

# Traditional Medicine Practice: Attitude of Practitioners towards Marketing Principles and Impact on Patronage

Adebowale Biodun AREO, Ph.D.  
Wesley University of Science and Technology, Ondo, Nigeria  
E-mail: talk2areo@yahoo.com; talk2areo@gmail.com.

## Abstract

This study was to investigate the attitude of Traditional Medicine Practitioners (TMPs) towards the application of Marketing Principles to their practice. It was aimed at examining the influence of these marketing practices and the level of patronage of Traditional Medicine (TM). It was also aimed at determining the levels of satisfaction with the introduction of marketing on the side of consumers. The relationship between age, educational level, income and occupation of Traditional Medicine Practitioner (TMP) and consumers and promotional activities of Traditional Medicine (TM) was also established. A pre-tested and structured interview was used to elicit information from seventy (70) Traditional Medicine Practitioners. Also focus group discussion forum (FGD) was employed to source information from seventy (70) consumers of Traditional Medicine. Descriptive statistics such as frequency counts and percentages were used to analyze the data. Pearson's correlation analysis was also used to establish the relationship between the variables. The study revealed that Traditional Medicine Practitioners and consumers had a positive attitude towards adoption of Marketing Principles such as branding, quality control and radio advertisement. Marketing Principles, it was revealed have more than averagely influenced the attitude of consumers of Traditional Medicine. The study concluded that Traditional Medicine should collaborate with orthodox medicine and submit their products for quality, dosage, branding, and control to gain a wider acceptance especially among urban dwellers.

**Keywords:** Marketing, Attitude, Traditional Medicine

## 1. Introduction

The nature and role of marketing have evolved considerably and will continue to change. The fact that it is only during the last 50 years that marketing as a word or description has come to enjoy an everyday currency does not mean that marketing has not taken place since the start of commercial exchange (Murray and O' Driscoll, 1996). The emergence of a marketing orientation is often dated to sometime in the 1950s in more developed economies and more sophisticated companies. As a result of the above, there has been a general apathy towards the application of marketing principles to businesses. This is because marketing was misconceived to be a subject only appropriate to manufacturing concerns. In the light of this, the application of marketing principles is a recent phenomenon. Many organizations such as banks, churches, mosques, politicians and communication firms are fast embracing marketing principles (Kotler and Keller, 2012; Parkinson *et al.* 2000). Marketing concept, they claimed, is now put to use by institutions as diverse as banks to service their customers more efficiently; by political parties in conducting their election campaigns; and even by government to sell the idea of programmes such as family planning.

Marketing therefore, has emerged as a discipline more equal than others due to its importance in today's competitive world, where competition is becoming severe and chaotic (Mathur, 2006). Marketing is no longer a company's department charge with a limited number of tasks, it is a company-wide undertaking. It drives the organization's vision, mission, and strategic planning. Marketing includes decisions like who the company wants as its customer, which of their needs to satisfy, what products and services it offers and what prices to set; what communication to send and receive, what channels of distributions to use and what partnership to develop.

In line with the above, McDonald and Christopher (2003) opines that undertaking consumer/buyer behavior is intrinsic to the successful management of the marketing mix and the building of long-term, profitable customer relationships. It is, after all, consumers who make up the market. Hence, Smith and Taylor (2007) define marketing as the process by which companies create value for customers and build strong customer relationships in order to capture value from the customers in return. In the same vein, Kotler and Armstrong's (2006) idea of marketing agrees with the above, it says that today's marketers must be good at creating customer value and managing customer relationships. In this respect, leading marketing companies understand the marketplace and customer needs, and therefore design customer-driven marketing strategies, create customer value, and develop marketing programmes that deliver value and satisfaction. Kotler and Armstrong (2006) consequently gave the simplest definition of marketing to be "managing profitable relationships". The twin-fold goal of marketing is to attract new customers by promising superior value and to keep and grow current customers by delivering satisfaction.

Giese and Cote (2002) affirms that consumer satisfaction has been typically conceptualized as either an emotional or cognitive response. Marketers should understand the reasons why buyers buy. There appears to be a

host of conscious and unconscious reasons underlying why people buy what they buy. Some reasons are more important than others to a particular segment. Smith and Taylor (2007) confirm the statement of Giese and Cote, saying that reasons why buyers buy can either be rational or emotional. The split between the two is called the “emotional/rational dichotomy.” In this wise, Murray and O’ Drisscoll’s (1996) opinion is that marketing remains a management process. Its goal is to make exchange take place in a competitive marketplace in a manner that creates profit for particular buyers and sellers.

Despite marketing importance, it is the least understood of all the business disciplines both by those working within business and by the public at large (Whalley, 2010). Parkinson, *et al.* (2000) says marketing starts with the customers, what they want to have and ends with the customers, giving them what they want. Organizations or individuals carrying out marketing, must be customer- and market-driven (Kotler and Keller, 2012). Marketing is a new managerial discipline which many organizations are introducing into their operations. It is an important turning point in the development and growth of organization.

Hitherto, the traditional medicine practitioners also known as alternative medicine were known to be selling their products and carrying out subtle marketing which borders on mere selling. Users, who have found their prescription efficacious, spread the efficacy prowess to others through words of mouth. This is believed to be a surer form of advertisement. Selling, as it is known, is just an aspect of marketing. Parkison, *et al* (2000) gave the basic differences by saying that in selling, you would have produced what is convenient to produce, while in marketing, you start with the potential customer, then, you plan and produce what he wants. You tailor all your production to provide the customer with satisfaction. The Traditional Medicine Practice (TMP) was observed to lack all that is required to carry out marketing and therefore, their consumers were at the mercy of buying what was available.

This paper therefore, examines the recent development among the traditional medicine practitioners in applying modern day marketing and its impact on patronage and consumer satisfaction.

## 2.0 Research Problem

The rate of acceptance of applying marketing principles to businesses in Nigeria has been very slow. There is also the false impression of applying marketing principles by businesses. Marketing principles, if applied correctly, ought to give profits to the producer of goods and services and also satisfaction to the consumers.

A firm or business concern can justify its existence only if it produces and distributes what buyers (the market) will need and prefer. Drucker (1974) says that such the purpose of the company is to create a customer.” Based on the above, this makes marketing the focal point of the business effort. Diverse institutions such as banks now apply marketing to service their customers more efficiently, so also political parties in conducting electioneering campaigns and to sell government programmes such as family planning.

Traditional Medicine Practice in Nigeria has come a long way. However, they still use crude methods in dispensing medicine. There is no standard dosage; neither are there brand names to differentiate practitioners of traditional medicines. Also observed was the rise in charlatans and quacks due to the increasing population of rural dwellers or the popularity of traditional medicine among the city elite.

This paper, therefore, examines and advocated the use of marketing principles to traditional medicine practice to ensure quality products through the use of marketing principles such as product and production concepts. It is also suggested that branding and dosage introduction would have mutual benefits to the sellers and buyers.

## 3.0 Theoretical and Conceptual Framework

Marketing has continued to be controversial, both in arriving at a single definition and its applicability to various businesses. Marketing remains one of the most misunderstood subjects; yet it affects our lives in a pervasive manner. From the clothes we wear, the food we eat to the house we live in and the media through which we stay in touch with the world, all are products of a marketing process, which is fundamental to modern societies. Despite this pervasiveness of organized market activity, the discipline of marketing is still far from well-elaborated as a science.

The essence of marketing knowledge lay in the description of marketing activities. It covers all those activities involved in providing customer satisfaction, and making a profit for the manufacturer who makes use of available resources to the maximum (Parkinson, *et al.* 2000; Murray and O’ Drisscoll, 1996). Marketing arguably has become the most important idea in business and the most dominant force in culture. The subject of marketing has changed enormously, and especially in the 1970s and 1980s, the discipline moved beyond description to a general focus on analysis and theory-building. The complexity of markets and market transactions has grown rapidly (Hill and Femer, 2010). In parallel, the stakes involved in marketing decision-making have also grown. As a result, traditional ‘best practice’ is seldom enough to guarantee competitive success.

Despite its importance, marketing is the least understood of all business disciplines, both by those working within business and by the public at large. According to Whalley (2008), marketing is invisible to right-wing

economists, whose credo is that prices carry all the information about supply and demand and those markets need to produce the goods and services that people want. Marketing was so insignificant to all past leading economists in the field of their time such that the works of Adam Smith, Friedrich Hayek, Milton Friedman, Gary Becker, have no mention of marketing whatsoever.

On the other hand, the left-wing socialists, social scientists, journalists and popular mass media programme makers do at least acknowledge marketing as being real. But their views often present marketing as little more than exploitative, manipulative, hard-sell advertising used by greedy and morally bankrupt corporations in pursuit of their next set of bonuses. Both views, according to Whalley (2008) are best incomplete in terms of truly understanding markets from the key perspective, that of the customer and suppliers interact to make the markets.

The emergence of a marketing orientation is often dated to sometime in 1950s in more developed economies. While in less developed or developing economies, it is for less than 50 years. This marked the realization that the core market-related task was not to make products or to sell what factories could produce, but rather to understand market demand well enough to specify what should be produced; and to see that this 'right' product could be brought to the 'right customer' at the 'right price' and at the 'right time and place.' It was from this perspective that marketing concept emerged as a guiding, company-wide philosophy.

Murray and O'Driscoll (1996) speaks of the profit and competitive success derived from seeing customer needs as the guiding principles in strategy and in coordinating company activities to serve them profitably. Out of this phase of evolution emerged the marketing department as a commonplace element of any organization, headed up by a marketing manager. The marketing concept emphasized that a customer orientation led to long-term profitability. Profit not sales maximization was stressed as the objective of marketing activity, but profitability was seen as the outcome of dedication to serving market needs. The marketing concept also ensures that the activities of business should be coordinated with profit through customer satisfaction as the unifying objective.

Murray and O'Driscoll (1996) further claimed with considerable weight that no general manager could perform effectively without applying a marketing approach to the management of the business and no business strategy could be complete without a foundation in identified customer needs. However, it takes the application of a process view of organization to harness these evolving perspectives effectively to the role of marketing.

It is on this premise that this research was based. It is to investigate the applicability of marketing principles to Traditional Medicine Practice in Nigeria. Majority of Nigeria's population lives in the rural areas and heavily depends on traditional medicine for healthcare delivery. The practice has commenced the application of marketing principles but much is left to be desired.

#### 4.0 Methodology

The research focused on traditional medicine practice in Osun State of Nigeria, and the marketing strategies employed to market their products to their numerous consumers. Osun State is in the Southwestern Nigeria and is one of the thirty-six States of Nigeria. The State has twenty-three (23) Local Government Councils with the population of 2,203,016 out of which 1,079,424 are males and 1,123,592 are females (Federal Office of Statistics, 1993).

The sample was drawn using two sampling techniques. Random sampling technique was used in the first place in selecting the seven Local Governments of the State, namely *Ila, ife Central, Oriade, Olorunda, Irewole, Odo-Otin and Atakumosa*. In each of these Local Governments, two villages with renowned native doctors or herbalists were selected, thus employing the purposive sampling techniques.

Two types of interviewing techniques were used to collect information. These were the structured and unstructured interviews. Questionnaires represent the structured interview, and consisted of twenty-five statements inviting response on a five-point Likert scale. The questions were divided into five sections dealing with: socioeconomic status; acquisition of knowledge and apprenticeship; length of practice; estimate of clients thus far; and marketing tools used to sell their products

During the process of interview, unstructured interview technique was employed and it assisted significantly in identifying new issues leading to a deeper understanding of the traditional medicine practice. Leady questions were as much as possible avoided. The interviews were to discover what means or methods the herbalists, diviners and herb vendors have been employing to bring about health care to their patients and the marketing principles employed. In summary, data was obtained from five categories of people namely: *Ifa* priest and *Osanyin* diviners (*babalawo*); herbalists (*oni'segun*); traditional religionists (*elesin ibile*); herb vendor (*elewe omo or alekuleja*); and traditional religionists (*elesindale*), who have knowledge of therapeutic value of plants.

#### 5.0 Result and Discussion

##### 5.1 Socio-economic characteristics of traditional medicine practitioners and their customers

The data in table 1 shows that 74% of the Traditional Medicine Practitioners were residing in the rural areas of south western Nigeria, while only 26% of them reside and practice in urban cities. About 69% of the Traditional

Medicine Practitioners were males and 31% were females. Minority of them about 9% were between the age of 25 – 23 years, 26% were between 35–44 years, 29% were between 45–54 years while 49% were above the age of 55 years. Educationally, 33% had no formal education, 34% had primary school certificate, and only 26% had West African School Certificate while 7% had tertiary institution education. Majority of the Traditional Medicine Practitioners 83% had their practice in their residence, while 27% had their clinic separate from their residence. On disease management, 73% were general practitioners handling all forms of ailment and 27% were specialized in areas of herbal remedies.

On the other hand, the study revealed that 76% majority of consumers was males, while 24% were females. As shown majority (37%) of them in table one was above 50 years of age, 21% were between 41–50 years, 20% were between 31 – 40 years while 16% were between 21–30 years. Educationally, majority (32%) had no formal education, 29% obtained primary education, 23% had West Africa School Certificates while again a minority (16%) had tertiary education. This indicates that majority of Traditional Medicine consumers had very little education with over 84% between no education and secondary school. While only 16% had tertiary education.

About (31%) of the consumers of Traditional Medicine were farmers, almost equal number 29% were teachers, civil servants represents 26% of the consumers while other businesses were 14%. This indicates that consumers of Traditional Medicine were popular among farmers and teachers with about 60% of them patronizing Traditional Medicine. Coincidentally these respondents were in low income brackets. This could probably be because Traditional Medicine is affordable and available.

Table 1 also shows that majority 51% of the consumers are low income earners who earn below minimum wage in Nigeria, there were 37% of the respondents who were medium income earners, while only about 11% were high income earners. This is expected since these high income earners have the means to purchase orthodox medicine.

#### *5.2 Traditional Medicine Practitioners (TMPS) Adoption of Marketing Principles*

Table 2 shows the view of Traditional Medicine Practitioners on the adoption of marketing principles to their practice. On the whole, the Traditional Medicine Practitioners show their willingness to adopt marketing principles with a mean score of 3.06. There were overwhelming 71% agreements that application of dosage should be introduced into traditional medicine practice while 29% disagreed. On branding majority 69% were optimistic that branding their products will eliminate quacks, because consumers will know which herb work and vice versa, 21% do not see any use for branding herbal remedies. In the same vein, 65% respondents (TMP's) were categorical that better packaging will enhance the practice of traditional medicine.

Hitherto, packaging was not considered important. Packaging, using National Food and Drug Administration Commission's (NAFDAC) strict standard and registration procedures will ensure that charlatans are chased out of this business. On the issue of media for promoting Traditional Medicine Practice, 69% preferred the use of the radio. These respondents were of the view that radio is owned by many people and it has a far reaching effect, radio is cheap to own and cost of advertising on radio is also cheap. On television, majority 74% disagreed to the use of television, while a minority 26% still believe that television is okay for promoting herbal remedies. The overwhelming disagreement was probably because of the prohibitive cost of advertising on television. Also because of the challenges of electricity supply in powering television which is not usually constant., Minority (26%) of Traditional Medicine Practitioner considered Newspaper a better option for promoting their products.

The data in table two also show that using product concept which speaks of quality improvement was supported by a majority 51% of respondents. The concept of production concept which is about the product being available and affordable was also supported by the majority (73%) of the respondents (TMP).

#### *5.3 Traditional Medicine Consumers on the Use and Adoption of Marketing Principles*

Table 3 shows the evaluation of Traditional Medicine Practice and the various promotional tools used to promote their products. Majority 63% of consumer respondents do not want the practice to be advertised, probably because the adverts are usually superfluous and extremely over exaggerating the efficacy of the claims of Traditional Medicine Practitioners; while only 14% were of the view that advertisement of herbal products should be encouraged. Above 80% of the consumer respondents were of the view that the herbal products are quite available and affordable in line with production concept. Again majority 65% consider the quality of Traditional Medicine as being adequate; this is to be expected because most of the consumers are of low education level. However a minority about 28% were not going to use Traditional Medicine because of lack of dosage.. It is also instructive from the table that majority 73% trusted the content and the preparation of Traditional Medicine; on how they got awareness of the product, table three shows that majority (79%) got their awareness from the radio, while only 31% got awareness from television.

In general, most 60% of the consumer respondents would consume Traditional Medicine if NAFDAC would approve their use. The bulk of these respondents on NAFDAC issue coincidentally were people with tertiary education. They were probably being careful about the hygienic and the claims of Traditional Medicine Practitioners.

The result of correlation analysis in Table 4 shows that the Traditional Medicine Practitioners were generally well despised to the adoption of marketing principles and it has a significant relationship with age (0.1260), education (0.2940), patronage level (0.3412) and disease management (0.4137) at 0.05 level of confidence.

In the same vein, the results of correlation analysis in Table 5 shows that marketing principle application to Traditional Medicine Practice has a positive and significant relationships with age (0.2813), education (0.4024), income per month (0.2712) and occupation (0.5217). However income (-0.2712) has a negative value but significant relationship. This is not altogether surprising given the social class and age profile of respondents. This is expected bearing in mind that majority of the consumers of Traditional Medicine were rural dwellers whose main occupation was farming and their level of income very low. So, their herbal remedies were because it was available and affordable. Kotler and Killer (2012) asserted that consumers will support products that are available and affordable especially if the products also have quality which again Kotler (1977) consider to be what product concept is all about.

The result also indicates that influence of promotional activities has a positive and significant relationship with the level of patronage of traditional medicine. This further goes to explain that the more the promotional tools used, the more the awareness created and therefore the more traditional medicine that is patronized by consumers. Included in this is the quality dosage and branding as a means of convincing the consumers.

## 6.0 Summary and Conclusion

The traditional medicine remains a major source of health care delivery to majority of Nigerians who are in the rural areas. The adoption of marketing principles such as Dosage, Branding, Product and Production concept brought reputation to the practice. The direct effect of the adoption is the increase in the level of patronage of herbal remedies especially by the urban dwellers. It was observed that the lack of quality control hitherto militate against the patronage of herbal remedies among the urban dwellers. The rural dwellers who are in the majority in Nigeria have kept the business going and the adoption of marketing principles was an impetus for more consumers for traditional medicine.

As was the case on Sir Lanker, Ghana, India and other countries, there should be synergy of treating patients by both traditional and orthodox medicine. Government of Nigeria should encourage Traditional Medicine Practitioners by building them clinics and hospitals. Government should also put in place quality control measures to regulate traditional medicine practice.

## REFERENCES

- Doyle, P. (2007). *Marketing Management and Strategy*. 2<sup>nd</sup> ed. Prentice Hall, pp. 33-39.
- Drucker, P.F. (1974). *Management Task, Responsibilities and Practice*. London: Heinemann
- Giese, J.I. and J.A. cote (2002). *Defining Consumer Satisfaction*. *Academy of Marketing Science Review*. Vol. 2000, No. 1.
- Hill Stephen and B. Femer (2010). *Media and Cultural Theory*. Stephen Hill. Beris Fenner and Ventures Publishing, APS.
- Kotler, P and G. Armstrong (2010). *Principles of Marketing*. 13<sup>th</sup> ed. Pearson Prentice Hall. Pp 28-37. Global ed.
- Kotler, P.G, Armstrong, J. Sanders and V. Wong (1999). *Principles of Marketing*. 2<sup>nd</sup> European ed. Pp 7-32.
- Kotler, P., and K.L Keller, (2012). *Marketing Management (14<sup>th</sup> Ed.)*. New Jersey: Prentice Hall 07458
- Mathur, U.C. (2006). *Strategic Marketing Management: Text and Cases*. Macmillan India Ltd, p. 1-52.
- McDonald, M. and M. Christopher (2003). *Marketing: A Complete Guide*. Palgrave Macmillan. Pp. 289-315.
- Murray, A.J. and A. O'Driscoll (1996). *Strategy and Process in Marketing*. Prentice Hall, pp 3-11.
- Parkinson, C.N; M.K. Rustomji and W.C. Vieira (2000). *Marketing. Key to Business Success Today*. Vision Books PVT Ltd.
- Smith, P.R. & J. Taylor (2007). *Marketing Communications: An Integrated Approach*. 4<sup>th</sup> ed. Kogan. Pp 93-98.
- Whalley, Andrew (2010). *Strateting Marketing*. Andrew Whalley & ventures Publishing, APS, pp.12-34

**Table 1: Socio-economic characteristics of consumers of traditional medicine practitioners (TMP)**

	FREQUENCY (F)	PERCENTAGE (%)
<b>SEX</b>		
Male	53	75.7
Female	17	24.3
	<b>70</b>	<b>100</b>
<b>AGE</b>		
21 – 30	11	15.7
31 – 40	14	20.0
41 – 50	19	21.2
Above 50	26	37.1
	<b>70</b>	<b>100</b>
<b>EDUCATION LEVEL</b>		
No education	23	32.8
Primary school	20	28.6
Secondary school	16	22.8
Tertiary school	11	15.7
	<b>70</b>	<b>100</b>
<b>OCCUPATION</b>		
Farming	22	31.4
Teacher	20	28.6
Civil servant	18	25.7
Other business	10	14.3
	<b>70</b>	<b>100</b>
<b>INCOME LEVEL</b>		
Low (less than 7,500)	36	51.4
Medium (7500 – 25,000)	26	37.2
High more above N25,000	8	11.4
	<b>70</b>	<b>100</b>

**Table 2: Distribution of respondents according to Traditional Medicine Practitioner (TMP) adoption of marketing principles**

S/N	Attitude Statement	Strongly Agree (5)		Agree (4)		Undecided (3)		Disagree (2)		Strongly Disagree (1)	
		F	(%)	F	(%)	F	(%)	F	(%)	F	(%)
1.	Would you consider dosage application to TM ?	20	28.5	30	42.8	5	7.1	11	15.7	4	5.7
2.	Branding TM , is important to TMP	10	14.2	40	57.1	7	10.0	10	4.2	3	18.5
3.	Radio is our means of advertisement.	14	20.0	34	48.5	8	11.4	12	17.1	2	2.8
4.	Television is our means of advertisement.	3	4.2	5	7.1	10	14.2	32	45.7	20	28.5
5.	I see no good using any media to sell my TM.	14	20.0	14	20.0	10	14.2	22	31.4	10	14.2
6.	Radio is cheaper and has far reaching effect.	18	25.7	29	41.4	4	5.7	13	18.5	6	8.5
7.	Television has more appeal and is effective.	4	5.7	15	21.4	6	8.5	35	50.0	10	14.2
8.	I would rather use newspapers	6	8.5	12	17.1	8	11.4	40	57.1	10	14.2
9.	Quality not advert is the trick for success	7	10.0	14	20.0	30	42.8	19	4.2	2	2.8
10.	TM is affordable and available and no side effect	11	15.7	40	57.1	3	4.2	10	14.2	6	8.5
11.	TMP can be bettered by packaging.										

Source: Field survey, 2012. Note: Multiple responses were recorded. F=Frequency. %=Percentage.

Key: TM=Traditional medicine; TMP=Traditional Medicine Practitioner

**Table 3: Distribution of respondents' consumers of herbs according to media responses**

S/N	Attitude Statement	Strongly Agree (5)		Agree (4)		Undecided (3)		Disagree (2)		Strongly Disagree (1)	
		F	(%)	F	(%)	F	(%)	F	(%)	F	(%)
1.	TM adverts should be discouraged	10	14.2	40	57.1	10	14.2	5	7.1	5	7.1
2.	I used TM because it is affordable and available	18	25.7	38	54.2	5	7.1	4	5.7	5	7.1
3.	I have no problem with TM quality	17	24.2	2.9	41.4	4	5.7	10	14.2	10	14.2
4.	TM does not have side effect.	12	17.1	40	57.1	10	14.2	4	5.7	4	5.7
5.	I don't use it because it has no dosage.	6	7.1	15	21.4	10	14.2	38	54.2	12	17.1
6.	I don't trust the preparation and content.	12	17.1	38	54.1	7	10.0	9	12.8	4	5.7
7.	I don't patronise because the environment is dirty.	10	14.2	12	17.1	8	11.4	30	42.8	20	28.5
8.	I knew about it through radio advert	20	28.5	35	50.0	5	7.1	5	7.1	5	7.1
9.	I knew about it through television advert.	5	7.1	17	24.2	8	11.4	30	42.8	60	14.2
10.	I knew about it through other media.	7	10.0	12	17.1	11	15.7	30	48.8	10	14.2
11.	Would you patronise it if the environment is sanitised?	18	25.7	32	45.7	10	7.1	15	14.2	15	7.1
12.	I would patronise it if NAFDAC approves.	10	14.2	32	45.7	12	17.1	60	14.2	6	8.5
13.	TM should be encouraged by government.	19	27.1	29	41.4	12	17.1	5	7.1	5	7.1

Source: Field survey, 2012. Note: Multiple responses were recorded. F=Frequency. %=Percentage.  
 Key: TM=Traditional medicine; TMP=Traditional Medicine Practitioner

**Table 4: Summary of correlation co-efficient showing linear relationship between the traditional medicine practitioners and their socio-economic characteristics**

Selected characteristic	Co-efficient of correlation (r)	Co-efficient of determination (r <sup>2</sup> )
Age	0.1260*	0.0158
Educational level	0.2940*	0.0864
Marketing principles	0.3412*	0.1164
Level of patronage	0.4137*	0.1711

Significant at p>0.05

**Table 5: Summary of correlation co-efficient showing linear relationship between the consumers of traditional medicine and socio-economic characteristics**

Selected characteristic	Co-efficient of correlation (r)	Co-efficient of determination (r <sup>2</sup> )
Age	0.2813*	0.0791
Educational level	0.4024*	0.1619
Income per month	0.2712*	0.0735
Occupation	0.5217*	0.2721

Significant at p>0.05