

Examining Users' Assessment of Indigenous Beliefs and Practices of Alternative Medicine in Nde Division, Cameroon

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[Doi:10.19044/esj.2024.v20n23p111](https://doi.org/10.19044/esj.2024.v20n23p111)

Submitted: 01 August 2024

Accepted: 31 August 2024

Published: 31 August 2024

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Cite As:

Ndeloa D. (2024). *Examining Users' Assessment of Indigenous Beliefs and Practices of Alternative Medicine in Nde Division, Cameroon*. European Scientific Journal, ESJ, 20 (23), 111. <https://doi.org/10.19044/esj.2024.v20n23p111>

Abstract

Despite the prevalence of conventional medical services, alternative medicine (AM) remains a vital component of healthcare-seeking choices in many communities across Africa. The persistence of indigenous beliefs and practices in healthcare decisions among the population of Nde Division, Cameroon, despite the availability of conventional Western medicine, poses a complex challenge for healthcare providers seeking to deliver effective and culturally sensitive care. This study addresses this phenomenon by exploring the role of indigenous beliefs and practices in shaping healthcare choices, using a mixed-methods approach that combines questionnaires and semi-structured interviews. Questionnaire findings reveal a significant reliance on alternative medicine, with 79.59% of participants believing in the efficacy of indigenous healing traditions and 80% from the semi-structured interviews, using alternative medicine due to cultural and spiritual beliefs. Also, the strong reliance on AM is influenced by economic, social, cultural, and individual factors. Concerns around the safety and efficacy of AM highlight the need for more education, regulation, and integration with conventional healthcare, ultimately informing the development of culturally sensitive healthcare approaches.

Keywords: Indigenous, beliefs, practices, alternative medicine, Nde Division

Introduction

While alternative medicine has proven to be beneficial, (Vinker 2023) highlights its potential risks due to the lack of regulation by government agencies or professional organizations, making it challenging to guarantee safety and efficacy. Nevertheless, alternative medicine remains a crucial aspect of healthcare-seeking behaviors in many African communities, coexisting with conventional medical services that offer more secure therapies (Ozioma & Chinwe, 2019). This study investigates the indigenous beliefs and practices of alternative medicine (AM) in Cameroon's Nde Division, specifically examining how users perceive and experience traditional remedies and spiritual healing. By exploring the cultural significance and effectiveness of alternative medicine, this research aims to understand the role of indigenous beliefs and practices in healthcare decisions and inform culturally sensitive healthcare approaches.

Specifically, for the Nde Division in Cameroon, traditional beliefs and practices play a significant role in the daily lives of the people because it guides them on decisions related to healthcare (Kabir 2004). Indigenous religions, rituals, and ceremonies are deeply rooted in the culture of the people (Babila, 2022). These beliefs revolve around the worship of ancestors, spirits, and various deities that are believed to influence different aspects of life such as illness, the treatment of diseases and protection from harm. To better understand the background of healthcare in Nde, it is fair to mention that besides the indigenous beliefs and practices related to illness, there is also heavy presence of conventional medical care in the division. There are 17 health areas, 41 health units including 38 functional (28 public, 5 private denominational and 5 private), which are considered to be adequate by Cameroon's standard.¹

In the Nde Division, traditional healers, revered as 'menyi nsi', 'nchumsi', 'ngaka', and 'nkopfu', hold esteemed positions within the community, serving as herbalists, diviners, spiritual healers, traditional birth attendants, and bone setters (Agbor, 2011). They employ a range of items, including herbal remedies, animals, and other substances, to perform incantations, rituals, and spiritual practices passed down through generations, often within the same family or lineage. Historically, traditional healers treated a wide array of physical, mental, and spiritual ailments, playing a crucial role in maintaining the community's health and harmony. Despite the advent of modern medicine in Cameroon, alternative healing practices remain significant in Nde Division, reflecting the area's cultural diversity and complex healthcare landscape where traditional and conventional medicines coexist (Lizama, 2010).

¹ District report, BP du DS T3 2020.

Traditional healers are at the forefront of indigenous healing practices, responsible for implementing cultural beliefs and practices, as well as preventive and healing rituals (Agbor, 2011). They have gained popularity among the literate younger generation seeking alternative healthcare, leading to a shift towards traditional healing approaches (Mokgobi, 2014). As a result, conventional healthcare providers have faced financial challenges, indicating that traditional healers effectively address the community's needs, particularly in terms of cultural and spiritual practices (Lizama, 2010). Consequently, traditional healers have earned a strong social standing and are trusted by the community, providing a service that competes successfully with conventional healthcare. They play a significant social role in the community, offering an alternative that resonates with a growing segment of the population in times of need.

This study explores the beliefs and practices surrounding alternative medicine in Nde Division, Cameroon, by examining how traditional remedies and spiritual healing intersect with conventional healthcare options. By assessing users' perceptions and experiences, it aims to foster a deeper understanding of how these beliefs and practices influence health-seeking behaviors and intersect with the modern healthcare system. The research seeks to shed light on the factors influencing indigenous medicine practices, uncover related health and illness practices, and identify potential areas of synergy or conflict. Ultimately, the findings will inform culturally sensitive healthcare policies, contribute to the discourse on integrative healthcare and cultural competence, and improve health outcomes in Nde Division, Cameroon.

In Nde, healthcare decisions are made from a variety of choices, offering flexibility and autonomy. While some residents prefer conventional medicine for its scientific approach and advanced technologies, others incorporate indigenous practices, traditions, and customs that are deeply rooted in the beliefs and traditions of the community, in their treatment regimen (Fokunang 2011). To administer treatments, practitioners of alternative healthcare employ various methods such as, herbal medicine, spiritual healing, divination and ritualistic healing, scarification, diet and nutrition, massage, bone setting, and many more, to diagnose and treat illnesses. Additionally, some individuals consult traditional healers and use alternative medicine before or alongside seeking conventional medical care. This blend of approaches reflects the community's diverse cultural beliefs and preferences.

This study investigates how users of AM in Nde Division, Cameroon, integrate indigenous beliefs and practices into their healthcare choices. The objectives are:

- To examine consumer attitudes towards indigenous healing traditions
- To identify factors influencing the use of indigenous medicine practices
- To assess the perceived effectiveness and safety of indigenous medicine
- To explore opportunities for collaboration and challenges in integrating indigenous medicine into the broader healthcare system.

Background of Study

To provide a foundation for this study, it is necessary to define and contextualize key concepts related to alternative medicine, which include its various forms, cultural significance, and global usage. Alternative medicine refers to a range of treatments for medical conditions that people use instead of or alongside conventional Western medicine (Tuncel 2014). These therapies encompass a wide range of approaches, including herbal medicine, acupuncture, chiropractic care, meditation, yoga, and many others (Mahomoodally 2013). The extensive use of AM in Africa, composed mainly of medicinal plants, has been argued to be linked to cultural and economic reasons (Fokunang 2011). The World Health Organization (WHO) reported that 80% of the emerging world's population relies on alternative medicine for therapy (WHO, Fact sheet N° 134, 2008).

Indigenous beliefs and practices are the spiritual and cultural traditions of native peoples, deeply connected to their ancestral lands and natural environments (Malaudzi 2007). These beliefs emphasize living in harmony with nature, respecting the balance of ecosystems, and honoring ancestors and the spiritual realm. Indigenous cultures prioritize community and collective well-being, and possess traditional knowledge passed down through generations. From the perspective of AM, indigenous beliefs and practices embody the holistic and integrative approaches to health and wellness that have been refined over centuries. By embracing the complexities and richness of Indigenous beliefs and practices, alternative medicine supports the reclamation of traditional knowledge, the revitalization of cultural heritage, and the empowerment of Indigenous communities (Mahomoodally, 2013).

Alternative medicine practices globally share commonalities, that include a focus on harmony with nature, ecosystem balance, and reverence for ancestors and the spiritual realm. In Africa, AM is deeply rooted in cultural and economic contexts, with medicinal plants being a pivotal component (Mahomoodally, 2013). In Asia, emphasizing the importance of balance and harmony in maintaining health and well-being, traditional Chinese medicine and Ayurveda have been practiced for centuries (Arabiat 2021). In the Americas, indigenous beliefs and practices of AM have been shaped by the historical and contemporary experiences of native peoples, encompassing a

wide range of practices that harmonize physical, emotional, spiritual, and environmental aspects of well-being (Isaac, 2018). To them, Language, ceremony, art, and land use are all integral to the reproduction of Indigenous social formations, identities, and resistance strategies.

The use of folk remedies to manage illness is influenced by family beliefs and the natural or social environment (Bell et al., 2015). Understanding the relationship between health beliefs and traditional practices is important in conceptualizing the capacity of families to manage illness during acute or chronic illness (Arabi, 2021). (Liddell 2005) emphasizes the significance of understanding cultural beliefs and practices related to illness in Sub-Saharan Africa to develop effective and culturally sensitive healthcare approaches. Therefore, indigenous beliefs and practices of AM embody the holistic and integrative approaches to health and wellness that have been refined over centuries. By embracing the complexities and richness of these beliefs and practices, AM learns from and support the reclamation of traditional knowledge, the revitalization of cultural heritage, and the empowerment of indigenous communities to assert their rights, reclaim their histories, and reimagine their futures.

Nde Division reflects, Cameroon's rich heritage and diverse traditional healing practices, which offers a unique lens to facilitate the exploration of the intersection of indigenous beliefs, traditional practices, and AM. It is shaped by a complex interaction of cultural, economic, social, and historical factors, which have given rise to a strong tradition of alternative healing practices. Home to several ethnic groups, each with their unique cultural beliefs and practices, the Division showcases a fascinating array of healing traditions. The Bangangte and Bazou people who are part of this Division have a long-standing tradition of using herbal remedies, while the Bassamba people boast a rich culture of spiritual healing, with renowned traditional healers in the community.

This cultural heritage is characterized by a strong emphasis on community and collective well-being, which is reflected in the use of alternative healing practices that prioritize both individual and community well-being (Namboze, 1983). This emphasis is also reflected in the widespread use of AM in Cameroon, where approximately 80% of the population rely on it for therapy (Agbor, 2011; WHO, 2008). The country's rich cultural diversity has contributed to a vibrant tradition of indigenous beliefs and practices, with scholars noting the significance of this heritage in shaping healthcare choices (Fokunang, 2011). As a result, understanding the cultural context of health and illness is crucial to developing effective healthcare strategies in the Nde Division.

Studies have shown that cultural representation of illness shapes treatment choices, with alternative medicine often being closely tied to

cultural practices and traditions (Fokunang et al., 2011; Makoge et al., 2013). However, the literature also highlights the limitations of existing research, including a lack of understanding of the specific cultural beliefs and practices that influence healthcare decisions in this division. This study aims to address this knowledge gap by exploring the cultural beliefs and practices related to health and illness in the Nde Division. Furthermore, economic factors also significantly influence healthcare choices, particularly in resource-constrained settings where the cost of conventional healthcare may be a substantial barrier.

The cost of affording conventional healthcare has been found to be a significant motivator for the use of indigenous medicine in low-income communities, particularly in Sub-Saharan Africa (Liddell, 2005). Studies have consistently shown that the high cost of healthcare services and medications is a major barrier to accessing conventional healthcare, leading individuals to seek alternative, more affordable options (Fokunang, 2011; Kuete & Efferth, 2010; Ntembe, 2017). In Cameroon, for instance, the cost of hospital consultation, diagnosis, and medication is prohibitively expensive for many individuals, leading to a reliance on indigenous medicine as a more affordable alternative (Kuete & Efferth, 2010). This body of research highlights the critical role of cost in shaping healthcare-seeking behavior and underscores the need for policymakers to address the affordability of healthcare services, in order to reduce reliance on indigenous medicine. Moreover, the interplay between economic factors and healthcare decisions is further complicated by social factors, which also significantly influence healthcare-seeking behavior, as evident in the complex relationships between social support, social networks, and indigenous beliefs and practices.

The intersection of social factors and indigenous beliefs and practices has been a burgeoning area of research in African healthcare. However, a critical examination of the existing literature reveals a complex web of influences, with social support, social networks, and social influence exerting a profound impact on healthcare seeking behavior (Olagbemide, 2021; Gyasi, 2020; R. M Alesane, 2018). Notably, social influence emerged as a significant predictor of healthcare seeking behavior, with individuals more likely to seek care if they perceive that others in their social network or community are also seeking care (Latunji, 2018; Low, 2016). Nevertheless, the literature also highlights the need for a more comprehensive insight of the interaction between social contextual factors and indigenous beliefs and practices, particularly when making healthcare decisions. This complex interplay is further illuminated by the evolution of traditional healing practices in Cameroon, which has been shaped by historical factors as well.

For example, during the colonial era, the introduction of Western medicine led to a complex blend of conventional and alternative approaches (Enang, 2019). The intersection of Western medicine and alternative medicine

(AM) in Cameroon has been marked by power imbalances, with Western medicine prioritized over AM, often undermining the value of traditional practices (Fokunang, 2011). This has led to ongoing debates about integrating traditional healing practices into modern healthcare frameworks, particularly after Cameroon gained independence and maintained the colonial healthcare system (Fokunang, 2011). Despite this, AM continues to play a vital role in rural areas due to limited access to conventional healthcare (Fokunang, 2011). The widespread use of herbal remedies like Aloe Vera, lemon grass, and hibiscus highlights the significance of AM in addressing physical and spiritual health needs (Ozioma, 2019). Nevertheless, the effectiveness of these remedies is not universally accepted, and further research is needed to fully understand their potential benefits and limitations. As we delve deeper into the complexities of alternative healing practices in Cameroon, it becomes evident that the administration of plant-based medicines is a nuanced and multifaceted process that warrants further exploration.

The administration of plant-based medicines varies depending on the nature of the illness, age, and state of the patient, and may involve traditional practices like boiling, squeezing, or grinding plants into powders or oils (Foncham, 2022). While these practices have been passed down through generations, there is a need for more systematic documentation and evaluation of their efficacy. Traditional healing practices in Cameroon offer a rich and complex landscape of indigenous knowledge, shaped by historical and cultural contexts. However, their integration into modern healthcare frameworks requires careful consideration of their relative merits and limitations, as well as the power dynamics that have historically marginalized indigenous knowledge related to healthcare. This integration is further complicated by the fundamentally different approaches to healthcare that underlie conventional Western medicine and indigenous healing practices, highlighting the need for a nuanced understanding of their distinct epistemologies and ontologies.

Indigenous healing practices and conventional western medicine exhibit distinct approaches to healthcare, rooted in disparate epistemologies and ontologies (Asonganyi, 2013). Conventional Western medicine prioritizes scientific testing, standardized protocols, and pharmaceuticals, focusing on specific diseases or symptoms (WHO, 2019). In contrast, indigenous healing practices employ holistic, spiritual, and natural remedies, which address interconnected physical, emotional, and spiritual aspects of well-being (Fokunang, 2011). While conventional medicine excels in treating physical ailments, AM is preferred for spiritual and psychological issues, highlighting the need for a more inclusive understanding of health and wellness.

The efficacy of both approaches is evident, as indigenous healing practices demonstrate success in treating chronic and acute conditions, such as diabetes and mental health disorders (Mahomoodally, 2013), and

conventional Western medicine establishing efficacy in treating infectious diseases, injuries, and surgical interventions (WHO, 2019). However, societal perceptions differ significantly, with indigenous healing practices being marginalized or stigmatized (Abdullahi, 2011), and conventional Western medicine generally accepted and trusted (WHO, 2019). This disparity underscores the importance of acknowledging and respecting the value of both approaches, recognizing their unique strengths and limitations to foster collaborative relationships and promote inclusive, culturally sensitive healthcare approaches (Asonganyi, 2013).

Theoretical framework

This study is grounded in Pierre Bourdieu's habitus theory, which posits that individuals' beliefs, behaviors, and choices are shaped by the interplay between social structures, cultural norms, and personal agency (Ngarachu, 2014; Scambler, 2015). Bourdieu's structural constructivism emphasizes the dialectical relationship between objective structures (social class, education, cultural norms) and subjective phenomena (individuals' perceptions, experiences, and choices). This framework recognizes that social structures constrain thought, action, and interaction, while also acknowledging the role of individual agency in shaping practices (Bourdieu, 1990). In the context of Alternative Medicine (AM) in Nde Division, this theory suggests that people's decisions to use AM are influenced by their social environment, cultural traditions, and community values. Social structures, such as access to healthcare resources, socioeconomic status, and cultural beliefs, shape individuals' attitudes towards AM. Simultaneously, individuals' agency and unique circumstances, such as personal experiences and social networks, also play a role in their healthcare choices.

By applying structural constructivism, this study aims to understand how societal and cultural factors shape healthcare practices and behaviors in Nde Division. Specifically, it explores how social structures and cultural norms influence individuals' decisions to use AM, and how these influences interact with access to healthcare resources. This framework allows us to examine the complex interplay between structure and agency, and how they shape healthcare outcomes in the region. In doing so, this study addresses some of the limitations of structural constructivism, such as the tendency to overlook individual agency, overemphasize stability, and ignore power dynamics. By acknowledging the role of personal agency and unique circumstances, this study provides a more nuanced understanding of how individuals navigate and respond to their social contexts.

Materials and Methods

Study area

The Nde Division, situated in Cameroon's West Region, is renowned for its vibrant culture and strong adherence to traditional beliefs and practices. Comprising four subdivisions, Tonga, Bangangte, Bazou, and Bassamba, it has a combined population of 304,800 as of 2019.² The study focused on the Bangangte, Bazou, and Bassamba, due to their cultural (beliefs and practices), and geographical similarities, which offer a representative sample for exploring the Division's cultural health beliefs and practices. On the cultural platform, Nde Division as a whole is partitioned into 14 kingdoms or cultural groups³. It is further made up of 208 communities, all headed by chiefs. The Nde Division is also known for its traditional rulers, who play a vital role in upholding its customs and traditions. These traditional leaders are highly respected figures and serve as mediators, arbitrators, and custodians of the cultural heritage of their respective communities.

Methodology

This study employs a descriptive cross-sectional mixed-methods design, combining both qualitative and quantitative approaches to provide an understanding of healthcare-seeking behavior in Nde Division. The quantitative approach involved administering questionnaires to 102 users of AM in three subdivisions of Nde Division, with 99 questionnaires retrieved and analyzed. Stratified random sampling was employed to ensure a representative sample, with participants selected based on demographic characteristics such as age, gender, ethnic group, occupation, education level (Elfil & Negida, 2017), and their usage of AM. Data was analyzed using EPI INFO software, with results presented using descriptive statistical tools such as tables and bar charts.

The qualitative approach involved conducting semi-structured individual interviews with 60 participants, selected using purposive sampling techniques. This study obtained approval from the University of Dschang's Graduate School and adhered to rigorous ethical standards, ensuring informed consent through a comprehensive process where participants signed a written consent form, were fully briefed on the research purpose, benefits, and potential risks, and were assured of voluntary participation, anonymity, and data protection. Participants were also provided with contact information for the researcher and an independent ethics committee, informed of their right to withdraw data, and offered a debriefing session. The study ensured sufficient time for consideration, protected vulnerable populations, translated study

³ KINGDOMS; Bangangte, Bangoua , Balengou, Batchingou, Bazou, Bamah, Bakong, Bagnoun, Bamera, Badounga (Tonga), Bahouoc, Bagang- Fokam, Bawock, Bangoulap

materials when necessary, and had an independent ethics committee review and monitor the consent process. Participants were advised that the study was privately-funded for a PhD research project, and that their participation would take 20-60 minutes for the quantitative study or 30 minutes to one hour for semi-structured interviews. Every effort was made to minimize potential harm and ensure participants' well-being. These interviews were recorded using a tape recorder, whose content was later transcribed, and then coded.

Participants included traditional authorities, traditional practitioners, vendors of alternative medicine, users/consumers of alternative medicine, and conventional medical personnel. Content analysis was used to identify key themes, emotions, perceptions, and experiences related to the use of alternative medicine. The mixed-methods approach was chosen to capture both the breadth and depth of data, allowing for an understanding of healthcare-seeking behavior in Nde Division (Wasti et al., 2022). The quantitative approach provided demographic information of healthcare-seeking decision making, while the qualitative approach captured detailed emotions, perceptions, and experiences.

Purposive sampling was used for the qualitative study, targeting specific groups known for their relevance to the study. Stratified random sampling was used for the quantitative study, ensuring a representative sample. Inclusion criteria included, being residents of Bangangte, Bazou, or Bassamba, adults aged 18 and above, and experience with alternative medicine within the past 12 months. Exclusion criteria included non-residents, non-users of alternative medicine, and individuals who refused to participate.

Results

This study explores the use of AM among users in the Nde Division, with a focus on the role of indigenous beliefs and practices in shaping healthcare choices. Through interview with 15 Traditional practitioners, 5 traditional authorities, 10 Vendors, 20 members of the local Population (consumers of AM), 10 conventional medical personnel, totaling 60 qualitative interviews and 99 questionnaires in the quantitative follow-up study. The findings reveal a strong belief in the effectiveness of indigenous healing traditions and practices, with 80% of participants believing in their efficacy and 70% using AM due to cultural and spiritual beliefs.

Table 1: Population Under Study

N°	Description of population	Actual figures	Percentages
1	Notables (Traditional authorities)	5	8.3%
2	Traditional practitioners	15	25%
3	Vendors	10	16.7%
4	Population (consumers)	20	33.3%
5	Medical personnel	10	16.7%
Total		60	100%

The study reveals that societal attitude towards alternative medicine in Nde communities is characterized by a blend of reverence for traditional healing practices and cautious openness to modern medical interventions. Users of AM perceive it as a complementary or alternative form of healthcare that seeks to identify the origin of illnesses and address the root cause rather than just treat symptoms. The majority of users 30.61% were over 48 years old, married, and have completed secondary education, 57.58%. The gender balance among users of alternative medicine leaned slightly towards males, who made up 52.53% of the population, with females constituting 47.47%.

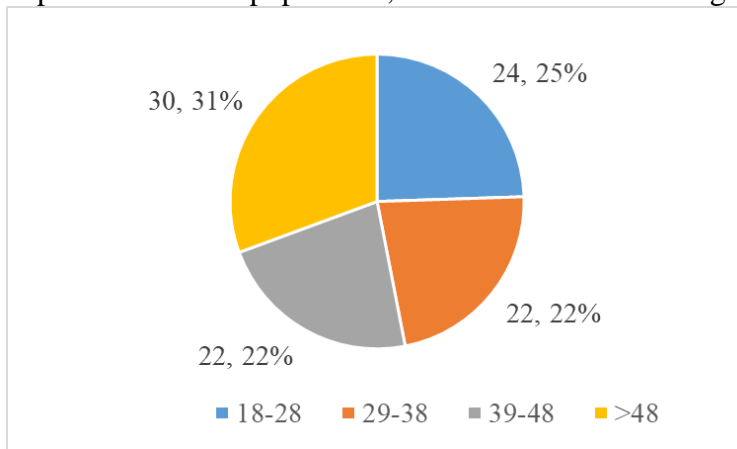


Figure 1: The age range of participants

They use AM for various health issues, including malaria, typhoid, epilepsy, and mental illnesses, liver and kidney diseases, diabetes, difficult pregnancies and deliveries, sprains, cough, cold, etc. and believe it offers a certain level of perceived efficacy and benefit. The results also highlight the significance of cultural beliefs, healthcare accessibility, and personal health preferences in the adoption of alternative healing methods, with users relying on natural remedies such as herbs and tree barks, and spiritual healing practices passed down through generations.

This data suggest that the utilization of AM practices in Nde is influenced by a combination of economic, social, cultural, and individual factors. Economically, 30.21% of users opted for AM due to financial constraints, finding it more affordable than conventional healthcare, while 5.21% chose it due to prolonged waiting times in hospitals. Socially, 9.38% of users were influenced by positive experiences and testimonials from friends and family members, and another 9.38% chose alternative medicine due to the proximity of alternative health facilities. Culturally, 5.21% of users relied on traditional healing practices passed down through generations, and many trusted in the effectiveness of these practices due to their extensive history of use in the community. Individually, 21.88% of users opted for alternative

medicine due to unsatisfactory experiences with conventional healthcare, while 18.75% chose it for personal reasons not captured in the other categories. In sum, these results highlight the complex interplay of factors that drive the use of alternative medicine in Nde, thereby, reflecting a blend of economic, social, cultural, and individual motivations.

Table 2: Reasons for using alternative medicine in Nde

Reasons for choosing to use alternative medicine	Frequency	Percentages
Cost	29	30.21%
Dissatisfaction with the previous course of treatment	21	21.88%
Other reasons	18	18.75%
Distance	9	9.38%
Recommendation from friends	9	9.38%
Delays in hospital	5	5.21%
It is our culture to use their services	5	5.21%
Total	96	100.00%

The safety and efficacy of alternative medicine (AM) in Nde is a matter of consideration, particularly from the perspective of conventional healthcare personnel. While 79.59% of participants reported satisfaction with the results of AM, they lacked knowledge on potential interactions and toxicity. This lack of understanding is compounded by the absence of precise measurements and regulation, leading to uncertainty in dosages. Notably, 14 out of 15 interviewees relied on household utensils for measurements, which could lead to inconsistent dosing. Furthermore, negative interactions between herbal products and conventional medicine are likely to pose a significant risk to patients. Despite 57.58% of participants having secondary education, they still relied on referrals and word of mouth to use AM, thereby, highlighting the need for education and awareness.

Moreover, the risk of toxicity is high due to the use of plants with properties similar to conventional medicine, such as arthemisia and "kenkeliba", which have the ability to suppress germs and affect lab tests, as noted by clinical laboratory personnel in the study. Additionally, poor hygienic conditions in which the medicine is produced, as well as counterfeit herbal medicines on the market, pose significant safety concerns.

Discussion

The following discussion elaborates on the study's findings, which reveal the complex dynamics of economic, social, cultural, and spiritual factors influencing healthcare choices in the Nde Division, highlighting the significance of cultural sensitivity and inclusivity in healthcare delivery.

The study highlights the significance of indigenous medicine in the healthcare system, including the crucial role of practitioners known as "Menyi" and the importance of community engagement and support.

The study's findings highlight the significance of economic, social, cultural, and spiritual factors in healthcare delivery. A strong belief in the effectiveness of indigenous medicine is evident among users in the Nde Division. The dominant use of alternative medicine (78.57%) reflects a habitus (Bourdieu, 1977) which is shaped by a long history of use, familiarity, and collective knowledge. The widespread use of self-medication with alternative medicine (72.34%) emphasizes the need for education to prevent fatalities. Cost (30.21%) and cultural beliefs are significant reasons for using alternative medicine. The high recommendation rate (79.59%) indicates community trust and satisfaction, highlighting the need for inclusive health policies (Fokunang, 2011).

Healthcare providers will benefit from understanding cultural and spiritual beliefs underlying patients' healthcare choices, thereby enhancing patient-provider communication and promoting culturally sensitive care (Asonganyi, 2013). This study contributes to a deeper understanding of cultural health beliefs and practices in the Nde Division and beyond. Studies have shown that cultural representation of illness shapes treatment choices, with alternative medicine often being closely tied to cultural practices and traditions (Fokunang et al., 2011; Makoge et al., 2013).

Although the government has established regulatory mechanisms, more research is needed to fully understand the potential risks and benefits of AM. Ultimately, the use of AM is deeply rooted in cultural beliefs, but its coexistence with conventional medicine creates tension and conflicting healthcare practices, highlighting the need for integration and education.

Enhancing collaboration and networking is vital for promoting alternative medicine in Cameroon. Currently, a lack of effective collaboration and coordination between AM practitioners and conventional healthcare providers hinders the understanding and acceptance of AM practices by a large proportion of the population. However, efforts are being made to address this challenge including interdisciplinary training programs, professional forums, and educational initiatives are being implemented to foster mutual understanding and respect. To this end, the Cameroonian government has adopted policies and guidelines set forth by international organizations such as the World Health Organization (WHO, 2013). These efforts include the adoption of the National Strategic Plan for the development and integration of alternative medicine in Cameroon, by incorporating them into national laws and regulations to promote the integration of alternative medicine into the country's healthcare system. Moreover, in August 2002, the government took a significant step towards regulating unconventional medicine by issuing Decree No. 2002/209, which mandated the registration and authorization of unconventional medicine practitioners by the Ministry of Public Health.

Furthermore, traditional healers are actively making efforts to incorporate themselves into the mainstream healthcare system through collaborations with Western-trained professionals, in order to enhanced patient outcomes and increased trust among healthcare providers and communities. This integration is facilitated by utilizing conventional diagnostic testing facilities, adhering to established regulatory frameworks for alternative medicine, and participating in state-organized training programs for alternative medicine practitioners. By bridging the gap between conventional and alternative medicine, these initiatives aim to strengthen the alternative medicine sector in the country, and ultimately provide more comprehensive and inclusive healthcare options for patients.

The findings of this study unequivocally show that alternative medicine users in the Nde Division in Cameroon incorporate indigenous beliefs and practices into their healthcare choices, influenced by strong cultural and spiritual convictions, community endorsement, and perceived effectiveness. This highlights the necessity for healthcare providers to consider these factors in order to provide culturally sensitive care that respects the cultural nuances and values of this community.

This study's methodological strengths include the use of a qualitative research design and diverse data collection methods. Limitations include sampling biases, cultural nuances, and researcher subjectivity. Future research explores longitudinal studies, comparative analyses, and interdisciplinary research collaborations. This study provides valuable insights into the complex dynamics of healthcare choices in the Nde Division, highlighting the importance of cultural sensitivity and inclusivity in healthcare delivery. By understanding the cultural and spiritual beliefs underlying patients' choices, healthcare providers promote more effective and respectful care.

Conclusion

This study aimed to examine consumer attitudes towards indigenous healing traditions, identify factors influencing the use of alternative medicine practices, assess the perceived effectiveness and safety of indigenous medicine, and explore opportunities for collaboration and challenges in integrating indigenous medicine into the broader healthcare system. The findings reveal a strong belief in the effectiveness of indigenous healing traditions and practices, with 80% of participants believing in their efficacy and 70% using AM due to cultural and spiritual beliefs. The study highlights the significance of cultural beliefs, healthcare accessibility, and personal health preferences in the adoption of alternative healing methods. However, concerns regarding safety and efficacy, lack of knowledge on potential interactions and toxicity, and poor regulation were also noted.

In conclusion, this study demonstrates the importance of cultural competence in healthcare delivery and research, emphasizing the need for healthcare providers to recognize and respect traditional healing modalities. The recommendations provided, including cross-cultural training, integration of traditional practices, community engagement, and policy development, offer a framework for promoting cultural competence and improving healthcare delivery. Future studies may address the standardization of alternative medicine practices, education and awareness programs for consumers, and the development of policies to regulate the use of alternative medicine. By promoting integrative and inclusive healthcare approaches, this study aims to enhance healthcare outcomes and improve health equity in Cameroon and similar contexts.

Conflict of Interest: The author reported no conflict of interest.

Data Availability: All data are included in the paper's content.

Funding Statement: The author did not obtain any funding for this research.

Declaration for Human Participants: This study has been approved by the University of Dschang's Graduate School and adhered to rigorous ethical standards, and the principles of the Helsinki Declaration were followed.

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