

Utilisation of Traditional Medication for the Treatment of Vaginal Infection among Women of Reproductive Age in Makurdi Metropolis of Benue State, Nigeria

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ABSTRACT

A vaginal infection (VI) is a common problem affecting many women of reproductive age in developed and developing countries. This infection can cause vaginal discharge, discomfort, and also vaginal smell, difficulties to conceive, discrimination among others. However, little studies have been done on the utilisation of traditional medication for the treatment of vaginal infection, hence the necessity for this study. The study adopted a qualitative and a quantitative method with the use of a structured questionnaire. The accidental sampling technique was used with a visit to 6 traditional treatment centres, in Makurdi metropolis. Using this method, twenty-five women of reproductive age participated in semi-structured interview face-to-face or by telephone, and 354 women that patronised the traditional medication answered the structured questionnaire about their experience of recurrent vagina infection. The SPSS was used to analyse the quantitative data and presented in a simple percentage. The inferential statistics the Pearson correlation moment was used. It was found among others that different categories of women with different socioeconomic status utilised traditional medication in the treatment of vaginal infection in the area. The only variation was that the educated, the middle and the high-income women utilised traditional therapy after a recorded failure of orthodox therapy, while uneducated and low-income women utilised traditional medicine as a first line of call. The study also revealed that the failure of the conventional health facilities to treat the infection, high cost and the effectiveness of traditional medication influenced women decision to utilised traditional medication. It was also found that the disease has both physical and social effect on women. Base on this, it was recommended among others that the WHO, stakeholders in the health sector should provide basics health facilities for the prevention and treatment of this infection, sensitizing women on the proper hygienic health practices, incorporation of traditional medication into conventional medicine.

KEYWORDS: Vaginal Infection, Reproductive Age, Traditional Medication, Makurdi Metropolis

INTRODUCTION

Vaginal infections can trigger genital discharge, pain, as well as genital odour. Nevertheless, these symptoms do not necessarily show an infection (Nasrin, Gholamreza, Mohsen, Roshanak, Saeedeh, Azizeh, Majid, Zahra & Samira (2017)). This vaginal discharge might additionally trigger a disorder that impacts various other reproductive organs, instead of the vaginal area. For example, a discharge can result from specific venereal diseases such as chlamydial infection or gonorrhoea. The microorganisms that cause these diseases can spread from the vagina to the cervix (the lower, narrow part of the uterus that opens into the vaginal canal) and the uterus, triggering pelvic inflammatory illness. Genital herpes, which can create sores on the vulva (the location around the opening of the vaginal area), in the vaginal canal, and also on

the cervix, can likewise trigger a genital discharge (Adam & Ratner, 2017).

A vaginal infection (VI) is a typical problem affecting between 10%-- 30% of ladies in developed nations (Corson & Crews, 2007)) including the UK and the USA but more than 50% of women in country sub-Saharan Africa (Cronin, Sheppard & de Wildt (2013)). Vaginal infections with bacterial vaginosis, candidiasis and trichomoniasis are an international health issue for women (Cronin, Sheppard & de Wildt (2013)). Vaginitis is the swelling and infection of the vagina frequently experienced in clinical medicine. Varied ranges of pathogenic agents were observed in the genital microflora. Of these, microbial vaginosis, candidiasis and

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trichomoniasis are accountable for most of the genital infections in women of reproductive age (Delaquis, Stanich, Girard & Mazza, 2017). Irregular genital discharge, itching, shedding inflammation, pain as well as discomfort are constant grievances among women going to obstetrics and also gynaecology clinics (Geldsetzer, Williams, Kirolos A, et al (2014). *Candida fungus vaginitis (CFV Vitae)* is just one of the most frequent infections in women of reproductive age. Around 75 % of grown-up ladies contend the very least one episode of vaginitis by candida Albicans during their lifetime (Geldsetzer, Williams, Kirolos A, et al (2014). Regrettably, about 40-- 50 % of women that had the very first episode is most likely to present a recurrence and 5 % may present a type of "recurring" identified by at 3 or even more episodes of infection each year (Hainer & Gibson, 2011). Trichomonal vaginitis (TV) is one of the most typical sexually transmitted disease (Hainer & Gibson, 2011). The human vagina normally has a mucous discharge which assists to maintain the vagina tidy as well as moist. This normal discharge is clear, has no odour as well as causes no irritability. Those most badly impacted experience an offensive fishy-smelling discharge which reoccurs often, frequently around the time of menstrual cycle (Holzman, Leventhal, Qiu, Jone & Wang, (2001).

Virginitis are an inflammation of the vaginal area that might be caused by fungi, germs, or parasites characterised by irritation, itching, genital discharge with the smell, and also a burning feeling (Hainer & Gibson, 2011). Others may have Vagina infection transiently and also asymptotically. It usually responds to therapy with prescription antibiotics but can regression rapidly, and also reported rates of relapse are more than 50% within 3-- 6 months (Hainer, Band & Gibson 2011). Lots of people declared that orthodox medicine fell short to appropriately deal with vaginal infection and for that reason continue to options to anti-biotics (Hainer, Band & Gibson 2011). It has been noted that many infected women used traditional medicine after the orthodox technique failed to heal their problem, while other use traditional medicine at the start of the problem. It has actually been kept in mind that lots of clients consult traditional natural medicine.

Traditional medicines (TM) have actually been and are still in operation by developed and developing countries for the therapy of several disorders such as coughing, cancer cells, fungal and microbial infections including vaginal infection (Holzman, Leventhal, Qiu, Jones & Wang, 2001). Folkloric uses of traditional medication like herbs in the treatment of illness have actually been practised since ancient times. Various countries have their specific treatment methods generally based upon their traditional or religious beliefs as well as cultures. According to the World Health Company (WHO), over 70% of the globe populace relies on herbal medicine for their primary treatments, since they are conveniently obtainable and also readily available most of the times. Many kinds of literary works have revealed that the use of herbal medicine has remained in practice as long as 60,000 years back in Iraq (Hutchinson, Kip & Ness, 2007, Li, 2000). China also has a current and also ancient background of traditional medicines (Karasz & Anderson, 2003). Some plant varieties have actually been reported as powerful agents against infections particularly culinary natural herbs in addition to numerous flavours such as garlic, ginger, cinnamon, and also thyme (Karasz & Anderson, 2003). Some of these revealed a wide activity

against a number of organisms (germs, infections, and parasite), and also are normally associated with little negative effects yet not microbial resistance (MacKian, 2003). Extracts and essential oils of some varieties such as dill, cilantro, coriander, and also eucalyptus, have actually been reported to exhibit antimicrobial homes (Delaquis, Stanich, Girard & Mazza, 2002). For example, the native name for Virginal infection among the Tiv people of Benue state is called "Ikyura". This has actually been viewed to be successfully treated by the typical herbal healer (Iorkosu, Alugwa, Orgu & Dooior, 2020). For this reason among others has actually provided herbal medicine huge popularity because of the ineffectiveness of biomedical to successfully treat this disorder.

Lots of researches over the last years sustain the idea of vaginal infection as an STI, which very carefully assessed any kind of sexual activity as well as penile-vaginal sex (MacKian, 2003). Epidemiological evidence from a number of researches has developed organizations in between Vaginal infection and increased varieties of sexual partners, inconsistent condom use and young age at sex-related debut, unhygienic techniques (Moyer, Adongo, Aborigo, et al 2014) However, the perceived views of women on the source of contracting this infection in the area remains unknown. The study therefore set to load the void.

Besides, Ness, Hillier, Richter, Soper, Stamm, et al. (2002) suggested that women experiencing frequent vaginal canal infection typically reported feeling humiliated and also distressed by the signs and symptoms of vaginal infection. Their problems and self-consciousness led them to try various self-help remedies, including douching and also hands-on genital cleaning, to have a sense of control over their signs (Ness, Ness, Hillier, Richter, Soper, Stamm, et al. (2002), Holzman, Leventhal, Qiu, Jones, Wang 2001; Hutchinson, Kip & Ness, 2007). Numerous research studies found that reoccurring vaginal infection impacted negatively on females' social, personal and also work partnerships, dramatically affecting their quality of life (Payne, Cromer, Stanek & Palmer, 2010). Vaginal infection sign is found to cause extreme anxiousness as well as distress to women, affecting heavily on their sexual and also social lives (Karasz & Anderson, 2003; Rosenstock, 2005).

Women with vaginal infection frequently experience significant stress and anxiety, self-blame and humiliation around their medical diagnosis, and are afraid of disclosing their status to others. Individuals often report feeling stigmatised, experiencing lowered self-confidence and also problem around future sexual interaction and partnerships (Newton, & McCabe 2008). Infection plays an essential function in gynaecology and also the inability to conceive, affecting the ovary, womb; and the embryo as well as implantation (Weiss, Taylor, Bellet, & Taylor, 2009). Repetitive and also long-term infections will trigger damages and also attachment of tubal mucosa, at some point leading to inability to conceive (Wallston & Wallston, 2003). As a result of the nature of these varied effects, women aim to find reliable therapies for vaginal infection. Currently, vagina infection is commonly treated with prescription antibiotics. As a negative effect, the enhanced drug-resistance has minimized healing effectiveness (Weiss, Jeweler, Taylor, Bellet & Taylor, 2009). It prevails to feel alone in their signs and symptoms, which subsequently contributes to social

isolation. Incontinence on women's self-image and some women really feel disgusted by their bodies and also deals with a consistent concern of smelling negative. Sex life is detrimentally impacted because during sex such is taken into consideration as a "dirty deal" of the woman herself (Sofowora, 2008).

Once more, many research studies such as Wallston and Wallston (2003), Sofowora, (2008), Oke, (2013), Ning (2013) Agishi (2014), Akpenpuun (2014), Adegoke (2007) have ended that the financial element, social aspect, ease of access of health facilities, geographical place, and also society has a significant impact on the option of alternative medicine. It is against this background that the present study was carried out to check out the classifications of women that utilise this approach of treatment and why they choose the herbal medication. The value of this research was to make use of quantitative and qualitative research study approaches to evoke information on the sociological effect and why some females utilized traditional medication in the treatment of vaginal infection despite biomedical facilities in the area for appropriate documentation and action. These will certainly also help WHO, stakeholders in the health sector, governmental and NGO, as well as the health personnel, to take appropriated action and also policy in tackling this disease in that area

It can be inferred from the above that several research studies were carried out on this subject with a certain concentrate on the biological impact of vaginal infection and also biomedical therapy. Nonetheless, little or nothing has been done on the social effect of vaginal infection among the women of reproductive age, thus this gap requires to be filled up. Also, it is pertinent to mention that research of this nature has not been carried out specifically in Makurdi the capital of Benue State, Nigeria. The reasons why women with vaginal infection seek alternative via traditional medicine in

the face of many healthcare facilities, as well as a teaching hospital in the area remain unknown. We have observed that many women in the location were patronising traditional medication as a therapy for vaginal infection. Surprisingly, despite the high level of patronage of traditional medication for the treatment of vaginal infection, it has been ignored by scholars of biomedical and medical sociology, hence this lucid study set to fill the void.

Methods

The study adopted a qualitative and a quantitative method with the use of a structured questionnaire as well as a social constructionist approach to elicit information directly from the respondents face to face to compliment the information from the structured questionnaire for the study. The accidental sampling technique was used with a visit to 6 traditional treatment centres, in Makurdi metropolis. Each of the traditional medicine practitioners was interviewed to compliment the information from the women respondents. Using this method, twenty-five women of reproductive age participated in semi-structured interviews face-to-face or by telephone, and 354 infected women answered the structured questionnaire about their experience of recurrent vaginal infection. The Participants had the option of being interviewed either by telephone or face to face at the treatment centre or in their homes. All interviews were conducted from January 2019 to June 2019. Permission was always sought from traditional medicine man and the women patronizing them. In addition, three hundred and eighty-five respondents answered the structured questionnaire. No other persons were present at the time of interview. All interviews were digitally recorded. Women of child bearing age in the study area were asked a series of structured socioeconomic, sexual behaviour, diagnosis, effect and treatment questions which help the interviewer with some basic knowledge of their experience of Vagina infection.

Results

Table 1: Socio- demographic characteristic of respondents that utilized traditional medicine in the treatment of vagina infection

Item		Frequency	Percent
Age	18-30 years	140	39.7
	31-45 years	189	53.5
	46 above	24	6.8
	Total	353	100.0
Educational background			
	none-former	19	5.4
	Primary	31	8.8
	Secondary	144	40.8
	Tertiary	159	45.0
	Total	353	100.0
Monthly income			
	below 24,000	102	28.9
	25,000-100,000	141	39.9
	101,000above	110	31.2
	Total	353	100.0
Occupation			
	farming	26	7.4
	business	177	50.1
	civil/public servant	136	38.5
	student	14	4.0
	Total	353	100.0

Source: Field work, 2019

The data on socio-economic characteristics of respondents that utilised traditional medication in the treatment of vaginal infection indicate that 53.5% (189) belong to 31-45 years old, 39.7% (140) belong to 18-30 years while 6.8% (24) were aged 46 above. This means that women from 18 to 45 years old have experienced vaginal infection more than those from 46 years and above. The data on the educational qualification of women that utilised traditional medication shows that majority of the 45.0% (159) have the higher educational background, 40.8% (144) have secondary education, 8.8% (31) have primary education and the majority of the respondents have non-formal education. The data in respect to the monthly income of the respondent shows that majority 39.9% (141) earned 25,000-100,000 per month, 31.2 % (110) earned 101,000 and above per month, and 28.9% (102) earned below 24,000 per month. The data on the occupation of the respondents shows that 38.5% (136) respondents were civil/ public servants, 50.1% (177) were businesswomen, 7.4% (26) were farmers and 4.0% (14) were students.

In a telephone interview with a woman who visited the traditional herbal doctor at Wadata said that:

I have NCE and a teacher of a nursery school here in Makurdi, I choose to potonised the traditional doctor for the treatment of vaginal infection I have experienced for years. I think all the categories of women with different socioeconomic background utilised this traditional man for the treatment of vaginal infection (interview, 2019).

Another woman respondent who visited a traditional doctor said that:

I obtained SSCE, and business woman. I utilise traditional for the treatment of vaginal infection. When I came here the first day, I saw many women for the same purpose. I can tell you that different set of women visit the traditional man for the treatment of infection (interview, 2019).

A woman who with no formal education in North bank of Makurdi in an interview opined in pirgin that:

For me, I no go to school, but plenty big women wel get plenty money come here and do this medicine. No bi only poor women wel no get money or wel no sabi book come here ooo.

This literally means that: I don't go to school but a lot of rich women visit the place for medication. Not only the uneducated women visit the man but also educated women (interview, 2019).

A traditional doctor who treat vagina infection in Wadata are of Makurdi in an interview stated that:

Many women of difference categories come here for treatment, young and old, rich and poor, educated and uneducated (interview, 2019)

Another traditional doctor expressed in Tiv Language that:

Uzege mbakasev, achan a ukase, mbafan takerada shin mba fan ga kpaa, ka ve va hen amo sha angev mbu kyura ne (interview, 2019). This can be translated as, rich women, the poor; literate and illiterate come here for the treatment of vagina infection.

Table 2: Respondent responses on the utilization of traditional medicine for the treatment of Vagina infection among women of child bearing age in Makurdi

Questions	frequency	%
Have you ever suffered from vagina infection?		
Yes	353	100.0
Total	356	
If yes, how do you know you have the infection?		
through medical diagnosis	154	43.6
through spiritual diagnosis	53	15.0
through signs and symptoms	146	41.4
Total	353	100.0
Have you tried treating the infection in the hospital or clinic?		
No	96	27.2
Yes	257	72.8
Total	353	100.0
If, yes were you satisfied with the treatment?		
No	289	81.9
Yes	64	18.1
Total	353	100.0
When did you start the treatment here?		
immediately I experience the the infection	158	44.8
After failed attempt in the hospital/clinic	195	55.2
Total	353	100.0

Source: Field work, 2019

The data indicated that all the respondents suffered and experienced vaginal infection in their lifetime. The data also shows that 43.6% (154) knew that they have that vaginal infection through medical diagnosis, 41.4% (146) knew the condition through signs and symptom, 15.3% (53) knew of their condition through spiritual diagnosis. The result also shows that

majority of the women 72.8% (257) tried treating the infection in the hospital or clinic before utilising traditional medication, and 27.2% (96) tried the traditional medication for the first time. The data shows that the majority of the women 81.9% (289) were not satisfied with the orthodox medication, 18.1% (64) were satisfied with the medication. The data shows that majority of the respondents 55.2% (195) utilised traditional medication after the orthodox medication failed to treat vaginal infection, 44.8% (158) utilised traditional medication immediately they experienced the infection. A woman in an interview who patronised a traditional herbal medicine doctor in Akpehe area of Makurdi metropolis for the treatment of vaginal infection said:

I know that I have vagina infection through medical diagnosis so I come here for the treatment of vaginal infection because I went to hospital and clinic for the treatment but after a week of treatment, the sickness comes back. So I decided to come to this traditional medicine man for the treatment (interview, 2019).

A woman who lives at international Market of Makurdi town in a telephone interview said that:

I know of vaginal infection because of the experienced abnormal sign to my private part (Vaginal), them my I explained the experience to my friend and she told me to patronised this traditional doctor and my problem will be solve That is why you saw me in that place. I have not tried it in the hospital (interview, 2019).

A woman respondent in Wurukum area of Benue state opined in Tiv language that:

Angev mbun zan yol je jande, mzende ayolchighir kpishi kpishi je kpa wasen ga. Ka me soo ken yolchi yo, I bee kpa igyor hiden ga. Ka nahan man mve me ortwer ne ava sorum ye. Sha ciu I kaan er, ka a er twer ne tsembelee, I am satisfied with the treatment here (interview, 2019).

This can be literally translated as this disease (referring to vaginal infection) disturbed me for long time; I tried treating it in different hospitals but no avail. When I treated it in the hospital it disappears and reappeared. That is why I came here in this traditional medicine man for the treatment. This is because I was told she treat it very well.

Table 3: Respondents perceived cause and source of contracting Vaginal infection

What do you think is the cause of the infection?	Frequency	Percent
God	61	17.3
Micro-organism	164	46.5
My enemy and witches	104	29.5
Inheritance	24	6.8
Total	353	100.0
Where do you think you get the disease from?	Frequency	Percent
my husband/ boy friend	142	40.2
Toilet	155	43.9
my parents	38	10.8
I don't know	18	5.1
Total	353	100.0

Source: Field work, 2019

The data row data in respect to respondents' perception on the cause of vagina infection show that 46.5% (164) attributed the cause to micro organism, 29.5% (104) said it was caused by the enemy and witches, 6.8% (24) attributed to inheritance and 17.3% (61) attributed it to the work of God. The data on the respondents' perception on the source they contract the infection shows that 43.9% (155) identified toilet, 40.2% (142) identified contracting the infection from their husband or boyfriend, 10.8% (38) thought they got the infection from their parents and 5.1% (18) don't know where they got the infection.

In an interview with a woman who came to the traditional doctor at Gyado villa of Makurdi metropolis for the treatment of vaginal infection said that:

I think micro organism is that cause of this disease that is what the doctor told me when I went to the hospital. For the source of contracting the disease, I don't know where I actually got this sickness, my husband accused me of having affair outside, and I too accused him of giving me that sickness. When I went to the hospital, I asked the doctor the possible way of getting this disease, he told me different ways including sex and toilet. But I can't point out clearly where I got the sickness (interview, 2019).

Another lady who was met in the treatment centre at Kanshio area of Makurdi metropolis in a telephone call opined that: *Micro organism is the cause of the disease and I got the disease from my boy friend because I have suspected him going out with other girls. The very time we have sex, I started noticing vaginal itching. I accused him but he quarrel with me and threaten to beat me (interview, 2019).*

A traditional doctor in Gyado villa said that:

This disease can be cause by an enemy or witches and poor sanitary practices.

Table 4: respondents responses on health and social effect of Vagina Infection(VI)

Questions	Frequency	Valid Percent
What are the health challenge (s) you face with this disease		
an offensive odour of the vagina	106	30.0
painful urination	23	6.5
Excessive/ abnormal pains during sex	30	8.5
unable to conceive	16	4.5
persistence stomach pain	23	6.5
vaginal itching	87	24.6
wounds around the vaginal	68	19.3
Total	353	100.0
What is the social effect or challenge you face with this disease?		
I am been stigmatized	86	24.4
humiliation and distress	55	15.6
discrimination and embarrassment from my husband/boy friend	65	18.4
difficulties to make sex	17	4.8
I feel isolated from my partner	35	9.9
My partner chase other ladies just because my vaginal is offensive	95	26.9
Total	353	100.0

Source: field work, 2019

The data on the health effect of vaginal infection shows that 24.6% (87) experienced vaginal itching, 19% (68) identified having wounds around the vaginal, 8.5% (30) said they experience excessive or abnormal pains during sex, majority of the respondents 30.0% (106) experiences an offensive odour of the vagina, 6.5% (23) experienced painful urination, and 6.5% experience persistence stomach pains.

The data on the social effect of vaginal infection indicated that majority of the respondents 26.9% (95) identified that their partners chase other ladies because their vaginal was offensive, 24.4% (86) were been stigmatised, 18.4% (65) were been discriminated and embarrassed by their husband or boyfriend, 9.9% (35) felt isolated as a result of this infection, 4.8 % (17) found it difficult to make sex with their partner for fear of been embarrassed,15.6% (55) were distressed and felt humiliated. Women were interview to state the physical and social effect of the disease.

One of the women who went for treatment at Kashio treatment centre in an interview said:

This sickness brings shame to my face. First, I married for 7 years without a child, we went to the hospital and the doctor said I have chronic infection, we move from one hospital to another without any impact. My vaginal always have an offensive smell, and my husband does insult me for that. I always cried because of this shame (interview, 2019).

Another woman who was found in the treatment centre at North-bank area of Makurdi metropolis share her experience in Tiv language that:

Angev mbun na yo Igyugh yam ka ihuma ivihi, shi kwagh ka aduen mo shin igyugh puupuu nahan, shi avav ka atondom shin igyugh. U hemban vihin je yo nomon ka una yaven a mo yo I nyiom mo kpishi. Ka nahan mve heen ortwer ne me ava sorum angev mbum er. Gadia kunya ne u ngeen gade (interview, 2019).

This can be literally translated as follows; this disease (vaginal infection) makes my vagina offensive odour, and something whitish always come out of my vaginal, including the wounds. The worst of it all is that when my husband make sex with me, I feel abnormal pains, that is why I came to the doctor (referring to a traditional doctor) for treatment because the shame is too much for me (interview, 2019).

A woman in Terwase Agbadu of Makurdi metropolis in an interview also expressed her bitter experience that:

I have painful experience in my life because of this infection, my first boy friend sack me just because my vagina smell badly why having sex. My second, third, fourth, fifth boy friend ran away just because my private part has bad odour. I tried hospitals but no positive outcome. So I was told to come here and my problem will be solve (interview, 2019).

A woman in Akpehe also shares her experience that:

My do experience vagina itching, something whitish. My husband do chase other women and when I do complained he will tell me to get out, after all my vagina is not good, so what can he chase other women that are better than me. So I visit traditional doctor for the treatment (interview, 2019).

A traditional doctor in Gaadi around Gboko road of Makurdi Metropolis explained that:

This disease can affect fertility level of a woman. It makes women private part smells badly. In most cases it can leads to infertility and delay pregnancy if not properly treated (interview, 2019).

Table 5: respondent's reasons for the use of traditional medication for the treatment of vagina infection

Questions	freq.	%
Why do you choose to utilise this traditional treatment in the treatment of vaginal infection?		
it is more effective	106	30.0
it is a traditional disease	13	3.7
Because it is cause by witches and enemy	60	17.0
it is cheaper	72	20.4
because the hospitals and clinic failed to effectively treat this disease	86	24.4
because the treatment in the hospital and clinic is expensive	16	4.5
Total	353	100.0
How do you rate the effectiveness of traditional medication in the treatment of vaginal infection?		
not effective	28	7.9
Effective	172	48.8
very effective	153	43.3
Total	353	100.0

Source: Field work, 2019

The result on the reasons for utilisation of traditional medication in the treatment of vaginal infection shows that majority of the respondents 30.0% (106) said it is more effective, 24.4% (86) said they used this mode of therapy because the orthodox medication failed to treat their condition, 20.4% (72) said they utilised it because it was cheaper, 17.0% (60) utilised this method of treatment because it was caused by the witches and an enemy, 4.5% (16) said the orthodox medication was expensive, 3.7 % (13) said they use traditional medication because they view it as the traditional disease.

The data on the effectiveness of the use of traditional medication shows that 92.1% (325) rated the traditional medication in the treatment of vaginal infection as effective, and 7.9% (28) said it was not effective in the treatment of vaginal infection. In both telephone and face to face interview conducted, 20 women attested that the treatment is effective. One of the women in Wurukum attested that:

This traditional medication is very effective. It has made me a woman that my husband enjoys so much. I am a happy woman now. Another woman in Makurdi international market also attested that:

this traditional medication in far better than the one in the hospital, I am not experiencing any bad odour in my private part again, and I don't feel the pains when making sex as before(interview, 2019).

Another woman in Gyado Villa, said:

Well, I am still experiencing the usual pains and odour. But let me complete the dosage before I will give my final say (interview, 2019).

Table 5: Cross tabulation (Pearson test) showing correlation between educational qualification and when the respondents started the treatment of vagina infection using traditional medication

Educational background	When did you commence the treatment using traditional medicine?		Total	Value	df	sig.
	immediately I experience the infection	After failed attempt in the hospital/clinic				
none-former	11	8	19	11.766	3	.008
primary	17	14	31			
secondary	49	95	144			
tertiary	65	94	159			
Total	142	211	353			

The cross-tabulation shows that there is a correlation between educational qualification and when the respondents started treating vagina infection using tradition medication. The result shows that respondents with higher educational qualification utilised traditional medication after the orthodox medication failed, while those with non- formal and primary educational qualification use it as their first port of call. This is because of the Sig. Level=.008, df=3, at a value of 11.766 indicating a significant relationship between educational qualification and when the women of childbearing started utilising traditional medication for the treatment of vaginal infection.

Table 5: Cross tabulation (Pearson Chi-Square test) showing correlation between income and when respondents started the treatment of vaginal infection using traditional medication

Monthly Income	When did you commence the treatment using traditional medicine?		Total	value	df	sig.
	immediately I experience the infection	After failed attempt in the hospital/clinic				
below 24,000	66	54	120	19.5	3	.000
25,000-100,000	36	85	121			
101,000 above	27	85	112			
Total	129	224	353			

The result of the Pearson correlation shows that there is a significant relationship between the level of income and when the women of childbearing age started the tradition using traditional medication. This is because of the Sig. Level=.000, df=3, at a value of 19.5. This indicates that those with lower income earners utilised traditional medication for the treatment of vagina infection immediately they noticed the symptoms, while the middle and higher-income earners utilised tradition medication for the treatment of vaginal infection after the orthodox medication failed.

Discussion of findings

The study found that women of different age category utilised traditional medication for the treatment of vaginal infection in the area. The result revealed that the majority of the women 93.2% (329) belong to 18- 45 years old (31-45, 18-30). This means that women from 18 to 45 years old have experienced vaginal infection more than those from 46 years and above. This might be that they are still sexually active and as such contract the disease during sex. The data on the educational qualification of women that utilised traditional medication shows that majority of women 45.0% (159) have the higher educational background, 40.8% (144) have secondary education, 8.8% (31) have primary education and the majority of the respondents have non-formal education. This clearly indicated that literate and illiterate women in the place utilised traditional medication in the treatment of the infection. The study in respect to the monthly income of the respondent revealed that majority 39.9% (141) earned 25,000-100,000 per month, 31.2 % (110) earned 101,000 and above per month, and 28.9% (102) earned below 24,000 per month. This implies that the low, middle and higher income earner utilised traditional medication in the treatment of the infection. Also the study found that 38.5% (136) respondents were civil/ public servants, 50.1% (177) were businesswomen, 7.4% (26) were farmers and 4.0% (14) were students. This implies that women of different occupation utilised traditional medication in the treatment of vaginal infection in the area. This clearly indicates that vaginal infection posed a threat among women of childbearing age in Makurdi metropolis with different socioeconomic background. This agreed with the study carried out by Iorkosu, Alugwa, Anum and Dooior (2020) on the use of traditional family planning among women of childbearing age in Kwande LGA of Benue state found that women of different socioeconomic background utilised traditional family planning, and were satisfied with the received medication. Contrarily, this study is in disagreement with the study of Wallston and Wallston (2003), Sofowora, (2008), Oke (2013), Ning (2013), Agishi (2014), Akpenpuun (2014), Adegoke (2007) who have ended that the financial element, social aspect, ease of access of health facilities, geographical place, and also society has a significant influence on the option of alternative medicine. They found that those with non-formal education, rural dwellers, low-income earners mostly utilised traditional medicine, while the educated, high-income earners, urban dwellers mostly utilised orthodox medication.

It was found majority 43.6% (154) of the women of childbearing age carried out the medical diagnosis, and 41.4% (146) knew the condition through signs and symptom. This shows the high level of enlightenment among women in Makurdi metropolis the headquarter of Benue State, Nigeria. It was also an indication of the partial trust in orthodox medicine in the area of diagnosis. The result also shows that the majority of the women 72.8% (257) tried treating the infection in the hospital or clinic before utilising traditional medication. This implies that the orthodox medication failed in the area of treatment of the vaginal

infection. The failure of orthodox medicine in the treatment of the infection pushed women to use alternative medicine. Another reason was that majority of the women 81.9% (289) were not satisfied with the orthodox medication and this, of course, pushed them to utilised traditional medication for the treatment of infection.

It was discovered in the study that majority 46.5% (164) of the women in Makurdi metropolis belief vagina infection is caused by microorganism, 29.5% (104) said it was caused by their enemy and witches. This shows women level of exposure to orthodox medication, however, some still belief with the activities of witchcraft, and 17.3% (61) attributed it to the work of God.

The data on the respondents' perception on the source they contracted the infection revealed that majority 43.9% (155) identified toilet, 40.2% (142) identified contracting the infection from their husband or boyfriends. This implies that majority of the women of reproductive age were knowledgeable on the two possible sources of contracting the vaginal infection. This finding corresponded with Fethers, Fairley, Morton, et al, (2009); Aniebue, Nwakwo and Nwafo (2017), Adolfsson, Hgande, Mahjoubpour and Larsson, (2017) who found that epidemiological evidence from a number of researches has developed organizations in between Vaginal infection and increased varieties of sexual partners, inconsistent condom use and young age at sex-related debut, unhygienic techniques

On the physical effect of vaginal infection, the study revealed that 24.6% (87) experienced vaginal itching, 19% (68) identified having wounds around the vaginal, 8.5% (30) said they experience excessive or abnormal pains during sex, majority of the respondents 30.0% (106) experiences an offensive odour of the vagina, 6.5% (23) experienced painful urination, and 6.5% experience persistence stomach pains. The implication of this finding is that women of childbearing in Makurdi metropolis are seriously suffering from vaginal infection. It was surprisingly found that the social effect of vaginal infection is a thing to worry about. As revealed in the study, majority of the respondents 26.9% (95) identified were of the view that their partners chase other ladies because their vaginal was offensive, 24.4% (86) were been stigmatised, 18.4% (65) were been discriminated and embarrassed by their husband or boyfriend, 9.9% (35) felt isolated as a result of this infection, 4.8 % (17) found it difficult to make sex with their partner for fear of been embarrassed, 15.6% (55) were distressed and felt humiliated. Women cried bitterly on the physical and social effect the vaginal infection was causing to their lives. This study tallies with Newton, and McCabe (2008), Daley, Perrin, McDermott, Vamos, Rayko, et al. (2010) who found in their studies that women with vaginal area infection frequently experience significant stress and anxiety, self-blame and humiliation around their medical diagnosis, and are afraid disclosing their status to others. Individuals often report feeling stigmatised, experiencing lowered self-confidence and also problem around future sexual interaction and

partnerships. Infection plays an essential function in gynaecology and also the inability to conceive, affecting the ovary, womb; and the embryo as well as implantation. They averred that repetitive and also long-term infections will trigger damages and also attachment of tubal mucosa, at some point leading to inability to conceive. Also, Aniebue, Nwakwo & Nwafo (2017); Adolfsson, Hgande, Mahjoubpour and Larsson, (2017) found that vaginal infection sign is found to cause extreme anxiousness as well as distress to women, affecting heavily on their sexual and also social lives. Similarly, Aniebue, Nwakwo & Nwafo, (2017) said that sex life is detrimentally impacted because during sex such is taken into consideration as a "dirty deal" of the woman herself.

In addition, it was found that majority of the respondents 92.1% (325) rated the traditional medication in the treatment of vaginal infection as effective. The effectiveness of the traditional medication in the treatment of vaginal infection also influences women decision to patronised the traditional therapy. This is in tandem with Hainer, Band and Gibson (2011) who pointed out that lots of people declared that orthodox medicine fell short to appropriately deal with vaginal infection and for that reason continue to options to anti-biotics medication.

Conclusion and Recommendations

Traditional medication or remedies have been mostly perceived to be safe and effective in developed and developing countries. It has been used for centuries to treat various chronic diseases including vaginal infections. Vaginal infection is one of the threats faced by women, generally in reproductive ages in the area. The investigation shows that it has proven to be effective in the treatment of different types of vaginal infections. The utilisation of the traditional medication in the treatment of this disease was as a result of the failure of the orthodox medication to treat the disease in the area. It was discovered that most women in the study area utilised traditional medication because of the failure of the orthodox therapy to properly treat the infection, high cost of treatment in the conventional therapies, and perceived effectiveness of traditional therapy among others.

Base on this, the study recommends that the WHO, stakeholders in the health sector and the government should as matters of urgency provide medical facilities necessary for the treatment and prevention of vaginal infection that posed a serious social and physical threat to the bride of women of reproductive age in Makurdi metropolis of Benue State, Nigeria. In addition, there should be a general sensitisation on the appropriate health practices or hygiene like avoiding the use of the public toilet, sticking to a sexual partner, proper care of vaginal to avoid infection among others. This could go a long way in preventing the major sources of contracting the vaginal infection in the area. The tradition medication should be incorporated into orthodox medicine for effective health care services. This can be done by creating a department of traditional medicine in every conventional therapeutic centre.

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