Original Research Article

DOMESTICATION AND SURVIVAL OF SELECTED MEDICINAL TREES AND SHRUBS IN CHAPERERIA DIVISION WEST POKOT COUNTY KENYA

ABSTRACT

Depletion of medicinal plant species as a result of over over-extraction in their natural habitats will have detrimental effects on the livelihood of the locals that herbal medicine is part and parcel of their health systems. Though domestication is the best strategy to conserve medicinal tree and shrub species, most medicinal trees and shrubs have remained undomesticated due to low survival rates and inadequate information on the best strategies to improve survival rates. This study was designated to determine the domestication level and survival rates of selected medicinal tree and shrub species in the semi-arid regions of Chepareria division. A cross-sectional research design was employed in this study. Chepareria division was purposely selected. 384 households were selected using systematic random sampling technique. A pre-designed data collection sheet was used to collect the information on medicinal plant species and photographs were taken where necessary during data collection. The study showed that 91.7% households had domesticated trees on their farms with *Croton megalocarpus* (71.3%) being the highly domesticated tree in the area. Further analysis using One-way Anova indicated that there were no significant differences in the number of households that have domesticated different medicinal trees and or shrub species in Chepareria division ($P < 0.0001$).

Keywords: medicinal, domestication, preference, abundance, survival

1. INTRODUCTION

Over 25% and 80% of human population in developed and developing countries respectively are using herbal medicinal and food supplements derived from trees and shrubs for primary healthcare [1,2,3]. In developing countries, traditional medicine from plants are preferred because they are affordable, corresponds to the ideologies of many culture, perceived ineffectiveness of conventional medicine to treat some diseases like advanced cancer and erectile dysfunction, and low level of side effects as compared to conventional medicine as they are perceived natural and safe without toxic elements

among other reasons [1,4]. High percentage (85%) of African population has at least used traditional medicine from plant extracts due to affordability and accessibility [5].

In Kenya, the use of traditional medicine from plants is widespread as over 90% of the population in rural and urban areas has used plant extracts to treat various health challenges [6,7,8]. The number of highly recognized medicinal tree species in Kenya varies from one region to the other. In Mwingi [6], and Kakamega [7] found 28 and 40 highly prioritized tree species respectively, while in Marakwet [9] found a total of 111 tree species used for medicinal purposes.

Given the increasing market base that is leading to over-collection of existing species populations, coupled with threatening impacts of climate change, about 33.3% of medicinal plant species may be extinct in many countries in Kenya [6,10,11,13]. This is evidenced that most valuable medicinal tree species are only found growing in small scattered populations in remote rural areas especially in semi arid regions [11].

Depletion of medicinal plant species will have detrimental effects on the livelihood of the locals that herbal medicine is part and parcel of their health systems [9]. This is because herbal medicine is deeply rooted in the socio-economic and cultural values of many people especially in the former Rift Valley province of Kenya [14]. To ensure conservation of depleting medicinal species in the wild, and enhance sustainability of herbal medicine to continue meeting the increasing demand, [1, 11,15] recommend domestication of endangered and medicinal trees and shrubs. Domestication increases the probability of optimizing yield as it may embrace the use of biotechnology, pest and disease control among other benefits [11].

Though domestication was considered as the best option to towards conservation of endangered medicinal plants enhance sustainable supply of the products to the increasing markets, most medicinal plants have remained undomesticated [12]. This has led to unsustainable dependence on medicinal plants from the wild whose depletion will negatively affect the livelihood of many people especially in arid and semi-arid regions [10,9]. A low rate of domestication has been due to low survival rates and inadequate information to improve survival rates [1,11,16]. Therefore, this study looks at the domestication and survival of selected medicinal trees and shrubs in Chapareria division, West Pokot County, Kenya.

2. MATERIALS AND METHODS

2.1 Research Design

This study used a cross-sectional research design, which according to Yin [17] involves collecting data from the participants or treatments at a single point of time without altering the environment in which such participants or treatments are situated.

2.2 Study Area

The study was conducted in the semi-arid regions of Chepareria division located in Pokot South Sub-County of West-Pokot County in Kenya. The division lies at latitude between 1º 15′ 40″N and 1º 55′ 37″N and at longitude between 35º 7′ 46″E and 35º 27′ 10″ E. The altitude ranges from 708 m to 1200 m above sea level, with annual rainfall ranging from 750 mm to 1500 mm [18]. The division covers 500 km^2, divided into six administrative locations, namely: Kipkomo, Senetwo, Ywalateke, Pserum, Chepkopegh and Shalpogh, and 15 administrative sub-locations. The total population is about 41,600 people

occupying approximately 7,640 households [18]. Over 90% of the population are agropastoralist, though some farmers have started keeping improved livestock breeds for livestock [19].

2.3 Target Population

The study targeted about 7,640 households living Chepareria division, both practicing agropastoralist and those that have adopted improved livestock farming.

2.4 Sampling Procedures and Sample Sizes

The study used a multi-stage sampling technique. Chepareria administrative division was selected based on purposeful sampling technique because it is one of the few divisions in West-Pokot County where farmers are practicing agropastoralist, meaning they have farms where they cultivate and the same time rear livestock. Out of six administrative locations, half of the locations (3 locations) namely; Kipkomo, Ywalateke and Chepkopegh were selected using systematic random sampling technique, where, a location was selected after every one location; meaning, the first location, the third and the fifth locations were selected after selecting the first location (Kipkomo) randomly. In each of the selected locations, 2 administrative sub-locations namely: Kipkomo (Kipkomo and Kosulol sub-Locations), Ywalateke (Kapchemogen and Propoi Sub-locations) and Chepkopegh (Chesra and Chepkope Sub-locations) were selected using systematic random sampling. In each administrative sub-location, two villages were selected based on simple random sampling and households were selected using systematic random sampling technique in each location.

The sample size was calculated based on Israel [20] equation (eqn. 1) at 0.5 margin error, and divided in each village based on equal distribution

$$\boldsymbol{n = [\frac{N}{(1+Ne^2)}]} \text{..... (1)}$$

Where n = Sample size

e = margin error = 0.05 corresponding to 95% confidence level

N= total population size = 7640 households

Therefore: $\boldsymbol{n = [\frac{7640}{[1+(7640*0.05*0.05)}]}$= 380.0995025 = households.

The number of villages were (3 Location * 2 sub-locations * 2 villages) = 12 villages

Therefore, the total number of households in each village was

380.0995/12 = 31.7 households = 32 households in each village

2.5 Data Collection Procedures

The data in this study was collected using a pre-designed data collection sheet and a digital camera.

2.5.1 Number of households that had domesticated highly valued medicinal plant species

Field research assistants with prior experience on tree species (mainly those that had already worked for Vi Agroforestry in various projects) were selected to visit selected households and establish whether they have domesticated by planting any medicinal tree and shrub species on the provided list. The percent of households (H%) that had

domesticated by planting at least one of the medicinal tree and or shrub species provided on the list was calculated as indicated in equation 2.

$$\mathbf{H}\% = \frac{\boldsymbol{n}}{\boldsymbol{N}} * \mathbf{100} \ldots\ldots\ldots\ldots\ldots\ldots (\mathbf{2})$$

Where:

H%: is the percentage of households that have domesticated by planting at least one of the medicinal tree and shrub species provided on the list.

n: is the number of households that have domesticated by planting at least one of the medicinal tree and shrub species provided on the list.

N: is the total number of households that were involved in the study.

The percent of households (Hs%) that had domesticated by planting specific medicinal tree and or shrub species provided on the list was calculated as indicated in equation 3. For some species, a photograph was taken using a digital camera.

$$\mathbf{Hs}\% = \frac{\boldsymbol{ns}}{\boldsymbol{N}} * \mathbf{100} \ldots\ldots\ldots\ldots\ldots\ldots (\mathbf{3})$$

Where:

N: is the total number of households/farms that were involved in the study

ns: is the total number of households that have domesticated by planting a specific medicinal tree and or shrub species on the provided list.

2.5.2 On-farm Prevalence of highly valued medicinal plant species

In each farm, the number of trees in each species category was counted and recorded in the data sheet. The percent prevalence (Ps%) of each species on each farm was calculated as indicated in equation 4.

$$\mathbf{Ps}\% = \frac{\boldsymbol{nx}}{\boldsymbol{Nt}} * \mathbf{100} \ldots\ldots\ldots\ldots\ldots\ldots (\mathbf{4})$$

Where:

nx: is the total number of medicinal tree and or shrub species that have been domesticated by planting by the farmer

Nt: is the total number of a specific medicinal tree and or shrub species that has been domesticated by planting by the farmer

The average percent prevalence (Psv %) of each species was calculated using equation 5

$$\mathbf{Psv}\% = \frac{(\mathbf{Ps1}\% + \mathbf{Ps2}\% \ldots\ldots + \mathbf{Psn}\%)}{Nx} \ldots\ldots\ldots\ldots (\mathbf{5})$$

Where**:**

Ps1%, Ps2%, all the way to Psn% refers to the percent of a particular tree and or shrub species domesticated by the 1st household, 2nd household all the way to the nth (last) household.

Nx refers to the total number of households/farms that have domesticated that particular tree or shrub species.

2.5.3 The average on-farm survival rates of highly valued medicinal plant species

In each farm with any medicinal tree and or shrub, the owner was asked to give the number of trees that he/she initially planted. Then the farmer accompanied the field assistant to the farm to manually count those trees and shrubs that had survived. Survival rates (S%) of each medicinal tree or shrub species in each farm was estimated based on equation 6.

$$\mathbf{S}\% = \frac{\boldsymbol{nx}}{\boldsymbol{Nx}} * \mathbf{100} \ldots\ldots\ldots\ldots\ldots\ldots (\mathbf{6})$$

Where:

nx: is the total number of an individual species that has survived since planting, and was counted during data collection

Nx: is the total number of an individual species the farmer planted.

The average of an individual species in Chepareria was estimated using equation 7

$$\mathbf{Sv}\% = \frac{(\mathbf{S1}\% + \mathbf{S2}\% \ldots\ldots + \mathbf{Sn}\%)}{Nx} \ldots\ldots\ldots\ldots (\mathbf{7})$$

Where**:**

S1%, S2%, all the way to Sn% refers to the survival percent of a particular tree or shrub species in the 1st 2nd all the way to nth (last) farm

Nx refers to the total number of households/farms that have domesticated that particular tree or shrub species.

2.6 Data Analysis and Presentation

Data was analyzed using one way ANOVA, and presented in bar graphs and tables. The species was independent variable while number of households, prevalence and survival was dependent variables. In case of significant difference between the means ($P < 0.05$), then mean separation was done using Duncan Multiple Range Test (DMRT) which has been proved to show real difference better than other methods [21].

Comment [P1]: What statistical software did you use for the analysis.

3. RESULTS AND DISCUSSION

3.1 Results

3.1.1 Number of Households that have Domesticated Selected Medicinal Plant

Out of 384 households/farms that were involved in the research, 352 households (91.7%) had domesticated at least one medicinal tree or shrub species (Figure 1).

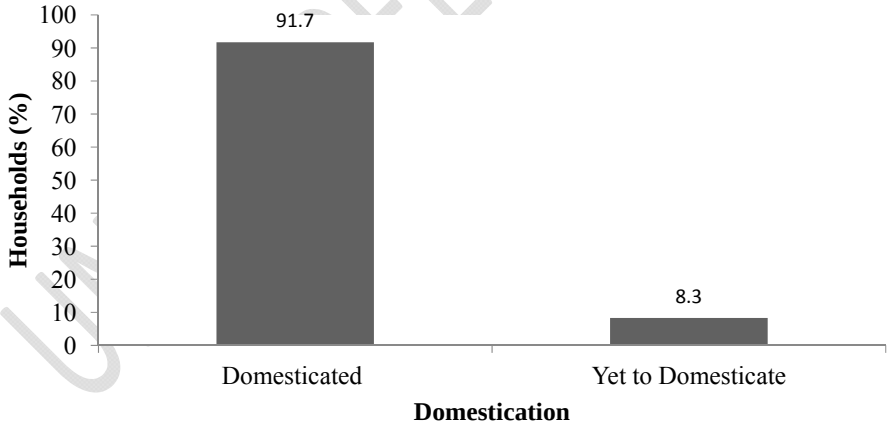

Figure 1: Domestication of Medicinal Trees and or Shrubs in Chepareria

Table 1 indicates that 25 medicinal tree and shrub species belonging to 20 families were mainly domesticated. They included: Flacourtiaceae (1 species), Burseraceae (2 species),

Ochinoidaceae (1 species), Aloaceae (1 species), Fabaceae (4 species), Oleaceae (1 species), Combretaceae (1 species), Myrsinaceae (1 species), caper (1 species), Myrtaceae(1 species), Pittosporaceae (1 species), Rhamnaceae (1 species), Moraceae (1 species), Ebenaceae (1 species), Rutaceae (1 species), Euphorbiaceae (2 species), Anacardiaceae (1 species), Meliaceae (1 species), Compositae (1 species) and Mimosaceaee (1 species).

The highest percent of households (71.3%) have domesticated *Croton megalocarpus* commonly called Kenyan croton in English and Senetwo in Pokot belonging to Euphorbiaceae family. Contrary, the lowest percent of households (1.1%) have domesticated *Myrsine afriana* commonly called Cape mytle in English and Lakathetwa/Lagathethwa in Pokot belonging Myrsinaceae family.

DMRT indicated that the mean percent abundance of *Croton megalocarpus* is significantly higher compared to the percent mean abundance of all other medicinal trees and shrubs that have been domesticated in Chepareria administrative division. The mean percentages in Table 1 with homogeneous superscript alphabetic letters means there is no significant difference in such means as indicated by DMRT.

197 **Table 1: Medicinal Tree and Shrub Species Domesticated by Different Households**

	Local name	English name	Scientific name	Family	House holds/ 352 (%) Photos
1	Tingoswo	Common flacourtia	*Flacourtia indica*	Flacourtiaceae	8.8[d]
2	Katagh	African myrh	*Commiphora*	Burseraceae	12.2[cd]
3	Lakatet/Lagatet	Vietnamese mickey-mouse plant	*Ochna insculpta*	Ochinoidaceae	4.8[d]
4	Tolkos/Olkos	Lace aloe or Guinea-fowl aloe	*Aloe graminicola*	Aloaceae	50.1[b]
5	Oron	Termarindi	*Tamarindus indica*	Fabaceae	3.7[d]
6	Chetoye	Wing-leaved wooden pear	*Schrebera alata*	Oleaceae	7.6[d]

7	Komel/ Kemol	Velvet bush willow	*Combretum molle*	Combretaceae	6.8[d]	
8	Lakathetwa/ Lagathethwa	Cape mytle	*Myrsine afriana*	Myrsinaceae	1.1[d]	
9	Arerenyon	Cadaba bush	*Cadaba farinose*	caper	7.1[d]	
10	Pukwa/Pungwa	Waterberry tree	*Dalbergia vaccinifolia*	Fabaceae	5.8[d]	
11	Reperwo/Reper	Waterberry tree	*Syzygium cordatum*	Myrtaceae	10.2[cd]	
12	Chelewa/Chelewe	Cheesewood	*Pittosporum vividiflorum*	Pittosporaceae	8.2[d]	
13	Mashan	Baamba	*Commiphora boiviniana*	Burseraceae	11.1[cd]	
14	Tirak	Abysinian jujube	*Ziziphus abyssinica*	Rhamnaceae	17.3[c]	

15	Simotwo	Common wild fig	*Ficus thonningii*	Moraceae	5.4[d]	
16	Chepthuya	Diamond-leaved eulea	*Eulea divinoum*	Ebenaceae	16. 5[c]	 
17	Manapelion	Winged cherry orange	*Teclea pilosa*	Rutaceae	12.2[cd]	
18	Toboswo/ Toboswa	Boad-leaved coton	*Croton macrostachyus*	Euphorbiaceae	52.8[b]	
19	Lolotwo	False marula	*Lannea fulva*	Anacardiaceae	20. 5[c]	
20	Ririon	Creamy peacock flower	*Delonix elata*	Fabaceae	8.0[d]	

21	Mwarubaine	Neem	*Azadirachta indica*	Meliaceae	18.8[c]	
22	Senetwo	Kenyan croton	*Croton megalocarpus*	Euphorbiaceae	71.3[a]	
23	Chebriandar	Bitter leaf venonia	*Vernonia amygdalina*	Compositae	46.0[bc]	
24	Koyopkwo	*Camel's foot*	*Piliostigma thonningii*	Fabaceae	29. 5[c]	
25	Mushebut	Tree Entada	*Endata abyssinica*	Mimosaceae	16.8[c]	

Note: The mean percentages with homogeneous superscript alphabetic letters means there is no significant deference in such means as indicated by DMRT

One-way ANOVA indicated that there is significant difference in the number of households that have domesticated different medicinal trees and or shrub species in Chepareria administrative division of West-Pokot County ($F = 9.903$, d.f = 24, $P < 0.0001$) (Table 2).

Table 2: One-Way ANOVA for Households that have Domesticated Different Medicinal Tree and Shrub Species

Total seedling height

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	160253.707	8	20031.713	9.903	.000
Within Groups	2002485.338	990	2022.712		
Total	2162739.046	998			

Comment [P2]: Why do you present tables using ANOVA tables. Where are the treatment means comparism. Be conversant with the software you are using.

3.1.2 Prevalence of Medicinal Trees and Shrubs on Farms

Table 3 indicate that the percent *Croton megalocarpus* (79.6%) is the most prevalent medicinal tree species while *Myrsine afriana* (0.9%) is the least prevalent species among the 25 medicinal tree and shrub species that have been domesticated by households in Chepareria division. The medicinal trees and shrubs are mainly planted on the boundary, in home gardens, as shelter belts, live fence and as scattered trees or shrubs on farm.

DMRT indicated that the mean percent prevalence of *Croton megalocarpus* (79.6%) is significantly higher compared to percent prevalence of other medicinal trees and shrubs that have been domesticated in Chepareria administrative division.

Table 3: Average Percent Prevalence of Medicinal Trees and Shrubs on Farms

	Scientific name	Prevalence (%)	Where planted or reserved
1	*Flacourtia indica*	10. 5^{cd}	Boundary, scattered
2	*Commiphora Africana*	17.1^{cd}	Boundary
3	*Ochna insculpta*	15.8^{dc}	Garden, boundary
4	*Aloe graminicola*	33.7^{b}	Garden
5	*Tamarindus indica*	4.3^{d}	Boundary, shelter belts
6	*Schrebera alata*	13.4^{cd}	Boundary
7	*Combretum molle*	10.7^{cd}	Garden, boundary
8	*Myrsine afriana*	0.9^{d}	Garden, Boundary
9	*Ziziphus abyssinica*	21.1^{c}	Garden
10	*Ficus thonningii*	8.9^{cd}	Boundary, scattered on farm
11	*Cadaba farinose*	7.0^{d}	Boundary, Garden, scattered on farm
12	*Dalbergia vaccinifolia*	10.3^{cd}	Boundary
13	*Syzygium cordatum*	6.3^{d}	Boundary
14	*Commiphora boiviniana*	4.3^{d}	Boundary, scattered on farm
15	*Eulea divinoum*	9.0^{cd}	Boundary, Life fence
16	*Pittosporum vividiflorum*	5. 5^{d}	Boundary, scattered on farm
17	*Teclea pilosa*	8. 5^{d}	Boundary, scattered on farm
18	*Croton macrostachyus*	72.7^{a}	Boundary, Life fence
19	*Lannea fulva*	19.8^{c}	Boundary, wind breaks scattered on farm, garden
20	*Delonix elata*	8.7^{d}	Boundary
21	*Azadirachta indica*	20.9^{c}	Wind breaks, Boundary Scattered
22	*Vernonia amygdalina*	47.7^{b}	Boundary, wind breaks
23	*Piliostigma thonningii*	17.1^{c}	Wind breaks, Boundary, Scattered, garden
24	*Endata abyssinica*	14. 4^{cd}	Boundary, Scattered, garden
25	*Croton megalocarpus*	79.6^{a}	Garden, Scattered, Boundary

Note: The mean percentages with homogeneous superscript alphabetic letters means there is no significant difference in such means as indicated by DMRT.

One-way ANOVA indicated that there is significant difference in the mean percent prevalence of medicinal trees and shrubs domesticated on farms in Chepareria administrative division of West-Pokot County ($F = 9.447$, d.f = 24, $P < 0.0001$) (Table 4).

Table 4: One-Way ANOVA for Abundance Of Medicinal Tree And Shrub Species on Farm

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3649.188	8	456.148	9.447	.000
Within Groups	47800.110	990	48.283		
Total	51449.297	998			

3.1.3 Survival of Medicinal Trees and Shrubs on Farms

Table 5 indicates that *Croton megalocarpus* and *Myrsine afriana* have the highest (72.7%) and lowest (6.6%) survival rates respectively compared to all the 25 medicinal tree and shrub species domesticated in Chepareria.

DMRT indicated that the mean survival rates of *Aloe graminicola* (62.6%), *Croton macrostachyus* (69.8%) Vernonia amygdalina (69.3%) and *Croton megalocarpus* (72.7%) are significantly higher while the survival rates o *Tamarindus indica* (12.0%), *Myrsine afriana* (6.6%), *Dalbergia vaccinifolia* (9. 4%) and *Commiphora boiviniana* (7.2%) are significantly lower.

Table 5: Survival Rates of Medicinal Trees and Shrubs

	Scientific name	**Survival (%)**
1	*Flacourtia indica*	33.3bc
2	*Commiphora africana*	24.0c

3	*Ochna insculpta*	37.8bc
4	*Aloe graminicola*	62.6a
5	*Tamarindus indica*	12.0d
6	*Schrebera alata*	35.6b
7	*Combretum molle*	41.9b
8	*Myrsine afriana*	6.6d
9	*Ziziphus abyssinica*	15.9c
10	*Ficus thonningii*	43.7b
11	*Cadaba farinose*	23.1c
12	*Dalbergia vaccinifolia*	9. 4d
13	*Syzygium cordatum*	19.6c
14	*Commiphora boiviniana*	7.2d
15	*Eulea divinoum*	31.1c
16	*Pittosporum vividiflorum*	11.9cd
17	*Teclea pilosa*	24.1c
18	*Croton macrostachyus*	69.8a
19	*Lannea fulva*	48.4ab
20	*Delonix elata*	31.9c
21	*Azadirachta indica*	43.7b
22	*Vernonia amygdalina*	69.3a

23	*Piliostigma thonningii*	46.8b
24	*Endata abyssinica*	27.6c
25	*Croton megalocarpus*	72.7a

One-way Anova indicated that there is a significant difference in the survival rates of medicinal tree and shrub species domesticated by planting in the administrative division of Chepareria in West-Pokot County (F = 810. 572, d.f = 24, P <0.0001) (Table 6).

Table 6 One-Way ANOVA for Survival Rates of Medicinal Tree and Shrub Species on Farm

Total Harvest

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	7.520E11	8	9.400E10	810.572	.000
Within Groups	1.148E11	990	1.160E8		
Total	8.668E11	998			

To improve survival rates, farm owners are taking a number of activities as presented in Figure 2.

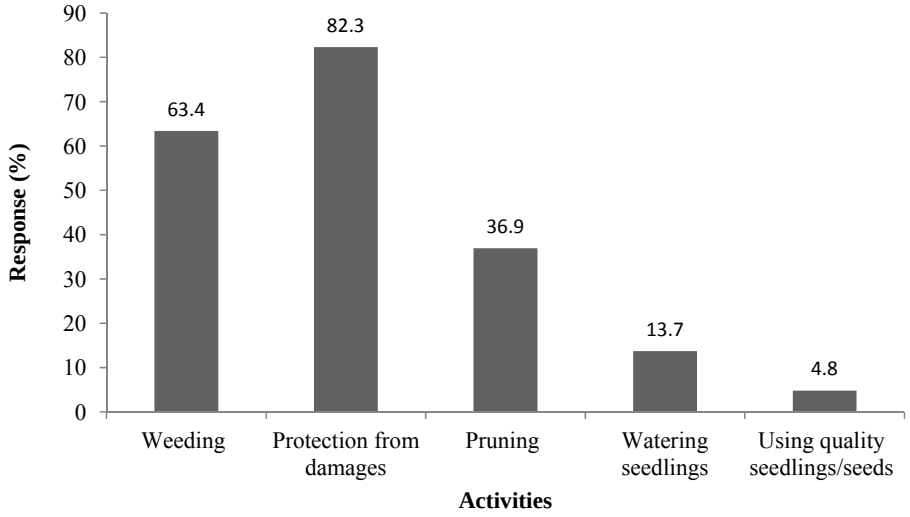

Figure 2: Activities Improve Survival O Medicinal Trees and Shrubs in Chepareria

3.2 Discussion

3.2.1 Domestication of medicinal plants and shrubs

According to [22] most communities in the East Africa ASALS rely heavily on trees and shrubs hence they have opted to domesticate them in order to access their services easily, likewise this study showed that the Pokot community which is one of the ASAL inhabitant in Kenya have placed high value on medicinal trees and shrubs because 91.7% of the sampled households had adopted at least one medicinal tree/shrub. They value traditional medicine prescribed by traditional healers rather than the pharmaceutical drugs administered in modern health centers. There were few health facilities spotted especially in the rural areas of this county hence traditional medicine have filled this gap in the health sector.

Domestication and knowledge of extracting traditional medicine from these trees and shrubs earns one prestige and a high profile social status in the Pokot community and that is why each

household strived to adopt this medicinal trees and shrubs it was also found out to be a mode of withholding the cultural believes and connecting to the ancestors. *Croton megalocarpus* had the highest rate of adoption because most people were familiar with it and aware of its medicinal value. Rather than the medicinal purpose, the tree also provided fuel, fodder, shade and timber to the households and it was well adapted to the harsh climatic condition of the region because it is an indigenous tree in Kenya hence high domestication rate and this conferred to this study by [23]. Examples of medicinal trees and shrubs used in Loitoktok district which indicated that Croton was one of the major medicinal tree use by the Maasai community in Kenya.

3.2.2 Prevalence medicinal plants and shrubs

The results above indicate that *croton megalocarpus* was the most prevalent medicinal tree in Chapareria besides other trees. The list of medicinal tree found in Chepareria concurs with the least reported by [6]. Most of the medicinal trees/shrubs were multipurpose in Chapareria, rather than being medicinal they were used as live fences, homegardens, scattered on farms and pastures to provide shade. The second prevalent use was boundary planting because their chemical components made most of them are unpalatable hence destruction by livestock was not common. This is in agreement with the findings of [8] that local communalities prefer multipurpose trees on their farm.

Myrsine africana was the least adopted tree species in the region since it was a rare species and the community had little knowledge about it except the medicinal specialists hence there is a research gap on the study of the tree species. The significant difference noted by one way ANOVA significance on the prevalence of the medicinal trees/shrubs was as a result of variability of knowledge and interest on domestication farm sizes, those households with large

tracts of land had domesticated more tree species than the resource constrained farmers who have small pieces of land.

The prevalence of medicinal trees and shrubs also depended on the interest on particular tree which had a significant variability from one household to another. Different famers had different perception and view on specific species hence adoptions vary. On farm prevalence affected the monetary value of the medicinal trees/shrub, rare species accrued a high monetary value due to the higher demand of its medicinal component tan the most prevalent ones. This study is against the findings of [24] who assert that there are no variations in the adoptions on medicinal trees by herbalists.

3.2.3 Survival medicinal plants and shrubs

Survival of medicinal tree/shrub planted on farms depended on the species in Chapareria depended on the ability of the plant to adopt to the environmental factors such as low precipitation leading to prolonged dry seasons, very high evapotranspiration, poor edaphic conditions such as little nutrients and low organic matter, strong dry winds during drought, destruction by wildlife and livestock, destruction by human especially the medicinal parts e.g, leaves, bark, fruits, this confers with the study by [25], which shows that some medicinal plants survived in harsh conditions of the urban environment of Nairobi and Thika town in Kenya though the survival rates was a bit lower. The 25 medicinal trees/shrubs that have survived in Chapareria has the following xerophytic characteristics such deep rooted to absorb water from the lower soil layers, small leaves mainly spines to reduce the surface area for evapotranspiration and destruction by herbivores which feed on plant leaves, fleshy stems and bark to store water and reversed stomata sequence , and it agrees by the study of [26].

The results of this study showed that *Croton megalorcapus* has the highest survival rate meaning it has all the desirable characteristics needed for survival in the dryland ecosystem of Chapareria, being an indigenous tree in the region, it was easy to easy to establish and required minimal tendering throughout its life cycle and people have placed very high value on this tree species hence promoting its conservation, this concurs with the study [27]. The species with low survival rates indicated that they required intensive care especially during the young stages of development which was not accomplished by many households due to lack of silvicultural knowledge. Low survival could also be caused by animal damage, low adaptation rate to the dryland conditions especially the exotic tree/shrub species,this adheres to the results indicated by the vegetation inventory by [28].

The graph above shows a number of silvicultural practices that would be carried out by the households to improve survival. It indicates that most deaths are caused by damages and least caused by low seed quality; hence protection from damages by animals and human was the most crucial activity to be carried out. Other management practices that could increase the survival rate included, weeding, watering seedlings, using high quality planting material and pruning, this management practices confers with the study on dryland tree management practices outlined by [29].

4. CONCLUSION AND RECOMMENDATION

Medicinal trees and shrubs are highly valued in most African ASAL societies including Chapareria since they still appreciate the power of taking raw medicine from plants and still don't accommodate pharmaceutical drugs administered in health centers. Use of traditional medicine is a form of preserving their cultures and connecting to their ancestors. Changes in the

modern society such as population increase of human and livestock diseases and commercialization of the traditional medicine as a result of development of a currency economy has led to exploitation of this tree species in the wild. This has led to decrease in the population of medicinal trees and shrubs and even extinction of some trees hence domestication of this medicinal trees and shrubs on farms by the local households in Chapareria to reduce the pressure on the natural woodlands and increase production of traditional medicine to serve the local community. Domestication will also reduce the time and cost of traveling to the wild to collect the traditional medicine, improve the economic status of the households through the sale of traditional medicine especially to the urban dwellers, reduce mortality rate. On farm prevalence trends will increase if the households are sensitized by forestry extension on the quality of seeds to plant, appropriate species to use, and management practices such as watering seedlings, weeding, and pruning e.t.c. the households will also adopt the rare species that have not been adopted and this will increase the biodiversity in the region and increase the variety of medicine needed to heal various ailments in the modern society. Proper training on the management of trees/shrubs will increase the on farm survival rates in each household and this will accrue benefits i.e ecological, economical, and cultural such as traditional medicine which is a raw material in the pharmaceutical industry, organic matter, food, fodder, microclimate ameriolation, windbreaks, nutrient cycling, timber, poles, habitat for living organisms, money, improved niutrition, utilization of Kenyan ASALS and revenue for the government. The results obtained from this study indicates more research gaps in this field, documents the information about domestication and survival of medicinal trees and shrubs in the region. In conclusion, the Chapareria community will appreciate Agroforestry aspect since the trees will be intercropped

with crops and livestock and this will rehabilitate this fragile dryland region increase the forest cover in the country.

Based on the findings of this study, the study recommends that an intensive farm forestry extension should be carried out in Chapareria by the forest extension officers to teach and encourage the households to domesticate and adopt the medicinal trees/shrubs in their farms. The government should also provide high quality affordable seeds or seedlings to the households in Chapareria to increase the domestication and survival rate of trees/shrubs

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