



An Assessment of Indigenous Beliefs and Practices of Alternative Medicine by Its Users in Nde Division, Cameroon

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Abstract

This study examines the role of indigenous beliefs and practices in shaping healthcare choices in Cameroon's Nde Division, where alternative medicine is deeply rooted in cultural and spiritual traditions. A mixed-methods approach combining surveys and interviews revealed that 80% of participants believe in the efficacy of indigenous healing traditions, with 70% using alternative medicine due to cultural and spiritual beliefs. Economic, social, cultural, and individual factors influence the adoption of alternative healing methods, with users relying on natural remedies and spiritual practices passed down through generations. However, concerns around safety and efficacy highlight the need for education, regulation, and integration with conventional healthcare. This research underscores the importance of cultural sensitivity and inclusivity in healthcare delivery, emphasizing the need for healthcare providers to consider the cultural nuances and values of this community. By understanding the cultural and spiritual beliefs underlying patients' choices, healthcare providers can promote more effective and respectful care.

Keywords: Indigenous beliefs, alternative medicine, Nde Division

Introduction

This study investigates the indigenous beliefs and practices of alternative medicine 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.

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. 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 groups¹. 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.

Traditional beliefs and practices play a significant role in the daily lives of the people, Kabir (2004) because it guides them on decisions related to healthcare. 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 but fair to mention that besides the indigenous beliefs and practices related to illness and use, there is a heavy presence of conventional medical care in Nde. 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.²

Traditional healers, known locally as 'menyi nsi', 'nchumsi' and 'ngaka', nkapfu etc. hold revered positions within the community, serving as herbalists, diviners, spiritual healers, traditional birth attendants, and bone setters. These healers, employ a range of methods including herbal remedies, animals and other substances, to do incantations, perform rituals, and spiritual practices, that have been passed down knowledge and skills through generations, often within the same family or lineage. Historically, they treated a wide array of physical, mental, and spiritual ailments, playing a crucial role in the community's health and harmony. Despite the advent of

¹ KINGDOMS; Bangangte, Bangoua , Balengou, Batchingou, Bazou, Bamah, Bakong, Bagnoun, Bamera, Badounga (Tonga), Bahouoc, Bagang- Fokam, Bawock, Bangoulap

² District report, BP du DS T3 2020.

modern medicine in Cameroon, alternative healing practices remain significant in Nde Division, reflecting the area's cultural diversity and the complex healthcare landscape where traditional and conventional medicines coexist to meet the local population's needs.

This study explores the beliefs and practices surrounding alternative medicine in Nde Division, Cameroon, 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 many African countries, alternative medicine plays a significant role in primary healthcare, with a substantial proportion of the population relying on it as their first line of treatment. In Ghana, about 70% of the population depends primarily on alternative medicine, Asase (2019). Mander and colleagues (2007) in South Africa, estimated that about twenty-seven million South Africans use alternative medicine to treat a variety of ailments. Hunter also reiterates that alternative healthcare has contributed very significantly to the treatment of convulsions in rural Tanzania, Hunter (2016). So, cultural beliefs and traditions strongly influence the way inhabitants in Nde Division seek healthcare.

In Nde, healthcare decisions are made from a variety of choices, offering flexibility and autonomy. While some residents prefer biomedicine for its scientific approach and advanced technologies, others initially self-treat or incorporate indigenous practices, traditions, and customs that are deeply rooted in the beliefs and traditions of the community, Fokunang (2011). To administer treatments, practitioners of alternative healthcare employ various methods, which include: 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 biomedical care. This blend of approaches reflects the community's diverse cultural beliefs and preferences.

This study investigates how users of alternative medicine 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, including 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 et al. (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 alternative medicine 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: 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 alternative medicine, 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).

Nde Division is a division within Cameroon known for its unique cultural heritage and diverse traditional healing practices. This area provides a rich context for studying the integration of indigenous beliefs and practices with alternative medicine, as it represents a microcosm of the broader dynamics between traditional and conventional healthcare systems in Cameroon.

Indigenous beliefs and practices of alternative medicine are deeply rooted in cultural and spiritual traditions that prioritize harmony with nature,

respect for ancestors, and community well-being, Namboze (1983). Similarly, in Cameroon, alternative medicine is widely used, with 80% of the population relying on it for therapy (Agbor, 2011;WHO, 2008). This is largely due to the country's rich cultural diversity, which has contributed to a vibrant tradition of indigenous beliefs and practices, Fokunang (2011). Moreover, across different cultures worldwide, indigenous beliefs and practices of alternative medicine share common themes, such as the emphasis on living in harmony with nature, respecting the balance of ecosystems, and honoring ancestors and the spiritual realm. For instance, in Africa, alternative medicine is often linked to cultural and economic reasons, with medicinal plants playing a significant role Mahomoodally, (2013). In Asia, traditional Chinese medicine and Ayurveda have been practiced for centuries, emphasizing the importance of balance and harmony in maintaining health and well-being.

In the Americas, indigenous beliefs and practices of alternative medicine 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. Language, ceremony, art, and land use are all integral to the reproduction of indigenous social formations, identities, and resistance strategies, Isaac (2018)

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 Arabiat, D., et al. (2021)). Liddell et al., (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. So, indigenous beliefs and practices of alternative medicine 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 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.

The Nde Division is a culturally rich and diverse division, with a strong tradition of alternative healing practices shaped by a complex interplay of cultural, economic, social, and historical factors. Home to several ethnic groups, each with their unique cultural beliefs and practices, the Division showcases a fascinating array of healing traditions. For instance, the Bangangte and Bazou people 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. The Division's 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.

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.

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, C., et al. (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 to reduce reliance on indigenous medicine.

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 et al. (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 et al., Low et al. (2018). 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 in the context of healthcare seeking behavior.

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). Over time, 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 of this shift, conventional healthcare providers have faced financial challenges, indicating that traditional healers are effectively addressing 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. So, traditional healers play a significant social role in the community, offering an alternative that resonates with a growing segment of the population in times of need.

The evolution of traditional healing practices in Cameroon is a complex and multifaceted phenomenon, shaped by the intersection of cultural, economic, social, and historical factors. During the colonial era, the introduction of Western medicine led to a nuanced blend of conventional and alternative approaches (Enang). However, this intersection was often marked by power imbalances, with Western medicine prioritized over indigenous knowledge. After gaining independence, Cameroon maintained the colonial healthcare system, which has since sparked ongoing debates about integrating traditional healing practices into modern healthcare frameworks. Also, alternative medicine has continued to play a vital role in Cameroon, particularly in rural areas where access to conventional healthcare is limited, (Fokunang, 2011). The use of herbal remedies, such as aloe vera, lemon grass, and hibiscus, is widespread, with skilled practitioners harnessing their therapeutic properties to address physical and spiritual health issues, Ozioma (2019). However, the effectiveness of these remedies is not universally accepted, and more research is needed to fully understand their potential benefits and limitations.

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.

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, addressing interconnected physical, emotional, and spiritual aspects of well-being Fokunang (2011). While conventional medicine excels in treating physical ailments, indigenous medicine 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, with indigenous healing practices demonstrating 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 often 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).

Methods

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 alternative medicine 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, and their usage of alternative medicine. 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. 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. 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 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.

The study drew on Pierre Bourdieu's habitus theory as its theoretical basis, Ngarachu (2014). Pierre Bourdieu's structural constructivism is a way of understanding how society shapes the way we think and act Scambler (2015). Guided by Pierre Bourdieu's structural constructivism, it posits that individuals' beliefs, behaviors, and choices are shaped by social structures and cultural norms. 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. Based on the theory, this study explores how social structures and cultural norms shape individuals' attitudes towards AM, and how these influences interact with objective structures such as access to healthcare resources. By applying structural constructivism, the research aims to understand how societal and cultural factors shape healthcare practices and behaviors in Nde Division, and how individuals' agency and unique circumstances also play a role in their healthcare choices.

Result

This study explores the use of alternative medicine 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 alternative medicine), 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 alternative medicine due to cultural and spiritual beliefs. 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.

Table 1: Population Under Study

N°	Description of population	Actual figures
1	Notables (Traditional authorities)	5
2	Traditional practitioners	15
3	Vendors	10
4	Population (consumers)	20
5	Medical personnel	10
total		60

Source: DREMOH N., A presentation of the study population

The study reveals that societal attitudes towards alternative medicine in Nde communities are characterized by a blend of reverence for traditional healing practices and cautious openness to modern medical interventions. Users of alternative medicine 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%. They use alternative medicine 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 indigenous medicine practices in Nde is influenced by a combination of economic, social, cultural, and individual factors. Economically, 30.21% of users opted for alternative medicine 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

<i>Why did you choose to use alternative medicine</i>	Frequency	Percent
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%

Source: Dremoh Ndeloa field data 2022

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, posing 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, as a result, 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 had the ability to suppress germs and affect lab tests. Additionally, poor hygienic conditions in which the medicine is produced, as well as counterfeit herbal medicines on the market, pose significant safety concerns. 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 alternative medicine practitioners and conventional healthcare providers hinders the understanding and acceptance of alternative medicine practices. However, efforts are being made to address this challenge. 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. Also, in August 2002, decree no 2002/209 of August 2002 was passed, and it required unconventional medicine practitioners to be registered and authorized by the Ministry of Public Health.

Furthermore, traditional healers are making efforts to integrate themselves into the mainstream healthcare system by collaborating with Western-trained healthcare professionals, leading to improved patient results and increased trust and understanding between different healthcare providers and their communities. This is achieved by utilizing the services of diagnostic testing in conventional facilities before treating patients. Moreover, adhering to established regulatory framework for alternative medicine, and following training programs of alternative medicine practitioners organized by the state and partners. These initiatives aim to bridge the gap between alternative and boost the alternative medicine sector in the country.

The findings of this study unequivocally show that alternative medicine users in the Nde Division of 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.

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'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, 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.

Healthcare providers will benefit from understanding cultural and spiritual beliefs underlying patients' healthcare choices, thereby enhancing patient-provider communication and promoting culturally sensitive care. This study contributes to a deeper understanding of cultural health beliefs and practices in the Nde Division and beyond.

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 can explore longitudinal studies, comparative analyses, and interdisciplinary research collaborations. This study provides insights into the complex dynamics of healthcare choices in the Nde Division, emphasizing the importance of cultural sensitivity and inclusivity in healthcare delivery. By understanding the cultural and spiritual beliefs underlying patients' choices, healthcare providers can promote more effective and respectful care.

Conclusion

Ultimately, this study has made a significant contribution to the field of knowledge by providing a comprehensive understanding of the role of indigenous beliefs and practices in shaping healthcare choices in the Nde Division. Through its findings, the study has highlighted the importance of cultural competence in healthcare delivery and research, emphasizing the need for healthcare providers to recognize and respect traditional healing modalities. By promoting integrative and inclusive healthcare approaches, this study aims to enhance healthcare outcomes and improve health equity in Cameroon and similar contexts. 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. Ultimately, this study demonstrates the value of interdisciplinary research in understanding the complex dynamics of healthcare choices and highlights the need for ongoing research and collaboration to promote effective, patient-centered care that honors the diversity of health beliefs and practices.

Declaration for Human Participants: This study has been approved by University of Dschang's Graduate School in Cameroon, and the principles of the Helsinki Declaration were followed.

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

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