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Knowledge and Perception of Odo-Ado Community Residents regarding Quackery in Healthcare Services

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Abstract:

This study assessed the knowledge and perception of residents of Odo-Ado community regarding quackery in healthcare services using a descriptive research design. A total of 420 community residents were recruited through a convenience sampling technique, and data were collected using a self-developed questionnaire. The collected data were analyzed with descriptive statistics presented in tables and charts, while hypotheses were tested using the chi-square statistic with SPSS version 27. Findings revealed that a majority of the respondents, 258 (61.4%), demonstrated good knowledge of quackery in healthcare services, while 322 (76.7%) exhibited good perception of quackery. Despite this, a substantial proportion, 280 (66.7%), showed a poor attitude toward quackery in healthcare services. Several factors were identified as contributors to the prevalence of quackery, including lack of access to affordable healthcare services (390; 93.0%), insufficient government regulation of the healthcare sector (407; 96.9%), lack of education and awareness about healthcare options (373; 89.0%), the spread of misinformation through social media (350; 84.0%), economic disparities (350; 84.0%), promises of quick-fix solutions by quacks (368; 88.0%), and cultural beliefs and traditions (266; 63.0%). Hypothesis testing indicated no significant relationship between respondents' sociodemographic characteristics and their perceptions of quackery in healthcare services ($P = 0.101$, $\chi^2 = 14.663$), whereas a significant relationship existed between knowledge and perception of quackery ($P = 0.000$, $\chi^2 = 30.883$). In conclusion, the study demonstrated that although

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respondents generally possessed good knowledge and perception of healthcare quackery, negative attitudes persisted, underscoring the need for government intervention through improved regulation and the provision of affordable healthcare services.

Keywords: Quackery, Knowledge, Perception, Attitude, Healthcare,

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Introduction

Quackery, defined as the promotion of fraudulent or ineffective medical practices, has been a persistent challenge across various healthcare systems worldwide. It encompasses a range of activities, including the dissemination of false information, deceptive advertising, and the provision of unproven or harmful treatments. Such practices not only jeopardize individual health outcomes but also undermine trust in healthcare professionals and institutions (Amir-Azodi, et al., 2024). The prevalence of quackery in the healthcare system is a global challenge, with causes including political, economic, sociocultural, technical-organizational, legal, and psychological factors (Khan & Mustufa, 2023). These fraudulent practices, driven by greed, often lead to detrimental conse quences that weaken the entire health system. Previous studies have highlighted the detrimental effects of quackery in healthcare, emphasizing its prevalence and impact on health systems worldwide. (Momina & Zakar, 2021). Additionally, the consequences of quackery in healthcare are classified into three main categories: health, economic, and social impacts (Sharma & Bharadwaj, 2023).

Research on the knowledge and perceptions of the society regarding quackery in healthcare is crucial in understanding and addressing this issue. Quackery in healthcare has significant consequences for the healthcare industry and society as a whole (Momina & Zakar, 2021). Quackery poses significant challenges to public health, ethics, and trust in healthcare systems. It can undermine evidence-based medicine, erode patient autonomy, and exacerbate health disparities by diverting resources away from proven treatments (Barrett, 2023). Moreover, quackery raises ethical concerns related to informed consent, patient safety, and the exploitation of vulnerable populations. Efforts to combat quackery are hindered by regulatory challenges such as jurisdictional complexities, legal loopholes, and the influence of vested interests (Bagby & Packin 2020).

Quackery in healthcare remains a significant global issue, particularly in low- and middle-income countries. The World Health Organization (WHO) estimates that up to 50% of the global population relies on traditional or informal healthcare providers, many of whom lack proper qualifications. This reliance can often blur into quackery, especially in rural and underserved areas. The global prevalence of quackery is challenging to quantify precisely due to varying definitions and underreporting, but it is widely recognized as a major public health concern. In Nigeria, quackery is a widespread problem, with estimates suggesting that about 40-50% of healthcare services in rural areas are provided by unqualified practitioners. According to reports, the rise in quackery is driven by factors such as inadequate healthcare infrastructure, poverty, and a shortage of trained medical professionals. Various studies and government agencies have highlighted the alarming presence of quacks in the healthcare system, particularly in areas like maternal and child health, where women are often the most vulnerable. While specific statistics on quackery in Ekiti State are limited, the situation mirrors that of the broader Nigerian context. Local reports and health authorities in Ekiti State have expressed concerns over the growing number of quacks, particularly in rural areas where access to legitimate healthcare services is limited. Anecdotal evidence and small-scale studies suggest that quackery is prevalent, with many women of childbearing age turning to

unqualified practitioners for services like childbirth and treatment of common ailments, often due to financial constraints and cultural beliefs.

Odo-Ado's regulatory framework for healthcare faces significant challenges in effectively addressing quackery. Inadequate enforcement mechanisms, coupled with gaps in legislation, contribute to the persistence of unqualified practitioners. Consequently, regulatory bodies struggle to maintain the integrity of the healthcare profession, leaving residents vulnerable to exploitation and harm (Krishnamoorthi et al., 2022).

Methods and Materials

This study adopted a descriptive research design aimed at assessing the knowledge and perceptions of residents of Odo-Ado community regarding quackery in healthcare services. The design was considered appropriate because it allowed for a systematic description of existing conditions, opinions, and practices related to healthcare quackery among community members without manipulating any variables. A purposive sampling technique was employed to select participants for the study. Using this approach, a total of 420 residents who were present in Odo-Ado community at the time of the selection and distribution of the research instruments were recruited. The sampling technique ensured that individuals who were readily available and met the inclusion criteria were involved in the study, thereby facilitating effective data collection within the community setting. This approach enabled the researcher to capture relevant information from residents who were directly exposed to healthcare practices within the community and were therefore in a position to provide informed responses regarding quackery in healthcare services.

Data were collected using a structured questionnaire developed by the researcher to assess respondents' knowledge, perception, attitude, and factors influencing quackery in healthcare services. The instrument was organized into five sections: Section A focused on the socio-demographic characteristics of the respondents; Section B assessed respondents' knowledge of quackery in healthcare; Section C examined their perceptions of quackery; Section D explored residents' attitudes toward quackery; while Section E identified factors influencing the prevalence of quackery in healthcare services. Prior to data collection, a formal research proposal and an official letter were submitted to the Ekiti State Ministry of Health to obtain permission to conduct the study. Ethical considerations were strictly observed throughout the research process. Both written and verbal informed consent were obtained from participants after providing adequate explanations about the purpose and procedures of the study. Participants were assured of confidentiality, as no form of personal identification was required, and information provided was treated with strict privacy and was not disclosed without the respondents' express permission.

Results and Discussion

Table 1: Socio-demographic data

Variables	Categories	Frequency (420)	Percent (100)
Age	12-19 years	73	17.0
	20-24 years	57	14.0

	25-29 years	55	13.0
	30-34 years	50	12.0
	35-39 years	62	15.0
	40-50 years	123	29.0
Marital status	Single	22	5.0
	Dating	58	14.0
	Married	298	71.0
	Widow/Widower/separated	42	10.0
Religion	Christianity	109	26.0
	Islam	92	22.0
	Traditional	219	52.0
Educational status	Non formal education	19	4%
	Primary	133	32%
	Secondary	28	7%
	HND	50	12%
	OND	108	26%
	BSc	72	17%
	PhD	10	2%

The study revealed that Most 294(70.0%) were females while 126(30.0%) were male. Contrastingly, Bakhtawer, (2023) in their study on Knowledge, attitudes and practices regarding quackery in dentistry at Ayub Dental Hospital, Abbottabad shows that of the 261 subjects. 135(51.7%) were males and 126(48.3%) were females. It was also found in the study that majority 133(32.0%) of the respondents had primary education. Similarly, Debsarma, (2022) in their study on exploring the strategies for upgrading the rural unqualified health practitioners in West Bengal, India found that their KAP score increased with level of education.

Table 2: Knowledge on quackery in healthcare services

VARIABLES	YES	%	NO	%
Do you believe that quackery in healthcare refers to the promotion or use of medical treatments, products, or practices that lack scientific validity, credibility, or evidence of effectiveness	324	77.0	96	23.0
Do you believe that a quack in healthcare is typically someone	382	90.0	38	10.0

who promotes or provides medical treatments, products, or practices that lack scientific evidence or credibility, yet are presented as effective and beneficial				
Have you encountered healthcare providers who dismiss or discourage questions about their methods or treatments and are resistant to criticism or scepticism?	171	40.0	249	60.0
Are you aware of healthcare providers who lack proper medical training or licensing but offer treatments claiming to be effective?	362	86.0	38	14.0
Do you believe that people in your community are adequately educated about the risks of quackery in healthcare	53	13.0	367	87.0

The study shows that majority 258(61.4%) of the respondents had good knowledge on quackery in health care services, while 162(38.6%) had poor knowledge. This is in line with a study conducted by Bakhtawer, (2023) on Knowledge, attitudes and practices regarding quackery in dentistry at Ayub Dental Hospital, Abbottabad shows that there were 97(37.2%) subjects having good knowledge. Also, Poudel et al., (2023) report indicated that predominance of students had good knowledge regarding homeopathy (Pharmacy:81.3%, NP:71.9%, P-value:0.044), herbal medicine (Pharmacy:62.5%,NP:56.5%, P-value:0.008, acupuncture (Pharmacy:72.9%, Non-Pharmacy:62.2%, P-value:0.073), gingko (Pharmacy:52.3%, Non-Pharmacy:40.6%), ginseng (Pharmacy:52.3, Non-Pharmacy:34.9%, P-value:0.001).

Table 3: Perception of quackery in healthcare services

VARIABLES	S.A	%	A	%	D	%	S.D	%
Quackery poses a significant risk to public health	112	27%	194	46%	68	16%	46	11%
People are often misled by false health claims associated with quackery	181	43%	199	47%	25	6%	15	4%
Quackery takes advantage of vulnerable individuals	249	60%	121	29%	22	4%	28	7%
Quackery undermines trust in legitimate healthcare practices.	50	12%	40	10%	152	35%	178	43%
Quackery affects the reputation of healthcare professionals	253	60%	97	24%	10	2%	60	14%
People in our community should report instances of quackery to relevant authorities.	270	64%	90	21%	40	10%	20	5%
Education and awareness campaigns can effectively reduce the prevalence of quackery in society	308	73%	92	23%	10	2%	10	2%

The study shows that majority 322(76.7%) of the respondents had good perception about quackery in health care services, while 98(23.3%) had poor perception. Contrastingly, Reddy et al., (2017) in their study found that the reason for preferring a quack to a dentist was primarily because of the referrals provided by the family members and peers. Usman and Sidra, (2022) in their study found that around 50% of patients presented to a Local Care Provider within 20 days however, only 42% of patients presented to a neurosurgeon after 6-9 months of the onset of symptoms.

Table 4: Attitude towards quackery in healthcare services

ITEMS	S.A	%	A	%	D	%	S.D	%
People should have the freedom to choose alternative medical treatments, even if they are considered quackery.	11	3%	13	3%	98	23%	300	71%
Education about quackery should be integrated into school curriculums.	300	71%	100	24%	8	1%	12	3%
The government should play a more active role in regulating quackery.	210	50%	200	48%	5	1%	5	1%
Alternative medicine should be integrated into mainstream healthcare practices.	40	10%	30	7%	53	12%	297	71%

The study revealed that majority 280(66.7%) of the respondents had bad attitude towards quackery in health care services, while 140(33.3%) had good attitude. These findings are similar to Bakhtawer, (2023) study on Knowledge, attitudes and practices regarding quackery in dentistry at Ayub Dental Hospital, Abbottabad shows that there were 217(83.1%) subjects having good attitude. However, a study conducted by Dhiman Debsarma (2022) observed that the KAP Score amongst the RUHPs are on average (about 50%) in most of the individual variables and composite scores for malaria and dengue in West Bengal, India.

Table 5: Factors influencing quackery in healthcare services

ITEMS	S.A	%	A	%	D	%	S.D	%
Lack of access to affordable healthcare services contributes to the prevalence of quackery	267	64%	123	29%	20	4%	10	3%
The spread of misinformation through social media platforms	252	60%	98	24%	53	13%	17	3%

encourages the acceptance of quackery.								
Economic disparities play a significant role in individuals resorting to quackery for medical treatment.	301	72%	49	12%	50	12%	20	4%
Cultural beliefs and traditions influence people's trust in quackery over conventional medicine.	200	48%	66	15%	82	20%	72	17%
Lack of education and awareness about healthcare options increases susceptibility to quackery.	286	68%	87	21%	16	4%	31	7%
Quackery thrives due to insufficient government regulations in the healthcare sector.	314	75%	93	22%	9	2%	4	1%
The promise of quick-fix solutions by quacks appeals to individuals seeking immediate relief from health issues.	303	72%	65	16%	17	4%	35	8%

The study revealed the factors contributing to the prevalence of quackery in Odo-Ado healthcare. This include lack of access to affordable healthcare services 390(93.0%), the spread of misinformation through social media platforms 350(84.0%), economic disparities 350(84.0%), cultural beliefs and traditions 266(63.0%), lack of education and awareness about healthcare options 373(89.0%), insufficient government regulations in the healthcare sector 407(96.9%), promise of quick-fix solutions by quacks 368(88.0%). These factors were also mentioned by Madhwal et al., (2023), Ali et al., (2024), Nicholas & Deji (2023) and Sarkar, (2023).

Madhwal et al., (2023) found in their study that the primary motive for consulting unqualified practitioners was attributed to a lack of awareness. Other contributing factors included economic considerations, proximity to their residence, the appeal of a convenient fixed solution, the possibility of a single appointment, and referrals. Also in line with these findings, a study was conducted by Ali et al., (2024) found that the causes of quackery in the health were divided into six categories: political, economic, socio-cultural, technical-organizational, legal and psychological. Nicholas and Deji (2023) found in their study that inadequate regulation or enforcement of laws governing healthcare practices contributes to the persistence of quackery. Sarkar, (2023) concluded in their study that vulnerable populations,

such as the elderly, low-income communities, and those with limited access to healthcare, are disproportionately affected by factors influencing quackery.

Conclusion

The study demonstrates that residents of Odo-Ado community generally possess a reasonable level of knowledge and perception regarding quackery in healthcare services, indicating awareness of its meaning, risks, and negative implications for public health and professional healthcare practice. Despite this awareness, attitudes toward quackery remain largely unfavorable, suggesting a disconnect between what residents know and how they respond in practice. The findings further highlight that quackery persists not merely due to ignorance, but as a result of broader structural and social challenges, including limited access to affordable healthcare, weak regulatory frameworks, economic constraints, cultural beliefs, and the widespread dissemination of misinformation. These factors create an enabling environment for unqualified practitioners to thrive, particularly among vulnerable populations seeking quick and affordable solutions to health problems. Overall, the study underscores that addressing quackery in healthcare requires more than individual awareness; it demands coordinated efforts involving policy enforcement, health system strengthening, community education, and social support mechanisms to reduce reliance on unscientific and potentially harmful healthcare practices.

Recommendations

Based on the findings, the following recommendations are made:

1. Government authorities should strengthen and enforce healthcare regulations to ensure that only qualified and licensed practitioners provide medical services, with clear penalties for individuals engaging in quackery.
2. Public health agencies should implement sustained community-based education and awareness campaigns to improve understanding of the dangers of quackery and to promote informed healthcare-seeking behaviors.
3. Efforts should be made to improve access to affordable and quality healthcare services, particularly at the primary healthcare level, to reduce dependence on unqualified practitioners.
4. Media and community stakeholders should collaborate to monitor and counter misinformation on health-related issues, especially on social media platforms, while promoting credible and evidence-based health information.

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