



## *Pàràgà*

### Socioeconomic Context of the Production and Utilization of Alcoholic Herbal Remedy in Ibadan, Nigeria

Aderemi Suleiman Ajala and Mofeyisara Oluwatoyin Omobowale

**Abstract.** – *Pàràgà* – a Yoruba herbal remedy containing local herbs and gin is claimed to be effective in the treatment of piles, backaches, and male erectile problems. Believed to be more effective than some biomedical drugs for these ailments, *pàràgà* raises questions concerning the use of alcohol in the herbal drug, characteristics of its producers and the users, and its health implications in Ibadan. Through ethnography, the influence of certain socioeconomic factors on *pàràgà* production and utilization in Ibadan is examined. Nigeria's underdeveloped health care system, poor health education, and high cost of biomedical drugs compel the users of *pàràgà* to use it as an alternative health measure. Producers are mostly women with low income, while the users are mainly low-income men. Users always use and abuse it as intoxicant. *Pàràgà*, a herbal remedy containing alcohol needs to have its production and consumption regulated. It is also necessary to engage Ibadan's public in culturally sensitive health education on the risks associated with alcoholic herbal remedies. [Nigeria, Yoruba, *pàràgà*, drug abuse, alcohol, herbal remedies, Yoruba and health risks]

**Aderemi Suleiman Ajala**, PhD, teaches Anthropology at the University of Ibadan, Nigeria. He was a recipient of the British Academy Fellowship (2006), Georg Foster Fellowship of the Alexander von Humboldt Foundation (2008–2009), Rockefeller Foundation Fellowship (2011), and further research stay of the Alexander von Humboldt Foundation (2012). – His research interests include culture and health, identity and politics, and nationalism and nation-building in Nigeria. – He has published books, chapters in books, and several articles concerning his research interests. – See, e.g., Ref. Cited.

**Mofeyisara Oluwatoyin Omobowale**, doctoral student in the Department of Archaeology and Anthropology, University of Ibadan, Nigeria, a scholar of the University of Ibadan Postgraduate School (2011–2012), and a fellow of the American Council for Learned Society (ACLS). – Her research interests include Medical and Urban Anthropology.

## Introduction

Within the last twenty years or so, herbal remedies remain a complex issue affecting public health security in Nigeria. Among the challenges posed to public health by herbal remedies is the exclusive use of many of these remedies among the people of low socioeconomic status (Fiki 2007). The composition of some of these herbal remedies also poses problems of intoxication, low quality control, and standardization in drug production (Alubo 1994). Again, many of these remedies contain alcohol, used in such a way that fulfils a dual function of recreational and medical purposes. Prevalent in many Nigerian cities, alcoholic herbal remedies are called by different names. In Uyo, Calabar, Aba, Port-Harcourt, and Ibadan, alcoholic herbal remedies are called “Manpower,” “StayKampe,” “Iron-bender,” “Man no be wood,” and *pàràgà* respectively. In Yoruba city of Ibadan, *pàràgà* is widely available, and its production and utilization are rationalized in many ways. Besides being regarded as effective, accessible, and affordable by the users, its acceptability is further enhanced by low-income men who mostly indulge in alcohol and dwell in the context of Nigeria's underdeveloped health care system to rationalize alcohol consumption on the pretext that they need it for health purposes. While a sizeable number of other classes of people (middle- and higher-income earners) also use *pàràgà* purely for medicinal purposes, the low-income group invented the term *pàràgà* for this particular herbal remedy. They

see *pàrágà* as an alternative means of accessing both the medicinal drug and alcohol, both of which have become inaccessible to low-income earners in Ibadan, due to their low incomes. They also believe that *pàrágà* cures certain diseases that are incurable by modern biomedical drugs. Thus, as the use of *pàrágà* widely grew, it served many stakeholders such as *Iya pàrágà* (the producers – mostly women) and *Onipàrágà* (the users – mostly men). Hence, as contained in this article, *pàrágà* opens up three distinct but related discourses. The first discourse is the socioeconomic context of the production and utilization of this Yoruba herbal remedy. While the second discourse is an explanation on the use of alcoholic herbal remedies for pleasure and medicinal purposes, the third is the rationale for the use of alcohol in the Yoruba herbal preparation.

*Pàrágà* is a form of herbal medicine, the preparation of which involves Yoruba traditional knowledge of medicine, used in the prevention of diseases and restoration of physical, mental, or social balance (Ademola 1997). While alcoholic herbal medicines are common in Yoruba medicine, *pàrágà* as a new invention of alcoholic herbal remedy is different from other traditional herbal remedies that contain alcohol. *Pàrágà* serves the dual purposes of entertainment and health care and is more publicly available and accepted among men of low socioeconomic status, compared with other locally made alcoholic herbal medicines in Ibadan. Like other Yoruba medicines, *pàrágà* production requires exclusive reliance on practical experience and observation of the practitioner, which are handed down verbally and transmitted from one generation to another (Sofowora 1982). This form of medical service is founded on the sociocultural background of both the producers and users in different parts of Yoruba society. *Pàrágà* producers are believed to be knowledgeable in Yoruba herbal combinations; that is, they know how to get the herbal combinations that contain chemical properties to cure certain ailments. *Pàrágà* preparation involves the use of herbs, leaves, barks of trees, roots, seeds, stems, flowers, buds, sap or juices of trees, and plants. To these are added hot gin and sometimes local gin made from fermented palm wine (*ogoogro* or *kain-kain*), which acts as a solvent. The kind of solvent used usually depends on the type of ailment being treated,<sup>1</sup> but the common solvent for *pàrágà* is locally made gin containing ethanol.

While the practice of using alcohol as a solvent in herbal mixture is not new in Yoruba traditional medicine, the era of *pàrágà* opens a number of so-

cial complexities in Ibadan. They include the recreational and medical purposes of herbal drugs and status differentiation such as gender and economic factors in drug production and utilization. The production of *pàrágà* is common in many Yoruba cities and towns, where many people exclusively rely on it or combine it with other forms of medication for the treatment of certain ailments believed to be incurable by imported biomedical drugs. The emergence of *pàrágà* in the city can be linked to poor public health education, poverty, sexuality, gender, local therapeutic culture, local discourses, and popular imagination surrounding both modern and indigenous medicine, failure of modern health care system, and the unaffordability of some biomedical drugs in Nigeria.

Many aspects of previous literatures have dealt with herbal remedies only by explaining and describing herbal remedies as a form of health care supplements.<sup>2</sup> These literatures have neglected the sociocultural context of the production and utilization of herbal remedies in particular contexts. In addition they have not explained the rationality for the use of alcohol in Yoruba herbal remedies and have significantly ignored explanations on the use of herbal remedies for pleasure and medicinal purposes among the people. As maintained in this article, the widespread availability and increasing use of *pàrágà* for both health and recreational use, in Ibadan and other major cities in southwestern Nigeria offers us the opportunity to understand the sociocultural context of the production, utilization, and potential implications of alcoholic herbal remedies in the city. Hence, the key questions addressed in this article are: What are the sociocultural factors responsible for the popularity and utilization of *pàrágà* as an herbal remedy and for recreational use in Ibadan? What are the particular roles played by cultural, gender, class, and generational issues in the popularity, production, and consumption of *pàrágà* in Ibadan? How do these elaborate, reinforce, or challenge traditional or/and emerging structures of differentiation in the study area? In what ways are the knowledge of the production and use of *pàrágà* gendered? Answering these questions can shed light on the culture of *pàrágà* in Ibadan. It can also explain how gender, economics, and social formation impact on public health in Ibadan.

This article, therefore, examines the socioeconomic context of the production and utilization of *pàrágà*. While *pàrágà* is admitted as an herbal remedy, its social context and the use of alcohol as its

1 Simpson (1980); Ademola (1997); Dopamu (2003).

2 Jones, Kokwaro, and Kimanani (1990); Vickers and Zollman (1999); De Smet (2002).

solvent remain an issue that goes beyond the pure medicinal values of the drug. Similarly, the role division between men and women in the production of *pàràgà* goes beyond biomedical relevance. Following this introduction, the remaining parts of this article contain four sections. The second part is the theoretical discussion explaining the cultural context of *pàràgà* in Ibadan. The section is followed by explanation of the research methods. While the next part contains the data presentation, the last part discusses and concludes the article.

### The Cultural Context of *pàràgà*

Explanation of *pàràgà* in its cultural context requires three levels of theoretical discussion. The first level is the explanation of the drive to produce *pàràgà*, and the second level is an explanation of motivation to use it. The third level has to do with the explanation of the use of alcohol as a solvent in herbal mixtures. These three theoretical domains jointly present *pàràgà* as a social action that has more than biomedical concerns. Rather, *pàràgà* has social, behavioral, and environmental concerns. Within the above contemplation, an overview of *pàràgà* production and its predominant use calls for the use of Rational Choice Theory (RCT) to explain the first two levels of the theoretical discussion that were mentioned above. On the other hand, the use of behavioral environmental effects of drugs better explains the third level, explaining the rationale for the use of alcohol as the main component of *pàràgà*.

Rational Choice Theory uses three main explanations on why certain social actions are undertaking (Lovett 2006). The first is the antecedent event or state of affairs that brings about the social action deterministically (Elster 1986). The second explanation has to do with the purposes and functions which social actions perform and which enable its usage (Elster 1979). The third explanation concerns the desires and beliefs of the social actors that are involved in the social action. Considering the first RCT explanation of social action, complex socio-economic factors serve as the antecedents that make the invention of *pàràgà* possible (Pearce 1986) in Ibadan. Among these factors is the increase in unemployment rate that makes many young school-leavers in Nigeria to migrate to urban communities.

Since the late 1980s, many Nigerian young school-leavers started to migrate to urban cities, where they live mostly on informal economic networks of small-scale production, sales, and artisanship. In Ibadan, production of *pàràgà* falls within this category. Hence, as shown in the data presented

below, more than 67% of the *pàràgà* producers in Ibadan are young women who were mostly school-leavers that migrated to Ibadan from their different rural communities in southwestern Nigeria due to unemployment. In addition, economic hardship in Nigeria starting from the late 1980s is another state of affairs that determined the production of *pàràgà*. The economic hardship was further characterized by the devaluation of local currency against the major international currencies such as the US Dollar (USD) and British Pound (GBP), and lately the Euro (EUR). Since Nigeria depends mostly on importation of drugs, the devaluation of its currency leads to high cost of drugs (Alubo 1994) and thus provides the basis for local drug production. The growing demand for locally produced drugs led to drug abuse that was characterized by fake drugs and lack of standard regulations on the locally produced drugs in Nigeria (Alubo 1994; Fiki 2007). Cumulatively, the production of *pàràgà* found a favorable ground for its popular acceptability, which was further heightened by its functions.

*Pàràgà* assumes two main functions. The first is its medical purpose, and the second is its recreational function. Medically, *pàràgà* is said to cure certain ailments which many Yoruba believe are often difficult to cure by biomedical drugs. Such ailments include piles and sexual dysfunctions. From the perceptions of its actors (producers and users), *pàràgà* works better than many other drugs used for similar ailments. Thus, rationality for its acceptability and popularity derives partly from its assumed purposes and functions that were mainly constructed by its actors.

Similarly, certain beliefs and desires attached to *pàràgà* form the third rationale for the production and utilization of *pàràgà* in Ibadan. As an old recipe that has found a new market among low-income urban men, and in the context of Nigeria's underdeveloped health care system, burgeoning health crisis, and increasing discursive construction of real men as being sexually active, aggressive, and physically fit, *pàràgà* seems to have drawn on the lack of reconciliation between economy, health, and local invention. As the increasing dwindling economy continues to push many Ibadan natives to become the city's marginal, low-income earners, who continue to substitute their incomes with low-rewarding artisanship, they use *pàràgà* as a means of having easy access to drugs. As it mostly draws on this category of people, who constitute the bulk of Ibadan residents and being a local invention, *pàràgà* remains acceptable, popular, cheaper, and accessible, thus making it affordable. As indicated in the data presented below, *pàràgà* is generally distributed in every

part of Ibadan city through various sales points and street hawking.

The behavioral-environmental effect of drugs suggests that the effects of drugs should not necessarily be explained only in their biomedical terms (Stromberg 2008: 433). Rather, as shown in the use of *pàràgà* in Ibadan; social, behavioral, and environmental effects of drugs need be examined to understand the context of a particular drug. The context here refers to its dominant components and why such dominant components are used in drug composition, other than for their medical purposes. In the case of *pàràgà*, alcohol is its main component, claimed to be used as solvent which speed the extraction of the juice of the other herbal substances used in the making of *pàràgà* mixtures. While *pàràgà* is not entirely a substance, its alcoholic content and the sociocultural space surrounding its utilization in Ibadan explains its alcoholic content beyond a biomedical context. In agreement with Knauft's idea (1987), the arbitrary conventions that the use of a particular drug in a particular culture sometimes has nothing to do with the drug's physical effects, *pàràgà* attracts varying effects depending on who uses it, how it is used, and where it is used among other conditions that can explain the functionality of its alcoholic content.

Among the Yoruba, the use of alcoholic substances in herbal mixtures is common (Simpson 1980). Some herbal mixtures use palm wine as their solvent, while others use dry gin and many other forms of ethanol. Like the Yoruba, among the Itsekiris, Ijaws, and Ibibio of South South Nigeria, alcohol mostly from ethanol is regarded as very potent and active agents that stimulate emotion and boost the potency of herbs in herbal medicine (Sofowora 1982; Fiki 2007). Thus, like in the case of *pàràgà*, where alcohol containing ethanol mostly lacking a regulated dosage is mixed with herbs, the alcoholic contents cannot be said to have purely biomedical purposes (DiClemente 2003). Thus, as shown in the data that inform this article, *pàràgà* is regarded as a stimulant. However, many of its users tend to rationalize the excessive use of the alcoholic drug *pàràgà* as a healing drug, within the contemplation that the alcohol makes other herb components of the drug more active.

However, the cultural context of alcohol in drugs does not have a universal function (Lende 2005). In some cultures, alcohol is thought to render a person passive, while in others alcohol makes its consumer prone to violence (MacAndrew and Edgerton 1969: 17). An example may serve the Pacific drug *kava* that contains alcohol and which is believed to render its users incapable of motion. Still among the

Pacific people, other drugs containing alcohol are consumed in preparation for particularly demanding manual labor (Knauft 1987: 92 f.). Alcohol in *pàràgà* also serves multiple purposes. Firstly, alcohol in *pàràgà* mixtures serves as a bolster for the effectiveness of the other herbal contents in *pàràgà*. Secondly, alcohol provides a recreational value for *pàràgà*, as many of its users belong to a social class that indulges in the use of alcohol as stimulant and for entertainment. Similarly, the prevalent use of *pàràgà* in some specific joints like motor parks and local market stalls in Ibadan, predominantly operated by low-income urban men suggests a cheaper alternative for alcohol consumption as against the costly factory-brew alcohol in Nigeria. Judging from the above, one argues that the use of *pàràgà* is, therefore, linked with subcultural behaviors that go beyond biomedical explanation.

## Study Methodology

Our arguments in this article are based on the authors' eighteen months of ethnographic team fieldwork in Ibadan, Nigeria. Data collection involved an assortment of qualitative techniques, namely ethnographic observation, in-depth guided dialogues, individual interviews, and focus group discussions. Informants were mainly sellers and users of *pàràgà*, though information was also sought from critical groups including men and boys in Ibadan, taxi and bus drivers, police officers, community leaders, market women, pub operators, and students of higher institutions such as the University and Polytechnics in Ibadan. We refer to these informants as ordinary respondents. The research team also regularly visited and spent time in bars and motor parks and other outlets where *pàràgà* is sold and used, chatting with users as well as sellers, and eavesdropping on conversations.

Nonsystematic sampling was used. This was simply because this study did not involve a specific and specified field location other than anywhere in Ibadan where one could find the sales, production, and utilization of *pàràgà*. As *pàràgà* is widely available in the city, there is no spatial limit for sourcing information within Ibadan. This ethnographic approach implies that not all the subject matter of research, even when hard data are necessary, can be adequately explored with the rigor of a systematic sample survey. It has been noted by Nyamnjoh (2005) that in ethnography, subjective and intersubjective accounts sometimes say much more about a phenomenon than does a dull and phony objective account, simply because not everything that



counts can be counted and not everything that can be counted in fact counts. The primary data used in this article, therefore, resulted from a multiplicity of intersubjective encounters with 121 respondents (34 sellers, 50 users, 6 medical doctors, 25 ordinary respondents, 6 traditional healers) discriminately selected across Ibadan metropolis. Besides, another 240 respondents, mainly the users of *pàràgà*, were involved in interview albeit non-in-depth interviews. These respondents were met at various *pàràgà* sales points in Ibadan. Apart from the primary sources of data collection, documentary records, newspaper and magazine reports on *pàràgà* and herbal drugs in Yoruba land proved very useful for the study as parts of secondary sources.

Data from formal interviews were audiotaped and complemented with handwritten notes based on observations and informal discussions. The collected data were analyzed, using content analysis procedures involving sorting, categorization, transcription, and extrapolation of themes and subthemes. Data have been thoroughly anonymized to protect the identity of participants.

## Findings

### Behind the Name *pàràgà*

The word *pàràgà* lacks neither a definite definition nor source in Yoruba vocabulary. The word also is not associated with any of the identified twenty dialects of the Yoruba language in the southwestern Nigeria. Derived from various actions that are the consequences of the intoxication suffered by the *pàràgà* users due to its alcoholic content, the term fits the social context of its nonmedical utility. According to the interviewees' general opinion, the word *pàràgà* is an invention by the urban low-income earners that form the majority of its users. Supporting this, one respondent states:

*Pàràgà* was coined to explain the manifestation of abusive consumption of herbal hot drink. As it sounds, *pà* in Yoruba means falling down due to alcoholic intoxication and the *rágà* means misbehavior and inability to coordinate one's senses after excessive alcohol consumption.<sup>3</sup>

Thus, *pàràgà* is a "slang" describing misbehaviors emanating from excessive abuse of its alcoholic contents by most of its users. The term is commonly used among the commercial drivers in Ibadan who

form the majority of *pàràgà* consumers in the city. According to another respondent:

A few years back there was nothing like *pàràgà*. It was commercial drivers and bus conductors that gave the substance the name *pàràgà* and they were also the set of people that actually popularized the product. They call us "Iya *pàràgà*." We don't call ourselves that name, but that is what they use to describe us and we have accepted it.<sup>4</sup>

*Pàràgà* is a generic name "newly" given to the mixture of alcohol and a variety of herbs (customized in different forms and packaged in bottles) sold as antidotes to various ailments. This definition is supported by sociocultural beliefs surrounding the herbal remedy. Many users of *pàràgà* indulge in using the drug to satisfy their urge to consume alcohol. The users, mostly among the people with low income who engaged *pàràgà* for recreational purpose, lack the control of their dosage and they are often exposed to some antisocial effects of alcohol consumption. The alcoholic effects that follow the consumption of the herbal remedy make it popular, and hence the name *pàràgà* keeps growing with the popularity of the herbal remedy. While the use of alcohol as a booster of efficiency in certain Yoruba herbal drugs is not new, excessive alcoholic content and its abuse in *pàràgà* is a new practice in Yoruba use of alcohol in herbal drug production. As this practice started to gain popularity among the users of *pàràgà*, the practice further constitutes some aspects of sociocultural beliefs that legitimize the term *pàràgà*. As noted by a respondent, in the past *pàràgà* is not used for other Yoruba herbal remedies that also have alcoholic content. According to the respondent:

The term *pàràgà* is new in Yoruba society. While the Yoruba have a long history of using alcohol as drugs' solvent, the people did not call any of its older herbal drugs that contain alcohol as *pàràgà*. However, recently the particular Yoruba herbal drug that contains alcohol and mostly abused is now called *pàràgà*. I think that the term *pàràgà* is given to this drug to explain that the drug is an intoxicant and mostly abused.<sup>5</sup>

In agreement with the idea of social invention of words (Halliday and Hasan 1985) a particular social class can arbitrarily create new words and make its currency and usage popular by infusing it into public consciousness (Hussein 2005). In the context of *pàràgà*, it becomes clear that the term

3 Personal interview held with User 6 in Ibadan North, September 27th, 2007.

4 Personal interview held with Seller 9 in Ibadan North East, October 19th, 2007.

5 Personal interview with Vendor 7 in Ibadan South East, November 7th, 2007.

*pàràgà* was coined by its users who are using the drug mainly for recreational purposes, and later made the term popular and acceptable by the public, including the producers, sellers, and the users. Furthermore, the addition of *pàràgà* to Yoruba vocabularies is a reflection of the effect of social change on Yoruba word formation, as the Yoruba language is said to have a large volume of newly invented words featuring the amalgamation of linguistic structures in Yoruba with other languages such as English, Igbo, and Hausa that are commonly used in southwestern Nigeria (Adegoju 2009). However, linguistic analysis of *pàràgà* does not suggest an etymology from any of these languages that are commonly used in southwestern Nigeria. Rather, the term is coined as a social action originating unconsciously among those who use *pàràgà* for entertainment purposes.

Like in all Yoruba communities of southwestern Nigeria, in Ibadan, alcoholic herbal remedies have been in existence from time immemorial. However, in recent years, it gained more currency among urban dwellers and was renamed to capture the perception of its users on its nature and efficacy. According to an informant, “this has been in existence since the beginning of the world; when you take it; you do not need anybody to tell you that it works because it is natural and raw”.<sup>6</sup>

### Knowledge of *pàràgà* Production in Ibadan

The Yoruba idea of alcohol as solvent in herbal preparation according to a herbalist “grows from the belief that alcohol is stronger than water and when used with herbs as solvent, the herbal mixture performs better and yields faster results.”<sup>7</sup> From the above, it, therefore, suggests that alcohol especially from palm wine and dry gin acts as a booster in medicinal mixtures. This idea is handed down from generation to generation as one of the people’s traditional ideas of herbal medicine. Most Yoruba herbal medicines contain alcohol as solvent. Hence, *pàràgà* is a variety of alcoholic herbal substances prevalent in Ibadan and other Yoruba cities and sold by a set of people who are believed to be knowledgeable about the production, utilization, and dispensation of Yoruba traditional herbal medicine.

Many other Yoruba herbal alcoholic drugs usually contain some quantity of water as their solvent to reduce their level of intoxication, but the major

difference in *pàràgà* is that “it exclusively contains alcohol as its solvent.”<sup>8</sup> While the measurement of alcoholic content in *pàràgà* is yet to be determined, because it is yet to be subjected to laboratory tests, nonetheless its exclusive use of alcohol as solvent indicates that this local herb contains a larger percentage of alcoholic concentrates. *Pàràgà* is used as a medicine capable of curing certain ailments. For recreational purposes, mostly among the low-income Ibadan residents, *pàràgà* is used as a popular alcohol beverage at social events. As witnessed on many of such occasions during the fieldwork, such social events include the celebration of the purchase of new commercial buses among the commercial drivers in Ibadan and the naming ceremony of the new babies of some members of commercial drivers’ association who belong to the social class that favors *pàràgà*.

The Yoruba knowledge of traditional herbal production is acquired through oral transmission, inheritance, and by vocational training gathered from established local herbalists. Unlike other Yoruba medicines, learning the production of *pàràgà* is devoid of certain rituals that usually accompany traditional medicine, such as Yoruba orthopaedic medicine (Ajala 2002). Thus, 85% of the *pàràgà* producers, who are also *pàràgà* vendors, acquired training by inheritance. This was frequently asserted by sellers as they repeatedly stated that: “*Ko si oun babara lati ko ninu pàràgà, a ba lowo awon to bi wa ni*” (There is no big deal in learning *pàràgà* production; we learnt it from our parents). Only 15% of the interviewed producers had a period of two to six months of apprenticeship from people outside their kin, during which time the apprentice learns the skills of producing and selling *pàràgà*. Within the period of apprenticeship, they also acquire some knowledge about where to get necessary herbs. The training features are more of flexible social relations than the usual ritualistic attachment that characterized the conventional Yoruba in herbal medicine training. As informed by one of our key informants, in many cases of Yoruba herbal training both the trainees and trainers are involved in initiation that is characterized by some rituals and propitiation to certain local deities. Whereas for *pàràgà* training such rituals are absent. The trainees and trainers are only socially bounded together into a social network through which they form urban networks of social relationships in *pàràgà* production. Through these relationships, they enjoy various forms of social and financial support from one another. Such include

6 Personal interview with Vendor 11 in Ibadan North, November 2nd, 2007.

7 Personal interview with a Yoruba herbalist in Ibadan South East, November 15th, 2007.

8 Personal interview with Vendor 11 in Ibadan North, November 4th, 2007.

financial assistance for expansion of their trade and sharing common information that can promote their professional interests. They also share ideas about new discoveries on herbal drug production.

During the training, the trainees are taught the names and medicinal nature of herbs, as well as how to compound various herbs to cure certain ailments. As noted earlier, contrary to the practice in some other aspects of Yoruba medicine, *pàràgà* does not involve the use of incantations. It is purely about the mixture of herbs with local gin and how these are used as dictated by the producers. Common ingredients of *pàràgà* include local gin (*ogogoro*) and varieties of herbs and seeds which include ginger (*atale*), alligator pepper (*atare*), and garlic (*alubosa ayu*). To these, other herbs are added depending on the nature of the disease, which the *pàràgà* is made to cure or prevent.

The practice of Yoruba medicine involves specialization in various fields, such as pharmacy, botany, and health care among others (Simpson 1980). Similarly, *pàràgà* producers do not claim knowledge of all aspects of Yoruba medicine. They depend mostly on others who are more knowledgeable in herbs. About 92% of *pàràgà* producers' source for *pàràgà* ingredients are herb sellers who are locally called *elegbogi* (local botanists). Herb sellers are more knowledgeable about local herbs and their medicinal uses. The local botanists engage mainly in the sale of herbs. Many *pàràgà* producers buy their ingredients from local botanists due to their own limited knowledge of herbs. They also depend on the herb sellers because most of the *pàràgà* producers have limited time to collect the herbs from the forests by themselves, since the forests where most herbs can be found are far from their urban location in Ibadan city. This is reflected in a sample response presented below:

We usually go to Oje or Oja-Oba to buy from *elegbogi*, and then we will put it in alcohol. I do not know much about herbs. Even if I do, I do not have the time to start entering bush to cut roots and stems. It is not even good for my status; they will think I am going mad. Since I can easily get it, mine is just to prepare it for sale.<sup>9</sup>

The above suggests that the production of *pàràgà* does not require deep knowledge of botany or herbalism. Most of the sellers know little about herbs. They follow the instructions given to them by herb sellers as to what combinations of herbs perform healing of different ailments. This situation, of course, may expose users the danger of errors. In

addition, the above data reflect that there is a division of labor in the practice of traditional medicine in Ibadan City. In the past,

The herbalists, who were also knowledgeable about herbs, were the ones engaged in the preparation and dispensing of herbs, but in contemporary practice of herbal medicine in Ibadan, individuals who are not very knowledgeable about herbs now also produce and dispense *pàràgà* products.<sup>10</sup>

The situation further suggests a new trend in the self-employment sector in Ibadan City, a situation that is typical of many Nigerian cities, whereby professionalism is underplayed by economic pressure forcing more and more city dwellers to invent more unwholesome ways of making a living in form of quack practices, and through which individuals adapt to the harsh economy. In Ibadan, *pàràgà* is thus one of the means by which its producers adapt to the city's economic pressures. Thus, the producers and vendors venture into herbal medicine without professional regulations and consideration for the manner in which their practice restructures labor relations within the field.

*Pàràgà* dosage is not usually prescribed but is determined by the individual's choice, depending on the severity of the disease under treatment. Although in some of the joints that were visited, there is a specific measurement that goes for a dose, beyond which it is considered as excess consumption; in many other joints no specific prescription is given. In the absence of standard pharmaceutical requirements, a small glass cup or its equivalent is used; two to three of the small glass cups pass for a dose, and it is believed that the prescription is medicinal. Once the prescribed measurement is exceeded, the consumer is no longer utilizing the product for health purposes but for recreational purpose. This suggests that there is a relationship between the purpose of utilizing *pàràgà* and its perceived results and functions on one hand. On the other hand, the dose taken determines the purpose of using *pàràgà*. When *pàràgà* is utilized for medical (preventive or curative) purposes, the dosage is specified. The specification seemingly does not endorse any abuse of the product, for it is believed to give the desired health results. In another context, when *pàràgà* is utilized for social or recreational purposes, the dosage is unspecified and the result is not medicinal; rather the result may be for stimulation or to create emotional feeling within the context of a social group.

9 Interview held with a vendor (Seller 16) in a key informant interview in Ibadan North East, September 27th, 2007.

10 Personal communication with a local herbalist in Ibadan, 2008.



### Social and Economic Indicators in Production, Sales and Utilization of *pàrágà* in Ibadan

A number of social and economic variables influence the production, sales, and utilization of *pàrágà*. Firstly, there exists a relationship between education and *pàrágà* utilization in Ibadan. Of the 240 users met at the *pàrágà* joints, 130 (54.2%) had a low educational status, that is not above secondary school education. In Nigeria, this is regarded as low level of literacy. While 48 of the respondents (20.0%) had slightly above secondary education, only 62 of the users (25.8%) had higher education. Similarly, many producers of *pàrágà* are either secondary school-leavers or they do not have formal education.

Socio-demographic data of the *pàrágà* users in Ibadan further revealed that about 47% of *pàrágà* users have no stable income, while about 48% of the users of *pàrágà* have low monthly incomes that range between NGN 5,000 (USD 48) and NGN 8,000 (USD 52). As most *pàrágà* users have low education, it invariably affects the monthly incomes generated through the sales of *pàrágà*. As noted by a *pàrágà* vendor:

We sell to poor people and many of them cannot pay much for the product. But as I have many customers who take the herbs, I can easily break even. Many of the users use *pàrágà* because they cannot afford the high cost of biomedical drugs.

It also suggests that an increase in monthly incomes of the users may reduce *pàrágà* utilization, as higher income earners may have easier access to modern medicine.

In the same vein, certain people in some occupational categories utilize *pàrágà* more than others. Occupations that require physical exertion or long hours of sitting, such as commercial driving, bus conducting that involve carrying passengers' luggage into the buses, require stimulants which *pàrágà* produces. In addition, some other people that are involved in itinerant hawking, which characterize the informal economic setting in Ibadan City, utilize *pàrágà* more than others, such as those who have clerical jobs and are shop attendants. Of the respondents (users) interviewed, 32 (64%) belonged to the category of people engaged in hard labor or occupations with physical exertion. Mostly this group of people always feels they needed instant stimulants like *pàrágà* to enable them work longer hours so as to enhance their daily incomes.

Students also use *pàrágà*. Data indicate that 12 of the respondents (24%) were students who claimed the use of *pàrágà* for two main reasons. The first

reason was their lack of a stable income to be able to access modern drugs against certain ailments which *pàrágà* is believed to treat. Such ailments include malaria and typhoid fever that are prevalent in Nigeria. While it was difficult to confirm if *pàrágà* actually cures those ailments, it is very clear that lack of access to the needed modern health care services, due to their low economic status encouraged the students' utilization of *pàrágà*. Thus, according to a student respondent at the University of Ibadan:

What man must do? When money no dey to buy drugs and *pàrágà* is cheaper. It is better to patronize *pàrágà* than to suffer.<sup>11</sup>

Some students also use *pàrágà* as a sexual drug like Viagra to boost their sexual potency. This is corroborated by one of the responses from a student who stated as follows:

I use *pàrágà* to treat some ailments; I mean most times to prevent malaria. But most importantly, I use it to boost my performance, when it comes to playing the game with all my babes. Just little is okay, and then you are fired.<sup>12</sup>

The use of *pàrágà* for sexual potency is popularly acclaimed mostly among its users that have a low socioeconomic status. They believe that *pàrágà* strengthens the spinal cord which the users of *pàrágà* regard as essential for stronger sexual activity. The users also believe that *pàrágà* is a form of local Viagra that helps to delay ejaculation in sex, and thus helps to prolong sex pleasure.<sup>13</sup>

However, six of the respondents (12%) using *pàrágà* were either middle-class or upper-class people working mainly in banks, higher institutions, and manufacturing and service industries. This category of users claimed that *pàrágà* controls backache and piles. Further inferences from interviews suggest that many of the users in this category also use *pàrágà* as a sexual stimulant. As noted by a respondent who is a bank employee in Ibadan:

*Pàrágà* is good. Every day I use to take a cup or two after closing hour to relieve me of backaching following a long hour of sitting down at work. More importantly, as I would not want to disappoint my girlfriend in sex, whenever I took *pàrágà* and had sex, I discovered that I am often stronger in sex. My girlfriend is always happy at that

11 Personal interview with a student user (User 13) interviewed at University of Ibadan, Ibadan, November 16th, 2007.

12 Personal interview with another student user (User 6) interviewed at University of Ibadan, Ibadan, November 15th, 2007. "Babes" in the context of the above response means "ladies," while "fired" means "stronger for sex activity."

13 This opinion is held among most of the respondents classified as low-class people that use *pàrágà*.



instance. Of course, she is not aware that I use *pàràgà* to boost my sex potency.<sup>14</sup>

The users of *pàràgà* are mostly within the age-group of 21–30 years, where 55% of the respondents belonged to. This group was followed by (with a wide gap) the age-group between 31–40 years (19%). This situation further supports the claim that *pàràgà* has more of entertainment value, especially among young adults, than medical purpose. This is further supported by Lende's opinion (2005) that people within these age categories tend to be more in the use of alcoholic drugs as stimulants.

As *pàràgà* is consumed without medical prescription, it may constitute a health risk. Moreover, since the substance has recreational purposes that compel most of its users to its excessive use, it is assumed that its users are exposed to another dangerous form of drug abuse – a serious health risk. These youths are encouraged to resort to the use of *pàràgà* as they are exposed to urban poverty and gross unemployment that disqualify them from access to the “luxury” of modern health care services, characterized by high cost of drugs and restricted access.

Albeit few middle- and upper-income earners identified with the use of *pàràgà* for medical effects, the majority of its users are from the low-income group. Similarly, *pàràgà* producers in Ibadan were predominantly women of lower educational and income status. Both the gender and low-income status of *pàràgà* producers and users account for the prevalence of the product in the city, as the city has more women than men and many low-income men who also have a low level of education and could not secure and sustain well-paid jobs. These women tend to fall back on the *pàràgà* business for survival. This suggests that there is an intrinsic link between gender differentiation, poverty, and *pàràgà* production in Ibadan.

*Pàràgà* production reflects an uncommon gender division in Yoruba gender differentiation of labor which sees men mainly as producers and women as distributors. In the case of *pàràgà*, women dominate both its production and (re)distribution. Men are mostly the consumers. As supported by qualitative interviews, since men are more vulnerable to some diseases like piles, backache, and sexual dysfunctions that are believed to be more instantly curable by *pàràgà*, they form the mainstream users of *pàràgà*. Moreover, men use the substance because Yoruba culture regards women's consumption of alcohol as an antisocial habit. In Yoruba culture,

women can produce alcoholic drugs, but must not be sighted drinking alcohol, since the consumption of alcohol by women carries serious social implications on their identities. Noted by a female key informant, “Yoruba women that are identified with alcohol are often labeled as prostitutes, witches, and above all irresponsible.”<sup>15</sup> Thus, fewer women are engaged in the use of *pàràgà*, partly because of its alcoholic content. In addition, *pàràgà* is believed to be a sexual stimulant that boosts men's sexual performance, which is more a men's affair than a women's. Perhaps, women might be more interested in using *pàràgà* if it were to boost their fertility rates.

There are two main modes of distributing *pàràgà* to its users. The first is through hawking; otherwise called mobile sales, while the second mode is the use of points of sale, involving the use of kiosks and open places to display the product. About 53% of the sellers engage in mobile sales while only 46% sell through points of sale. The predominance of women in *pàràgà* sales can be explained in the context of the informal nature of Ibadan's economy, which is mostly dominated by women. The relatively high daily turnover in *pàràgà* sales greatly influences its prevalence in Ibadan. While 17 out of 34 producers (50%) earn an average of NGN 3,500 (USD 25) daily, only 15 producers (about 44%) earn NGN 4,500 (USD 30) daily. In the Nigerian context this is a higher income comparable to official average earnings in the country as at 2009. The average daily earnings of the sellers confirm the high patronage of *pàràgà* in Ibadan. In effect, this means that the demand for the product is high. This opinion is generally shared by many respondents, as shown below in the opinion of a respondent:

I make good gain from the sales, though a glass cup of *pàràgà* is sold for NGN 20; but the demand is high. It is a business that can conveniently take care of one's responsibilities.<sup>16</sup>

All the social and economic variables related with *pàràgà* suggest that there are more people from low socioeconomic backgrounds involved in the sales and patronage of *pàràgà* than those from the middle and upper classes. In this sense, it can be said that *pàràgà* dwells more within the culture of the people with low incomes.

14 The respondent was interviewed in Agbowo, Ibadan, November 14th, 2007.

15 Personal interview with an ordinary respondent (KII 3) in Ibadan South East, November 27th, 2007.

16 Personal interview with a user of *pàràgà* (User 3) in Ibadan North Local Government, Ibadan, October 22nd, 2007.

## The Prevalence of *pàràgà* and Users' Wellbeing in Ibadan

*Pàràgà* joints can be found at a distance of every 20 metres in Ibadan, suggesting *pàràgà* prevalence in the city either as street hawking or points of sale. Observations revealed that 62% of the *pàràgà* points of sale (kiosk-like structures and wooden shops on road sides) are strategically located close to public motor parks at distances of varying kilometers. However, the sale and prevalence of *pàràgà* is not limited to areas around public motor parks, since mobile vendors of the herbal products also hawk these products around the city. The women are usually sighted at various places in Ibadan, carrying big bowls containing about 12 to 15 bottles and a bigger bowl in the middle, all filled with *pàràgà*. Their movement is not restricted to a particular place. The popularity of the product is so widespread throughout Ibadan that even the campus of the University of Ibadan has about seven points of sale in 2009. One of the user respondents at the University of Ibadan affirms the popularity of the product by stating that:

I tell you, there are several “*pàràgà*” joints here; even apart from joints, those women hawking herbs go to so many places. So *pàràgà* is everywhere.<sup>17</sup>

This was further corroborated by another respondent as follows:

Even if we think *pàràgà* is not famous, let us ask ourselves: what is it doing in university environment? Also, why is it hawked at government establishments?<sup>18</sup>

The above statements raise certain issues which are important to this discussion. The first relates to factors responsible for the spread of *pàràgà* and the second to the classes of people patronizing *pàràgà*. As shown in the data presented earlier, one of the factors responsible for the spread of *pàràgà* is the low economic status of many city dwellers in Ibadan, a factor which denies them access to modern health care services. Moreover, the cultural value attached to the treatment of certain ailments, which make traditional medicine more popular than modern medicine, enhance the prevalence of *pàràgà*. Due to economic pressures in the city, there is an increasing demand for alternative therapy, which is cheaper compared to modern biomedical drugs. This was supported by some of the responses, as indicated below:

We have *pàràgà* around us. It is everywhere; you do not need to queue to buy. In short, we have choice of selection.<sup>19</sup>

In another interview, another respondent stated as follows:

Whenever I feel sick, the first thing that comes to my mind is *pàràgà*. Why? Because it is very close to me here, and cheap. And it works.<sup>20</sup>

This justifies the assertion that the accessibility and affordability of *pàràgà* encourage its utilization. This, in effect, influences the health care behavior of users which propels them towards a constant use of *pàràgà*. Despite the fact that there are certain dangers associated with the use of *pàràgà*, opinions from some of the respondents also suggest that *pàràgà* makes some contributions to the health care system in Yoruba society. Mostly, the few middle- and upper-class people that engage in the use of *pàràgà* do so purely for medical purposes. As claimed by one of our middle-class respondents “*pàràgà* is a good herbal remedy that cures piles.” Another upper-class respondent affirmed that he uses *pàràgà* to “increase his sexual potency.”

Many upper-class users of *pàràgà* believe that the mixture functions in the prevention and instant healing of certain ailments such as piles, backache, typhoid fever, and malaria. Thus they used *pàràgà* for both preventive and curative purposes. It is a cheaper source of herbal treatment usually sold for between NGN 20 and NGN 50 (USD 0.2–0.5) per dose. This quest is further created by the people's perception of the inadequacy of some biomedical drugs in Ibadan. Compared with many biomedical drugs, most *pàràgà*'s users emphasized that *pàràgà* has an immediate effect on the body in terms of its medicinal result. This perception is widely held as many respondents agreed to the view of User 12 outlined below:

I usually take opa eyin for backache because I have taken a lot of drugs to no avail. But when I tried this herbal drink and I saw the immediate effect, then I am convinced that our herbs are good, natural, and better than these white chalks called drugs, no matter their forms of preparation.<sup>21</sup>

The above view indicates that there are beliefs and values that have been created around *pàràgà* usage, which are linked to the fast growing interest

17 Response from a *pàràgà* vendor (User 4) collected in Ibadan North, November 30th, 2007.

18 The response is from a personal interview with a *pàràgà* vendor (User 4) in Ibadan South East, November 5th, 2007.

19 Interview with User 14 in Ibadan North, October 15th, 2007.

20 Interview with User 4 in Ibadan South East, October 17th, 2007.

21 Opinion from a key informant who is a user (User 12) of *pàràgà* in Ibadan, November 12th, 2007.

in alternative therapy. Besides, *pàràgà* is also seen as a remedy for male erectile problems. Most users and producers attribute male sexual dysfunction to the apparent high sugar content in most Yoruba carbohydrate food commonly eaten in many homes in Ibadan City. Since many users across different socioeconomic classes believe that the alcohol content in *pàràgà* burns off excess sugar (mostly in such carbohydrate foods), which causes pile, backache, and ultimately sexual impotence in men, they tend to support the use of *pàràgà*. This explains a new trend in *pàràgà* utilization, where *pàràgà* seems to be extending beyond the low-income people. In this wise, some middle- and upper-income users of *pàràgà* support the use of *pàràgà* to combat male sexual dysfunctions. The response below attests to this:

Many important people now take *pàràgà*, mostly for erectile problems. After taking their beer at clubs, they still branch here to step it down with *pàràgà*. The idea that they want to see some other people and relate with them also brings them around. From there, some of us get connected with them. In fact, *pàràgà* center is now becoming recreation centre and hot spot where the latest information is disseminated and people get assisted.<sup>22</sup>

In an interview granted to *Sunday Punch* (Nigeria), on February 18th, 2007, this view was further supported by Dr. K. Oladeinde, Medical Adviser, GlaxoSmithKline (a pharmaceutical company in Lagos, Nigeria). In the interview, he said:

... I must confess that there could be immediate benefits from taking it on short term. Of course, the alcohol could be a stimulant, but the major reason why many people take it is because of the belief that it serves as an aphrodisiac. And from way back, aphrodisiacs were one of the first drugs ever discovered. [This is because] there has always been that want and need for man to perform better and lasts longer during sexual intercourse (Oladeinde 2007a).

Nonmedical contributions of *pàràgà* partly stem from the poor economic condition in Ibadan, which the city started to witness in the 1990s. Poor economic conditions have left many city people unemployed and cut them off the recreation due to the high cost of certain materials needed for such. Among such materials are the liquor drinks, i.e., factory-brewed beer and the alcoholic drinks. For recreation, *pàràgà* has become an option for these people who can no longer afford factory-brewed beer and other alcoholic beverages. One of the respondents stated:

*Pàràgà* gained currency when most Nigerians could no longer afford the cost of beer as the price of things went up in the market due to socioeconomic hardship in the country.<sup>23</sup>

The above respondent further stated:

For economic reasons, people took to cheaper liquor, and there is this belief that cheaper liquor is highly adulterated and as such could cause health problems. Then the herbaceous ones surfaced and it is believed that the herbal type is even better than beer and causes no problem.

The cheaper cost of *pàràgà* and the increasing cost of factory-brewed alcohol due to economic pressure in Nigeria are also partly responsible for the prevalence of *pàràgà* in Ibadan. Within this context, the behavioral-environmental explanation of the use of drugs provides more insights into the use of *pàràgà* for recreational purpose. Most *pàràgà* users who mostly rationalize the choice of *pàràgà* within the context of reinventing Yoruba herbal drug engage in *pàràgà* as a cheaper alternative to factory-brewed alcohol. As the quantity of other forms of alcohol that could give equivalent results become costlier, *pàràgà* assumes more popularity in terms of its utilization.<sup>24</sup> Thus, the contributions of *pàràgà* towards recreation in Ibadan transcend the product's medicinal value and also encompass the socioeconomic value. Even when *pàràgà* is used for recreational purposes, its users still believe that they drive medicinal interest as its secondary value. Thus, the users could argue that they derive double benefits when they resort to drinking *pàràgà*. Apart from this recreational value there are economic benefits associated with *pàràgà*.

### Health Implications of *pàràgà*

While *pàràgà* is rationalized by its producers and users as health medication, its production and uses mostly among those who engage in it for recreational purposes fall short of standard health requirements. The production and utilization of *pàràgà* is not regulated, thus creating room for its abuse as an herbal product. This condition also exposes *pàràgà* to the possibility of causing health and social disorders especially among its users. Many of the users,

22 An opinion from key informant User 9 interviewed in Ibadan North, November 22nd, 2007.

23 Key informant interview held with User 2 in Ibadan South East, November 11th, 2007.

24 As at October 2009, the quantity of factory-brewed alcohol that has equivalent measurement with *pàràgà* is sold for between NGN 200 and NGN 250 in Nigeria; whereas *pàràgà* with the same measurement is sold for between NGN 20 and NGN 25.



especially artisans and commuters who constitute the highest number of consumers, often abuse the dosage under the pretext of taking it as a medicine, when in fact their intent is to derive more of its alcoholic benefit. This, in effect, poses a great danger to personal and public health. The consequences of *pàràgà* abuse range from reckless driving, causing regular motor accidents, to antisocial behavior in public places. A respondent, who was not a regular user of *pàràgà* provided an eyewitness account of an accident that was caused by the abuse of *pàràgà*:

On that fateful day, I left the office to the market. When our bus took off from the park, I noticed that the driver was drunk. So I told others, but before we could say anything, the man had run into an oncoming lorry. It was a serious accident that claimed two people's lives. The rest of us were injured, and some people walking on the road. We later got to know that the driver had just come out of a nearby *pàràgà* joint. This is one of the many problems *pàràgà* has caused to public wellbeing.<sup>25</sup>

The above sentiments are supported by another medical practitioner in Ibadan who states the following:

When you see perpetual users [of *pàràgà*], their eyes are always bloodshot, their skin dry and rough because they are dehydrated by the alcohol; and with the tropical climate, shortage of water in the body stream may lead to death.<sup>26</sup>

The concerns of the medical practitioner are shared by one of the user respondents who states:

The hazard has to do with the side effects of alcohol. Alcohol damages the liver; I mean it causes liver cirrhoses. It is also important for users of *pàràgà* to understand the principle of dehydration. *Pàràgà* dehydrates the body, and so there is need for the users to take plenty of water very often.<sup>27</sup>

The issue of health risks was further expatiated by Dr. K. Oladeinde (2007b) in a newspaper interview. He noted that:

*Pàràgà* that is sold these days is a mixture of unrefined or poorly refined alcohol and herbs of unknown origin. This could cause severe liver damage ... From my knowledge of renal medicine; they have been known to cause kidney failure.

The above suggests that much of the proven dangers associated with the use of *pàràgà* is due to its

alcoholic content, which is mostly abused. In the absence of clinical tests for *pàràgà* and its herbal contents, it is difficult to point out the health implications of these herbal contents. Nonetheless, since the dosage of *pàràgà* mixture is determined by its users depending on the severity of the ailment and the desire of its users to quickly experience the efficacy of the herbal drug, one tends to assume that *pàràgà* may have damaging effects to the body organs of its users.

## Discussion and Conclusion

*Pàràgà* is a reinvention of herbal medicine, made possible by rational choice of its users in preference to the costlier biomedical drugs in Ibadan. Among the Yoruba of southwestern Nigeria, herbal drugs have been in existence for many decades. Containing an unspecified quantity of alcohol, mostly from ethanol, *pàràgà* production rests on the Yoruba belief that the use of alcohol stimulates the herbal contents of certain plants and boosts the efficacy of the drug that uses alcohol as its solvent. The perceived availability and effectiveness of the product partly accounts for its high prevalence and utilization, especially among low-income earners in Ibadan. The increasing number of *pàràgà* hawkers and vendors, who are usually found everywhere in Ibadan, supports the popularity of this Yoruba homemade herbal drug. Furthermore, the process of urbanization in the city made possible the influx of rural migrants who flooded Ibadan city with their local knowledge of production. As Ibadan economy largely rests on an informal network (Ajala 2005), the production of *pàràgà* among Yoruba women started to blossom, as many of these women derive their living from the informal nature of the city's economy. All these factors accounted for the wider production and utilization of *pàràgà* in Ibadan.

*Pàràgà* – production and utilization – is a departure from Yoruba traditional practice of herbal medicine. Its use now transcends the health circle to the social space and has created a distinct cultural space in Ibadan. The culture of *pàràgà* exists within a *pàràgà* community. The *pàràgà* community in Ibadan is not confined in population and space; it spreads across the city, as its culture intermingles with the city's cultures, thus establishing a subculture in Ibadan's health care system. *Pàràgà* culture in Ibadan therefore, becomes a way of life of a group of people using it to seek healing through alcohol and for recreational purposes. They have established and defined norms and values that are mostly discernible at the *pàràgà* joints. *Pàràgà*

25 Interview held with a key informant in Ibadan North East Local Government, October 22nd, 2007.

26 An interview with a medical practitioner in Ibadan North East, November 28th, 2007.

27 Personal interview with User 7 in Ibadan North, October 19th, 2007.



culture has a language of its own, usually referred to as raw language (informal and sometimes obscene) and accepted mainly within the *pàràgà* community. *Pàràgà* is, therefore, attached with some socio-linguistic effects upon which its producers, users, and sellers establish themselves as a social group with their own self-defined language as a community. Moreover, the utilization of *pàràgà* does not only have health-related effects on the larger community but exhibits socioeconomic outcomes as well. The health effects relate to its perceived medical value as preventive and curative treatment to some ailments, while the socioeconomic effects include the social networks developed by its users and the employment opportunities enjoyed by its producers.

*Pàràgà* potentially endangers public health as a result of its demerits and increasing misuse by people. Furthermore, the expansion of *pàràgà* culture in Ibadan is basically the result of the state's failure to provide adequate and affordable health care to the citizens. It can also be linked to the economic hardship in Nigeria as a whole, which has not only denied many people access to good health care services but also forced many Ibadan dwellers to venture into the production and utilization of cheap herbal medicine such as *pàràgà*. This practice extends to the production and sale of fake drugs experienced in many Nigerian cities including Ibadan. The downside of the *pàràgà* culture is that it increases the rate of alcohol consumption in the city.

In conclusion, *pàràgà* is utilized for multiple purposes, and thus solving its attendant problems requires multiple approaches. Mass literacy and health campaign strategies should be intensified in order to reduce the proliferation of *pàràgà* production and its abuse in Ibadan. However, if *pàràgà* is medically certified as fit for human health, its alcoholic content and its use as a stimulant needs to be regulated. There is also a need for awareness programmes on the dangers associated with the misuse of *pàràgà*, especially among commercial drivers who constituted the majority of its users. In essence, the regulation of *pàràgà* consumption through appropriate health awareness campaigns remains the most effective and lasting solution to the problem of *pàràgà* (drug) abuse in Ibadan.

## References Cited

- Adegoju, Adeyemi**  
2009 Rhetoric in Conflict-Related Yoruba Proverbs. Guide to Constructive Conflict Resolution in Africa. *African Study Monographs* 30/2: 55–69.
- Ademola, A.**  
1997 A Sociological Analysis of the Role of Traditional Medicine in Healthcare Delivery in Rural Community. A Case Study of a Traditional Bone-Setting Clinic in Iyamoye, Kogi State, Nigeria. *Ife Social Sciences Review* 14/1+2: 62–70.
- Ajala, Aderemi Suleiman**  
2002 Knowledge, Attitude, and the Practice of Traditional Bone-Setting among the Residents of Ibadan, Nigeria. *West African Journal of Archaeology* 32/2: 123–141.  
2005 Space Culture and Health Attitude as Threats to Child Survival in Ibadan City, Nigeria. *Journal of Environment and Culture* 2/2: 117–130.
- Alubo, S. Ogoh**  
1994 Death for Sale. A Study of Drug Poisoning and Deaths in Nigeria. *Journal of Social Science and Medicine* 38/1: 97–103.
- De Smet, Peter A. G. M.**  
2002 Herbal Remedies. *The New England Journal of Medicine* 347/25: 2046–2056.
- DiClemente, Carlo C.**  
2003 Addiction and Change. How Addictions Develop and Addicted People Recover. New York: Guilford Press.
- Dopamu, P. Adelumo**  
2003 Scientific Basis of African Magic and Medicine. The Yoruba Experience. In: P. A. Dopamu, S. O. Oyewole, R. A. Akinmidu, M. A. Akanji, R. O. Ogunade, R. D. Abubakre, I. O. Ologede, and B. Lawal (eds.), *African Culture, Modern Science, and Religious Thought*; pp. 442–464. Ilorin: African Centre for Religions and the Sciences, University of Ilorin.
- Elster, Jon**  
1979 *Ulysses and the Sirens. Studies in Rationality and Irrationality*. New York: Cambridge University Press.  
1986 Introduction. In: J. Elster (ed.), *Rational Choice*; pp. 1–33. New York: New York University Press.
- Fiki, Charles**  
2007 Globalization and Drug and Alcohol Use in Rural Communities in Nigeria. A Case Study. *Journal of Sociology and Social Welfare* 34/2: 37–56.
- Halliday, Michael A. Kirkwood, and Ruqaiya Hasan**  
1985 Language, Context, and Text. Aspects of Language in a Social-Semiotic Perspective. Victoria: Deakin University.
- Hussein, Jeylan W.**  
2005 The Social and Ethno-Cultural Construction of Masculinity and Femininity in African Proverbs. *African Study Monographs* 26/2: 59–87.
- Jones, Timothy, John O. Kokwaro, and Ebi K. Kimanani**  
1990 Herbal Remedies of the Luo of Siaya District, Kenya. Establishing Quantitative Criteria for Consensus. *Economic Botany* 44/3: 369–381.
- Knauff, Bruce**  
1987 Managing Sex and Anger. Tobacco and Kava Use among the Gebusi of Papua New Guinea. In: L. Lamont (ed.), *Drugs in Western Pacific Societies. Relations of Substance*; pp. 73–98. Lanham: University Press of America. (ASAO Monograph, 11)
- Lende, Daniel H.**  
2005 Wanting and Drug Use. A Biocultural Approach to the Analysis of Addiction. *Ethos* 33/1: 100–124.

**Lovett, Frank**

2006 Rational Choice Theory and Explanation. *Rationality and Society* 18/2: 237–272.

**MacAndrew, Craig, and Robert B. Edgerton**

1969 Drunken Comportment. A Social Explanation. Chicago: Aldine Publishing.

**Nyamnjoh, Francis B.**

2005 Fishing in Troubled Waters. *Disquettes and Thiofs* in Dakar. *Africa* 75/3: 295–324.

**Oladeinde, Kunle**

2007a The Dangers of Paraga. *Sunday Punch* (February 18: 23).

2007b Health Implication of Paraga. *Sunday Punch* (February 18: 7–8).

**Pearce, Tola Olu**

1986 Social Change and the Modernization of Medical Sys-

tem. In: S. Afonja and T. O. Pearce (eds.), *Social Change in Nigeria*; pp. 56–72. Harlow: Longman.

**Simpson, George E.**

1980 Yoruba Religion and Medicine in Ibadan. Ibadan: Ibadan University Press.

**Sofowora, Abayomi**

1982 Medical Plants and Traditional Medicine in Africa. Ibadan: Spectrum Books.

**Stromberg, Peter**

2008 Symbolic Valorization in the Culture of Entertainment. The Example of Legal Drug Use. *Anthropological Theory* 8/4: 430–448.

**Vickers, Andrew, and Catherine Zollman**

1999 ABC of Complementary Medicine. Herbal Medicine. *British Medical Journal* 319/7216: 1050–1053.