeopathy. Mind-body medicine: explores the interconnection between the mind, body, and spirit e.g. meditation, yoga, hypnotherapy, tai chi and even prayer. Biology-based practices: are based on natural products such as herbs and food. Manipulative and body-based practices: consist of therapies involving manipulation and movement of body parts e.g. chiropractic and osteopathic manipulation, and massage therapy. Energy medicine: a domain that deals with putative and verifiable energy fields: Bio

field therapies are based on supposed energy fields surrounding and penetrating the body. No evidence supports their existence. Bio electromagnetic-based therapies use electromagnetic fields such as pulsed fields, alternating-current, or direct-current in an unconventional way.

The uninhibited use of CAM among students in Federal University Wukari has made it imperative for a closer look at its constituents and safety profile especially with regards to its use. The National Agency for Food and Drug Administration (NAFDAC) is a regulatory body established by the Federal Government of Nigeria in 1992 to regulate and control the manufacture, importation, exportation, distribution, advertisement, sale and use of food, drugs, cosmetics, chemicals, medical devices and packaged water (NAFDAC, 2018). Most alternative medicines and herbal products are registered under this body once manufactured thus possibly increasing their utility having being deemed “safe” for consumption. Despite this, lack of adequate research into the efficacy and safety of these medications in Africa remains a challenge which the WHO is battling to solve WHO, (2019). In a bid to achieve Sustainable Development Goal which aims to promote Universal Health Coverage, there is a need to investigate the safety profiles of these CAMs in order to integrate them into the orthodox health care delivery system. Yet many unregistered CAM practitioners adopt aggressive marketing strategies in print and electronic media to market their products which are freely available on the open market.

Healthcare seeking behaviour (HSB) has been defined as, “any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy”. Olenja (2004) Health seeking behaviour can also be referred to as illness behaviour or sick-term behaviour. Health seeking behaviour is situated within the broader concept of health behaviour, which encompasses activities undertaken to maintain good health, to prevent ill health, as well as dealing with any departure from a good state of health. MacKian (2003).

Demographic relationships with the prevalence of CAM use have also been cited. Barnes, Bloom (2009) Ezeome, Anarado (2009) Singh, Raidoo, & Harris (2004)]. In developed countries, younger adults, female gender, higher level of education, higher income and social class seem to be associated with more frequent use of CAM. Barnes et al reported that CAM use was more prevalent among women, adults aged 30 - 69 years, higher level of education, higher income and people with one or more health conditions.

This study was thus undertaken to determine Complementary and Alternative Medicine Health-Seeking among Students in Federal University Wukari Taraba State, Nigeria. Specifically, the study sought answer to one question as follow:

1. What are the Complementary and Alternative Medicine health-seeking used

and Overall General Health Status among Students in Federal University Wukari?

One null hypotheses was postulated to guide the studies and tested at .05 level of significance.

1. There is no significant difference in the used of Complementary and Alternative Medicine health seeking among Federal University Wukari based on Socio-economics Status.

Methodology

The descriptive survey design was adopted for the study. The population for the study comprised all the Students in Federal University Wukari Taraba State, Nigeria. The population is 10,000 Students in Federal University Wukari Taraba State, Nigeria. The sample sizes were 1000 Students at various Faculty in Federal University Wukari Taraba State, Nigeria. Using proportional sampling technique, 100 Students at various Faculty in Federal University Wukari Taraba State, Nigeria were used for the study. Researcher-structured questionnaire called Complementary and Alternative Medicine

Health-Seeking among Students in Federal University Wukari Taraba State, Nigeria (CAMHSSsQ) was use for data collection in the study. Only 96 out of 100 copies of the questionnaire were duly completed.

Data collection was done personally by the researcher. The completed copies of the instrument were collected immediately after completion to ensure maximum return rate. The completed copies of the questionnaire were checked for completeness of information and responses. The copies that are properly completed will be used for data analysis. All analysis was done using frequencies and percentages while Chi square test was used to determine associations between socio economic status and CAM used with the level of significance set at $p \leq 0.05$.

Results

Research Question

1. What are the Complementary and Alternative Medicine health-seeking used among Students in Federal University Wukari?

Table 1. Percentage responses on Complementary and alternative medicine health-seeking used among Students N=96

S/N	Overall General Health Status	Frequency	Percentage
1.	Satisfactory	37	37.4 %
2.	Good	52	52.5%
3.	Seriously sick	7	7.1%
	Total	96	97.0%

Considering the overall health status of the users as shown in Table 1, (52.5%) of CAM users assessed their health status as good. While (37.4%) of

CAM users assessed their health status as satisfactory. On the other hand, (7.1%) of CAM users classified their health status as seriously sick.

Table 2. Percentage responses on Complementary and alternative medicine health-seeking used among Students. N=96

S/N	CAM used.	Frequency	Percentage
1.	Biological Product	29	29.3 %
2.	Spiritual therapy/mind-body systems	18	18.2 %
3.	Alternatives Medicine	34	34.3 %
4.	Energy therapists	8	8.1 %
	Total	96	97.0 %

The most commonly used form of CAM in Table 2 was the Alternatives Medicine (34.3%) being the most frequently used product in this category. Other forms used include Biological Product (29.3%) while Spiritual therapy/mind-body systems (18.2%) with faith/prayer healing being the most

frequently used, Energy therapists (8.1%) with massage as the most frequently used.

Hypothesis

1. There is no significant difference in the used of Complementary and Alternative Medicine health seeking among Federal University Wukari based on Socio-economics Status.

Table 3. Summary of Chi-Square test the used of Complementary and Alternative Medicine health seeking among Students in Federal University Wukari based on Socio-economics Status. N=96

Variables	N	χ^2_{Cal}	χ^2	Df	Decision
			0.05		
Low Income	96	16.37	0.000	1	Significant
High Income	96	12.97			

Table 4 shows that the calculated of low and high income $\chi^2_{Cal} = 16.37$ and 12.97 is greater than $\chi^2_{0.05} = 0.000$ at degree of freedom 1, we reject null hypothesis and conclude that there is no significant difference in the use of Complementary and Alternative Medicine health seeking among Students in Federal University Wukari based on Socio-economics Status.

Discussions

The study revealed interested findings. CAM products used by

respondents in this study are consistent with most frequently used CAM products in literature Barnes and Bloom (2008), WHO (2005), Ezeome and Anarado, (2007). In addition this study made a remarkable finding in the use of honey as a CAM product which has not been mentioned in the literature of CAM use. The use of honey especially for wound dressing has been reported in United Kingdom and this is attributed to antibiotic-resistant bacteria which have become widespread clinical problem. Dunford, Cooper, White, Molan, (2000). This has resulted in the availability of the number of honey-based wound

treatment/dressings in United Kingdom. We also found that prayer healing was another common therapy used by the respondents. Religion has always enjoyed high favour with most African communities and this could be responsible for the increased number of people who used prayer/faith healing to ease unfavourable health conditions. Singh, Raidoo, Harris (2004), recorded that herbs and spiritual healing were the two most common forms of CAM used among Indians in South Africa, Bahhotmah, Alzahrani, (2010).

In US, herbal preparations were found to be the most common form of CAM used among the elderly Bruno, Ellis (2005). The use of traditional medicine to treat or relieve symptoms of ill-health has never been far from the lives of an indigenous African population. Combination of many forms of CAM to get all the possible benefits is a common phenomenon. It was not surprising to find many adults in this study use biological products including honey and herbs to improve their quality of life and for treatment of certain diseases. This has given birth to new trends of biomedics under the brand names of forever living products, Aloe Vera, GNLD, Tianshi, etc. This trend which has been there, since the primitive era shows no signs of slowing. The multi-level marketing strategies as well as the advert that portray these products as natural herbs, fruits and food supplement are responsible for their popularity among the black population. The African man's affinity for nature also explains why a significant number of the respondents utilize items like crude oil,

black stone, and python fat. Data in the table indicate that alternative medicine is more prevalence among students in the university than any other used of CAM.

The Chi square analysis in table 3 shows that the null hypothesis of there is no significant difference in the used of Complementary and Alternative Medicine health seeking among Students in Federal University Wukari based on Socio-economics Status was rejected. However, Most of the respondents were classified as low income earners and poverty may have contributed to the use of CAM. Nigeria is a developing country with more than 70% of the population living in rural areas and half the population survive on less than 1 dollar per day Human Development Report Nigeria, (2009). In addition, with most CAM products easily accessible and affordable, people are more likely to resort to it than the more expensive conventional therapy coupled with the non-existence of national health insurance scheme for the local populace. Most of the studies on CAM use in developed countries have been carried out on middle and high income group. This could account for the disparities in the association between socio-demographic and economic profiles and frequency of CAM use. On the average, four different forms of CAM were used by each adult. This high ratio may reflect an easier access to these CAM products and fashion trends over time.

Implications of the Study

The findings of the study have implications for health education. The

results shows that the null hypothesis of there is no significant difference in the use of Complementary and Alternative Medicine health seeking among Students in Federal University Wukari based on Socio-economics Status the implication of this study is that most CAM products is easily accessible and affordable, people are more likely to resort to it than the more expensive conventional therapy coupled with the non-existence of national health insurance scheme from the local populace which attributed student to the use of CAM as an alternative medicine. The use of CAM has been noted to be on the rise globally WHO (2019).

Emphasis should be laid on the use of CAM among health seeking students on the dangers of taking any kind of drugs without proper consulting and advice from health professional. Health education should be a tools for proper educating of the students in both school and community in order to advert the problem of use of CAM without knowledge.

Conclusion and Recommendations

The use of Complementary and alternative medicine (CAM) constitutes a broad spectrum of therapeutic and diagnostic disciplines that exist largely outside conventional health care institutions. It became obvious that the transformation of traditional medicine from the individualized system to a commercial manufacturing system so as to give opportunity for proper use of CAM among the constant users.

Consequently, it is recommended, there is need for clinical trial on the benefits associated with the used of CAM to facilitate proof of efficacy and the safety of the products, as well as a designed framework on public health, health education, health promotion programme be developed by the government on the use of complementary and alternative medicine to be useful across all spectrum.

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