IMPACT OF LEVEL OF EDUCATION AND YEARS OF EXPERIENCE OF TRADITIONAL MEDICINE PRACTITIONERS ON SAFETY PRACTICES IN EDO SOUTH SENATORIAL DISTRICTS

MOREFE, Lilian Aizayosabor and AGBONIFOH, Julia Adesua

Department of Health, Safety and Environmental Education, Faculty of Education, University of Benin, Benin City, NIGERIA.

liliesluv22@gmail.com, oriakhiunity@gmail.com

ABSTRACT

The study was undertaken to assess educational level and years of experience of traditional medicine practitioners on safety practices in Edo South senatorial district. The need to address this issue became necessary as a result of the fact that majority of Nigerians patronise Traditional Medicine Practitioners due to their affordability, acceptability, accessibility and availability. Two research questions were raised in this study. The descriptive survey research design was adopted for this study. The population of the study comprised all registered Traditional Medicine Practitioners in Edo South senatorial district and the total is 91. A sample size of 47 respondents was employed for the study. The instrument was administered to 10 traditional medicine practitioners in Edo Central Senatorial District, who were not part of the study. Data collected were analysed, using Cronbach Alpha statistics and a coefficient of 0.89 was obtained, which means that the instrument were reliable for the study. The researchers personally administered the bio-data form to the respondents in the various centers selected for the study, after due permission was sought from the Edo state Traditional Medicine Board. The traditional medicine practitioners were briefed on the purpose of the research. The bio-data forms when completed by the respondents and were retrieved immediately by the researcher. Data collected was analysed using descriptive statistics of frequency, mean and standard deviation. It was concluded that there is low level of educational qualification among traditional medicine practitioners in Edo south senatorial district. Findings also revealed that the more experienced traditional medicine practitioners are the better their safety practices. It was therefore recommended that practitioners who want to join the field of practice should first engage in apprenticeship training from those that seem to have spent more years in the field as they are more experienced and have better safety practices.

Keywords: safety practices, traditional medicine practitioners, Educational level, years of Experience.

INTRODUCTION

In other to achieve the ambitious Millennium Developmental Goals described by the United Nations at the start of 2000, researchers and healthcare workers across the globe have been studying the factors, challenges, theories and changes in health of people in other to arrive at a valid and practical solution to countless avoidable deaths (United Nations, 2016). A successful strategy to lowering the global mortality and morbidity rate has been to increase the number of educated and trained people helping and caring for the sick (WHO, 2004). Increasing awareness and knowledge of mortality and morbidity in developing countries has led to many studies indicating the importance of educated practitioner delivering healthcare services (Smith, 2016). Furthermore, WHO (2013), noted that the knowledge and educational background of practitioners have a direct bearing on patient safety. According to Dixon (2008), to ensure that practitioners of traditional medicine have necessary skills and

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competencies to treat patients safely, practitioners need to be educated. However, it was noted that no evidence was found of developing countries planning strategies to improve the standard of apprentice training and education such as on the job training in the basics of hygiene and anatomy.

A study by Dada, Yinusa and Give (2011), revealed that the outcome of TBS intervention in trauma care frequently leads to loss of limbs, lifelong deformities and sometimes death as a result of the unsafe practices that surround the intervention. Findings showed that the origin of the practice is masked in obscurity and passed on by practitioners from one generation to another as the bonesetters were not educated. Fronczak, Arifeen and Baqui (2007), stated that TBA safety practices varied with level of formal education and practical experience. The authorities further stated that TBAs with more experience were significantly more likely to report washing hands with disinfectant or soap prior to labour, delivery, and postpartum care. According to a study in Borno State by Bello, Ambe, Yahaya and Omalara (2013), out of a total number of 48 Traditional Medicine Practitioners, 38 practitioners representing (79.2%) have been in the practice for more than 10years and they all carry out safety practices during treatment of patients. Whereas, five (5) practitioners representing (10.6%) practitioners who have less than 1 year experience do not carry out safety practices). In a similar study by Lawrence, Jimmy, Data and Igbans (2015), on practitioners in Yenagoa, Nigeria, who have been involved in umbilical cord care as early as age 5, it was reported that "they did not wash their hands either before or after care because most times pregnant women come at night as emergency cases when the baby is almost out". The authorities also reported that "older practitioners who are more experienced claim not to wash hands because after delivery the next thing is to cut the umbilical cord and it is after performing both activities they wash their hands". Whereas, a few practitioners who are educated report hand washing before and after care as they were taught the importance of hand hygiene during training.

A variety of studies, including one assessing traditional medicine practitioners training in South Africa, indicated that educating practitioners in safe and effective practices had a positive effect on the mortality and morbidity rates in that region (Peltzer & Henda, 2006). These studies indicate that if hand washing and other easy hygiene practices were to be incorporated into training programs for practitioners, maternal deaths associated with infections would likely decrease. The authorities further reiterated that in the Safe Motherhood Program the major focuses on traditional practitioners training were increased safety in traditional healthcare practice, such as cleanliness, especially washing of hands and use of clean or sterile cord-cutting materials and doing away with traditional unsafe practices. Brennan (2013), revealed that when traditional medicine practitioners were educated it enabled them to observe principles of hygiene, carry out early referral of patients to hospital and encourage village children to come for vaccinations. During evaluation of traditional medicine practitioners, it was found that educated practitioners were significantly more likely to adopt safety practices than uneducated practitioners and hence, possibility of avoiding spread of infections (Garcés, McClure, Hambidge, Krebs, Mazariegos, Wright, Moore & Carlo, 2012).

A study by Bengondo, Ngoa, Onana, Ewo and Bengono (2006), found that most of traditional practitioners who carry out tooth extraction have little knowledge of tooth anatomy or pathology related to tooth decay and this often resulted in extraction of teeth that may have been preserved through restorative treatment, as only 31.3% were familiar with the basic anatomy of the tooth. Rampant tooth extraction could be one of the reasons for the high prevalence of edentulism (tooth loss). High rate of edentulism can also be reduced if traditional medicine practitioners are taught to carry out basic tooth restorative techniques. Finally, in a two-year prospective study in Nigeria, Onuminya (2006), noted a statistically

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significant difference between the rate of gangrenous limbs, infection, non-union and mal-union in tibial shaft fractures at an educated TBS centre compared with an uneducated TBS centre.

RESEARCH QUESTIONS

1. Does educational background influence safety practices among traditional medicine practitioners in Edo South senatorial district?
2. Does years of experience influence safety practices among traditional medicine practitioners in Edo South senatorial district?

METHODOLOGY

The research design adopted for the study is the descriptive survey research design. According to the Office of Human Research Protection (2014), a descriptive study is one in which information is collected without changing the environment and it can provide information about naturally occurring characteristics of a particular group. This design was considered appropriate for this study because it enabled the researchers to adequately ascertain the safety practices among traditional medicine practitioners in Edo South senatorial district.

The population of the study comprised all traditional medicine practitioners in Edo South Senatorial Districts. The total population of registered traditional medicine practitioners is 91 (Edo State Traditional Medicine Board, 2016). The sample size of the study was 47respondents representing 52% of the total population. The systematic random sampling technique was used to select the respondents. This involved selection from the list of traditional medicine practitioners by picking every odd numbered in each Local Government Area. Consequently, a total of 47 respondents were selected using this procedure.

The instrument was made up of two sections A and B; Section A consisted of 6 items which ascertained the demographic information of the respondents such as; age, gender, years of experience and highest educational qualification obtained. Section B, deals with short questions related to safety practices of traditional medicine practitioners.

The instrument that was used for the study was content and face validated by three experts in the Department of Health, Safety and Environmental Education in the University of Benin, Benin City and two highly experienced experts in both traditional and modern medicine practice. Their corrections, suggestions, modifications, criticisms and clarifications served as the final draft of the instrument.

The instrument was administered to 10 traditional medicine practitioners in Edo Central Senatorial District, who were not part of the study. Data collected were analysed, using Cronbach Alpha statistics and a coefficient of 0.89 was obtained, which means that the instrument were reliable for the study.

The researchers personally administered the bio-data form to the respondents in the various centers selected for the study, after due permission was sought from the Edo state Traditional Medicine Board. The traditional medicine practitioners were briefed on the purpose of the research. The bio-data forms when completed by the respondents and were retrieved immediately by the researcher. The sections B were completed by the researchers after thorough observation of the practitioners in their centers during practice

Data collected was analysed using descriptive statistics of frequency, mean and standard deviation.

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RESULTS

Research question one: Does Educational background influence safety practices among traditional medicine practitioners in Edo South senatorial district?

Table 1: Influence of educational background on safety practices among traditional medicine practitioners

Highest Educational Qualification	Frequency	Mean	Standard deviation
No formal education	6	1.95	.36
Primary	21	2.10	.29
Secondary	17	2.22	.35
Tertiary	3	2.01	.75

Data in table 1 shows the influence of educational background on safety practices among traditional medicine practitioners using mean and standard deviation. Table 1 show that the level of educational background that has the highest influence on safety practices is the secondary level of education with a mean score of 2.22 and standard deviation of .35. Whereas, practitioners safety practices are least influenced when they have no form of formal education as depicted with a mean score of 1.95 and standard deviation of .36.

The findings suggested that educational background influences safety practices.

Research question two: Does years of experience influence safety practices among traditional medicine practitioners in Edo South senatorial district?

Table 2: Influence of years of experience on safety practices among traditional medicine practitioners

Years of experience	Frequency	Mean	Standard deviation
Less than 5years	1	1.50	-
5 - 9 years	23	2.20	.26
10 – 14 years	10	2.23	.30
15 – 19 years	4	2.28	.10
20 – 24 years	5	2.06	.49
25 years and above	4	1.50	.26

Data in table 2 shows the influence of years of experience on safety practices among traditional medicine practitioners in Edo South senatorial district. Table 2 shows that practitioners that have less than five years of experience have the least safety practices with a mean score of 1.50, while those with years of experience ranging from 15-19 years have the highest safety practices with a mean score of 2.28 indicating the influence of educational background on safety practices. Data in table 2 also revealed that as the years of experience increased, the safety practiced also increased (from a mean score of 1.50 to 2.28).

The findings showed that years of experience of the practitioners influence their safety practices.

DISCUSSION OF FINDINGS

The findings from the study was discussed under the following:

Does educational background influence safety practices among traditional medicine

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practitioners in Edo South senatorial district?

Findings from the study showed that educational background influences safety practices among traditional medicine practitioners, as practitioners with no formal education had the least safety practices. This finding is in agreement with Dixon (2008), who stated that "in other to ensure that practitioners have the necessary skills to treat patients safely, practitioners need to be educated". Also, WHO (2003), stated that the knowledge and educational background of practitioners have a direct bearing on patient safety. Furthermore, during the evaluation of traditional medicine practitioners, it was found that educated practitioners were significantly more likely to adopt safety practices than uneducated practitioners and hence, possibility of avoiding spread of infections (Garces, McClure, Hambidge, Krebs, Mazariegos, Wright, Moore & Carlo, 2012). To this end, it can be concluded that when traditional medicine practitioners are educated it will reflect in their mode of patient handling and this will go a long way to promote restorative treatment.

Does years of experience influence safety practices among traditional medicine practitioners in Edo South senatorial district?

Findings from the study revealed that years of experience influences safety practices among traditional medicine practitioners. From the study, it was revealed that practitioners that have the least years of experience also had the least safety practices. The study is in agreement with Bello, Ambe, Yahaya and Omalara (2013), as it was stated that out of a total number of 48 Traditional Medicine Practitioners, 38 practitioners representing (79.2%) have been in the practice for more than 10years and they all carry out safety practices during treatment of patients. Whereas, 5 practitioners representing (10.6%) practitioners who have less than 1 year experience do not carry out safety practices. Years of on the job experience are thus a vital requirement for all traditional medicine practitioners in other to prevent quacks from caring for patients who seek healthcare thus ensuring utmost form of patient safety. Also, it is evident from the study that the more practitioners stay in their practice, the more experienced they are in terms of adhering to recommended safety practices.

CONCLUSION

Based on the findings of the study, the following conclusions were made:

1. There is low level of educational qualification among traditional medicine practitioners in Edo south senatorial district.
2. Findings also revealed that the more experienced traditional medicine practitioners are, the better their safety practices.

RECOMMENDATIONS

1. It may also be emphasized by government that practitioners who want to join the field of practice should first engage in apprenticeship training from those that seem to have spent more years in the field as they are more experienced and have better safety practices.
2. Training centers may be established by government, were practitioners can be trained and retrained.

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REFERENCES

[1]. Bello, M., Ambe, J., Yahaya, S. & Omotara B. (2013). Traditional birth attendants: Practices and problems in Konduga Local Government Area of Borno State; North Eastern Nigeria. *The Internet Journal of Tropical Medicine, 6*(1).

[2]. Bengondo, M., Ngoa, S., Onana, J., Ewo, C. & Bengono, G. (2006). Caries Morbidity in the Odonto-Stomatologic Services in Yaounde, Cameroun. *Odonto Stomatol Trop*, *29* (114), 15-8.

[3]. Brennan, M. (2013). Training TBAs reduces maternal mortality and morbidity. *Tropical Journal of Obstetrics and Gynaecology, 1*, 44-49.

[4]. Centre for Disease Prevention and Control, CDC (2007). *Guideline for isolation precautions: Preventing transmission of infections in health care settings*. Retrieved from http://www.cdc.gov/HAI/ prevent/prevent-pubs.html

[5]. Dada, A., Yinusa, W. & Giwa, S. (2011). Review of the practice of traditional bone setting in Nigeria. *Afr Health Sci.*, *11(*2), 262-265.

[6]. Dixon, A. (2006). *A high quality regulation perspective for healthcare delivery*. Retrieved from https://www.kingsfund.org.uk

[7]. Fronczak, N., Arifeen, S. E. & Baqui, A. H. (2007). Delivery practices of traditional birth attendants in Dhaka slums, Bangladesh. *Journal of Health, Population and Nutrition, 25*(4), 479-487.

[8]. Garces, A., McClure, E., Hambidge, M., Krebs, N., Mazariegos, M. Wright, L., Moore. T. & Carlo, W. (2012). Training traditional birth attendants on the WHO essential new born care reduces perinatal mortality. *Acta Obsterica et Gynecologica Scardinovica, 91,* 593-597.

[9]. Office of Human Protection (2014). *Descriptive survey research design*. Retrieved from ori.hhs.gov/education/products/sdsu/res_des1.htm

[10]. Onuminya, J. E. (2006). Performance of a trained traditional bone setter in primary fracture care. *South African Medical Journal, 96,* 315-322.

[11]. Peltzer, K. & Henda, N. (2006). Traditional birth attendants, HIV/AIDS and safe delivery in the Eastern Cape, South Africa- Evaluation of a training programme. *South Africa Journal of Gynecology, 12*(3), 140-145.

[12]. Smith, L. (2016). *Training Traditional birth Attendants in Sub Saharan Africa.* Retrieved from http://www.storage/emulated/o/drumload/ fulltext-1.pdf

[13]. United Nations (2016). *Millennium goals*. Retrieved from http://www.un.org/millenniumgoals/

[14]. World Health Organisation (2004). Making pregnancy safer: The critical role of the skilled attendant. *Bulletin of the WHO*. Available at http://apps.who.int/iris/bitstream/10665042955/1/9241591692.pdf

[15]. World Health Organisation (2013). *WHO traditional medicine strategy* 2014-2023. WHO Library Cataloguing in Publication Data.

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