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**A study of contemporary medical
quacks in Aba : their impact of the
community**

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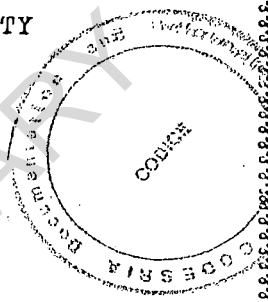


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A STUDY OF CONTEMPORARY MEDICAL QUACKS
IN ABA: THEIR IMPACT ON THE COMMUNITY

A PROJECT REPORT SUBMITTED TO THE
DEPARTMENT OF SOCIOLOGY/ANTHROPOLOGY
UNIVERSITY OF NIGERIA, NSUKKA.



IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
AWARD OF DEGREE OF MASTER OF SCIENCE - M. SC.
SOCIOLOGY OF ANTHROPOLOGY UNIVERSITY OF
NIGERIA NSUKKA

BY

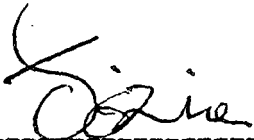
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REG. NO. PG/M.SC/91/6897

Programme de Petites Subventions
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Date 01 FEV. 1994

APPROVAL PAGE

THIS PROJECT REPORT HAS BEEN APPROVED FOR
THE DEPARTMENT OF SOCIOLOGY & ANTHROPOLOGY, UNIVERSITY
OF NIGERIA, NSUKKA.

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ACKNOWLEDGEMENTS

Making this Study a reality was not easy. In the course of the research, I have naturally incurred academic and other indebtedness to several people who have made invaluable contributions in one way or the other to this work.

I am very much indebted to my Project Supervisor, Dr. Azuka Dike who is also the Head of the Department of Sociology & Anthropology, University of Nigeria, Nsukka, for his invaluable advice. Not only did he accept to supervise this work and in helping me to reconstruct the research topic, he also took pains to correct the manuscript, making constructive criticisms, and insightful suggestions that made this work a success. Any merits which this work deserves are a tribute personally to him for his untiring guidance and reflect the benefits which I derived from being under his supervision.

A particular expression of thanks is extended to Dr (Mrs) Kamene Okonji (Lecturer, Department of Sociology/Anthropology, U.N.N.) for her encouragement and advice and also to my former academic adviser the late Mr. Paul Eze Onu.

My sincere gratitude and appreciation go to my father Mr. Eke Okorie and my mother Mrs Esther U. Eke for laying a solid foundation for my academic pursuit with both moral and financial support.

I am highly appreciative of the efforts of my brother Mr. L.U. Okoronkwo for his moral and financial support throughout my Secondary School and University Studies. Without their unflinching encouragement behind me, it would not be possible for me to reach this 'Welcome' end.

"Good Health," it is said, "is Wealth." My inestimable and sincere gratitude goes to all those who contributed in one way or the other to see that I recover from my prolonged ill-health which would have marred my University education. Names like Mr. Pius Okoronkwo Elendu, Mr. Christopher Okorie Eke, Mrs Nnennaya Eke, Mrs Veronica Oyiri Oji, Mrs Eunice Opara, and my younger brothers and sisters should not be forgotten.

My very good friends, Mr. Ignatius Iheke Okoronkwo, Mr. Cyprian Ngozi Emenyomu, Mr. Emeka Unity, and cousins like Mr. Linus Owo Eleke, Mr. Donatus Kalu Okoronkwo, Mr. Frederick I. Ogbonnaya, and Mrs Ukanwa Chukwu (nee Eleke) and Mr. Chukwu Okoronkwo will not be left unacknowledged for their various roles.

I must also express gratitude to the respondents to my questionnaires for giving me the necessary co-operation I required for the successful completion of this work. My special thanks go to Mr. C.C. Onokwu the Chief Pharmaceutical Inspector, Imo State; workers in the Ministry of Health and the Ministry of Economic Development, Owerri; M.O. Eriofoloh the State Police Public Relations Officer, Imo State Command; The D.P.O., the Nigeria Police, Aba; Corporal Abiodun Obarinde the C.I.D. Branch Recorder, Divisional Crime Office, The Nigeria Police Aba Urban; Chief Registrar, High Court Aba; Court Clerk, Chief Magistrate Court I, Aba; Managing Directors of General Hospital, Inland Hospital Ochiaeri Memorial Hospital, all in Aba; and the Director of News, Anambra Broadcasting Corporation (ABC) Enugu, for their immense help in giving me access to every information and data I required.

Also, I must particularly acknowledge the immense assistance of CODESRIA for providing the financial assistance that enabled me smoothly complete this work.

The possibility of naming all who have personally contributed to the success of this study and the final production of this work is very remote.

To all of these people, I am grateful, while retaining responsibility for whatever errors and shortcomings may be found in this thesis.

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JUNE, 1993

ABSTRACT

Sociologists had long been faced with the social problem of medical quackery especially with the rapid increase in urbanisation and industrialisation. Why people patronise quacks is one of the questions behind the sociologists concern with good medicare as a factor of socioeconomic development of any country. This study is an attempt therefore to answer the question as it pertains to Aba town in Nigeria. The methodology adopted in this study included the use of questionnaires, oral interviews, non-participant observation and the use of public or official documents.

Both structured and unstructured (open-ended) questions were used in this study. The essence of the latter was to give the respondents the opportunity of answering in their own ways expressing their opinions fully without the researcher giving suggestive answers. Personal characteristics such as Sex, age, marital status, educational qualifications and income were sought in the questionnaire. Data collected from the respondents were used to test the hypotheses formulated.

The oral interview involved both structure and unstructured questions. It was meant to gather more information which were not included in the questionnaire.

Non participant observation was used because the medical quacks might change from what they practice to adhering to their professional ethics if they noticed that they were under observation.

Finally, public or official documents provided more information statistical data. This information would help to make inference after all other data so collected has been analysed.

The research findings indicated that from the analysis of data, our first substantive hypothesis was accepted which states that the medical quacks are useful to Aba inhabitants. For the second hypothesis we rejected the substantive and accepted the null hypothesis which states that the quacks do not handle their jobs as efficiently as trained medical personnel.

The research findings also show that the patronage of the quacks is not caused by one factor but a conglomeration of other factors. This study tried

to identify these factors. It also examined the impact of such patronage, and the level of public confidence in the quacks.

It was found out that the major reasons for patronising the quacks are because of proximity, easier terms of payments, availability of drugs, cheapness and good human relationship.

On the other hand, it was also found out that the public have low confidence in the quacks because the following reasons: Sale of expired and poisonous drugs, prescription and administration of inappropriate drugs, cases of death as a result of the quacks procuring abortion.

To reconcile the ~~seeing~~ contradiction resulting from the two hypotheses tested the researcher makes a deduction that though the public have low confidence in the quacks because of the above advantages enumerated above, yet they patronize them because of the above advantages the quacks seem to exhibit.

CHAPTER ONE

I. INTRODUCTION

This work is an attempt to study the contemporary Medical Quacks in Aba: Their Impact on the Community.

The researcher chose this topic because many write-ups in books, magazines, and newspapers have been published by people about medical quacks, but hitherto, little or no indepth research has been conducted out of it especially in Aba, and Nigeria in general, to find the circumstances making for the existence of this social problem and recommend appropriate solutions. Though this study is limited to Aba, nevertheless, the research findings will apply to any other town in Nigeria.

Chapter One of this study focuses on identifying research problems and studying objectives of the contemporary medical quacks. A brief geographical survey of area under study is also made in this Chapter.

Chapter Two, a review of existing literature on the subject matter is carried out here in order to know how people had viewed this phenomenon and the results they came out with. This chapter also contains theoretical framework. The literature review and theoretical framework help in pointing out existing gaps in knowledge that need to be filled in the new research undertaking. The study ascertains if earlier views are no more tenable and cannot withstand the test of contemporary time. In ascertaining the tenability of earlier works, there is a re-definition of concepts, formulation of hypotheses to be used in the entire work.

Chapter Three is basically on methodology. The sample and sampling methods, and problems encountered in data collection predominate in this chapter.

Chapter Four is the climax of the entire work. It gives types of contemporary medical quacks. It also deals with analysis of data, stating specific sections of study in terms of actual study.

Chapter Five contains personal recommendations and conclusion. The former helps to bring the problem of the contemporary medical quacks under control while the latter is an attempt at a conclusive analysis.

II. STATEMENT OF PROBLEM

Since the introduction of modern medicine in Nigeria, both federal and regional (now state) governments, as well as individuals have exerted efforts and invested money trying to improve health care delivery in Nigeria by establishing hospitals and pharmaceutical stores. At the same time, too many patent medicine stores and roadside drug pedlars (some of these unregistered) are springing up daily with unqualified medical personnel (medical quacks) handling some of these specialized jobs. In spite of the efforts by governments and trained medical personnel to improve health services, the contemporary medical quacks seem to have great influence on the Nigeria populace.

In this exercise, Aba is used as a Case Study. This is because, Aba is a good example of a Nigerian town with high concentration of people (mostly businessmen and women), hospitals, pharmacists, patent medicine dealers who are in competition with one another. The findings here would apply to any other urban centre in Nigeria.

= As a major commercial city, Aba also provides markets for smuggled goods which include expired drugs condemned in the countries where they were manufactured. These drugs find their ways into Nigeria to be consumed by the unsuspecting or ignorant public.

Here, we shall focus our attention on: (a) whether all the drug stores which fall under the layman's definition of the word 'quack' lack competent pharmacists and chemists; (b) what socio-economic groups desire to obtain medical treatment, from the quacks? (c) whether the contemporary medical quacks constitute social problem in Aba community. If 'Yes', what are the implications and (d) are the law enforcement agencies opposed to this social malaise?

III. OBJECTIVES OF STUDY

From the problems so far stated, the objectives of this research could be outlined as follows:

- (a) To examine the degree of influence exerted by the contemporary medical quacks in Aba.
- (b) To make a critical analysis of the positive and negative impact of the contemporary medical quacks in Aba to enable the public have an objective reappraisal of their activities.
- (c) And finally, to recommend various strategies to which government policies could be geared, in dealing with the issue of the contemporary medical quacks.

IV. A GEOGRAPHICAL SURVEY OF ABA

Aba urban is located at the heart of Imo State. It lies along the railway line from Port Harcourt to Northern Nigeria. The town is bounded by

Umuahia on the North, Port Harcourt on the South, Ikot Ekpene on the East, and on the West by Owerri (See Appendix III). Aba is equally accessible by road from these towns, and as a result of this, it has developed to be a major commercial city. In other words, the town has become a centre of conglomeration for people from different parts of the states of Nigeria, plus aliens from within and outside the continent of Africa.

Aba falls within the tropical zone climate, and is one of the towns where the greatest amount of rainfall is recorded in Nigeria. Its annual rainfall is about 231 centimetres with annual temperature above 26.7°C .¹

The principal trade winds are the north-east trade wind and the south-west trade wind. They bring about harmattan and rainy season respectively. The former occurs between November and February while the latter occurs between March and October.

During the rainy season, due to the level nature of the land, there is little or no run-off of water. The flooded gutters after sometime start to cause environmental pollution.

According to 1963 census figure, Aba Urban has a population of 131,003 persons with a projected population of 209,434 persons in 1982 at a growth rate of 2.5%.

The town covers an area of about 18 sq km.²

LAND USE

The land use of Aba urban focuses attention on the different urban land use function to which the land is currently being put to. These uses include

residential, commercial, industrial, public and recreational.

Residential: Buildings under residential serve as dwelling places to their owners. This type of land is found in all the four corners of the town. Hence it has the highest number and percentage in overall land use. Not every part of the town was planned. An example of a planned area is the centre of the town where roads are straight and cross one another at right angles. Other areas planned include Government Reserved Area (G.R.A.), Suburbs, River Layout and parts of Ogbor Hill. The slum areas like Ndiegoro, Iheorji, and Osusu were not planned.

Commercial: This refers to buildings and plots of land which are used by their owners in Aba with the ultimate aim of making maximum profit. It is characteristic of a central business city. This area houses banks, hotels, bookshops, pharmaceutical stores, patent medicine stores, etc. There are also markets at Ariaria, Umungasi, Amaogbonnaya, Ogbor Hill, and Ngwa Road. Like other imported and locally produced goods and food-stuff, expired and smuggled drugs also find their ways into these markets.

Public: The urban land is distributed fairly equally among the different sections of the area. There are schools, colleges, churches, government hospitals, and various ministries.

Industrial: This is a place where raw materials are transformed into final products. Among the industries in Aba are breweries, soap industries, textile industry, Star Paper Mill industry, block moulding industries, bakery industries etc.

Recreational: This is an area that serves as relaxational and recreational need of the area. Examples of these are the Aba Sports Stadium, Aba Recreational Park, and cinema theatre.

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CHAPTER TWO
LITERATURE REVIEW

The contemporary medical practice which is an improvement of the traditional medicine came as a result of development of human society. This change has its concomitant dysfunctions. The dysfunctional aspect of this - the existence of medical quacks - has almost, everywhere, drawn popular attention and evoked expressions of emotions.

For example, Onejeme (1960) said that, in addition to the problems of poverty, the public is faced with the real competition of the quacks. That these quacks are a threat to the very existence of the qualified medical practitioner. They are at every corner; they are in their saloons, selling drugs, practising medicine, giving injections behind curtains and running their own hospitals.¹

Nwokolo (1960) operationalizing the above view, pointed out that unqualified laymen with stethoscopes, lancets, and syringes were far worse than with^cdoctors. According to him, even nurses, technical assistants, chemists, and radiographers would join in the pretence of being medically qualified. Infection, drug resistance, toxic effects, anaphylaxis and death were all too frequently the result.²

Fry (1965) pointed out several cases of spectacular complications following illicit injections. One itinerant therapist was found to possess penicillin, streptomycin, quinine and suramin.³

Anago writing in "Sunday Concord" emphasized the narrow scope of patent medicine vendors many of whom operate illegally without license and in direct competition with pharmacists. That the proliferation of the vendors and the

subsequent spread of buying drugs without prescription are deplorable. The health of the people is being ruined. According to him, though there are no statistics, it is clear that many Nigerians die young because of drug abuse and mis-use. Those who do not die have their health impaired or suffer physical deformity. The patent medicine dealers, he argues, do not confine themselves with the sale of patent medicine but also scheduled drugs. These latter drugs are highly active substances and their effects are profound. It is never good to use them without doctor's prescription because they have four effects - the desired effects, the side-effects, the after-effects, and the drug's interaction with food and other drugs.⁴

Atueyi criticized governments for granting licenses indiscriminately to all shades of characters to deal on medicine without considering their locations. He contended that the state governments discovered that they can make huge revenues from the granting of patent medicine licenses and are capitalizing on that fortune. Apart from that, the licenses are brandished as favours to party men and connections.⁵

According to Igweze the Chief Pharmacist of Anambra State, the Pharmacy Laws in this country have failed to achieve their objectives, notably to ensure that only qualified people take part in the profession; and that the ordinary citizen of this country (Nigeria) is protected against the dangers of quackery, sub-standard and adulterated drugs.⁶

Because of the failure of the Pharmacy Laws, Agbolemoge observed that roadside pedlars are in as flourishing a business as that of the registered chemists, all selling at prohibitive prices. And that the unsuspecting citizen is parting with his hard-earned naira in exchange for sub-standard, expired or

adulterated drugs. Through advertisement in the mass media, the public are told that a medicine would cure six ailments in one single dose and this has led to the widespread problem of drug misuse and abuse in Nigeria.⁷

Quacks operate "where a certain segment of the population is inadequately educated in matters of health protection; quacks are able to operate because many people have emotional needs not adequately met by physicians and clinics."⁸

Expressing a similar view, a World Health Organization (WHO) Executive Board Report (1973) noted that in many countries the health services are not keeping pace with the changing populations either in quantity or in quality. It is likely they are getting worse. Thus, there is dissatisfaction, the main reason being failure to meet the expectations of the populations. This is because health matters and health services are often not given a high priority or an important share of the national budget. Consequently, two-thirds of the world's population have no access to proper health care.⁹

Egbuna reviewed the call by the Pharmaceutical Society of Nigeria on the National Assembly to enact a law prohibiting street hawking of drugs and seek the services of the Nigerian Police and the army to carry an extensive raid in major markets and depots for illegal sale of drugs. He observed that the paradox of it all is that among some of these pedlars, are agents of some pharmaceutical establishments which explains why it had been difficult in the past to achieve any useful results. He was of the view that the pharmacists should go into drug manufacture and save the country the much desired foreign exchange and reduce the out-of-stock syndrome in our hospitals. Despite the shortcomings ^{of} the patent medicine dealers, he emphasized the unique role they play in our health delivery system. For example, if one experiences headache,

fever, or wound, say at odd hours of the night, the first place one hops into, is the patent medicine dealer's shop for simple tablets or balms, such as panadol, phenetic, aspirin, mentholatum or tincture of iodine, as a first aid measure.¹⁰

II. THEORETICAL FRAMEWORK AND FORMULATION OF HYPOTHESES

Social scientists have postulated various theories which could be adapted to analyse and explain the factors and mechanisms through which contemporary medical quackery operates. Societies undergoing rapid social change are bound to experience change in nearly every facet of their existence. The existence of medical quacks has become a pressing social ill in this era of growing industrialization and urbanization in Nigeria.

The reasons for the predominance of the quacks in the field of medical treatment in our society can be well explained by delineating the functional theories of Emile Durkheim, Bronislaw Malinowski, and Robert Merton.

Durkheim suggests that an activity is found in society because it has a positive function to perform for the society.¹¹

Malinowski has made the same point when he says that every feature in society fulfils some functions or serves some needs. The task of the researcher is to discover those needs for those functions.¹²

According to Merton, the theme of material success pervades the culture, placing a high premium on economic affluence, which at the same time the possibility of achieving material success is curtailed for many because of their location in the social structure. Merton argues that society teaches its members that those who fail have only themselves to blame. In such a situation, the strong temptation is to win at any cost - by fair means if possible, by

foul means if necessary.¹³

Sykes, expressing the same view, says that in a society where material success is a socially defined expectation for all yet attainable by only a few, the probability of deviant behaviour is bound to be high, particularly in those social groups where the discrepancy between the goals and the realities of achievement is greatest.¹⁴

I buy the above views taking into cognizance that the value system of society expresses in broad outline the things or social situations considered desirable or worth-while. The values of the medicine dealers serve as the criteria by which they choose their goals - ends that may not come into existence unless an effort is made to violate the law protecting the sale of medicine.

Talking of social structure and the availability of means, Cloward and Ohlin, in their "Differential Opportunity Theory," say that the system of interrelated social position - or social structure - provides the individual with a set of statuses that are acted out in a variety of role performances. The social position plays a major part in determining whether the means of achieving goals are available to the individual; and that a large proportion of deviant behaviour (of which quackery is inclusive) involves people's inability to reach their goals by legal means.¹⁵

George Homans in his Exchange Theory argued that the more often a particular action of a person is rewarded, the more likely a person is to perform that action. That when a person's action receives the reward he expected, especially a greater reward than he expected, or does not receive the punishment he expected, he will be pleased; he becomes more likely to perform the same action which he feels is more valuable to him.¹⁶

This really obtains if the medicine dealers sell expired drugs, administer injections, sell adulterated medicine and poison (Scheduled drugs) - actions which are forbidden by the patent medicine law but which give monetary reward to the medicine dealers. If the law enforcement agents turn a deaf ear to these violations of the law, there is the tendency that the practice would increase the more since they are valuable to drug dealers.

If the above reasons so far adduced, motivate the medicine dealers to practice quackery, the question then is, what factors motivate the public to receive treatment from the medical quacks?

Peter Blau, in his Exchange Theory, says that a person enters into an interactive relationship with another to obtain a reward. Blau incorporates the perspective of Erving Goffman by portraying the person as trying to present a favourable image to the person in order to be lured by rewards.¹⁷

The above theory comes into light when we review how more accessible the medical quacks are, compared with the medical personnel in the hospitals who almost always 'displace aggression' to their patients. Moreover, the quacks can sell on credit and also at reduced prices to their clients. In order to catch the market, they establish a good human relationship unlike in the hospitals where the workers may not put in their ultimate best since the business does not belong to them. The nurses and other medical personnel may show this non-challant attitudes to the patients because they are not given enough salaries and other fringe benefits.

This buttresses the views of Davis and Moore and Parson when they say that it is necessary for a society to provide structural arrangement to motivate its

individual members to play the required roles, and perform the duties attached to those positions. If this is done there will be no problem. Therefore, the society must have some kinds of inducements or rewards available in order to encourage those with the most suitable abilities to fill the most important positions. These inducements usually take the form of high rewards, both of goods and prestige, for important jobs in society.¹⁸

We may include that the patronage of the quacks is popular among the poor.

Dentler defines 'poverty' as the relative inability to subsist, denoting the inability of an individual or household to provide (through its own means or the transfer of resources from others) the necessities of life. Poverty signifies death by starvation or exposure through lack of money, clothing and shelter.¹⁹

This is what Oscar Lewis, in his thesis, calls "Culture of Poverty."²⁰

In my area of study, many people are unemployed, live in slums, unable to meet the basic needs or a decent standard of living. As a result of all these they are exposed to patronize the quacks who are willing to defer payment for drugs bought from them and also sell at reduced prices.

Based on the proceeding literature review and theoretical framework, the following hypotheses may be posited to ascertain the tenability for earlier works:

- (a) The medical quacks are useful to the inhabitants of Aba Community.
- (b) The medical quacks handle their jobs as efficiently as trained medical personnel.

III. DEFINITION OF CONCEPTS

Terms very often employed in this study are defined here in the sense in which they are used.

1. ADULTERATION: Addition of an impure, cheap, or unnecessary ingredient to cheat, cheapen, or falsify a preparation.
2. CHEMIST: An individual skilled in drugs.
3. CLINIC: An establishment where patients are admitted for special study and treatment by doctors.
4. DIAGNOSIS: The art or act of distinguishing one disease from another.
5. DISEASE: Illness; disorder of body or mind.
6. DOSE: A specified quantity of medication to be administered at one time.
7. DRUG: Any chemical compound that may be on or administered to human beings as an aid in the treatment, or prevention of disease or other abnormal condition, for relief of pain or suffering, or to control or improve any physiologic and pathologic condition.
8. HEALTH: A state of optimal physical, mental, and social well-being, and not merely the absence of disease and infirmity.
9. HOSPITAL: An institution suitably located, organized, managed and personneled for the treatment of the sick.
10. MEDICINE: Any drug or remedy. The art and science of the diagnosis and treatment of disease and maintenance of health.
11. PATENT MEDICINE: Medicine that can be obtained without doctor's prescription, e.g. Aspirin.

12. PATIENT: A sick person who comes to hospital, clinic, or dispensary for diagnosis and/or dispensary.
13. PHARMACY: A place for the preparation, compounding, and dispensing of drugs and medical supplies.
14. PRESCRIPTION: A written direction for the administration of drugs as a remedy.
15. QUACK: A medical quack is a pretender to have medical skill.
16. SCHEDULED DRUGS: These are poisonous drugs which cannot be obtained except by medical doctor's prescription. Patent medicine dealers are not supposed to sell scheduled drugs. They can only be sold by a registered pharmacist. Examples of scheduled drugs are tetracycline and chloroform.

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CHAPTER THREEMETHODOLOGY

The methods used to collect data in this study are:

- (i) Questionnaire
- (ii) Oral interviews
- (iii) Non-participant observation
- (iv) Public or Official documents.

Both structured and unstructured (open-ended) questions were used in this study. The essence of the latter was to give the respondents the opportunity of answering in their own ways, expressing their opinions fully without the researcher giving suggestive answers.

Personal characteristics such as sex, age, marital status, educational qualifications, and income were sought in the questionnaire. Data collected from the respondents are used to test the hypotheses formulated.

The oral interview involved both structured and unstructured questions. It was meant to gather more information which were not included in the questionnaire.

Non-participant observation was used because the medical quacks might change from what they practice to adhering to their professional ethics if they noticed that they were under observation.

Public or official documents provided more information on statistical data. This information would help to make inference after all other data so collected, might have been analysed.

I. THE SAMPLE AND SAMPLING METHODS

The sampling method used for the public was cluster sampling method where Aba community was divided into 7 sections - Ogbor Hill, G.R.A., Umungasi, Over-rail, Heart of the town, Ndiegoro, and Umuokpoji. The number of questionnaires distributed to the 'public' were 40. The questionnaires returned were 31 in number and duly completed.

A second type of questionnaires were designed for the 'quacks' in Aba. A total number of 25 of these questionnaires were distributed. Out of these questionnaires, 9 were duly completed and returned.

II. PROBLEMS ENCOUNTERED

The major problem I encountered was the unco-operative attitude of the medical quacks during the process of distributing the questionnaires. Most of the respondents refused to fill the questionnaires. The reason for their action is not far-fetched. The period of the research coincided with the Quarterly Meeting of the Pharmaceutical Society of Nigeria held in Makurdi, Benue State. At the meeting, the Society had appealed to the Federal Government of Nigeria to seek the services of the Nigerian Police and army to carry out extensive raid in major markets in the country where the Pharmacists suspected, existed as depots for illegal sale of dangerous drugs.¹

Also, at the same period, more than 350 Chemist Shops were closed down in Lagos by the officials of the Federal and Lagos State Public Health Departments following the discovery of expired drugs (SEE APPENDIX V) and also appendices VI and VII.

In Onitsha too, depots for the medical quacks were raided.

With the above happenings, the medical quacks in Aba exhibited mass suspicion as to the intention of the study. They deemed the researcher as a spy to law enforcement agencies. Out of fear, one of the patent medicine dealers closed his store for the day.

Some of the quacks could not even change their attitudes even after the researcher had produced his Identity Card, Letter of Introduction signed by the Head of the Department, and making it crystal clear that the research was purely an academic exercise and had nothing to do with politics.

Nevertheless, despite the foregoing problems encountered, the researcher had to administer the questionnaires to the quacks he is familiar with. The researcher also made use of his friends and relations and they helped in convincing some medical quacks familiar to them.

Some items on the questionnaires were filled with the help of the researcher who continuously gave explanations where the respondents were confused.

In spite of these problems encountered by the researcher, the use of quacks familiar to him and his friends and relations is advantageous in an aspect. Since these respondents held the researcher, his friends and relations in trust - quite convinced that they would not leak any information supplied - the inaccuracies and fabrication of information which would have been supplied by the fidgeting and suspicious quacks were reduced.

Another dimension of problem encountered by the researcher was on the collection of statistical data from public or official documents. The researcher had to make several trips from Aba to Owerri. Records on the number of registered Government hospitals, Psychiatric hospitals, Dental Centres, Mission hospitals, Private hospitals/Clinics, Industrial hospitals/Clinics, Private Maternity Homes, Pharmaceutical Stores and Patent Medicine Stores, all in Aba, were obtained from the Ministry of Health, Owerri, the State Capital. For example, see APPENDIX IV.

REFERENCE

1. Egbuna E., 'Pharmacist and Patent Medicine Dealers', Anambra Broadcasting Corporation, Enugu, News Commentary, November 18, 1982.

CHAPTER FOURFINDINGS1. TYPES OF CONTEMPORARY MEDICAL QUACKS

"A quack," according to Webster Dictionary, "is a pretender to have medical skill."¹

Quackery is again defined as "a false medical claim, fraudulently used to prey on the public by professing to cure disease by useless, ineffective procedures, remedies, nostrums and diagnostic and therapeutic devices."²

Implicit in the above definitions is that, patent medicine dealers, roadside drug pedlars, pharmacists and even medical doctors become quacks when they operate outside the scope of their profession as specified by the laws protecting patent medicine, pharmacies, and medical practitioners. A layman who deals with the sale and prescription of drugs is automatically a medical quack.

There are few cases where quacks exist among the medical doctors (SEE APPENDIX VI). In fact, the locus of the practice of quackery is among the 'patent' medicine dealers, roadside drug pedlars and those nurses who give medical treatment in their houses. It is to those quacks this study is focused.

It becomes necessary here that we should know persons authorized by law to sell patent medicine and the scope of their operation before such persons are deemed as quacks.

- (a) He/she must be registered and must at all times conspicuously exhibit his/her license in the applicants place of business.
- (b) A license so granted is not transferable and expires on the 31st December of the year in which it was issued and should be renewed during the month of January.
- (c) Shall be of good character and not less than twenty-one years of age before obtaining license.
- (d) Shall sell "patent medicine" but not "scheduled drugs."
- (e) Shall sell with the original container, having affixed to it, the original label stating the appropriate designation, the substance of it, and the quantities of the active constituents.
- (f) Shall sell, to the public, patent medicines not exceeding 250 mls nor 25 tablets.³

Also, he shall not sell expired drugs.

If any patent medicine dealer violates the above provisions of the Patent Medicine Law, he/she is deemed a quack. Those nurses who practice medicine in secrecy are also medical quacks. The same applies to all drug vendors.

In Summary, a contemporary medical quack is a person who pretends to have full skill or operates outside his scope in modern medicine.

II. BACKGROUND INFORMATION OF RESPONDENTS

Having known types of contemporary medical quacks, it becomes necessary to give a clear illustration of the background of the 31 respondents to the questionnaires completed and returned by the public.

TABLE 1.1

Distribution of Respondents by Age

Age Range	Number	%
15 - 20 years	4	12.9
21 - 35 "	17	54.8
36 - 49 "	8	25.8
50 and above	2	6.5
TOTAL	31	100

Table 1.1 shows the age distribution of the research respondents. The distribution is as follows: of the 31 subjects sampled, 4 were within the age range 15 - 20 years or 12.9% of the sample; 17 respondents or 54.8% fell within the age range of 21 - 35 years; 8 or 25.8% fell within 36 - 49 years; and 2 or 6.5% of the respondents fell from 50 years and above.

TABLE 1.2

Distribution of Respondents by Sex

Sex	Number	%
Male	18	58.1
Female	13	41.9
TOTAL	31	100

Table 1.2 shows the sex distribution of the 31 respondents. There were 18 males and 13 females representing 58.1% and 41.9% respectively.

TABLE 1.3

Distribution of Respondents by Marital Status

Marital Status	Number	%
Single	16	51.6
Married	13	41.9
Widowed	2	6.5
TOTAL	31	100

Table 1.3 indicates that 16 or 51% of the respondents were single, 13 or 41.9% were married, while 2 or 6.5% were widowed.

TABLE 1.4

Distribution of Respondents by Educational Qualification

Educational Qualification	Number	%
Didn't attend school	1	3.22
Attended but didn't complete Elom. 6	1	3.22
F. S. L. C.	1	3.22
Attended Sec. but didn't complete Class 5	3	9.7
TTC/WASC/GCE/City & Guilds	17	54.8
OND/HSC/GCE/ (A/L)	4	12.9
HND/Degree	4	12.9
TOTAL	31	100

Table 1.4 shows that, of the respondents, 1 or 3.22% did not attend school, 1 or 3.22% attended but did not complete Elementary Six, 1 or 3.22% passed F.S.L.C. examination, 3 or 9.7% attended Secondary School but did not complete Class Five, 17 or 54.8% passed TTC/WASC/GCE/City & Guilds examinations, 4 or 12.9% have OND/HSC/ GCE(A/L), and 4 or 12.9% were HND/Degree holders.

TABLE 1.5

Distribution of Respondents by Occupation

Occupation	Number	%
Applicant/Student	5	16.1
Trader	6	19.4
Civil Servant/Teacher	9	29.0
Factory Worker/Manager	4	12.9
Pharmacist/Nurse/Health Officer	7	22.6
TOTAL	31	100

Table 1.5 shows that 5 respondents or 16.1% were Applicants/Students, 6 or 19.4% were traders, 9 or 29.0% were Civil Servants/Teachers, 4 or 12.9% were factory Workers/Managers, and 7 or 22.6% were Pharmacists/Nurses/Health Officers.

Table 1.6Distribution of Respondents by Monthly Income

Income Group	Number	%
Less than ₦100	5	16.1
₦100 - ₦150	5	16.1
₦151 - ₦200	9	29.0
₦201 - ₦250	1	3.3
₦251 - ₦300	2	6.5
Above ₦300	9	29.0
TOTAL	31	100

Table 1.6 indicates that 5 respondents of 16.1% fell within the group that received less than ₦100 monthly income, 5 or 16.1% were located in the range ₦100 - ₦150, 9 or 29.0% fell within the monthly range of ₦151 - ₦200, 1 or 3.3% within ₦201 - ₦250, 2 or 6.5% in ₦251 - ₦300, and 9 or 29% fell above ₦300.

TABLE 1.7Distribution of Respondents by Area of Residence

Area of Residence	Number	%
Ogbor Hill	6	19.3
Umungasi	1	3.2
Over-rail	5	16.1
G.R.A.	3	9.7
Heart of the town	9	29.0
Ndiegoro	5	16.1
Umuokpoji	2	6.5
TOTAL	31	100

Table 1.7 shows that 6 respondents or 19.3% resided at Ogbor Hill, 1 or 3.2% lived at Umungasi, 5 or 16.1% at Over-rail, 3 or 9.7% at G.R.A., 9 or 29% at the Heart of the town, 5 or 16.1% at Ndiogoro, and 2 or 6.5% at Umuokpoji.

III. TESTING OF HYPOTHESES

To find out the reasons for patronizing the quacks, the researcher posed the first hypothesis.

HYPOTHESIS I: The quacks are useful to the inhabitants of Aba community.

The null hypothesis derived from this states that:

~~The~~ quacks are not useful to Aba inhabitants.

This hypothesis will be tested using question ABA/Public 12(a)
Questionnaire:

How useful to the society do you consider the medical quacks you patronize outside hospital?

TABLE 2.1

Usefulness of the Quacks to Aba Inhabitants

	Number	%
Not useful	4	12.9
Useful	27	87.1
TOTAL	31	100

To still find out, we use ABA/Public 13 of the Questionnaire:

Do you think the medical quacks should be abolished?

TABLE 2.2
Abolition of Quackery

	Number	%
Yes	9	29.0
No	22	71.0
TOTAL	31	100

Table 2.1 shows that 27 or 87.1% of the 31 respondents said that the medical quacks were useful, while the remaining 4 respondents or 12.9% said that they were not useful.

As tabulated in Table 2.2, 22 or 71% of the respondents were against the abolition of quackery; while the remaining 9 or 29% said that it should be abolished.

From the above results, we reject the null hypothesis and accept the substantive hypothesis that the medical quacks are useful to Aba inhabitants.

Most reasons the respondents gave for patronizing the quacks are as follows:

(a) Shortage of drugs in the hospitals. Essential drugs are often not available. As a result of this, government hospitals recommend drugs to patients which they are expected to buy from drug dealers. The irony of it all is that some of the drugs prescribed by doctors are written out-of-stock by some pharmacy departments of government hospitals. These drugs are later sold to the patients outside the gate of the hospital by

the nurses. Some patients who know this 'deal' prefer to buy the prescribed drugs from the quacks instead of patronizing the greedy nurses.

The above assertion is very correct because the researcher had twice fallen a victim of this at the General Hospital Aba. The second time the nurses could not succeed because the researcher was hostile to them. The attack of the researcher on the nurses corresponds with Ego Okoli's findings that, "there is an association between education and hostility; that patients with some education are likely than those with no education to be hostile to nurses. That education liberates one's mind and arms him with the power to know and assert his right."⁴

(b) Nearness of the location of quack drug dealers is another reason for their patronage. They are within the easy reach of the people and their conveniences unlike hospitals.

(c) Prompt attention is given by the medical quacks unlike in the hospitals. This is because, in the hospitals there is the problem of inadequacy of the number of nurses and doctors in relation to the demands for their services. This is coupled with the bureaucratic nature of hospital organization. In some other cases, some nurses pretend to be busy even when they are not, and will refuse to attend to patients. Such laxity in work situation annoys the patients and might make him go to the quack when next he falls sick.

(d) Many people, though they live in the urban city are still "rural-urban" dwellers because they are conservative and attach much

importance to traditionalism. This set of people play down ill-health and go to the quacks because they regard any illness which would induce them go to the hospital very serious and very close to death.

(e) In order to maximize profit, most doctors employ low quality nurses. Since the salaries of these nurses are low, many of them copy down any prescription made on the patients' hospital cards for different types of illness. These nurses go home and practice quackery by administering the same type of drug to their clients suffering from the same type of illness in which such prescription was made by the doctor in the hospital. This may cure their clients. Because the patient's illness has been cured, and because the quack nurse charges less than what the doctor would charge to treat the same type of illness, the person prefers patronizing the quack nurse.

(f) Many people patronize the quacks because they are poor, and cannot pay the exorbitant charges in the hospitals.

OTHER FINDINGS

The researcher was able to siphon other information through the questionnaire administered to the medical quacks (9 in number) to know the range of clients they attend to, in one day: ABA/Quack 13.

Give the range of patients you attend to, in one day.

TABLE 2.3Range of Patients in one day

Range	Respondent	%
1 - 9	1	11.11
10 - 19	2	22.22
20 - 29	2	22.22
30 - 39	2	22.22
40 and above	2	22.22
TOTAL	9	100

Table 2.3 indicates that out of the 9 respondents of the medical quacks, 1 quack attended to 1 - 9 patients in a day; 2 attended to 10 - 19 patients; 2 attended to 20 - 29 patients; 2 attended to 30 - 39 patients; and 2 attended to 40 or more patients in one day.

The above findings could explain why many quacks are springing up everyday - because of its lucrativeness.

Tables 2.4 and 2.5 below further buttress the above assertion: ABA/Quack 10 and 12 respectively: Is your occupation lucrative?

TABLE 2.4Lucrativeness of Occupation

	Number	%
Yes	8	88.9
No	1	11.1
TOTAL	9	100

Would you advice your relation to take to this profession .

TABLE 2.5

Advice on Profession

	Number	%
Yes	6	66.7
No	3	33.3
TOTAL	9	100

LEVEL OF PUBLIC CONFIDENCE IN THE QUACKS

In order to find out the level of public confidence in the quacks, the researcher posited the second hypothesis.

HYPOTHESIS 2: The quacks handle their jobs as efficiently as trained medical personnel.

The null hypothesis derived from this states that:

The quacks do not handle their jobs as efficiently as trained medical personnel.

This hypothesis will be tested using question ABA/Public 11(a) of the questionnaire:

Don't you think it is risky to patronize the quacks instead of receiving treatment from the hospitals?

TABLE 2.6
Risky to Patronize Quacks

	Number	%
Yes	22	71
No	9	29
TOTAL	31	100

Table 2.6 shows that 22 respondents or 71% disagree that the quacks handle their jobs as efficiently as trained medical personnel, while 9 respondents or 29% have a contrary view.

From the above results, we reject the substantive hypothesis, and accept the null hypothesis which states that the quacks do not handle their jobs as efficiently as trained medical personnel.

The question is, how do we reconcile this second hypothesis with the first which says that the quacks are useful? We shall here deduce or infer as follows: although the public patronize the quacks, the level of confidence they have in them is low, but they cannot help it because of the earlier reasons adduced for their patronizing the quacks.

Most reasons the respondents gave for having low confidence in the quacks are as follows:

- (a) The quacks sell expired drugs to the ignorant public and this might lead to death or more complications of the working of the body system.

- (b) Many cases of death have occurred in an attempt by the quacks to procure abortion and give injection.
- (c) The quacks may not know the constituents of certain drugs, hence, their reaction with food or other drugs.
- (d) Since the quacks are not trained, most of them give treatments by trial and error. The medicine they give may be for momentary relief and does not get to the root of the disease so as to eliminate it.
- (e) Quacks do not store drugs at the temperature stipulated by the makers; and they do not make distinction between patent medicine and poison.
- (f) They sell adulterated medicine in order to make more profits.

OTHER FINDINGS

In order to make a critical analysis as to validate the above assertion levelled against the quacks, the researcher asked the questions below in the questionnaires administered to the quacks: ABA/Quack. 14, 9(a), and 4 and the responses are shown in tables 2.7, 2.8 and 2.9 respectively:

In your opinion, do you think you are handling the job as efficiently as a trained medical personnel?

TABLE 2.7
Efficiency of Job Handling

	Number	%
Yes	5	55.6
No	1	11.1
I don't know	3	33.3
TOTAL	9	100

Do you prescribe medicine for the sick?

TABLE 2.8
Prescription of Medicine

	Number	%
Yes	8	88.9
No	1	11.1
TOTAL	9	100

What is your Educational Qualification?

TABLE 2.9
Educational Qualification

Qualification	Number	%
F. S. L. C.	3	33.3
Attended but didn't complete Class 5	2	22.3
TTC/WASC/GCE/City & Builds	4	44.4
OND/HSC/GCE (A/L)	-	-
HND/Degree	-	-
TOTAL	9	100

In analysing the above three tables, the medical quacks made the following claims. In Table 2.7, the majority claimed that they handled their jobs as efficiently as trained medical personnel. When another question was posed in Table 2.8, whether they (quacks) prescribe medicine for the sick, 8 out of the 9 respondents said 'Yes'. Again, when their educational qualifications were sought in Table 2.9, all the 9 respondents fall within the category of holders of FSLC and GCE (O/L) or its equivalent.

The above results buttress the fact that, although with low education and without specialization in the field of medicine, the quacks prescribe medicines for the sick because they deem themselves competent.

The irony of it all is that these quacks are not qualified and competent to diagnose ailments and prescribe drugs. It is through the prescription of these drugs which they may know nothing about, that expired and scheduled drugs, they give to their clients lead to rushing them to hospitals in critical conditions after their systems have been damaged. All these reduce the level of public confidence in the quacks.

In order to verify the extent attempts were made to get treatments from hospitals as another resort, and the characteristics of some hospitals, the researcher took a sample of 3 hospitals in Aba community of which one is government-owned, and the other two are private-owned hospitals. Tables 2.1, 3.2 and 3.3 below show the findings:

TABLE 3.1
GENERAL HOSPITAL, ABA (GOVT.)

YEAR (1)	NO. OF DOCTORS (2)	NO. OF NURSES (3)	NO. OF BEDS (4)	NO. OF OUT-PATIENTS (5)	NO. ON ADMISSION (6)	TOTAL NO TREATED (7)
1979	47	239	283	50,072	8,310	58,382
1980	45	250	283	54,345	8,436	62,781
1981	45	270	283	60,449	9,831	70,280

SOURCE: Records Office, General Hospital Aba.

TABLE 3.2
INLAND HOSPITAL, ABA (PRIVATE)

YEAR (1)	NO. OF DOCTORS (2)	NO. OF NURSES (3)	NO. OF BEDS (4)	NO. OF OUT-PATIENTS (5)	NO. ON ADMISSION (6)	TOTAL NO. TREATED (7)
1979	3	21	54	17,263	1,467	18,730
1980	3	28	54	15,776	1,490	17,266
1981	4	30	54	17,569	1,367	18,936

SOURCE: Records Office, Inland Hospital Aba.

TABLE 3.3
OHIAERI MEMORIAL HOSPITAL, ABA (PRIVATE)

YEAR	NO. OF DOCTORS	NO. OF NURSES	NO. OF BEDS	NO. OF OUT-PATIENTS	NO. ON ADMISSION	TOTAL NO. TREATED
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1979	9	156	80	69,364	8,317	77,681
1980	9	137	80	87,902	4,118	92,020
1981	9	148	80	98,992	4,250	103,242

SOURCE: Records Office, Ohiaeri Memorial Hospital, ABA.

From the figures got in Column 7 of Tables 3.1, 3.2, and 3.3, we can conclude that, although many members of ABA public patronize the medical quacks, a large number of them still receive treatment from the hospitals.

IV. THE GOVERNMENT VERSUS THE MEDICAL QUACKS

Efforts are being made by the law enforcement agencies in ABA to track down the medical quacks. Nevertheless, arrests made in this area are few compared with other violations of the law. The reasons for this are:

(a) The problems created by the quacks are under-reported because many victims try to hide this in order to avoid the question, "But why did you choose the quack instead of going to the hospital?"

(b) Some members of the public have social sympathy for the quacks and fail to report them because they (the public) consider the quacks to be running essential services.

- (c) Many people try as much as possible to avoid the police, how k
much more the court. As a result of this, they do not report to the law
enforcement agencies when dangerous drugs are administered to their wards.
- (d) Some law enforcement agents are tipped, and as a result, do not
bring the culprit to book.
- (e) Some whose wards die while procuring abortion with the quacks try to
hide this, in order not to bring shame to their families by making it
public what led to their wards' deaths.
- (f) Some quacks who are charged to court are acquitted because of want
of evidence.
- (g) According to the Court Clerk of Chief Magistrate Court I, Aba, many
cases of death resulting from administration of dangerous drugs by the
quacks are treated and recorded in the column for manslaughter. This
reduces the figure of death recorded in the column for dangerous drugs
administered by the wrong persons.

In spite of the above reasons, the law enforcement agencies in Aba
have on several occasions tracked down, prosecuted, and convicted some of
the quacks. Tables 3.4, 3.5, 3.6 and 3.7 below attest to this fact.
In comparison with other towns, see Appendices V, VI and VII.

TABLE 3.4
(MINISTRY OF HEALTH)
DANGEROUS DRUGS YEARLY RETURNS IN ABA

YEAR	NO. OF PERSONS PROSECUTED	OFFENCES COMMITTED
1977	20	Offences committed ranged from sale of poisonous drugs, expired drugs, to sales without license
1978	24	
1979	15	
1980	32	
1981	30	
1982	17	
TOTAL	138	

SOURCE: Mr. C. C. Onokwu, Chief Pharmaceutical Inspector, Imo State.

Table 3.4 indicates that a total number of 138 medical quacks were prosecuted from 1977 to 1982 by the Inspectorate Division of the Ministry of Health for violations of various patent medicine law in Aba, ranging from sale of poisonous drugs, expired drugs, to sales without license

TABLE 3.5
(THE POLICE)

DANGEROUS DRUGS YEARLY RETURNS
IN ABA

YEAR	NO. OF CASES REPORTED	NO. OF QUACKS PROSECUTED	CASES CLOSED	CASES REFUSED	NO. UNDER INVESTIGATION	NO. CHARGED TO COURT
1975	10		2	2	6	
1976	5				4	1
1977	2					2
1978	12	4	1	3		4
1979	9	3	1	2	3	
1980	5	4	1			
1981	2	1	1			
1982	2	1	1			

SOURCE: C.I.D. Branch Recorder, Divisional Crime Office,
The Nigeria Police, Aba Urban.

Table 3.5 shows that, from 1975 to 1982, a total number of 47 cases for the sale of dangerous drugs by the quacks were reported to the Police at Aba Urban. Out of this number, 13 persons were prosecuted; 7 cases were closed; 7 cases were refused by the police; 13 cases were under investigation, and 7 cases were charged to court.

TABLE 3.6(THE POLICE)PROSECUTION FOR PROCURING ABORTION

YEAR	NUMBER PROSECUTED
1980	1
1981	9
1981	3
TOTAL	13

SOURCE: C.I.D. Branch Recorder, Divisional Crime Office, The Nigeria Police, Aba Urban.

Table 3.6 indicates that 13 medical quacks were prosecuted by the Police in Aba Urban from 1980 to 1982 for procuring abortion.

TABLE 3.7(THE COURT)CASES OF PROCURING ABORTION BY QUACKS

YEAR	CASES RECORDED	NO. CONVICTED	NO. ACQUITTED
1980	134	7	127
1981	632	23	609
1982	92	4	88
TOTAL	858	34	824

SOURCE: Court Clerk's Record, Chief Magistrate Court I, Aba Urban.

Table 3.7 shows that out of 858 cases of procuring abortion reported in various Aba Courts from 1980 to 1982, 34 medical quacks were convicted while 824 persons were acquitted.

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CHAPTER FIVECONCLUSION AND RECOMMENDATIONS

The researcher was fully aware that the topic of this research was not easy because of its sensitive nature. That notwithstanding, the researcher was determined, because if an addition is made to the existing knowledge on the research topic, then the effort is justified. Based on the above assertion, the study was carried out with academic ethics in mind. Thus, the method of data collection and the analysis of data were made neither to favour the public, the law enforcement agencies nor the quacks in Aba, but as the researcher saw the situation. Whatever the recommendations posited here, they should be viewed as an attempt to give a scientific approach in bringing the practice of quackery under control.

From the analysis of data, our first substantive hypothesis was accepted which states that the medical quacks are useful to Aba inhabitants. For the second hypothesis, we rejected the the substantive and accepted the null hypothesis which states that the quacks do not handle their jobs as efficiently as trained medical personnel.

The research findings also show that the patronage of the quacks is not caused by one factor but by a conglomeration of other factors. This study tried to identify these factors. It also examined the impact of such patronage, and the level of public confidence in the quacks.

It was found out that the major reasons for patronizing the quacks are because of proximity, easier terms of payments, availability of drugs,

cheapness, and good human relationship.

On the other hand, it was also found out that the public have low confidence in the quacks because of the following reasons: sale of expired and poisonous drugs, prescription and administration of inappropriate drugs, cases of death as a result of the quacks procuring abortion.

To reconcile the seeming contradiction resulting from the two hypotheses tested, the researcher makes a deduction that though the public have low confidence in the quacks because of the disadvantages enumerated above, yet they patronize them because of the above advantages the quacks seem to exhibit.

Based on the above findings, the researcher posits the following recommendations:

(a) The country should move rapidly towards pharmaceutical industrialization because it is difficult for a country to control what it does not manufacture. Because of mass importation of drugs by individuals, the country is thus exposed to economic domination by drug import marketing which dictates the type of drugs sent to this country. It is when these drugs are manufactured in Nigeria that the sale, procurement, and distribution of the illegal drugs can be put under control. Therefore, with the presence of some specialized pharmacists, the governments should provide equipment and encourage local manufacture of drugs using locally available raw materials.

- (b) As a corollary to the first recommendation, it should be noted that the absence of drugs in our hospitals is not basically due to drug diversion or pilfering, but to poor funding. Enough money has not been appropriated to purchase drugs in large quantities to meet the increasing demands from the hospitals whose patient populations grow with time. Therefore, governments have to tackle the issue of drugs more realistically and positively. It has got to approve and release sufficient funds to enable the Health Management Boards purchase sufficient drugs for the hospitals in order to remove the perennial problem of shortage of drugs and the consequent permanent feature of (O/S) "Out of Stock." In my view, this amount spent on drugs can be recovered from patients. The government will then have minimum subvention to make from year to year.
- (c) A Central Drug Committee for every state should be formed for all drug dealers to consider the drugs to be purchased, and to screen the tenders submitted by various firms.
- (d) A standard drug formulary should be compiled by the Pharmacy Division of every hospital for use by all doctors in the service of the hospital. This will ensure that the prescriptions made by these doctors are drawn from drugs actually being stocked and in turn will remove the embarrassing situation of O.S. (out of stock) in all our hospitals, hence, patients would not fall victim of the medical quacks.
- (e) Health Study needs to be made compulsory in Primary and Secondary Schools, since many parents get information from their children attending those schools.

(f) The Social Workers and the Mass Media should be used to re-educate the masses on the implications of receiving medical treatments from the wrong persons (quacks).

(g) Governments, in collaboration with trained medical personnel, should arrange seminars and lectures for drug dealers for more enlightenment in their profession.

(h) Laws should be enacted prohibiting open sale of drugs in the markets, streets, motor parks, and buses.

(i) Doctors, nurses and other hospital personnel should be given good salaries and other fringe benefits. These will help to reduce the extent they display aggression to the patients, and will in a long way not scare them (patients) from hospitals to patronizing the quacks.

(j) As for Aba urban in particular, more hospitals need to be established, especially Government-owned hospitals. The number of existing hospitals is relatively small compared with the population of the town. Also, more students should be given admission to various universities to do medicine in order to man the hospitals.

Table 3.8 below shows health institutions in Aba. The distribution or the number may seem large enough to serve the entire town, but the problem is that many of them, particularly the clinics and Maternity Homes occupy a small space -- in most cases 2 to 5 rooms. But the quacks predominate.

TABLE 3.8REGISTERED HOSP./PHARM. STORES/P.M. STORES IN ABA

YEAR	TYPE	OWNERSHIP	NUMBER
1981	General Hospital	Govt.	1
"	Psychiatric Hospital	"	1
"	Dental Centre	"	1
"	Mission Hospital	Mission	1
"	Private Hospitals/Clinic	Private	30
"	Industrial Hospitals/Clinic	"	2
"	Private Maternity Homes	"	24
1982	Pharmaceutical Stores	"	41
"	Patent Medicine Stores	"	441

SOURCE: Imo State Ministry of Health, Owerri.

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Department of Sociology/Anthropology,
University of Nigeria,
Nsukka.

January, 10 - 1993.

Dear Respondent,

The researcher is a Post Graduate student in the Department of Sociology/Anthropology, University of Nigeria, Nsukka, carrying out A STUDY OF PATENT MEDICINE DEALERS IN ABA, in partial fulfilment of the award of M.Sc. Degree, Nigeria.

Having randomly selected you as one of the respondents, I therefore ask you to please supply the information sought in the Questionnaire as accurately as possible.

This exercise is purely an academic one, and has nothing to do with politics.

Your responses will be treated in the strictest confidence. Your name and address are NOT required.

Thanks for your co-operation.

Yours faithfully

Nwamba Samuel A.

APPENDIX I

QUESTIONNAIRE: ABA/PUBLIC

INSTRUCTION

Please mark (X) in the boxes corresponding with any ONE of the responses below which you consider most appropriate.

1. Your Age Range in years

- (a) 15 - 20 yrs
- (b) 21 - 35 "
- (c) 36 - 49 "
- (d) 50 and above

2. Your Sex:

- (a) Male (b) Female
- (c)

3. Marital Status:

- (a) Single (b) Married (c) Divorced
- (d) Widowed (e) Separated

4. Educational Qualification

- (a) Didn't attend School (b) Attended but didn't complete Elem. Six
- (c) F.S.L.C. (d) Attended but didn't complete Class 5
- (e) T.T.C./WASC/GCE/City & Guilds
- (f) OND/HSC/GCE/ (A/L) (g) HND/Degree

5. What is your occupation? _____

6. What is your monthly income?

- (a) Less than ₦100
- (b) ₦100 - ₦150
- (c) ₦151 - ₦200
- (d) ₦201 - ₦250
- (e) ₦251 - ₦300
- (f) Above ₦300

7. What part of Aba town do you live?

- (a) Ogbor Hill (b) Umungasi (c) Over-rail
(d) G.R.A. (e) Heart of the town,
(f) Ndiegoro (g) Umuokpoji

8. Do you consider unregistered Patent Medicine dealers and roadside drug peddlers as quacks?

Yes (b) No

9. Do you also consider unqualified medical personnel handling specialised medical functions as quacks?

(a) Yes (b) No

10(a) Do you receive treatment from the Patent Medicine dealers?

(a) Yes (b) No

(b) If 'Yes', how often do you go there?

(i) Very often

(ii) Not very often

(iii) I don't go there at all

(c) Again, if 'Yes' to question 10(a), what are your reasons for going there?

(d) If 'No' to Question 10(a), State your reasons

Y

11(a) Don't you think it is risky to patronize the quacks instead of receiving treatment from the hospital?

(i) Yes (ii) No

(b) Give reasons for your answer

12(a) How useful to the society do you consider the medical quacks you patronise outside hospital?

(i) Not useful

(ii) Useful

(b) Give reasons for your answer

13. Do you think Patent Medicine Dealers should be abolished?

Yes No

14. If 'Yes' or 'No' why?

APPENDIX II: ABA/QUACKS
QUESTIONNAIRE (PATENT MEDICINE DEALERS)

INSTRUCTION:

Please mark (X) in the boxes corresponding with any ONE of the responses below which you consider most appropriate.

1. Your Age Range in years
- (a) 15 - 20 years
- (b) 21 - 35 "
- (c) 36 - 49 "
- (d) 50 and above
2. Your Sex:
- (a) Male (b) Female
3. Marital Status:
- (a) Single (b) Married
- (c) Divorced (d) Widowed (e) Separated
4. Educational Qualification:
- (a) Didn't attend school
- (b) Attended but didn't complete Elem Six
- (c) F. S. L. C.
- (d) Attended but didn't complete Class 5
- (e) T.T.C./WASC/GCE/CITY & GUILDS
- (f) OND/HSC/GCE (A/L) (g) HND/Degree
5. What is your monthly income?
- (a) Less than ₦100
- (b) ₦100 - ₦150
- (c) ₦151 - ₦200
- (d) ₦201 - ₦250
- (e) ₦251 - ₦300
- (f) ₦301 - ₦350

6. What is your reason for dealing on medicine?

7. Do you consider unregistered Patent Medicine Dealers and roadside drug peddlers as quacks?

(a) Yes (b) No

8. Do you considered unqualified medical personnel handling specialised medical functions as quacks?

(a) Yes (b) No

9(a) Do you prescribe medicine for sick people?

(i) Yes (ii) No

(b) Give reasons for your answer

10. Is your occupation lucrative? (a) Yes (b) No

11. If you see a more lucrative job, would you change your present profession?

(a) Yes (b) No

12. Would you advise your relation to take to this profession?

(a) Yes (b) No

13. Give the range of number of patients you attend to, in ONE days

(a) 1 - 9

(b) 10 - 19

(c) 20 - 29

(d) 30 - 39

(e) 40 and above

14. In your opinion, do you think you are handling the job as efficient as a trained medical personnel?

(a) Yes (b) No (c) I don't know

15(a) Are you happy with the work you are doing?

(i) Yes (ii) No

(b) Give reasons for your answer

16. Do you have Government Certificate covering your profession?

(a) Yes (b) No

17.(a) Have you ever been harassed by the law enforcement agents?

(i) Yes (ii) No

(b) If 'Yes', what were the reasons for the harassment?

18. Do you feel that your profession grants you social status and prestige?

(a) Yes (b) No (c) I don't know

19. How do you place yourself in comparison with pharmacists?

(a) Very well (b) Well (c) Fairly Well

(d) Badly

29(a) Have you ever encountered a case of death in your attempt to save life by giving medical treatment?

(i) Yes (ii) No

(b) If 'Yes', how many people have so far died?

(c) Again, if 'Yes' what do you think was the cause of the death?

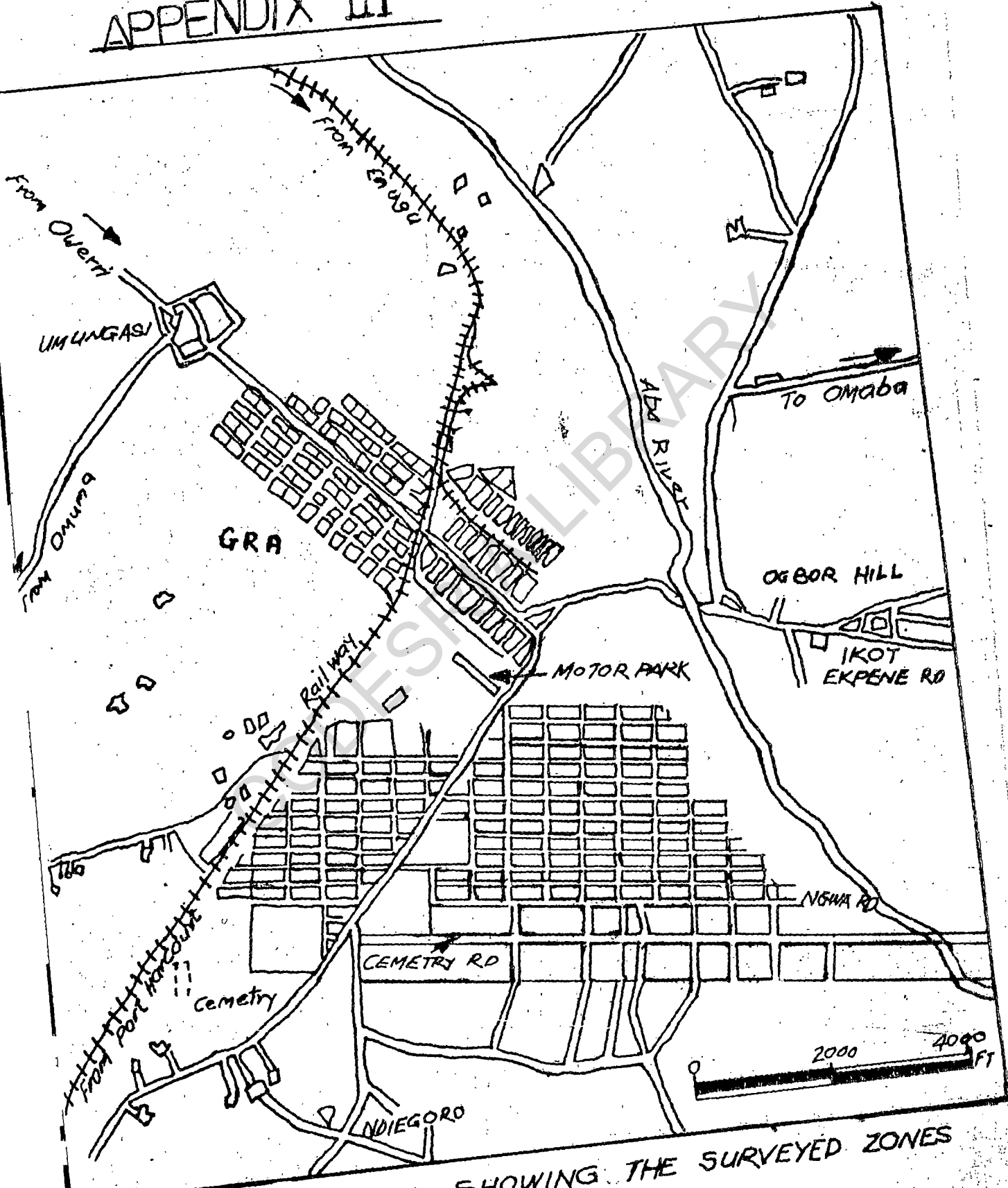
21(a) Do you think that you work within the limits as defined by the law protecting Patent Medicine Dealers?

(i) Yes (ii) No

(b) If 'No' give reasons for your action

22. In your opinion, what do you think can create a good image of the Patent Medicine Dealers and make the profession more efficient?

APPENDIX III



ABA URBAN SHOWING THE SURVEYED ZONES

350 CHEMIST SHOPS CLOSED

MORE than 350 chemist and patient medicine stores in Lagos have been shut by the officials of the Federal and Lagos State Public Health departments following the discovery of expired drugs.

In addition, nine people including a prominent Lagosian are now being questioned by the health officials on how they came about the expired drugs.

The drugs — mainly ampicilline injections and capsules, tarramycin, tetracycline, malaria drugs, kidney sedatives and growth syrups — are on sale in many parts of the country with Lagos serving as the distributive centre.

The Federal Public Health Department, in conjunction with the International Public Health Centre through the assistance of the World Health Organisation (WHO) discovered that some of the drugs peddled import nearly expired into the country.

The discovery, which was first known to the Federal Public Health Department last week, has led to a round-the-clock search for the drugs. It was understood that the states health authorities have been alerted about the sale of expired drugs.

By
TAJU DANRIGLE

Investigation — Nigerian markets lucrative for the sale of the expired drugs.

SUNDAY investigation found that most of the drugs were either ignorant patients, the packages of the drugs re-stamped with new expiry dates. Federal Public Health authority source disclosed that foreign drug had found NI-

Commenting on the discovery of the drugs, a senior health official with the Lagos State, Mr. S. O. Toyin, urged customers of patient medicine stores to buy their drugs at registered chemists.

He disclosed that the names of all registered chemists would soon be published.

Sunday Times
NIGERIA'S LARGEST WEEKLY SALE
16715 Sunday, October 10, 1982 202

HEALTH
Don't patronise quack

Daily Times

MAN, 33

V1

Alleged to have performed surgery and obtained money from patients

HELD

AS

QUACK

DOCTOR

said to have fallen victims of the man's alleged pretences.

Police alleged that the suspect had on several occasions defrauded young girls by falsely pretending that he would train them as medical nurses.

Police said that the man on interrogation claimed he obtained a medical degree at the University of Vienna, Austria, and another in West Germany between 1963 and 1978.

He was said to have also admitted during interrogation that he did not register any of his hospitals and that he was not a registered member of the Nigeria Medical Association.

According to the release the suspect is expected to be charged to court soon.

A 33-year-old man described as a fake medical doctor is now in police net for allegedly operating three illegal health clinics in parts of Imo state.

Police gave his name as Callistus Agu, a native of Anambra state. He was alleged to have opened three health clinics at Nnarambia Ahiara, Lude Ahiara and Emeabiam all in Imo State without official government permission or approval, contrary to the provisions of the state's hospital law.

Police said they recovered various poisonous drugs and medical equipment from him before his arrest.

According to a release from the office of the Police Public Relations Officer Imo State, the suspect was alleged to have during the period performed surgical operations and obtained

NIGERIAN STATESMAN

SUNDAY STATESMAN

Motto. To Build The Nigerian Nation

Vol. III No. 93

Sunday, December 5, 1962

20k

N.5m drugs confiscated in Lagos raids

DRUGS worth more than N.5 million were confiscated last week by officials of the Lagos State Ministry of Health.

The officials, accompanied by armed policemen, raided patent medicine stores in Lagos Island; Surulere, Yaba, Ajegunle, Maryland, Agege and Ikeja.

At the time of the raid, hundreds of thousands of assorted drugs were impounded and loaded inside the Lagos State Ministry of Health vehicle to an "unknown destination".

Mr Kunle Adenuga, who is resident at Yaba and a victim of the raid in an exclusive interview shortly after the raids, told the *Sunday Statesman* that "This raid has been going on since September, this year. What have medicine dealers done? Our drugs are illegally carried away on the pretence that they are all expired drugs. How can all of us here sell expired drugs?"

He added: "There is no proper record of the drugs confiscated. We do not even know the identity of those who made the raid, except that they came with the Lagos State Ministry of Health vehicle and armed policemen. We have been rela-

tely informed that the seized drugs are even sold to other businessmen and women".

Another victim, Mr Chinedu Isaac of Ibeju area said that he is a member of the Lagos State Medicine Dealers Association which has a membership of about 8,000. According to Mr Isaac, the officials of the Association usually made sure that members did not trade on

expired drugs.

Mr Isaac, therefore, lamented that the so-called officials of the Lagos State Ministry of Health who confiscated the drugs were on a "self assigned mission since the drugs seized were not recorded or recovered".

From, Oluwalabi Ogunshe, Lagos.



Mr Gabriel U. Egonu, President General of Lagos State Medicine Dealers' Association

The victim said he had been trading in medicine for the past 12 years, and appealed to the president-general of the Lagos State Medicine Dealers Association, Mr G.U. Egonu to protect his members from the hands of "dupes".

However, the president-general of the Lagos State Medicine Dealers Association, Mr G.U. Egonu was not available for comments.

But a reliable source close to the Association's secretariat in Lagos, said the Association would be making representations to the Federal Government very soon.