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Understanding the Nature, Classification and Categorization Entrepreneurial Women Indigenous Herb Sellers at Bode/Ibuko Market, Ibadan, Nigeria

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Abstract

Herbal medicine and their preparations from plants, herbs, and animals both in parts and whole forms have been used since the early days of humankind and are still used throughout the world for health promotion and treatment of disease. The study identified the usefulness of Entrepreneurial Women Indigenous Herb Sellers (EWIHSs) in health care delivery system in Nigeria. It also identified the nature, classification and categorization of EWIHSs at Bode/Ibuko Market, Oyo State, Nigeria and it consequently, examined the groups that have knowledge of treatment of human illnesses and diseases. The study was conducted using both primary and secondary data. The primary data was collected through observation and oral interview of 18 EWIHSs at the Bode/Ibuko herbal market in Ibadan, Oyo state. The study utilized thematic analysis for the qualitative data collected. The study identified two major classifications of EWIHSs (Herbs and roots sellers' category and those that deal with sales of animals in whole form and parts such as Lion heads, Chameleon, bats, monkeys, owls, vulture and so on) which was noted to be sub-divided into five categories of EWIHSs as follows: (i) Those that sell both plants and animals parts and in whole form whether dead or alive; (ii) those that sell purely plants parts or in whole form, (iii) those that sell purely animal parts or in whole form and (iv) those that sell mineral materials dug from the ground such as camphor, kafura (Naphthalene), Kanafuru (Clove) and so forth and finally (v) those that sell the combinations of one to four (i to iv) above. Others that were attached to EWIHSs in terms of providing herbal materials for the public sales are being called different names such as: Iya Oko (Village women); Oni Taba Juku (snuff sellers or powdered tobacco); Oni Iyere (Black pepper sellers), and Alubosa Ayu (Allium sativum - Garlic); Oni Poroporo (Solanum aviculare sellers), Bara (Bitter melon); Isude; Baka, Epa ikun (belongs to the family Solanaceae) and finally Oni Yari (indigenous comb sellers - the women in this category sell indigenous combs, mirrors and so on). All of them together with EWIHSs are being called different names such as Lekuleja, Alagbo Omo, Oniwosiwosi, Alate, Elewe Omo and so forth. It was observed from the study that not all these categories of EWIHSs have the knowledge of treatment in terms of combination of materials for treatment of human illnesses and diseases, as a result public need to be cautious as regards receiving prescription and treatment from them. This is a dangerous development that may have adverse consequences on the unsuspecting customers who may not be able to distinguish between sellers or healers. The study recommended that public need to be cautious on who is to approach when they go for indigenous herbal treatment. It is suggested that the intending customers of EWIHSs must first see guidance from officers of the herbal sellers especially the secretary or the president in the herbal market. Finally, Policy implications include the need for government to improve the knowledge of the sellers in health care and also encourage the sellers through improved access to loan so as to enable the sellers contribute positively to the broader health objectives of Nigerian society.

Keywords: EWIHSs; Nature; Classification; Categorization; Indigenous; Market.

1. Introduction

The use of herbal medicine, as one element of complementary and alternative medicine, is increasing worldwide (Alexandra et al., 2018). It was also recognized that the global acceptance and use of herbal medicines and related products continue to increase rapidly.

Further to this is that plant is an important source of medicine and plays a key role in world health (Sandberg and Corrigan, 2001). Medicinal herbs or plants have been known to be an important potential source of therapeutics or curative aids. The use of medicinal plants has attained a commanding role in health system all over the world. This involves the use of medicinal plants not only for the treatment of diseases but also as potential material for maintaining good health and conditions. It must be noted that two-third of the world's population depends on herbal medicine for primary health care (Sandberg and Corrigan, 2001). The reasons for this is because of their better cultural acceptability, better compatibility and adaptability with the human body and pose lesser side effects. Through some researches, plant-derived drugs were discovered from the study of curative, therapeutic, traditional cures and most especially the folk knowledge of indigenous people and some of these claims and believe of people are irreplaceable despite the advancement in science and technology (Sandberg and Corrigan, 2001). Certainly, the importance of medicinal plants cannot be taken lightly in Nigeria that is why there is need to understand the nature, classification and categorization of the people who actually do the work as their occupation (Entrepreneurial Women Indigenous Herb Sellers) by using the market location at Bode/Ibuko Market, Ibadan, Nigeria for the study.

2. Nature of Entrepreneurial Women Indigenous Herb Sellers (EWTHSs)

According to Opatola (2005), Entrepreneurial Women Indigenous Herb Sellers (EWIHSs) or Traditional Medicinal Ingredient Dealers (TMIDs) are sellers of medicinal materials which may be in form of plants parts such as leaves, flowers, fruits, seeds, stems, barks, roots, and rhizomes. They also trade in other animal parts and in whole form. They are known by different names in Yoruba land as "Elewe Omo" (dealers in plants and animals parts) or sometimes called "Alagbo Omo". They sell plant materials with or without animal and mineral substances. They have the skill to manufacture and prescribe the herbs for healing, particularly for child diseases and mother's ailments. And they are often referred to as "Oniwosiwosi" or "Alate" which connotes sellers of varieties of materials for medicinal uses in Yoruba land. The Hausa people called them "Masu magani gargajiya" meaning native medicine sellers (mostly men), while in Igbo land they are being called Umuofia (mostly men). Their names and roles vary from one society to the other (Opatola and Kolawole, 2014). The EWIHSs not only sells herbs but obtain whole animals (tortoise, rats), animal parts (boas fat, snakes' heads), and minerals (local chalk). They meet the needs of the Traditional Medicinal Practitioners (TMPs) for a regular supply of herbs and prepare packaged formulas or recipes of herbs ready for use.

Moreover, concerning herbal materials being sold by the EWIHSs, their collection of plants are not limited to any particular season, although most plants are more abundant in the rainy season. Nonetheless collection goes on all the time and no cultivation is done on their part. No effort is made to replenish the forest. In fact they generally believe that the forest can never die. They visit different forest markets to buy materials and EWIHSs in these areas go as far as Kwara state in Savannah region in search of some herbs (Omobuwajo *et al.*, 2008). Hence, the study aimed to examine the nature, classification and categorization of EWIHSs at "Oja Ajebo", Ibadan, Nigeria.

3. The Problem

Indigenous medicine has remained as the most affordable and easily accessible source of treatment in the primary healthcare system of resource poor communities in Nigeria. Despite the increasing acceptance of indigenous medicine in Nigeria, this rich indigenous knowledge is not adequately accepted and respected.

Moreover, the resistance to drugs by various parasites has made case management of malaria more difficult. For instance, malaria is becoming more and more difficult to manage and different agencies (WHO etc.) are involved in its control. Governments and non-governmental organizations and other health agencies are thus becoming increasingly concerned with how to provide health care that is easily affordable, accessible and culturally relevant to the communities in the face of limited resources.

Apart from the stated statement above, many people in Nigeria are suffering from different types of diseases and a lot of research is being done to improve the existing medication as well as to derive new medication for new diseases. Issues relating to adverse reactions in recent times are also becoming more vivid, increasing in prevalence and no longer debatable because of previous misconception of regarding or categorizing herbal medicinal products as "safe" because they are derived from "natural" source (Martins, 2014).

To this end, it is only necessary that attention should be given to the alternative therapies that are used by the populace. As a result of this, there is need to examine EWIHSs, a category which is a silent link among all other indigenous healers, who constitute an important port of call for some of the consumers because as they are relevant in the traditional health care system particularly in the procurement and supply of materials to be used by other categories of traditional healers.

4. Functionalism Theory

4.1. Parsons's Evolutionary Model of the Social System

The theoretical approach of this study is functionalism theory. It adopts Parsons's evolutionary model of the social system. The functionalist theoretical perspective stresses the essential stability and cooperation within modern societies. Social events are explained by reference to the functions they perform in enabling continuity within society. Society itself is likened to a biological organism in that the whole is seen to be made up of interconnected and integrated parts. This integration is the result of a general consensus on core values and norms. Health within the functionalist perspective thus becomes a prerequisite for the smooth functioning of society.

4.2. Tenet of Functionalism

One of the underlying tenets of functionalism is the organic analogy. This is essentially a descriptive technique which suggests that society is similar to an organism in Biology. This theory has been put forward by many writers and is strongly associated with the work of the anthropologist, Radcliffe-Brown (www.sociology.org.uk 2005).

To the functionalist, all parts of a society have a purpose (or function) and certain needs. For example, the purpose of the work institution is to create wealth and in order to do this it needs people with a certain level of educational knowledge. In this respect, each institution in society faces certain problems that have to be solved if it is to both exist and function properly (Filmer *et al.*, 1972). The Entrepreneurial Women Indigenous Herb Sellers (EWIHSs), for example, contributes to the organization of society by ensuring health care treatment of society's

members, by caring for the young until they become adults, and by training the young into the existing culture. Thus, Entrepreneurial Women Indigenous Herb Sellers (EWIHSs), as a group within the traditional health care system may be seen as providing health care within the prevailing cultural order, but also interlocking with the other groups to aid the functioning of the society.

4.3. Rationale for Adopting the Theories and their Applicability to the Present Study

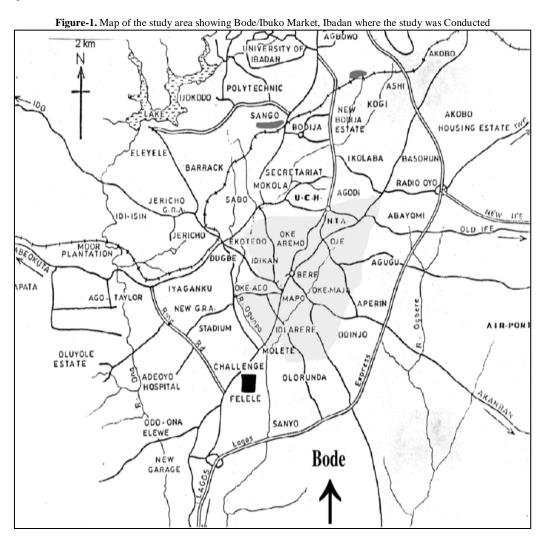
In addition to this is the explanation of the theory as to the contribution of parts to the whole. More specifically, the function of any part of society is what makes it to meet the functional prerequisites of the social system. Parts of society are functional in so far as they maintain the system and contribute to its survival. Thus, the function of EWIHSs is to ensure the good health of people by taking care of them in the society.

The move from the sale of herbal materials in-house to the establishment of a big market place whereby each one can display their materials in the company of their educated children in a hygienic environment indicated a process of 'social evolution' from simple to more complex as Parson's postulated. This refers to as an increase in the 'general adaptive capacity' of society. Parsons said that as societies evolve into more complex forms, control over the environment increases. While economic changes might provide an initial stimulus, Parsons believes that, in the long run, cultural changes - that is, changes in values determine the 'broadest patterns of changes' (Parsons, 1951).

5. Materials and Methods

5.1. Study Area

The former name of the market is Ibuko now called Oja Bode (Bode market). The market is in between Idiarere and Molete in Ibadan. If one pass through town after Iwo Road, one reach Agodi Gate, Oje market, Bere, Mapo-Ojaoba, Idi Arere to Bode/Ibuko market. If one pass through Express from Iwo Road round about to Lagos Express to Challenge to Molete and then Ibode/Ibuko.



The market is in Ibadan South-East which is a <u>Local Government Area</u> (LGA) in <u>Oyo State</u>, <u>Nigeria</u>. The headquarters of the LGA is at Mapo Hall. It has an area of 17 km² and a population of 266,046 at the 2006 census. It was carved out of the defunct Ibadan Municipal Government (IMG) in 1991. The Local Government Area inherited the Administrative Headquarter of the IMG at Mapo. It covers a land area of 58.251 square kilometers with 2010 estimated population of 301,775, using a growth rate of 3.2% from 2006 census. It has a population density of 5,181

persons per square kilometer. The Local Government area shares boundaries with Ibadan South West and North East Local Governments. Oluyole Local Government Area also bound it to the south www.ibadanselga-oyo.gov.ng.

Ibadan South-East is an urban area and therefore no farming activity is taking place. Yoruba and other tribes dominate the area. The residents are engaged in various economic activities ranging from trading, transportation business and civil service. The symbols of tradition are evident in the Local Government Area. The official residence of Olubadan of Ibadan, the Mapo Hall, statue of Hero of Ibadan, Iba-Oluyole at Beere roundabout, Efunsetan at Orita Challenge Ibadan among others are located in the area www.ibadanselga-oyo.gov.ng.

5.2. The Purpose of the Study

The main purpose of this research work is to understand the nature, classification and categorization of entrepreneurial women indigenous herb sellers (EWIHSs) in Bode/Ibuko market, Oyo State, Nigeria with the view that the policy makers on health would know the type of people who are in this sector as practitioners at the same time know really how they are taking care of the sick people in the society in order to have a set plan for them to better the health care of the people in Nigeria. It is in view of this that this particular study focuses on the categorization of EWITHSs in Oyo State, Nigeria in order to differentiate between those who have the skill and knowledge in the treatment of illnesses and diseases from those who cannot.

6. Methodology

6.1. Study Design

A qualitative research approach was best suited for this study as the focus was in understanding subjective experiences and knowledge of Entrepreneurial Women Indigenous Herb Sellers (EWIHSs). The study was exploratory and descriptive in nature.

6.2. Study Setting

A qualitative sub-study was conducted between September 2, 2019 and September 16, 2019, as part of the research in understanding the nature, classification and categorization of Entrepreneurial Women Indigenous Herb Sellers (EWIHSs) at Bode/Ibuko market which is in between Idi-arere and Molete, Ibadan, Nigeria. The qualitative study examined among EWIHSs members, including other areas of their work that is affecting them in their business. In-depth interviews were conducted to examine perceptions of members over time on the issue at stake.

6.3. Sampling

For this study, we sought Entrepreneurial Women Indigenous Herb Sellers (EWIHSs) who resided within the trial community, were 24 years old and above, who were willing to participate and commit to the two weeks period of study which was scheduled for, with the provision of informed consent. Eighteen In-depth interviews were used purposively. All eighteen EWIHSs approached, verbally consented to participate during initial contact. Among the contacted EWIHSs, there was no refusal to participate. With the help of EWIHSs officers, a venue was secured where the interviews were conducted without any hindrance. At the beginning of each interview, the researcher went through study information, confidentiality and informed consent prior to the start of discussion.

6.4. Data Collection and Analysis

The research questions were analyzed using thematic content analysis. According to Babbie (1995) content analysis is a technique that allows researchers to highlight the common themes and categories expressed by participants and describe responses in a systematic and quantified mode that involved the researchers immersing themselves in the data to capture and discover the meanings therein.

Moreover, an interview guide was adopted to include specific questions regarding the nature, classification and categorization of Entrepreneurial women indigenous herb sellers (EWIHSs). Basic demographic information like age, ethnicity, and sex e.t.c was also recorded. The interviews occurred between September 2, 2019 and September 16, 2019 and were conducted by my postgraduate students with training on qualitative interviewing skills.

All interviews were audiotaped and transcribed verbatim. Interviews continued until data saturation was achieved as determined during regularly scheduled research team meetings.

7. Results

Five major themes were identified. The first theme was on the usefulness of Entrepreneurial Women Indigenous Herb Sellers (EWIHSs) on health care delivery system in Oyo State, Nigeria. The second theme was related to the classification and categorization with the attaché of entrepreneurial women indigenous herb sellers (EWIHSs). The third theme illustrated the directive of how the study identifies who have the knowledge of the treatment among the EWIHSs. The fourth theme was on the EWIHSs Professional Development. And lastly, the fifth theme was on the Challenges faced by EWIHSs.

7.1. Sample Characteristics

Table 1 describes the study sample. There were 17 women and 1 man out of the 18 participants that were interviewed for the study. All of them were of Yoruba tribe. Of course, the study took place at the Yoruba race of Western Nigeria.

Table-1. Descriptive Statistics of the informants

Variables	Frequency Distribution	Percentages
	N=18	%
Gender		
Male	1	6.0
Female	17	94.0
Total	18	100.0
Marital Status		
Single	-	-
Married	18	100.0
Divorced	-	-
Total	18	100.0
Age Groups		
10 - 29years	08	44.0
30 – 59 years	06	33.0
60 and above	04	22.0
Total	18	100.0
Religious Association		
Islam	11	61.0
Christianity	7	39.0
Total	18	100.0

Source: Field Survey, 2019

In relation to the table 1 above, there were more females (94%) than male (6%). All the informants were married. The age groups of the respondents were in three categories; 44% of the respondents were between the age group 10 to 29years of age, while age group 30 to 59 years was 33% (06) and finally, those above age group 60 were 22% (4). On the basis of religion, 61% of the Participants (male/females) indicated Islam, while only 39% claimed Christianity. The difference in the religious affiliations of participants may be attributed to the high prevalence of Muslim than Christian in Bode/Ibuko Market. Other relevant information is depicted in the table.

The engaged EWIHSs tended to actively participate in active discussions about their work with the researchers. Quotes that exemplify each of these respondents were provided below and were thought to influence decision-making processes and activities at times.

7.2. The Findings are Presented in Seven Themes

Theme 1: Usefulness of Entrepreneurial Women Indigenous Herb Sellers

(EWIHSs) on health care delivery system in Oyo State, Nigeria

On the usefulness of EWIHSs on health care delivery system in Oyo State, majority of the respondents attested to the fact that what they are selling are useful to their customers that is why they were patronizing them. One of the participants, a female aged 46 years commented as follows:

"Majority of the people of the state still relies on herbal medicines indirectly or directly to meet their health care needs especially by the people living in remote areas and to people living in poor areas because of their affordability and its remedy. The increase in our patronage was due to various claims on the efficacy or effectiveness of plant medicines we are selling as claimed by our customers all over the state. Preference of consumers for natural therapies and a greater interest in alternative medicines also is another factor that adds to our patronage. Moreover, the belief that herbal medicine might be effective in the treatment of certain diseases where conventional therapies and medicines have proven to be ineffective or inadequate is also a factor. Other factors that increase the patronage by our clientele are high cost and side effects of most modern drugs, lack of time to see a physician of orthodox practitioner.

"Further to this, children are encouraged to use herbs for their nutritional values to facilitate normal or healthy growth and development; young persons for their euphoric effects, supply essential ingredients to help them cope with daily stress and to prevent or slow the onset of aging while older persons for their anti-aging or rejuvenating effects and women for slimming and beauty enhancing effects. People also belief that one's a medicine "has worked for my friend or relative"; it will also work for me too".

Theme 2: Classification and Categorization of EWIHSs with their attaché

Most participants expressed their concern on the classification and categorization of EWIHSs. As one female aged 59 years noted, on the issue of EWTHs Classification, one of the EWTH commented thus:

"There are two main classifications of EWIHSs; we have Herbs and roots sellers' category and those that deal with sales of animals in whole form and parts such as Lion heads, Chameleon, bats, monkeys, owls, and vulture and so on".

When the views of EWIHSs were sought further as regards to the categorization of EWIHSs, they also confirmed that EWIHSs were being categorized differently in towns and cities all over Nigeria. One of the EWIHSs had the following to say, Female aged 45 years;

"Various categorizations include: Iya Oko; Lekuleja; Alagbo; Taba Juku (oni taba juku); Oni Iyere, kanafuru, and ayew (garlic); Oni poroporo, bara; Isude; Baka, epa ikun; Those that deals with various types of plants, herbs and roots only. e.g. mercy plants and various seasonal leaves and plants; Oni yari (Sellers of Combs): the women in this category sell combs, mirrors and so on".

In another dimension, one of the EWIHSs from the market comment went thus: (Male, 44 years);

"To be precise and coming out of the two classifications stated above, there are five categories of EWIHSs as follows: (i) Those that sell both plants and animals parts and in whole form whether dead or alive; (ii) those that sell purely plants parts or in whole form, (iii) those that sell purely animal parts or in whole form and (iv) those that sell mineral materials dug from the ground such as camphor, kafura (Naphthalene), Kanafuru (Clove) etc. and (v) finally those that sell the combinations of one to four (i to iv) above".

"Further to this in our market, there are others that were like attaché to us (EWIHSs) in terms of providing herbal materials for us and to the public for sales which are being called different names such as: Iya Oko (Village women); Oni Taba Juku (snuff sellers or powdered tobacco); Oni Iyere (Black pepper sellers), and Alubosa ayu (Allium sativum - Garlic); Oni poroporo (Solanum aviculare sellers), Oni Bara (Bitter melon); Isude; Baka, epa ikun (belongs to the family Solanaceae) and finally Oni yari (indigenous comb sellers - the women in this category sell indigenous combs, mirrors and so on). All of them are being called different names in accompany with us as Lekuleja, Alagbo Omo, Oniwosiwosi, Alate, Elewe Omo and so forth".

Theme 3: Identification of who have the knowledge of the treatment among the EWIHSs

On the question of how to identify who is capable for the treatment of patients (Female aged 56) have this to say:

"Not all the above stated categories of EWIHSs have the knowledge of treatment in terms of combination of materials for treatment of human illnesses and diseases; precaution has to be made by the public as regards receiving prescription and treatment from us as sellers or healers. "Moreover, for intending customers who come to the market for indigenous herbal treatment our advice is to first see guidance from officers of the herbal sellers especially the secretary or the president in the herbal market".

The question that was also raised is how to know the true practitioners from the fake ones among the practitioners. It was answered by one of the practitioner (Female aged 47 years)

"Among us in this market, there are some that are little known and lacks experience, while some lack proper knowledge and technical knowhow, although, the fake practitioners percentage are less. Moreover, through intent conversation with the sellers and also if the seller has the fear of God".

Theme 4: EWIHSs Professional Development

On professional development of EWIHSs, many issues were raised among which was the rendering of assistance by the government. For instance, when asked about whether government offer or render any help to anyone in line with this profession. In response to this, one of the EWIHSs remarks (Female, aged 26 years and 28 years);

"Yes, the governments do arrest any fake or unregistered practitioners". Another one emphasized that the government had previously provided them with vehicles, shop outlets and vast land".

On ways which government, community or the state can be of help to EWIHSs in the profession, in response to the question on ways government, community or the state as a whole can help the women engaged in this profession. One of the EWIHSs remarks (Female aged 25 years);

"If government really means to assist us, they can provide help by granting microfinance funds to we people that engaged in the business. Government can also communicate with us through meetings in order to know what we need for the growth of our business".

In addition to this, other EWIHSs commented thus (Female 27 years);

"We want adequate and concrete government support for this profession. The government should try and communicate with us in order to know what we want or what we lack. And finally, the government should provide us with adequate microfinance funds". As a matter of fact, there are plans in line with it. And it will soon materialize".

On whether they have made any step towards this motive, it was emphasized that there are plans in line with it and that it will soon materialize. Other matter discussed in the in-depth interview was the form of help rendered by EWIHSs practitioners to the medical practitioners. On the question raised on the form of help being rendered by the EWIHSs to the medical practitioners; the EWIHSs have this to say (Female, 29 years);

"Certainly, doctors do seek help from us for treatment of measles, most especially child measles, typhoid, and treatment for reoccurring sickness or treatment that defy orthodox drugs because they know the usefulness of leaves and animals in terms of their composition for treatment of illnesses and diseases. Moreover, foreigners do come from overseas to learn about traditional healing, IFA teachings, ALAGBO and LEKULEJA practices".

The issue raised on the provision of healthcare seminars, lectures or conferences for those engaged in this profession by the government. It was explained by one of them (Female aged 61 years)

"There are programs in line with these although it haven't commenced or launched by the government. There is none at the moment, although steps had been taken on this motive. Moreover, we do go for medical and health seminars/workshops, various federal environmentalists do pay us visits as well, and medical practitioners often give us safety guards such as telling us to be wearing white laboratory overalls, gloves, nose covers, etc. during the working hours".

On EWIHSs Professional development, the members that participated in the study have this to say (Female aged 64 years);

"We need adequate support and finance assistance from the government. We also need support from private hands. As the profit maximization margin grows, our business will also develop. The government should create an institution for our profession and for anyone who wishes to learn about the profession".

On the issue of organization overseeing the activities and operations of the people engaged in the profession, one of the herb sellers have this to say:

"Yes, there are organizations overseeing our activities. And our meetings do hold every 15 days. We do discuss proper customer business relationship, guidelines and review of the organization's rule of law. The names of the organizations are - IFESOWAPO GROUP and ISOKAN GROUP. These bodies oversee our activities and behaviour in this market. And it was mandatory for every practitioner to have valid ID CARD for official recognition" (Female, 66 years).

On availability of Cooperative Society in Bode/Ibuko market

"In conclusion, yes, there is cooperative society which is being run by the female practitioners, the male practitioners don't partake in such activities or society. The government should please grant us microfinance funds in order to develop this profession" (Female, 27 years).

On quantification of the profit realized by EWIHSs from their business

"Yes, we do make profits but God's blessing is supreme. This profession does not tolerate injustice and unfair attitudes from practitioners. God's blessing and grace is most supreme. Things are now very expensive; materials and ingredients are very expensive too. So, one's capital at hand to run business determines one's profit" (Female, 70 years).

Theme 5: Challenges faced by EWIHSs

Most participants were of the opinion that there are lot of disadvantages and risks associated with the profession. These included selling parts that resemble human body, customers treatment wrongly done, selling plants or animal parts not real or on misconception and so forth. One of the sellers has this to say in the course of the interview (Female, 29 years):

"Some evil doers do set up practitioners selling animal parts such as monkey heads and fingers because these parts resembles human parts. This is the major risk associated with this business. Further to this is the issue of financial funds as the major disadvantage facing this profession. Other disadvantages and risks include: Inadequate sales to generate revenue; Spoilt and outdated goods; Pest and insects attacks on goods; Accidents and Stolen/lost goods etc."

8. Summary, Recommendations and Policy Implications

8.1. Summary of the Findings

The following are the summation of the findings from the study:

- (i) That majority of the people of the state still rely on herbal medicines indirectly or directly to meet their health care needs because of their affordability and its remedy.
- (ii) Two main classifications of EWIHSs were identified (Herbs and roots sellers' category and those that deal with sales of animals in whole form and parts such as Lion heads, Chameleon, bats, monkeys, owls, and vulture and so on). These were sub-divided into five categories apart from the attaché of the EWIHSs. They were all being called different names as Lekuleja, Alagbo, Oniwosiwosi, Jagilegbosoogun and so forth.
- (iii) It was also emphasized in the study that not all the above stated categories of EWIHSs have the knowledge of treatment in terms of combination of materials for treatment of human illnesses and diseases. The intending customers who come to the market for treatment are advice to first see guidance from the officers of the herbal sellers.
- (iv) Many issues were identified on professional development of EWIHSs in terms of the rendering of assistance by the government such as arresting fake or unregistered practitioners. It was stressed in the study that government had previously provided them with vehicles, shop outlets and vast land. The EWIHSs were also said to be rendering assistance to the medical practitioners most especially on child measles, typhoid, and treatment for reoccurring sickness or treatment that defy orthodox drugs. Other professional development observed among the EWIHSs was in the area of medical and health seminars/workshops given to them and that various federal environmentalists also do pay them visits as well, and medical practitioners often give them safety guards such as telling them to be wearing white laboratory overalls, gloves, nose covers and so forth during the working hours.
- (v) And lastly, the challenges and risks associated with the profession of EWHISs was also emphasized such as selling animal parts that resemble human body, customers treatment wrongly done, selling plants or animal parts not real or on misconception and so forth.

8.2. Recommendations and Policy Implications

- (i) It was recommended from the study that in case of customers that want herbal treatment on their illnesses and diseases in the market place, in order not to misled, such persons must first see guidance from officers of the herbal sellers in the herbal market.
- (ii) Policy implications include the need for government to improve the knowledge of the sellers on health care. That is there is need for adequate training and the education of EWIHSs as providers of herbal medicines. Adequate training is very essential for the EWIHSs because of their valuable contributions to the Oyo state health care system.
- (iii) It is also very important that all EWIHSs are sufficiently empowered to play a role in monitoring safety of herbal medicines.
- (iv) There is also need to encourage the sellers through improved access to loan so as to enable the sellers contribute positively to the broader health objectives of Nigerian society.

Conflict of Interests

The authors declare that there is no conflict of interests regarding the publication of this paper.

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Ethical Considerations

Informed consent was obtained from the participants by agreeing orally to participate in the study. Since safety and wellbeing of the interviewees were a matter of primary concern to the researchers, participation in the study was strictly voluntary.

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