THE ROLE OF TRADITIONAL HEALTH PRACTICES IN SHAPING COMMUNITY RESPONSES TO INFECTIOUS DISEASES IN LAGOS STATE

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Abstract

This study examines how traditional health practices influence community responses to infectious diseases in Lagos State, Nigeria, using the health belief model as its theoretical framework. A mixed-method approach collected data from 450 residents across three Local Government Areas through surveys, in-depth interviews, and focus group discussions. Findings reveal that 72.7% of respondents use herbal remedies, while 44.0% consult traditional healers as their first point of care during illness. This preference often delays biomedical treatment by 4-7 days, with 43.3% of exclusive traditional medicine users presenting with severe disease complications. However, respondents who combined traditional and orthodox treatments achieved 93.4% recovery rates, comparable to those using biomedical care alone. Statistical analysis confirmed significant relationships between traditional practices and health-seeking behaviours, treatment compliance, and disease outcomes. The study concludes that integrating traditional and biomedical health systems through formal collaboration, practitioner training, and culturally sensitive interventions could improve infectious disease control in Lagos State while respecting community health values and promoting system synergy.

Keywords: Traditional health practices, infectious diseases, treatment compliance, herbal remedies, community health responses

Background of the Study

Nigeria faces a substantial infectious disease burden that continues to challenge national health security and development outcomes. As Africa's most populous nation with over 200 million people, Nigeria regularly contends with outbreaks of cholera, Lassa fever, tuberculosis, meningitis, and emerging infectious diseases such as Coronavirus Disease 2019(COVID-19), all of which strain healthcare infrastructure and threaten public health gains (Oleribe, Momoh, Uzochukwu, et al., 2019; Nigeria Centre for Disease Control, 2021). The country's epidemiological profile is shaped by factors including rapid urbanization, inadequate water and sanitation infrastructure, weak surveillance systems, and healthcare access barriers that leave large segments of the population underserved by formal health services (Okeke, Uzochukwu, Onyedinma, et al., 2022).

Lagos State's large population and intense urban interaction make it highly susceptible to infectious diseases such as cholera, Lassa fever, tuberculosis, and COVID-19. Public health responses in such settings depend not only on biomedical capacity but also on how communities understand illness and choose treatment (World Health Organization, 2020; Nigeria Centre for Disease Control, 2021). Despite the growth of modern healthcare, traditional health practices remain central to everyday health seeking behaviour in Lagos. Many residents continue to use herbal preparations, spiritual healing, and other indigenous methods because they are culturally familiar, trusted, affordable, and easily accessible, especially where formal services are overstretched (Mutombo, 2023).

Traditional health practitioners often serve as the first point of care, shaping when and how people seek biomedical treatment. Studies show that structured collaboration with these practitioners can improve case detection and referral during outbreaks (Onyema, Abayomi, & Jimoh, 2024). The COVID-19 period further

illustrated how communities combined traditional and biomedical approaches, underscoring the influence of cultural beliefs on compliance with public health directives (Nortey, 2023).

Evidence from community engagement research highlights that effective disease control in culturally diverse settings requires trust-building, involvement of respected local actors, and communication approaches that acknowledge indigenous worldviews (WHO, 2020; NCDC, 2021). Contemporary reviews, therefore, call for regulated, culturally sensitive strategies that integrate traditional practitioners into surveillance and health education while mitigating risks associated with unverified practices (Gietaneh, Simieneh, Endalew et al., 2023; Adewumi, 2025).

Understanding how traditional practices shape community responses to infectious diseases in Lagos carries significant implications for multiple stakeholders. For policymakers, such knowledge can inform the development of culturally sensitive infectious disease control strategies that work with, rather than against, existing community structures. Healthcare providers who understand why patients turn to traditional healers first can improve their communication approaches, address treatment delays more effectively, and identify opportunities where safe traditional practices might complement formal biomedical care rather than compete with it.

For traditional health practitioners, research in this area offers an opportunity for clearer recognition of their role within the broader health ecosystem and opens pathways for more structured engagement with the formal health system. Scholars studying medical pluralism and health-seeking behaviour in urban African contexts can benefit from empirical evidence that deepens understanding of how cultural beliefs interact with disease management practices in complex, multicultural settings like Lagos. Beyond these immediate stakeholders, this line of inquiry supports broader development priorities, particularly Sustainable Development Goal (SDG) 3 on health and well-being, along with Sustainable Development Goal (SDG) 10 on reducing inequalities and Sustainable Development Goal (SDG) 17 on partnerships, all of which recognize that effective health systems must be inclusive, equitable, and built on collaboration across diverse health actors. This study therefore examines how traditional practices shape community responses to infectious diseases in Lagos and explores their implications for public health planning.

Statement of the Problem

Infectious diseases remain a major public health concern in Lagos State despite advancements in health infrastructure. Many residents continue to rely on traditional health systems as their first point of care, especially during illness episodes. These choices can delay appropriate biomedical treatment and affect disease outcomes (Makgopa & Madiba, 2021). Public health interventions often overlook the influence of traditional healers and community-based health practices, leading to poor program acceptance and weak treatment compliance.

However, there is limited understanding of the specific types and how widespread traditional health practices are among Lagos communities when dealing with infectious diseases. Without knowing which traditional approaches people actually use and how common these practices are, health planners cannot design interventions that work with, rather than against existing community behaviours (Adepoju, Oladimeji, Sibiya et al., 2023)

Furthermore, limited empirical evidence exists on how these traditional practices actually shape the way people seek care and follow through with treatment, particularly in urban Lagos where traditional and modern systems exist side by side (Badru & Adekola, 2023). When someone falls ill with an infectious disease, do traditional practices encourage or discourage them from seeking timely medical care? Do these practices affect whether patients complete their prescribed treatments? These questions remain largely unanswered.

Finally, policymakers lack clear data on which traditional practices are helpful, harmful, or neutral in terms of actual disease outcomes (Eruaga, Itua & Bature, 2024). This gap reduces the effectiveness of public health planning, as policies may overlook the role of traditional practitioners who serve as first-contact providers for many communities. Without evidence linking traditional health practices to measurable health

outcomes in Lagos communities, it becomes difficult to know whether to integrate, discourage, or modify these practices within the broader health system.

Research Objectives

This study pursues three specific objectives:

1. To examine the types and prevalence of traditional health practices used by communities in Lagos State for managing infectious diseases.
2. To assess the influence of traditional health practices on health-seeking behaviours and treatment compliance during infectious disease episodes in Lagos State.
3. To evaluate the relationship between traditional health practices and infectious disease outcomes in selected communities in Lagos State.

Research Hypotheses

Null Hypothesis (H_0): There is no significant relationship between traditional health practices and community responses to infectious diseases in Lagos State.

Alternative Hypothesis (H_a): There is a significant relationship between traditional health practices and community responses to infectious diseases in Lagos State.

Conceptual Clarification

Traditional Health Practices

Traditional health practices refer to the knowledge, skills, and approaches to health care that are rooted in the theories, beliefs, and experiences indigenous to different cultures and communities, developed over generations and passed down through oral traditions, observation, and apprenticeship (World Health Organization, 2013). These practices encompass a wide range of healing modalities including herbal medicine, spiritual therapies, manual techniques such as massage and bone-setting, dietary interventions, and ritual ceremonies that address physical, mental, spiritual, and social dimensions of health and illness (Abdullahi, 2011). Traditional health practices are typically based on holistic worldviews that understand disease not merely as biological dysfunction but as imbalance within the person or between the person and their social, spiritual, or natural environment (Gyasi, Siaw, & Mensah, 2015).

Within the context of this research, traditional health practices specifically refer to the range of indigenous health-seeking behaviours and therapeutic interventions employed by residents of Lagos State when responding to infectious disease episodes. These practices include herbal remedies (the use of plant-based preparations for treating symptoms or underlying infections), spiritual healing and prayer sessions (religious or metaphysical interventions believed to address spiritual causes of illness), steam inhalation therapy (indigenous respiratory treatments), traditional massage and bone-setting (manual manipulation techniques), scarification and cupping (skin-based therapeutic procedures), consultation with traditional birth attendants (indigenous maternal care providers), and divination or consultation with herbalists (seeking diagnosis and treatment from traditional health practitioners). In this study, these practices are examined not as isolated behaviours but as culturally embedded responses that influence when and how community members seek biomedical care, comply with prescribed treatments, and ultimately experience health outcomes during infectious disease episodes in Lagos State.

Community Responses

Community responses refer to the collective patterns of behaviour, decision-making, and action that groups of people living in shared geographical or social spaces exhibit when confronted with threats, challenges, or opportunities that affect their common welfare (Abramson, Grattan, Mayer, et al., 2015). In public health contexts, community responses encompass the ways in which populations perceive health risks,

communicate about disease threats, adopt preventive behaviours, seek treatment, comply with health interventions, support affected members, and engage with formal health systems during disease outbreaks or endemic health challenges (Chatterjee & Sherriff, 2017). These responses are shaped by complex interactions between individual beliefs, cultural norms, social networks, economic constraints, trust in institutions, prior experiences, and available resources within the community (Fricker, Elsler, & Bairwa, 2021).

In this research, community responses specifically denote the observable health-seeking behaviours, treatment compliance patterns, and disease management decisions exhibited by residents across three Local Government Areas in Lagos State (Lagos Island, Alimosho, and Ikorodu) when experiencing infectious diseases such as malaria, typhoid fever, respiratory infections, diarrheal diseases, and other communicable conditions. These responses are operationalized through three measurable dimensions: (1) health-seeking behaviour, which includes the choice of first point of contact during illness episodes (traditional healer, self-medication, primary health center, private hospital, or pharmacy) and the timing of biomedical care-seeking; (2) treatment compliance, which encompasses adherence to prescribed treatments, completion of therapeutic regimens, and patterns of combining or switching between traditional and orthodox medical approaches; and (3) disease outcomes, which are measured through severity of illness at presentation to healthcare facilities (mild, moderate, or severe), recovery rates (full recovery, partial recovery, or no improvement), and overall health status following treatment interventions. These community responses are examined as they relate to the influence of traditional health practices within the specific cultural, economic, and healthcare context of Lagos State.

Infectious Diseases

Infectious diseases are illnesses caused by pathogenic microorganisms including bacteria, viruses, parasites, or fungi that can be transmitted directly or indirectly from one person to another, from animals to humans, or through environmental exposure to contaminated vectors, food, water, or air (Centers for Disease Control and Prevention, 2022). These diseases represent a major global health challenge, particularly in resource-limited settings where factors such as poverty, inadequate sanitation infrastructure, and limited access to clean water, overcrowding, malnutrition, and weak health systems create conditions conducive to disease transmission and outbreak amplification (Hotez, Aksoy, Brindley, & Kamhawi, 2020). The burden of infectious diseases disproportionately affects low- and middle-income countries, where they account for substantial morbidity, mortality, and economic costs that hinder development progress and perpetuate cycles of poverty and health inequity (GBD 2019 Diseases and Injuries Collaborators, 2020).

For the purposes of this research, infectious diseases refer specifically to the communicable illnesses most commonly experienced by residents of Lagos State that prompted the use of traditional health practices or biomedical care-seeking within the twelve months preceding data collection. These include malaria and fever syndromes (parasitic infections transmitted by mosquitoes presenting with elevated body temperature), typhoid fever (bacterial infection caused by Salmonella typhi typically transmitted through contaminated food or water), respiratory infections including cough and pneumonia (bacterial or viral infections affecting the airways and lungs), diarrheal diseases (gastrointestinal infections causing loose or watery stools), skin infections (bacterial, fungal, or parasitic conditions affecting the integumentary system), and sexually transmitted infections (communicable diseases transmitted through sexual contact). The study focuses on these particular infectious diseases because they represent the most prevalent communicable health threats in Lagos State according to existing epidemiological data, they are conditions for which both traditional and biomedical treatment options are commonly sought, and they are diseases that respondents reported experiencing and treating within the study's timeframe, making them suitable focal points for examining the intersection between traditional health practices and community health responses in the Lagos context.

Types and Prevalence of Traditional Health Practices

Traditional health practices remain widely used across West Africa, especially for managing infectious diseases. Nortey et al. (2023), provide solid evidence of this prevalence in their study of herbal antimalarial products sold in community pharmacies across ten districts in Greater Accra. They identified forty-four plant species from twenty-eight families, with Cryptolepis sanguinolenta and Azadirachta indica appearing most frequently. Their findings show that herbal therapy is not peripheral but firmly embedded in everyday health care, even in urban settings with access to biomedical services. Although their work focuses on malaria, it confirms a broader pattern relevant to Lagos: traditional therapies are used consistently, are diverse, and remain a first-line option for many people managing infectious conditions.

Influence Of traditional practices on Health-Seeking Behaviours and Treatment Compliance

Research also shows that traditional beliefs and practices strongly shape where, when, and how people seek care. Makgopa and Madiba (2021), found major delays between Tuberculosis (TB) symptom onset and formal health-care seeking among newly diagnosed patients in an urban South African district. Even though knowledge of TB transmission was high (92.6 percent), 45 percent of respondents did not initially suspect TB, and many first consulted informal health providers. Their work emphasizes that knowledge alone does not drive timely treatment. Instead, people interpret symptoms through cultural and traditional lenses, which can lead them to self-treat, use traditional remedies, or rely on community healers before turning to biomedical services. This aligns with patterns observed in many West African settings, where traditional practices remain central to decision-making during episodes of infectious disease.

Relationship between Traditional Practices and Disease Outcomes

Traditional medicine plays a more complex role in disease outcomes. A systematic review by Onukansi et al. (2025), shows that traditional remedies can offer culturally accepted, affordable treatment options with documented therapeutic potential. Their synthesis highlights plants such as Artemisia annua, which forms the basis of modern antimalarial therapies, and notes that Nigeria's heavy malaria burden makes traditional medicine an important part of the country's treatment landscape. At the same time, the authors stress the need for stronger regulation, standardization, and scientific validation. Their findings are useful for understanding outcomes in Lagos communities because they show both the potential benefits and the risks associated with relying on traditional therapies during infectious disease episodes.

Theoretical Framework

The Health Belief Model (HBM) posits that individuals' health-related decisions are influenced by their perceptions of risk, benefits, and barriers, as well as the cues and confidence that guide action. In the context of Lagos, where infectious diseases remain prevalent, the model helps explain why many residents rely on traditional medicine, including herbal remedies, spiritual healing, and other indigenous practices, as part of their health-seeking behaviour.

Mutombo, Kasilo, James et al. (2023), highlight how African communities, including those in Nigeria, actively combined traditional and biomedical approaches during the COVID-19 pandemic, driven by perceived effectiveness, accessibility, and cultural familiarity of indigenous treatments. Similarly, Onyema, Abayomi, & Jimoh (2024), demonstrate that structured engagement of traditional practitioners in Lagos improved early case detection and referral for tuberculosis, suggesting that traditional practices can positively influence health outcomes when integrated with formal care systems. Studies by Njororai (2023), and Nasiratu et al. (2023), also show that health beliefs significantly shape compliance with preventive measures and treatment regimens, reinforcing the relevance of perception-driven frameworks like HBM in understanding community responses.

The HBM underscores that decisions are not solely determined by biomedical knowledge but are embedded in socio-cultural realities, perceived benefits, and barriers, as well as trust in local healers.

Summary of Literature Gaps

The reviewed literature reveals several gaps that this study addresses. First, most existing research examines traditional health practices in relation to specific diseases rather than broader infectious disease categories, limiting generalizability. Second, few studies specifically focus on Lagos State's unique urban context, where traditional and modern systems coexist intensively. Third, existing research often emphasizes individual-level outcomes rather than community-level responses during infectious disease threats. Fourth, there is a limited application of sociological theories to understand these phenomena comprehensively. Finally, there is insufficient research using triangulated methodologies that capture both quantitative prevalence data and qualitative understanding of meanings and processes. This study addresses these gaps by examining multiple infectious diseases, focusing specifically on Lagos communities, exploring collective community responses, applying structural functionalism theory, and employing methodological triangulation.

Methodology

This study employed a descriptive–exploratory research design integrating quantitative and qualitative methods to achieve a comprehensive understanding of the phenomenon under investigation. A concurrent triangulation approach was used, with both data types collected simultaneously and later compared and integrated to generate meta-inferences.

The research was conducted in three Lagos State Local Government Areas selected from each senatorial district to ensure geographical representation: Lagos Island (Central), Alimosho (West), and Ikorodu (East). These areas reflect diverse urban, peri-urban, and transitional urban–rural contexts, as well as varying combinations of traditional and biomedical healthcare practices.

The study population consisted of adult residents (18 years and above) who had experienced infectious diseases within the past 12 months, alongside key stakeholders including traditional health practitioners, community health workers, healthcare providers, and community leaders. For the quantitative component, a sample size of 450 respondents (150 per LGA) was determined using Yamane's formula and selected through a multistage sampling technique. Qualitative data were generated through purposive sampling of 36 in-depth interview participants and six focus group discussions, with sampling continuing until theoretical saturation. Data collection involved structured questionnaires, in-depth interviews, focus group discussions, and documentary reviews, with instruments translated into Yoruba and administered by trained assistants. Quantitative data were collated using SPSS version 28, while qualitative data were thematically analysed using NVivo version 14. Findings from both approaches were integrated at the interpretation stage to provide a holistic analysis.

This study obtained ethical approval from the Research Ethics Committee of Lagos State University before data collection commenced. Informed consent was voluntarily secured from all participants after explaining the study's purpose, procedures, and their right to withdraw at any time without penalty. Confidentiality and anonymity were strictly maintained by using participant codes instead of names, securing all data, and ensuring no individual could be identified in the results. Cultural sensitivity was observed when engaging traditional health practitioners and community members, respecting their beliefs while ensuring participation caused no harm or disadvantage to their healthcare access.

Findings

Demographic Characteristics of Respondents

A total of 450 respondents participated in the quantitative survey across the three Local Government Areas. The demographic profile showed that 58.2% were female and 41.8% were male. Age distribution revealed that the majority (42.4%) were between 31-40 years, followed by 26.9% in the 41-50 age bracket. Educational attainment varied, with 36.7% having secondary education, 31.1% tertiary education, 22.2% primary education, and 10.0% having no formal education. Occupationally, 38.4% were self-employed traders, 24.7% were artisans, 18.9% civil servants, and 18.0% were unemployed or students.

Types and Prevalence of Traditional Health Practices

Table 1 presents the types and prevalence of traditional health practices used by communities in Lagos State for managing infectious diseases.

Table 1: Types and Prevalence of Traditional Health Practices (N=450)

Traditional Health Practice	Frequency	Percentage (%)
Herbal remedies	327	72.7
Spiritual healing/prayer sessions	298	66.2
Steam inhalation therapy	234	52
Traditional massage/bone setting	156	34.7
Scarification/cupping	89	19.8
Traditional birth attendants	67	14.9
Divination/consultation with herbalists	178	39.6

Source: *Field survey, 2025*

The findings reveal that herbal remedies constitute the most prevalent traditional health practice (72.7%), followed closely by spiritual healing and prayer sessions (66.2%). Steam inhalation therapy was practiced by 52.0% of respondents, while divination and consultation with herbalists accounted for 39.6%. Less common practices included scarification (19.8%) and traditional birth attendance (14.9%).

Table 2: Specific Infectious Diseases Treated with Traditional Practices (N=450)

Disease Type	Frequency	Percentage (%)
Malaria/fever	389	86.4
Typhoid fever	267	59.3
Respiratory infections/cough	312	69.3
Diarrheal diseases	198	44
Skin infections	156	34.7
Sexually transmitted infections	87	19.3

Source: *Field survey, 2025*

The data shows that malaria/fever was the most commonly treated infectious disease using traditional practices (86.4%), followed by respiratory infections (69.3%) and typhoid fever (59.3%).

The findings from in-depth interviews revealed diverse motivations for traditional practice utilization. One traditional healer in Alimosho explained that "our herbs have been treating malaria for generations" and noted that "when people come with a high fever, we give them a bitter leaf mixture, and they recover within days." A 45-year-old female community member in Ikorodu shared her trust in traditional methods, stating "I trust our traditional methods because they are natural and have no side effects like hospital drugs" and adding that "my grandmother used these herbs and lived to be 90 years old." Healthcare providers acknowledged the prevalence of these practices, with a primary health center nurse in Lagos Island observing that "most patients come to us after trying traditional remedies first" and expressing concern that "sometimes they arrive with complications because of the delay." Themes emerging from qualitative analysis included cultural continuity, affordability and accessibility, perceived efficacy, and spiritual dimensions of healing that biomedical care does not address.

Influence on Health-Seeking Behaviours and Treatment Compliance

Table 3 presents data on health-seeking behaviour patterns among respondents.

Table 3: First Point of Contact during Infectious Disease Episodes (N=450)

First Contact Point	Frequency	Percentage (%)
Traditional healer	198	44
Self-medication (herbal)	123	27.3
Primary health center	87	19.3
Private hospital/clinic	28	6.2
Pharmacy/chemist	14	3.1

Source: *Field survey, 2025*

The findings show that 44.0% of respondents first consulted traditional healers when experiencing infectious disease symptoms, while 27.3% engaged in self-medication using herbal remedies. Only 19.3% went directly to primary health centers.

Table 4: Delay in Seeking Orthodox Medical Care (N=450)

Duration of Delay	Frequency	Percentage (%)
No delay (immediate)	87	19.3
1-3 days	112	24.9
4-7 days	156	34.7
8-14 days	73	16.2
More than 14 days	22	4.9

Source: *Field survey, 2025*

The majority of respondents (34.7%) delayed seeking orthodox care for 4-7 days, while 16.2% waited 8-14 days. Cumulatively, 55.8% were delayed for more than 3 days.

Table 5: Treatment Compliance Patterns (N=450)

Compliance Behaviour	Frequency	Percentage (%)
Complete orthodox treatment only	98	21.8
Complete traditional treatment only	145	32.2
Combine both treatments	167	37.1
Discontinue orthodox for traditional	40	8.9

Source: *Field survey, 2025*

Interestingly, 37.1% of respondents combined both traditional and orthodox treatments, while 32.2% relied solely on traditional treatments. Only 21.8% completed orthodox treatment exclusively.

Focus group participants in Alimosho discussed their treatment decision-making processes, with one participant explaining that "when you are sick, you try what is available and affordable first" and noting that "if traditional medicine doesn't work after some days, then you go to the hospital." A 52-year-old male respondent on Lagos Island revealed his preference for traditional healers, stating "I always start with our traditional healer" because "he knows my family history and understands our spiritual needs" and emphasized that "the hospital only treats the body, not the spirit." Healthcare workers expressed frustration with delayed presentations, with a doctor stating that "patients arrive with severe complications after spending weeks with traditional healers" and explaining that "by then, simple malaria has become cerebral malaria, or pneumonia has progressed to respiratory failure." However, some patients reported positive experiences combining treatments, with a female respondent sharing that "I take my hospital drugs, but also use herbal tea for strength" and adding "I tell my doctor, and he doesn't mind as long as I take the prescribed medicine."

Relationship between Traditional Practices and Disease Outcomes

Table 6 presents the relationship between traditional practice utilization and disease severity at presentation to orthodox healthcare facilities.

Table 6: Disease Severity by Traditional Practice Use (N=450)

Traditional Practice Use	Mild Cases n (%)	Moderate Cases n (%)	Severe Cases n(%)	Total
Exclusive traditional use (7+ days)	34 (19.1%)	67 (37.6%)	77 (43.3%)	178
Combined use (immediate)	89 (53.3%)	58 (34.7%)	20 (12.0%)	167
Orthodox first (immediate)	67 (63.8%)	32 (30.5%)	6 (5.7%)	105
Total	**190**	**157**	**103**	**450**

Source: *Field survey, 2025*

The data reveal that respondents who used traditional practices exclusively for 7 or more days presented with severe disease manifestations (43.3%), compared to only 5.7% severity among those who sought orthodox care immediately.

Table 7: Recovery Outcomes by Treatment Pathway (N=450)

Treatment Pathway	Full Recovery n (%)	Partial Recovery n (%)	No Improvement n (%)	Total
Traditional only	98 (67.6%)	32 (22.1%)	15 (10.3%)	145
Orthodox only	91 (92.9%)	6 (6.1%)	1 (1.0%)	98
Combined approach	156 (93.4%)	9 (5.4%)	2 (1.2%)	167
Switched treatments	23 (57.5%)	12 (30.0%)	5 (12.5%)	40
Total	**368**	**59**	**23**	**450**

Source: *Field survey, 2025*

Respondents using combined approaches (93.4%) or orthodox treatment alone (92.9%) reported higher full recovery rates compared to those using traditional methods exclusively (67.6%).Traditional healers in Ikorodu defended their practices, asserting that "we have cured many people" and arguing that "not everyone needs to go to the hospital" because "some illnesses are spiritual, and hospitals cannot treat them." Community members offered nuanced perspectives, with one participant stating that "traditional medicine works for common illnesses like simple fever or stomach upset, but serious diseases need hospital treatment" while acknowledging that "the problem is knowing when to switch." Healthcare providers noted varying outcomes, observing that "some patients who use herbs alongside medication do well, especially with psychosocial support from their communities" but cautioning that "others suffer harm from herb-drug interactions or delayed care." A significant theme was the lack of communication between traditional and orthodox providers, with each system operating in isolation rather than in collaboration.

Hypothesis Testing

Table 8: Chi-Square Test of Association between Traditional Health Practices and Community Response to Infectious Diseases

Variables	Chi-Square (χ^2)	Df	p-value	Decision
Traditional practices and health-seeking behaviour	87.34	4	<0.001	Reject H_0
Traditional practices and treatment compliance	62.18	3	<0.001	Reject H_0
Traditional practices and disease outcomes	94.56	4	<0.001	Reject H_0

Source: *Field survey, 2025*

The chi-square test results show statistically significant associations between traditional health practices and all three dimensions examined: health-seeking behaviour ($\chi^2 = 87.34$, $p < 0.001$), treatment compliance ($\chi^2 = 62.18$, $p < 0.001$), and disease outcomes ($\chi^2 = 94.56$, $p < 0.001$). These results lead to the rejection of the

null hypothesis and acceptance of the alternative hypothesis that there is a significant relationship between traditional health practices and community responses to infectious diseases in Lagos State.

Discussion of Findings

Types and Prevalence of Traditional Health Practices

Traditional health practices remain widely used in Lagos State. Herbal remedies (72.7 percent) and spiritual healing (66.2 percent) were common, reflecting similar patterns reported in urban West African settings where traditional medicine persists alongside modern care (Nortey et al., 2023; Mutombo, Kasilo, James et al., 2023). Malaria was the most frequently treated condition (86.4 percent), consistent with regional studies showing that communities often rely on herbal therapies for common infections due to perceived effectiveness and cultural familiarity (Mensah & Nuertey, 2022). Respondents highlighted cultural continuity, affordability, and spiritual explanations of illness as reasons for using traditional practices, aligning with Health Belief Model perspectives that health actions are shaped by culturally embedded beliefs and perceived benefits (Njororai, 2023).

Influence on Health-Seeking Behaviours and Treatment Compliance

Traditional health practices strongly shaped treatment pathways. A large proportion of respondents (44.0 percent) first consulted traditional healers, compared to 19.3 percent who sought immediate biomedical care. This reflects HBM-driven findings showing that communities prioritize trusted and culturally aligned providers during illness episodes (Njororai, 2023; Nasiratu, Pencille, Khuzwayo et al., 2023). Although 37.1 percent combined traditional and orthodox care, only 21.8 percent completed orthodox treatment. Financial limitations, spiritual interpretations of illness, and trust in conventional practitioners influenced compliance, supporting recent studies showing that perceived barriers and cultural interpretations significantly affect treatment adherence (Mutombo et al., 2023).

Relationship between Traditional Practices and Disease Outcomes

Exclusive reliance on traditional care was associated with higher rates of severe disease presentation (43.3 percent), consistent with evidence that delayed biomedical treatment worsens infectious disease outcomes (Mutombo et al., 2023). By contrast, respondents who combined traditional and orthodox treatments achieved recovery rates similar to those relying solely on biomedical care (93.4 percent vs. 92.9 percent). This aligns with findings that collaborative models, particularly those involving traditional practitioners in early detection and referral, can strengthen disease management outcomes (Onyema et al., 2024; Adewumi, 2025). However, limited communication between systems contributed to delayed referrals and concerns about herb-drug interactions. The significant associations observed in the chi-square tests indicate that traditional practices remain central to community response, reinforcing calls for integrated and culturally responsive approaches to infectious disease control (WHO, 2020).

Conclusion

The findings of this study demonstrate that traditional health practices remain a central and influential component of how communities in Lagos State respond to infectious diseases. Their widespread use is deeply rooted in cultural beliefs, long-standing trust in indigenous knowledge systems, ease of access, affordability, and the perceived effectiveness of traditional remedies. For many residents, traditional health practitioners represent the first point of contact during illness, particularly in contexts where biomedical facilities are distant, overstretched, or financially inaccessible. However, the study also reveals that reliance on traditional practices alone can contribute to delays in seeking biomedical care, inconsistent treatment pathways, and, in some cases, poorer health outcomes, especially for infections requiring timely clinical intervention.

Despite these challenges, the findings suggest that traditional and biomedical systems need not exist in opposition. Rather, evidence from community experiences and stakeholder perspectives indicates that integrated care approaches; where both systems collaborate through referral, mutual recognition, and complementary roles, can enhance treatment effectiveness, improve recovery outcomes, and strengthen

community trust in public health interventions. Such collaboration can also improve early disease detection, treatment adherence, and health education at the grassroots level.

To achieve this, deliberate efforts are required to improve communication, regulation, and structured partnerships between traditional health practitioners and biomedical healthcare providers. Training, certification, and inclusion of traditional practitioners in public health planning could promote safer practices and timely referrals. Overall, fostering a culturally sensitive, integrated healthcare framework offers a more sustainable and effective pathway for infectious disease control and community health improvement in Lagos State.

Recommendations

In light of the findings of this study, it is recommended that government agencies and health authorities establish formal and well-structured collaboration frameworks between traditional health practitioners and biomedical healthcare providers. Such frameworks should clearly define roles, referral pathways, and communication channels to improve early case detection, continuity of care, and infectious disease surveillance at the community level. Strengthening these linkages will help reduce delays in accessing biomedical treatment while maintaining community trust in traditional systems.

Additionally, regulatory mechanisms should be introduced to guide traditional health practices. This includes registration, certification, and the provision of basic training for traditional healers on hygiene, infection control, recognition of danger signs, and timely referral of severe or complicated cases. Regulation should be supportive rather than punitive, ensuring that traditional practitioners are engaged as partners in public health efforts.

Culturally sensitive health education programs should also be developed and implemented within communities. These programs should respect indigenous beliefs and practices while promoting accurate information on disease transmission, prevention, and the benefits of early biomedical treatment. Community leaders and traditional practitioners should be actively involved in designing and delivering these interventions to enhance acceptance and effectiveness.

Furthermore, healthcare workers should receive cultural competence training to improve patient–provider communication, reduce stigma, and encourage patients to disclose the use of traditional remedies without fear of judgment. Finally, sustained investment in scientific research on commonly used herbal remedies is essential to assess their safety, efficacy, and dosage, with the aim of standardizing, validating, and safely integrating effective traditional practices into the formal healthcare system.

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