MEDICAL PLURALISM IN NIGERIA: PATTERNS, DRIVERS, CONSEQUENCES AND THE WAY FORWARD

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ABSTRACT
Rethinking Nigeria's leadership beyond the 21st Century will be incomplete without any focus on Nigeria's healthcare challenges and new policy thrusts that leadership could explore. Healthcare delivery in Nigeria is characterised by a complex interplay of multiple medical systems, commonly referred to as medical pluralism. This phenomenon reflects the coexistence and utilization of orthodox (biomedical), traditional, and spiritual healing systems within the same society. This paper examines the nature of medical pluralism in Nigeria and contends that it is not merely a cultural practice but also a response to structural challenges within the Nigerian healthcare system, including limited access to services, high cost of care, and uneven distribution of healthcare facilities. The patterns, drivers or causes, merits and consequences of medical pluralism in Nigeria were also examined, while strategies for curtailment of negative aspects and improvements in the trend were recommended. In particular, it was strongly recommended that during consultation with clients or patients, practitioners of each pathway to health should adequately interrogate current treatment engagements and medical history of clients and patients to avoid adverse situations that may arise due to inclinations to concurrent medical pluralism.
Keywords: healthcare, medical pluralism, orthodox healing system, faith based healing, self medication, traditional healing system

INTRODUCTION
Medical pluralism describes the simultaneous existence and use of diverse medical systems such as biomedical, traditional, and spiritual healing options within a single society. It emphasizes how individuals, groups and communities draw from multiple sources of care rather than relying on a single healthcare system. Charles Leslie, a key scholar in medical anthropology helped shape the concept of medical pluralism. He developed the concept in the 1970s through his work on Asian medical traditions. Leslie maintained that there is the coexistence and interaction of multiple healthcare systems within one society. These systems often coexist, compete and sometimes complement each other. He also argued that no single system (including biomedicine) fully satisfies all health needs, leading people to seek alternatives (Leslie, 1973, 1976; Yu, 2021).

Medical pluralism is the coexistence of multiple therapeutic traditions within a society, where no single system holds absolute dominance, and patients may move between them. Medical pluralism has since become a key framework for examining the coexistence and interaction of multiple healthcare systems within a society, such as biomedicine, traditional healing, and alternative therapies (Leslie, 1976; Reis, 2002; Baer, Singer and Susser, 2003).

Medical pluralism has been a very important concept in providing understanding about the dynamics of healthcare, power relationships, and meaning negotiations across different

medical systems (Penkala-Gawęcka & Rajtar, 2016). Medical pluralism has helped to understand the development of medical systems throughout history and the internal divisions within medical systems in societies (Baer, 2004; Campbell-Hall *et al.*, 2010). Scholars such as Kunwar, Nepal, Kshhetri, Rai and Bussmann (2006); and Quinlan, (2011) have emphasized the importance of understanding the diversity of medical practices in a population and the relationships among practitioners.

According to Mohammed and Dahiru (2026), concurrent usage of two medical systems was quite prevalent (62.3%). In the Nigerian context, medical pluralism has had a long history. Many Nigerians concurrently use hospitals, herbal medicine, and faith-based healing practices for treatment of illness within her population. They subscribe or use more than one type of healthcare to treat illness at particular points in time. For example, someone might go to a hospital for orthodox attention and also visit a traditional healer or pray in a church or mosque for healing. Instead of choosing or depending on only one method, they combine different options. Such multiple approaches are informed or based on what they believe, what is available, what they can afford, as well as their equal or similar levels of trust and commitment to the diverse options.

Medical pluralism in Nigeria reflects broader sociological factors such as cultural values, economic constraints, and trust in indigenous knowledge systems among others. Indeed, individuals navigate these sectors and treatment options based on cultural beliefs, perceived effectiveness, cost, and accessibility. Cultural views were found to be the most significant predictor of this behaviour, along with pricing, accessibility, and perceived effectiveness (Mohammed & Dahiru, 2026).

Incidentally, medical pluralism or mixing different ways of treating sickness may have both advantages and consequences, especially as service providers may be unaware of their client or patient's concurrent patronage of two or more treatment options at the same period. This chapter examines the nature and other issues around medical pluralism in Nigeria, including its patterns, causes or drivers, merits and consequences. Recommendations are also made on how to better manage the prevailing trend toward concurrent consumption of diverse options which is dangerous to health. The key concern in medical pluralism in Nigeria is not about availability of different practices to citizens, but about individuals using them concurrently or simultaneously which is harmful due to adverse drug interactions that may occur.

CONCEPTUALIZATION OF RELEVANT TERMS

Health: According to the World Health Organization (WHO, 1948:100), health is a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity. This definition emphasizes a holistic view, encompassing total well-being rather than just the lack of illness.

Health can also be defined as the ability to achieve vital goals necessary for minimal happiness, given standard circumstances (Nordenfelt, 1995). On his part, Boorse (1977) defined health as the absence of disease, where disease is a deviation from the normal functional organization of the species. Furthermore, health is defined as the state of optimum capacity of an individual to perform his or her social roles and tasks effectively (Talcott, 1951).

Healthcare: According to World Health Organization (WHO, 2000), healthcare refers to the maintenance or improvement of health via the prevention, diagnosis, treatment, recovery, or cure of disease, illness, injury, and other physical and mental impairments in people. Health care system could also be conceptualised as a system of institutions, people, technologies and

resources designed to improve health of the population.

Healthcare Delivery System and Practice: Asuzu (2002) defines a health system as an organizational structure for allocating a community's medical needs. People's health is influenced by a rather complicated system of interconnected factors in their homes, workplaces, educational institutions, public spaces (social or recreational), psychological surroundings, and health and health-related organizations.
Cockerham and Hinote (2008) defined healthcare delivery system as a conglomerate of health practitioners, agencies, and organizations, all of which share the mission of health-care delivery, but operate more or less independently. It is the system of institutions, people, technologies and resources designed to improve the health of the people. For Pallipedia (2022), a health care system, also simply referred to as a 'health system' is the organization of people, institutions, and resources that deliver health care services to meet the health needs of target populations. This includes efforts to influence determinants of health as well as more direct health-improving activities (Pallipedia, 2022).
Nwankwo (2023) defines healthcare delivery system as the organization and management of three 'M' that are money, manpower (man) and materials for the effective provision of health care delivery to the people. It involves a conglomeration of preventive, curative, promotive and rehabilitative services to safeguard health of man.

Medical Pluralism: Medical pluralism constitutes the concurrent utilization of multiple therapeutic modalities including both conventional and complementary and alternative medicine (CAM) (Chowdhuri, Kundu & Meyur, 2022; Sundararajan, Mwanga-Amumpaire, King and Ware, 2020). Medical pluralism can be defined as the use of more than one medical system or the use of both conventional and complementary and alternative (CAM) therapies for treatment of illness and diseases (Barnes, Powell-Griner, McFann & Nahin, 2002; Ni, Simile and Hardy, 2002).

As a concept, it enables the analyses of medicine beyond the dualism of Western/non-Western, modern/traditional, or local/global, by showing how all medical knowledge and practices, be that biomedicine or some regional tradition can be interchanged for betterment of mankind. In discussing medical pluralism, while the availability of diverse treatment options is celebrated or encouraged, the key worry is the tendency for some individuals to simultaneously and concurrently use two or more options with obvious danger of adverse effects and complications.

In the context of today's globalization, medical pluralism retains its analytical importance, especially in the examination of people 's search for alternative cures locally and transnational, the growing consumer market of holistic, traditional, and natural treatments, and the attempts of many countries to incorporate alternative treatments into national health care (Agrawal, Kushwaha, Khan, Vekaria & Kumar,2023).

HEALTHCARE DELIVERY PRACTICES THAT NIGERIANS CONCURRENTLY UTILISE OR SUBSCRIBE TO IN THE CONTEXT OF MEDICAL PLURALISM

Orthodox (Modern) Healthcare Practice: The World Health Organization (WHO, 2000) defines modern healthcare as a medical care system that uses clinical techniques, scientific information, and qualified experts to diagnose, treat, and prevent diseases. This system comprises primary health facilities, general hospitals, and teaching hospitals in Nigeria. Immunization, surgery, and the treatment of illnesses like malaria are among the services offered. However, particularly in rural areas, access is frequently restricted by infrastructure,

expense, and unequal facility distribution.

Traditional Healthcare Practice This is defined by the World Health Organization (2008) as cited in Ezeogu and Nwankwo (2023) as the sum total of the knowledge, skills and practices based on the theories, beliefs, experiences and indigenous to different cultures, whether explicable or not, used in maintenance of health. Traditional medicine is applicable to the prevention, diagnosis; improvement or treatment of conditions as well the treatment of physical and mental illness.

According to Nwankwo (2023), traditional healthcare practices are those avenues via which people and groups in need of medical attention can receive intervention by using native techniques. Traditional healthcare systems are the result of both culture and society; they are shaped by the norms and experiences of a certain sociocultural setting. This implies that both time and place play roles in the effectiveness of traditional health care. Importantly, such practices form part of the cultural beliefs of the people practicing them.

Traditionally, health care entails the integration of all aspects of a person's being. They include mental, physical, and spiritual wellbeing. The traditional healers use the combination of herbs, spiritual practices, and bone-setting to ensure good health (Nwankwo, 2023). World Health Organization (WHO) recognises traditional medicine as a significant component of healthcare in many developing countries with large rural population especially where formal systems are limited or inaccessible (WHO, 2014; Ezeogu and Nwankwo, 2023; Kushwaha *et al.*, 2023). It is also noteworthy that World Health Organization (WHO) promoted the integration of traditional therapies with modern medicine across nation states as a means of reducing gaps in service provision (Hampshire & Owusu, 2012).

Self-Meditation: The World Health Organization (WHO) as cited in Fakeye (2010) defines self-medication as the selection and use of medicines by individuals to treat self-recognised illnesses or symptoms without professional supervision. Self-medication involves the purchase of medication without a prescription and administration of the drug through self-prescription, friends' recommendation or previous prescription. An example could be be when people take paracetamol tablets for pain, or take antibiotics when they don't need them.

The practice is more prevalent in Nigeria due to the high cost of accessing medical services, limited access to modern medical facilities and the availability of pharmaceuticals without strict regulations, according to Ommo (2024). Self-medication has been attempted to be controlled in Nigeria with no success.

Faith Based Healthcare Practice: Izugbara *et al.* (2016) and Izugbara and Wekesah (2018) identified spiritual/faith healing as one of the methods used in faith-based healthcare, which often involve laying on of hands, consumption of items blessed by prayers, holy water, oil and incantations. It also involves the healing through religious activities such as fasting, prayer and rituals. According to medical sociologists, religion has a significant influence on how people behave when it comes to their health and how they understand sickness (Nwankwo, 2015).

In Nigeria, many individuals seek healing in churches and mosques, using holy water, anointing oil, or deliverance sessions. This practice is particularly common where illness is perceived as spiritual rather than biological.

PATTERNS OF MEDICAL PLURALISM IN NIGERIA

In Nigeria and many other developing countries, western medicine does not enjoy a monopoly (Cant and Sharma 2004). Nigeria's health care system is pluralistic, characterised by conventional, complementary and alternative providers. Health care services can be obtainable from formal providers, itinerant medicine hawkers, traditional practitioners and patent

medicine sellers, among others (Izugbara, Etukudoh & Brown, 2005; Izugbara, Wekesah & Adedini, 2016).

The most crucial pursuit of patients is to find a cure and medical treatment for their illness. Yet, in their desperation, fear, and anxiety, patients and their families usually resort to multiple sources of medical care (Atobrah, 2012). Concurrent use of two or more treatment options could be detrimental to health. Specifically, patterns of medical pluralism in Nigeria include;

Persistent Concurrent and Sequential Reliance on Multiple Practices with Late Attendance to Hospitals: There is persistent reliance on traditional medicine alongside modern (biomedical) care, the frequent use of faith-based healing centers, particularly churches and prayer houses. There is also high rate of self medication. The situation gives rise to late presentation at hospitals, often after initial attempts with traditional or spiritual remedies fail.

Of particular note is the frequent use of faith-based healing centres, particularly churches and prayer houses. Spiritual attributions for illnesses like witchcraft or curses are common among Nigerians. It, therefore, means that most people prefer seeking spiritual cure as either an alternative therapy or as the main source of treatment (Nwankwo, 2016). Another noticeable pattern is the late attendance of hospitals since people have tried using their traditional or spiritual medicines first.

Helman (2007) notes that there are cultural beliefs that cause people to approach the traditional healers, herbalists, or spiritual doctors before visiting biomedically equipped hospitals. When the treatment by such people does not show any sign of success, patients end up visiting biomedical clinics when their illnesses have reached a higher level. This phenomenon has contributed to the late reporting of cancer patients to hospitals, leading to late detection and diagnosis (Clegg-Lamptey, Dakubo & Attobra, 2009).

Concurrent Utilization of Treatment Options: This is the simultaneous use of multiple healthcare systems, such as combining biomedical treatments with traditional or spiritual therapies. It could also be of the form whereby someone is taking prescribed pharmaceutical medication while also consulting a traditional healer.

Sequential Utilization of Multiple Treatment Options: This involves the use of different healthcare systems in a stepwise manner, where an individual begins with one form of treatment (e.g., traditional medicine) and later switches to another (e.g., hospital care) if the initial approach proves ineffective, or alternates between systems depending on the nature of the illness e.g., traditional care for chronic conditions and biomedical care for acute conditions.

DRIVERS OR FACTORS PROMOTING MEDICAL PLURALISM IN NIGERIA

Medical pluralism in Nigeria is shaped by a combination of socio-cultural, economic and structural factors. These factors explain why many people seek treatment from different healthcare systems, including orthodox, traditional and spiritual systems, either at the same time or at different stages of illness. In many cases, people move from one system to another depending on perceived effectiveness, availability, cost, cultural belief, social influence and the nature of the illness. This shows that the use of pluralistic healthcare is not accidental, but is influenced by the realities of everyday life and by people's understanding of health and illness.

The literature shows that several factors determine the use of pluralistic healthcare. These include demographic and personality traits, cognitive factors, social influences, spiritual beliefs and philosophical understandings of health and healing (Chowdhuri & Kundu, 2020; Chowdhuri *et al.*, 2022; Thomson, Jones, Browne & Leslie, 2014). In the Nigerian context,

these factors interact with economic hardship, weak access to formal healthcare, cultural beliefs and gaps in health knowledge. As a result, many people do not depend on only one form of healthcare, but combine different options in their search for healing.

Economic difficulty remains one of the major factors encouraging medical pluralism in Nigeria. Many households have to pay directly for formal healthcare at the point of service, as Nigeria's healthcare system is still largely funded through direct personal payments by patients and their families (Nwankwo, 2021). This means that many people resort to low-cost options, including herbal medicine, sellers of patent medicine and other informal care providers. Financial status plays a significant role in sources of health care, as persons with low income are more likely to use traditional healing due to its lower cost, according to Abhadionmhen et al (2025). Likewise, Nwankwo, Nwankwo and Nnatu (2024) state that inadequate health insurance reduces access to formal health care systems and moves many people to traditional or informal health care systems.

Convenience and accessibility are also related to affordability. Most patients would value the convenience and accessibility of health care, which is close, inexpensive and readily available. The convenience of use, availability and affordability are important determinants of the patterns of health care utilisation, as identified by Izugbara and Wekesah (2018). This is especially crucial for low-income groups, who can be more inclined to find it easier to obtain traditional medicine, as it is cheaper and more familiar. Even where modern healthcare facilities are available, the cost of consultation, drugs, transport and other related expenses may still encourage people to combine biomedical care with traditional, spiritual or informal care.
Structural problems within the healthcare system also contribute to medical pluralism. In rural areas and among vulnerable groups, including displaced persons, people often use several sources of care because formal health services may be distant, poorly equipped or difficult to access. In Nigeria, health-seeking behaviour often involves both facility-based care and non-facility-based practitioners. This trend is a broader weakness in the healthcare system, particularly regarding access and care facilities, as well as quality of care. In many rural areas, the distance to a health facility may be far, and people have to walk long distances to access a health facility. When facilities are available, they can have substandard infrastructure conditions such as disrepair and leaky roofs, overgrown areas and a lack of maintenance. This could involve a decrease in public confidence in the formal healthcare system and deter individuals from accessing biomedical services.

This restriction makes other types of care more appealing. Traditional medicine, patent medicine vendors and faith-based healing are realistic alternatives for those who do not have full access to formal health services. Medical pluralism in Nigeria can be seen as a cultural phenomenon and also as a pragmatic solution to the shortcomings in the health care delivery system. Belief is not the only reason people choose to use different healthcare systems, as the formal system does not always serve their needs in terms of cost, availability, distance and quality.

Faith and beliefs also have an important influence on health care decisions. There is a biomedical understanding of health and illness in Nigeria, but it is not the only one. They are also seen in the light of cultural and spiritual values. This is because Nigeria is a religious society, where religion plays a significant role in health-seeking behaviour. Witchcraft or ancestral displeasure or spiritual attack (Nwankwo, 2023; 2016) could be associated with illness in some communities. This understanding of illness can lead to the use of traditional healers, faith-based healers and biomedical practitioners. Traditional medicine is also linked to

culture and indigenous knowledge, which continues to have an impact on health decisions, as stated by Abhadionmhen *et al.* (2025). This means that the importance of traditional medicine is still significant, the reason being that it has to do with people's knowledge of the health problem that affects them, what remedies they need and what makes them feel healthy.

Health literacy and knowledge gaps are other factors influencing pluralistic healthcare use in Nigeria. When and where people seek care may be impacted by a limited understanding of disease causes, symptoms and treatment options. Symptoms may be misinterpreted, biomedical treatment may be missed, or individuals may seek out those treatments which are familiar and culturally accepted. According to Orok *et al.* (2024), the use of healthcare services is highly determined by the extent to which individuals from different populations are informed about healthcare, as it is not the same among different populations. This not only influences the services available but also the knowledge, beliefs and trust of the people.

In general, medical pluralism in Nigeria is maintained through economic deprivation and poor health services access, cultural and religious values, and variations in health knowledge. The literature indicates that the use of multiple healthcare systems occurs due to the perceived need for different services at different times from each system. Biomedical health care can be important for diagnosis and treatment, while traditional and spiritual systems can offer cultural significance, emotional support, affordability and accessibility. Hence, medical pluralism ought to be viewed as an intricate health-seeking behaviour that is influenced by beliefs and the socio-political context of healthcare delivery in Nigeria.

MERITS OF MEDICAL PLURALISM

Agrawal et al (2023) mentioned few advantages to having more than one medical system such as being able to heal more efficiently, being able to heal from one medical system when the other fails, and healing by still embracing and respecting your background and culture. Other benefits of medical pluralism in Nigeria include;

Medical pluralism provides different perspectives and advantages on illness. Given the availability of alternatives, it provides opportunity for better treatment of patients as they migrate across options for the benefit of healing.

Low-income and rural populations usually benefited immensely from medical pluralism. This is due to the fact that as one system becomes out of reach of the poor, they could easily subscribe to another healthcare option

Medical pluralism encourages practitioners of diverse fields, despite their cultural, ethnic, religious and training differences to come together and work towards a common goal of achieving high quality of health disposition for the population. Thus, medical pluralism enhances unity and respect across health systems.

Traditional medical procedures can be quick and easy, and their integration with modern medicinal treatment can be beneficial.

CONSEQUENCES/ DEMERITS OF MEDICAL PLURALISM IN NIGERIA

Medical pluralism has significant implications for health outcomes, healthcare systems and patient behaviour in Nigeria. Although it provides people with multiple treatment options, it can also create risks when orthodox, traditional and spiritual systems are used without proper guidance, regulation or communication among providers. The literature shows that pluralistic healthcare behaviour is often shaped by cost, cultural beliefs, accessibility, trust and people's interpretation of illness (Sundararajan *et al.*, 2020). In Nigeria, this pattern reflects the coexistence of biomedical care, traditional medicine, patent medicine vendors and faith-based

healing.

One major consequence of medical pluralism is delayed presentation to formal healthcare facilities. Many patients have approached traditional healers, spiritualists, patent medicine vendors/homemade medicine initially before coming to the hospital. These delays could be due to the difficulty of the journey, cost, fear, cultural beliefs, or the idea that some illnesses are spiritual. Based on research carried out regarding cancer management in Nigeria, one of the biggest problems facing the treatment of cancer is that of late presentation and late diagnosis of cancer patients, which affects their cancer treatment negatively (Fayehun *et al.*, 2025). Likewise, Sarki *et al.* (2015) indicate that the myths and misconceptions about illness affect the way individuals react to their symptoms and seek medical attention. This means that in the event of serious conditions being managed early outside formal health services, there is a risk of delay in diagnosis and treatment, leading to greater complications and mortality.

Medical pluralism may also increase the risk of misdiagnosis, inappropriate treatment and treatment conflict. Illness is defined in a variety of ways in different healthcare systems. Biomedical systems base care and treatment on clinical judgement and laboratory evidence, but traditional and spiritual systems may have cultural and supernatural interpretations of illness. While these explanations can help patients understand what is going on, they can also lead to contradictory diagnoses or cause the treatment of the condition that needs immediate biomedical intervention to be postponed. Certainly, not all traditional or spiritual care is bad, but when treatment is not regulated, and referral systems are poor, patients may be subjected to care that is not safe or effective.

One of the other concerns is the use of prescribed medications and alternative medicines. A significant number of patients are taking herbal remedies without the knowledge of orthodox doctors. This can be especially dangerous for patients with chronic illnesses like HIV, hypertension and diabetes, who need to take medication regularly. Some Nigerian adults with type 2 diabetes were using herbal medicines, which might pose herb–drug interaction risks, according to Ezuruike and Prieto (2016). In the same vein, Ilomuanya *et al.* (2017) reported on the co-use of herbal medicine with anti-retroviral therapy (ART) among the people living with HIV/AIDS (PLWHA) in South-Eastern Nigeria. Such practices may reduce drug effectiveness, increase toxicity or lead to treatment failure, especially where there is poor disclosure and limited professional monitoring (James *et al.*, 2018).

Medical pluralism can also increase the financial burden on households. Although traditional or informal care may appear cheaper, patients who move between several providers may pay repeatedly for consultation, drugs, spiritual services, transport and eventual hospital care. Aregbeshola and Khan (2018) show that direct personal payment for healthcare in Nigeria can expose households to catastrophic and impoverishing health expenditure. Therefore, pluralistic healthcare use may become costly when ineffective treatment leads to repeated spending or when patients eventually present at hospitals with advanced illness.

At the health system level, medical pluralism raises issues of power, dominance and coordination. Medical pluralism rarely acknowledges that there are dominant medical systems and others, argues Agrawal *et al.* (2023). In Nigeria, biomedical health care is often perceived as the better form of treatment, although there is also an acceptance and practice of both traditional and spiritual medicine, albeit with less formality and regulations. This imbalance can lead to tension between systems, and integration can be challenging.

Failing coordination between orthodox, traditional and spiritual providers is another issue that needs to be addressed. There is little communication, referral and record sharing between these systems. This impacts patient safety, continuity of care and monitoring of treatment. Evidence, safety regulation, appropriate integration and people-centred care, therefore, have been highlighted by the World Health Organisation (WHO, 2013, 2025) in traditional, complementary and integrative medicine. In their study, Ibrahim *et al.* (2023) noted that there was a positive attitude towards integration among the practitioners of traditional medicines despite the existing knowledge gap in Nigeria. This suggests that collaboration is possible, but it requires training, regulation, referral structures and clear policy direction.

The question of efficacy is also central to medical pluralism. Leslie (1980) noted that efficacy has always been an important element of the medical pluralism field, but there is controversy concerning its definition and measurement. If efficacy is viewed solely from a biomedical perspective, it will be impossible to assess some forms of traditional or spiritual healing. Nevertheless, neglecting efficacy can lead to danger to the life of the patient. Therefore, current arguments point to the need for considering culture in terms of healing methods, but at the same time proving their safety and efficacy (WHO, 2025; Wong *et al.*, 2025).

Altogether, medical pluralism in Nigeria is a complicated phenomenon. On the one hand, it provides individuals with an opportunity to seek help in various healing traditions based on their beliefs and socioeconomic status. On the other hand, medical pluralism may result in late seeking of professional healthcare, contradictory diagnoses, dangerous medication use, high costs for medical treatments, and poor coordination among health services. The literature therefore suggests that medical pluralism should be understood as a health-seeking pattern that requires better regulation, patient education, provider communication and evidence-based integration where appropriate.

MEASURES TO CURB THE NEGATIVE ASPECTS OF MEDICAL PLURALISM IN NIGERIA

Medical pluralism is deeply embedded in Nigeria's healthcare system and social life. Therefore, the goal should not be to eliminate it completely, but to reduce its harmful effects through regulation, coordination, health education and improved access to quality formal healthcare. Since people often move between orthodox, traditional and spiritual care because of cost, distance, cultural belief, trust and perceived effectiveness, any effective response must address both the structural and cultural reasons behind pluralistic healthcare use (James *et al.*, 2018; Sundararajan *et al.*, 2020).

A major step is to enhance the formal healthcare system, especially primary healthcare in rural and underserved areas. When health facilities are accessible, affordable, well-equipped and trusted, patients are more likely to seek biomedical care early. However, weak infrastructure, shortage of personnel, drug shortages, long waiting time and poor patient–provider relationships often discourage the use of formal services. Enhancements in key medicines, improving staff capacities, and facilities are critical for ensuring that there is reduced reliance on dangerous alternatives (Abdulraheem *et al.*, 2012; Amedari & Ejidike, 2021).

Expanding health insurance coverage is also important because high direct payments for healthcare push many people towards informal providers. Aregbeshola and Khan (2018) show that direct personal healthcare payment in Nigeria can expose households to catastrophic and impoverishing expenditure. Enhancing the operations and reach of NHIA may serve as a solution to the financial issues at hand, and also to make sure patients get to the hospitals in

good time to receive the necessary diagnosis and treatment (NHIA, 2022; Adewole, 2024). Another significant policy is the regulation and integration of traditional medicine. As traditional medicine continues to be used by many people, it could lead to greater risks for patients if overlooked. Therefore, the government should reinforce the registration and licensing of traditional medicine practitioners, whereas NAFDAC should check to ensure that the products used in traditional medicine satisfy the required safety and quality measures. According to WHO, the use of traditional medicine needs to be grounded on evidence-based approaches, safety, quality, and people-oriented care (WHO, 2013, 2025). For instance, Ibrahim *et al.* (2023) found that traditional medicine practitioners in Nigeria were willing to integrate with modern medicine. This shows that collaboration is possible, but it requires training, referral systems and clear regulation.

Health education is equally necessary. Low health literacy can lead to misinterpretation of symptoms, delayed hospital attendance and unsafe combination of treatments. Since health-seeking behaviour is shaped by knowledge, perceptions of illness, socioeconomic constraints, available services and provider attitudes, community-based education through health workers, schools, religious institutions, traditional leaders and the media can help people recognise danger signs and understand the risks of combining herbal and orthodox medicines without professional advice (Latunji & Akinyemi, 2018).

It is also imperative to consider socioeconomic inequalities since poverty, bad roads, lack of transport, and rural underdevelopment can make healthcare services inaccessible. Such conditions are why certain individuals seek out traditional healers, sellers of medicines, and spiritual houses since they are closer, less expensive, or more familiar. According to studies conducted in Nigeria, it was found that factors such as poverty, facility presence, education, culture, and barriers influence rural healthcare service utilisation (Abdulraheem *et al.*, 2012; Latunji & Akinyemi, 2018). Poverty reduction, rural development, better transport systems and wider distribution of health facilities can therefore reduce reliance on unsafe or unregulated care.

Finally, healthcare providers should routinely ask patients about current and previous use of herbal, spiritual or alternative treatments. This should be done respectfully so that patients feel safe to disclose all forms of treatment they are using. According to research studies conducted in Nigeria, there may be a possibility of combination treatment when both herbal medicines and prescription drugs are taken by patients suffering from diseases like diabetes or taking antiretroviral drugs due to HIV (Ezuruike & Prieto, 2016; Ilomuanya *et al.*, 2017). This can help in reducing the probability of drug interactions.

CONCLUDING REMARKS AND POLICY IMPLICATIONS

Rethinking Nigeria's leadership beyond the 21st Century requires among other things that medical pluralism which is a significant feature of the Nigerian healthcare system, shaped by cultural, economic, and structural factors should be properly operated or managed. While medical pluralism increases access to varieties of care, it also presents challenges such as delayed treatment, misuse of medicines, and poor health outcomes. Therefore, this paper advocates a new policy thrust towards balanced, multi-service encouragement approach. This involves overall health system strengthening which positively affect all categories of health service. The era of supporting only modern or orthodox medicine must be stopped. Furthermore, regulatory activities should be intensified to ensure that all service options satisfactorily meet the needs of clients/patients who subscribe to them. There is also need for policies that stimulate integration or cooperation among diverse health service options in order

to maximize benefits to the populace These canvassed policy directions are necessary to improve access and overall healthcare delivery in Nigeria.

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