Use of Traditional Eye Medications in Kosofe Local Government Area of Lagos State, Nigeria

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Introduction: Traditional medicine comprises unscientific knowledge developed over generations within various societies before the era of modern medicine.[1] It may include formalized aspects of folk medicine, for example, long standing remedies passed on and practiced by lay people[1] Traditional healers tend to use substances that cause irritation and pain. Such substances may be acidic, alkaline resulting in ocular burns. No particular attention is paid to mode of action, concentration or sterility as most of these concoctions are made without regard for hygiene using contaminated water, local gin, saliva or even urine[2,3] The Nigerian National blindness and Visual impairment survey 2005-2007 found that the use of traditional eye medication for measles/Vitamin A deficiency accounted for a percentage of those that had corneal scarring.[4]

Methods: The study was a population based descriptive cross-sectional study, which was carried out in Kosofe Local Government Area of Lagos State from July to September 2012. The target population were adults who were 18 years old and above and had been resident in the community for at least 6 months. Using multi-stage sampling technique, participants were selected from urban and rural wards of the local government area. Information was collected with the use of questionnaires.

Results: At total of 425 respondents participated in the study. Majority of them were female (254, 59.8%). Most of them had some form of formal education (378, 88.9%). Majority of them were also within the age range of 41-50 years (112, 26.4%). See Table 1. Among the respondents, 53% were unskilled workers, 18% were non-manual skilled workers, 11% were manual skilled, 8% were students, 5% were retired or pensioners, 3% were unemployed and 2% were professionals. Of the 425 respondents, 121 (28.5%) admitted to using traditional eye medications in the past. Table 2 shows the demographic data of the respondents showing those that had used traditional eye medications and those that had not. The reported constituents of the herbal

Table 1: Socio-demographic characteristics of the respondents

Variables		Frequency	%
Age	< 21	16	(3.8)
	21-30	64	(15.1)
	31-40	97	(22.8)
	41-50	112	(26.4)
	51-60	84	(19.8)
	61-70	36	(8.5)
	71-80	11	(2.6)
	81-90	4	(0.9)
	91-100	1	(0.2)
Literacy level	Never been to school	47	(11.1)
	Primary Education	109	(25.6)
	Secondary Education	132	(31.1)
	Tertiary Education	137	(32.2)

Table 2: Association between bio-data of respondents and previous use of traditional eye medication

Bio-data	Previous use of TEM N=121 Freq(%) yes	N=304 freq(%) no	Total	chi square	p value
Gender				**0.083**	**0.773**
Male	50(41.3)	121(39.8)	171(40.2)		
Female	71(58.7)	183(60.2)	254(59.8)		
Age (years)				**10.789**	**0.235**
<21	5(4.1)	11(3.6)	16(3.8)		
21-30	18(14.9)	46(15.1)	64(15.1)		
31-40	27(22.3)	70(23)	97(22.8)		
41-50	32(26.4)	80(26.3)	112(26.4)		
51-60	19(15.7)	65(21.4)	84(19.8)		
61-70	11(9.1)	25(8.2)	36(8.5)		
71-80	7(5.8)	4(1.3)	11(2.6)		
81-90	1(0.8)	3(1)	4(0.9)		
91-100	1(0.8)	0(0)	1(0.2)		
Occupation				**11.846**	**0.061***
Professional	1(0.8)	9(3)	10(2.4)		
Non-manual skilled	14(11.6)	63(20.7)	77(18.1)		
Manual skilled	17(14.9)	29(9.5)	46(10.8)		
Unskilled	73(60.3)	154(50.7)	227(53.4)		
Student	6(5)	28(9.2)	34(8)		
Unemployed	5(4.1)	7(2.3)	12(2.8)		
Retired/Pensioner	5(4.1)	14(4.6)	19(4.5)		

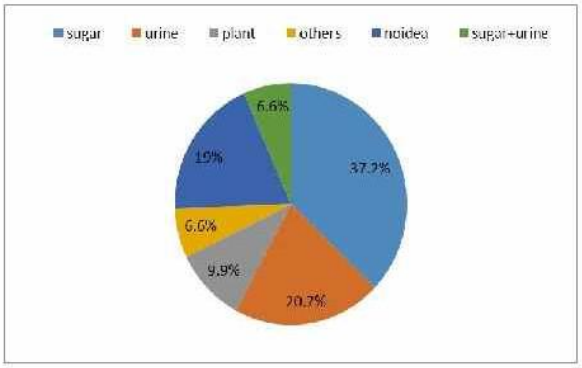

Fig. 1: Constituents of traditional eye medication

remedies are presented in Figure 1. *Other constituents included tomato juice, breast milk, beach water, onions, petrol and orange juice.

Discussion: The findings from this study suggest that traditional eye medications are still being utilized in a semi-urban population in Lagos state. Most of the respondents were female which might be because of the commercial nature of Lagos State where men largely go out during the day to earn a living while the women stay at home during the time when the interviews were held. Most of the respondents (87.9%) were between the ages of 18-60 years which is a reflection of the population survey which showed that fewer number of the population are over the age of 60 years especially since the average life expectancy in Nigeria was 47 years[5,6]. Most of the respondents were unskilled workers (53%) which included traders, cleaners, porters, cooks, farmers. Eighteen percent (18%) were non-manual skilled workers which included occupations such as teachers, secretaries and other office workers. Eleven percent were manual skilled workers examples of which were mechanics, fashion designers or seamstresses, mechanics, welders; 8% were students; 5% were either retired or pensioners; 3% were unemployed while 2% were professionals like doctors, pharmacists, engineers and architects. This finding is similar to a study done in Onitsha, South-Eastern Nigeria where more than two-thirds of the patients were students, traders and farmers[7]. There was no statistically significant relationship between the use of traditional eye medications and the occupation of the respondents (p=0.061). More than one quarter of the participants in this study reported that they had used traditional eye medications.

The proportion of traditional eye medication users was higher than seen in reported studies done in South-Western and South-Eastern Nigeria [7,8,9,10]; but it should however be noted that these latter studies were hospital based studies looking at incidence of traditional eye medicine use before presenting to a tertiary health facility. Users of TEM who got better or whose symptoms resolved spontaneously were unlikely to present to a health facility. The proportion of TEM users in this study might be an underestimation because people tend not to report their use of traditional medication to their health providers. There was no statistical significant association between gender and use of traditional eye medication. This was similar to studies done in South-West Nigeria and Sub-Saharan Africa[9,11]. The constituents of traditional eye medications differed in this study from previous studies. Most of the individuals that used traditional eye medication applied sugar dissolved in water (37.2%), followed by urine (20.7%) (Figure 1). This is different from studies done in other parts of South East and South West Nigeria where more people used plant products than sugar and urine to treat their ocular complaints, but it should be noted that these are the individuals that presented to the hospital after using these substances which might suggest that more people that used these plant products might present to the hospital because of worsening eye condition [7,8,9]

Conclusion: This study revealed that the prevalence of traditional eye medication use among adults in Kosofe Local Government Area of Lagos State was 28.5%. This showed that although there are various health facilities where people could access orthodox eye care, there was still a lot to be done to educate people in this semi-urban population of Lagos State and as an extension, individuals residing in Lagos State about the deleterious effects of traditional eye medication use.

References

1. Wikipedia-www.wikipedia.com. Traditional medicine. Cited 30th November 2012
2. Osahon AI. Consequences of traditional eye medication in U.B.T.H, Benin City. Nigerian J Ophthalmol. 1995; 3:51
3. Mselle J. Visual impact of using traditional medicine on the injured eye in Africa. Acta Trop 1998; 70:185-192.
4. Dineen B, Gilbert CE, Mansur R, Fatima K, Abdull MM, Abubakar T, Ezelum CC, Gabriel E, Elhassan E, Abiose A, Faal H, Jiya JY, Ozemela CP, Lee PS, Gudlavalleti MVS. The Nigerian national blindness and visual impairment survey: Rationale, objectives and detailed methodology. BMC Ophthalmology 2008, 8:17
5. Nigeria demographic and Health survey 2008, Page 12. (cited 5th November 2012)
6. Health Profile Nigeria. http://www.worldlifeexpectancy.com/country-health-profile/nigeria. cited 5th November 2012.
7. Nwosu SNN, Obidiozor JU. Incidence and risk factors for traditional eye medicine use among patients at a tertiary eye hospital in Nigeria. Niger J Clin Pract 2011 Oct-Dec;14(4):405-407.
8. Eze BI, Chuka Okosa CM, Uche JN. Traditional eye medication use by newly presenting ophthalmic patients in a Teaching Hospital in South Eastern Nigeria, Sociodemographic and clinical correlates. BMC Complementary and Alternative Medicine 2009, 9:40.
9. Ukponmwan CU, Momoh N. Incidence and complications of traditional eye medications in Nigeria in a teaching hospital. Middle East Afr J Ophthalmol 2010; 17:315-319.
10. Omolase CO, Afolabi AO, Mahmoud AO, Omolase BO. Ocular self-medication in Owo, Nigeria. Nig. J Postgrad Med 2008; 1(1): 8-14.
11. Mutombo TK. Assessing the use of traditional eye medication in Bukavu district eye hospital, Congo. J Com Eye Health. 2008; 21 (68):64-66.