

# "Culture, Beliefs and Health Care Utilization in Africa"

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# The Concept of Health and Wholeness in Traditional African Religion and Social Medicine

- Good health and wholeness of being are phenomena of universal and perennial human interest.
- However, people of different cultures view these concepts differently.
- Culture, which is a system of ideas, an integrated pattern of beliefs and behavior and a shared way of life of a people contains their worldview and determines their notion of human life.
- It also acts as a template for the organization of social psychological, rational, political, economic, religious and even medical processes of a people.



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Review Article

Open Access

## The Concept of Health and Wholeness in Traditional African Religion and Social Medicine

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### Abstract

African Traditional Religion and medicine are integral parts of life and culture of the Africans and have greatly influenced their conceptions about human health and wholeness. Their many realities that Africans have not been able to abandon, in spite of the allurements of western civilization, Christianity, Islam and the advances in the bio-medical sciences. The aim of this paper is to highlight the meaning of health and wholeness as central issues of concern in African Traditional Religion and Medicine. The misconception, abuse and derogatory attitudes even from some notable Africans towards alternative medicine, as well as the all need of integrating both the alternative and orthodox medicine to bring about total wholeness, serves as the research problem. This paper argued that the bio-psycho-socio-ecological model of health and wholeness is fundamental to the African Traditional Religion and Medicine. This model brings together the different aspects of human life and treats the human person as an integral and harmonious whole in perpetual relationship with the sacred, the human community and the environment. This paper therefore recommends that first, Africa has to open to modern medical discoveries and practices and secondly, African Traditional Religion and Medicine concern should be mainstreamed into the medical practice in health care services in contemporary Nigeria. It finally conclude that the alternative medicine despite the arrays of its inadequacies, objections and misconceptions, the practice has come to stay.

# African Concepts of Health, Disease, and Treatment

- The African view of reality emphasizes the structural kinship between man and nature, and man and the spirit world. To Africans, the whole multiplicity of things which comprise the universe are mystically one and therefore constitute only one thing, one reality; everything is a part of the other that makes up reality, the total cosmos or universe.
  - According to Dime (p28)
    - C.A. Dime
  - African Traditional Medicine: Peculiarities
    - (1995)

# The Concept of Health and Wholeness in Traditional African Religion and Social Medicine (2)

- Before the advent of European and Arabic cultures brought into Africa, Christianity and Islamic religions, Traditional African societies had their own unique culture and religion.
- Consequently, Africans had their unique perception about issues of health, wholeness, illness and death.
- What they believed to be the cause of disease and disharmony, how they also approached the promotion of health and harmony, how they experienced and expressed illness pain and disorientation of being, what therapeutic solution they sought and the places they sought these therapy where all determined by their culture of which religion was an integral part.

Napier D (2014) Culture and Health. The Lancet Commission 384: 1607-1638.

# Evidence-based medicine (EBM)

- Evidence-based medicine (EBM) uses the scientific method to organize and apply current data to improve healthcare decisions.
- Thus, the best available science is combined with the healthcare professional's clinical experience and the patient's values to arrive at the best medical decision for the patient.
- There are 5 main steps for applying EBM to clinical practice:
  - Defining a clinically relevant question
  - Searching for the best evidence
  - Critically appraising the evidence
  - Applying the evidence
  - Evaluating the performance of EBM
- Steven Tenny; Matthew Varacallo.
  - Statpils
  - Last Update: October 24, 2022.

# High-level infrastructures and sustainability of CERMEL

## review article

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**Wiener klinische Wochenschrift**  
The Central European Journal of Medicine

## Development of sustainable research excellence with a global perspective on infectious diseases: Centre de Recherches Médicales de Lambaréné (CERMEL), Gabon

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**Summary** Medical research in sub-Saharan Africa is — Gabon, it has since then expanded its activities to aca-



# Four-place satellite site





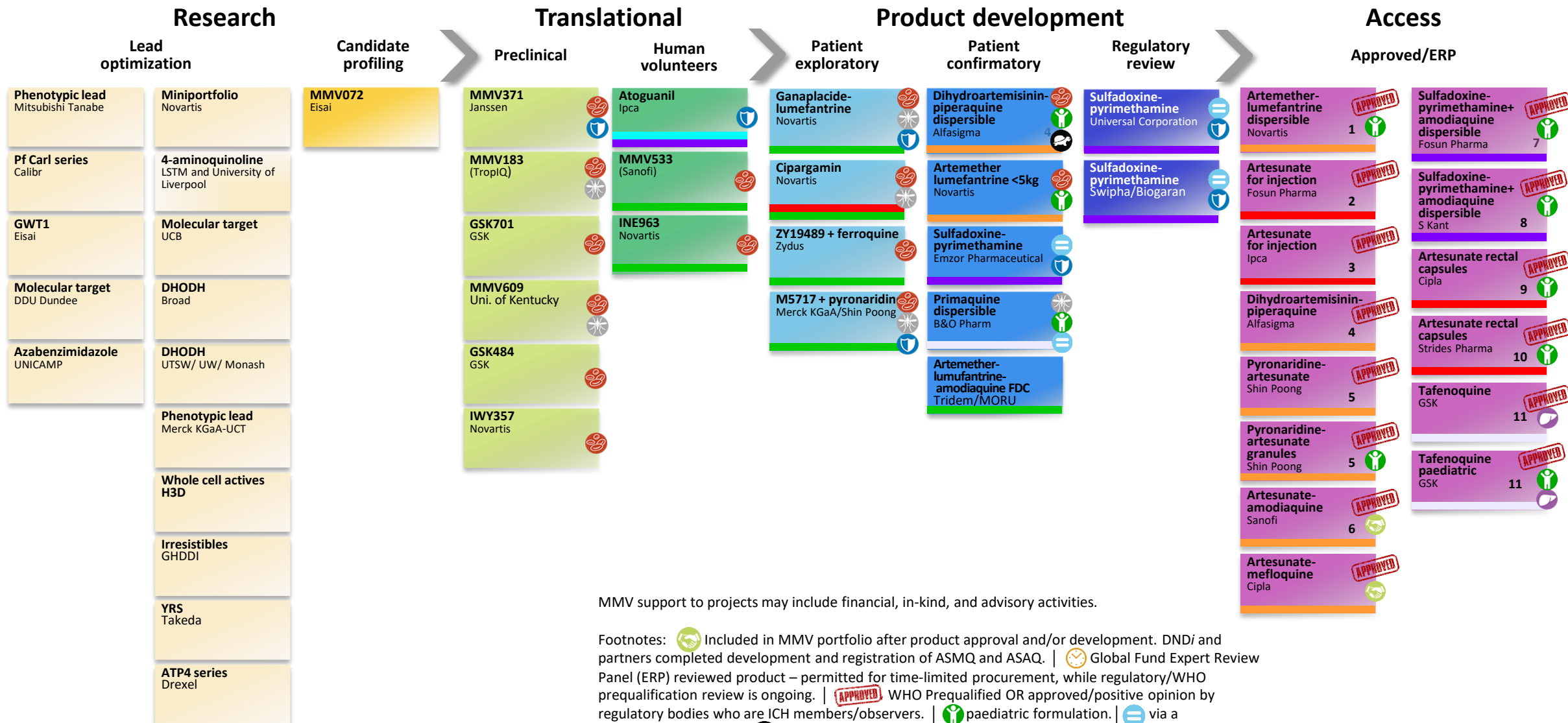


# Equality of opportunities and diversity





# MMV-supported projects



MMV support to projects may include financial, in-kind, and advisory activities.

Footnotes: Included in MMV portfolio after product approval and/or development. DNDi and partners completed development and registration of ASMQ and ASAQ. | Global Fund Expert Review Panel (ERP) reviewed product – permitted for time-limited procurement, while regulatory/WHO prequalification review is ongoing. | WHO Prequalified OR approved/positive opinion by regulatory bodies who are ICH members/observers. | paediatric formulation. | via a bioequivalence study. | No progress report in the last two years | Past partners are in brackets (-).

Brand names 1: Coartem® *Dispersible*; 2: Artesun®; 3: Larinate® 60 mg; 4: Eurartesim®; 5: Pyramax® tablets or granules; 6: ASAQ Winthrop®; 7: SPAQ-CO™; 8: Supyra® 9: 100 mg Artesunate Rectocaps; 10: Artecapp™; 11: *Kozenis or Krintafel* (Trademarks owned or licensed by GSK)

# EDCTP portfolio: Malaria

2014-2020



13 grants  
€121.68 M



Drugs  
9 grants  
€73.77 M



Vaccines  
3 grants  
€44.91 M

Collaborative clinical studies and clinical trials

< index

Close menu

- MAMAH: Preventing malaria in pregnant women with HIV >
- ASAAP: A fallback therapy for malaria >
- PYRAPREG: Expanding the options for malaria control in pregnancy >
- WANECAM II: Advancing a new class of antimalarial drug >
- PAMAFRICA: Advancing a portfolio of malaria drugs >
- MMVC: A four-strike vaccine against malaria >
- PfTBV: Prevention of malaria transmission >
- MIMVaC-Africa: Accelerating malaria vaccine development >
- DIAGMAL: Towards elimination-grade malaria detection >

# Community Engagement

- Unfortunately, key populations that can most benefit from successful interventions, are often excluded from the clinical product development.
- Focus on these key populations requires good participatory practices for engagement from study inception right through to results dissemination.

# Culture and Health

- Perceptions of physical and psychological wellbeing differ substantially across and within societies.
  - Although cultures often merge and change, human diversity assures that different lifestyles and beliefs will persist so that systems of value remain autonomous and distinct.
  - In this sense, culture can be understood as not only habits and beliefs about perceived wellbeing, but also political, economic, legal, ethical, and moral practices and values.
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- Napier D (2014) Culture and Health. The Lancet Commission 384: 1607-1638.

# Culture and Health (2)

- If the role of cultural systems of value in health is ignored, biological wellness can be focused on as the sole measure of wellbeing, and the potential for culture to become a key component in health maintenance and promotion can be eroded.
- This erosion is especially true where resources are scarce or absent.
- Under restricted and pressured conditions, behavioural variables that affect biological outcomes are dismissed as merely sociocultural, rather than medical.
- Especially when money is short, or when institutions claim to have discharged fully their public health obligations, blame for ill health can be projected onto those who are already disadvantaged.

# Recommendations from the Lancet Commission on Culture and Health

- Medicine should accommodate the cultural construction of wellbeing
- Culture should be better defined
- Culture should not be neglected in health and health-care provision
- Culture should become central to care practices
- Clinical cultures should be reshaped
- People who are not healthy should be recapacitated within the culture of biomedicine
- Agency should be better understood with respect to culture
- Training cultures should be better understood
- Competence should be reconsidered across all cultures and systems of care
- Exported and imported practices and services should be aligned with local cultural meaning
- Building of trust in health care should be prioritised as a cultural value
- New models of wellbeing and care should be identified and nourished across cultures



# Conclusions

- There is a need for healthcare systems in sub-Saharan Africa to create a plural system of healthcare that merges the dichotomous biomedical and healing paradigms.
- A plural healthcare system can be beneficial in an age of pandemics, as it allows for greater flexibility and capacity to respond to the needs of the population.
- The COVID-19 pandemic has highlighted the challenges and strengths of plural healthcare systems in Africa.
- African traditional medicine must not be understood simply as an alternative to conventional medicine but a standard treatment in its own right.
- The plural health-seeking behaviour exhibited by many Africans could be a sign that CM is depriving patients of spiritual support and comfort, crucial to their health and well-being and thereby aggravating the already widening health disparities in Africa.