

The Role of African Traditional Medical Practices in Adolescent Cognitive Skills Development in Oku Sub Division, North West Region of Cameroon: Challenges and Prospects

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ABSTRACT

This study set out to investigate the challenges faced by African Traditional Medical Practices and the impact on its sustainability and the development of adolescent cognitive skills through the transfer of knowledge in Oku Sub Division, North West Region of Cameroon. This study employed the ethnographic research design. This qualitative study was done through interviews and observation. The data collected was analysed through thematic analysis. Participants were sampled purposively and the snow ball technique was equally employed to get the traditional doctors, adolescents who are involved in African Traditional Medicine and their parents or guardians. Number of problems were identified as hindering the development of traditional medicine, ranging from secrecy, lack of documentation, no introduction in scholar curriculum, spiritual power not commonly shared or freely accessible, fake practitioners, lack of medicinal garden, inadequate recognition and regulation by the government, non-integration in the conventional health system, scarcity of medicine due to the destruction of natural environment, challenge in conserving medicines, inadequacy of treatment facilities, inadequacy of finance or other boosting mechanisms, modernity leading to low consideration for traditional medicine, fear of the wild by adolescents, inadequate collaboration among practitioners, disturbs schooling and some aspects that are sex discriminative. The participants however identified number of assets that could boost the sector, notably early age involvement, social exposure as traditional medicine is practiced in the surroundings or home, the presence of role modelling at home or in the community, duration of training determined by confirmed professionalism, giftedness or predisposed talent which could be through revelation, gods/ancestral calls or natural, smaller class sizes, intrinsic motivation and passion, extrinsic motivation (alternative to schooling, employment, social status, sustaining parent's legacy, social/community development), willingness by professionals to transfer knowledge and ensuring continuity, existence of professional organizations, complementarity between modern and traditional medicine, collaboration among practitioners, proven efficiency of traditional medicine, both boys and girls can learn, affordability, formal training opportunities, population interest and usage, trust, confidence in traditional medicine and the tradition ethic like selflessness, not-for-profit or righteousness guiding the practice of traditional medicine. Number of recommendations were made to boost the sector and so far the survival, conservation of cultural and traditional values, and the contribution to socio-economic development and youth cognitive development.

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KEYWORDS: African Traditional Medicine, sustainability, youth, cognitive development, challenges, assets

INTRODUCTION

The World Health Organization (WHO, 2008) defines traditional medicine as the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness. In the modern era, African countries have realized that most health care systems and the technologies they depend on are not locally manufactured and maintained thereby making them expensive and rendering the population dependent on supply chains that might be erratic or politicized. The traditional healthcare serves as primary healthcare for most African countries. The economic aspect of this primary healthcare is quite essential. For Mario (2017), by being less expensive, primary health care is affordable and allows access to expected quality health care for the majority of the population and not only to the wealthy minority and its families. The Oku people have many indigenous practices like games, proverbs, traditional medical practices and more. In this present research, we are focusing on one of these practices which is traditional medical practice (TMP) also known as indigenous medicine or African Traditional Medicine (ATM). Traditional medical practice according to Anyinam (1978) refers to health knowledge, beliefs, values, skills and practices of the indigenous people, including clinical and nonclinical activities, institutions and other activities that relate to health needs of the people. traditional medicine (TM) therapies include medication therapies —if they involve use of herbal medicines, animal parts and/or minerals — and non-medication therapies — if they are carried out primarily without the use of medication, as in the case of acupuncture, manual therapies and spiritual therapies. According to WHO (2002-2005), in countries where the dominant health care system is based on allopathic medicine, or where TM has not been incorporated into the national health care system, TM is often termed “complementary”, “alternative” or “non-conventional” medicine. The World Health Organization (WHO), Fact sheet N°134 (2008) further describes TM as the sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve, or treat physical and mental illnesses. For Gurib-Fakim, African traditional medicine is the oldest, and perhaps the most assorted,

of all therapeutic systems. Africa is considered to be the cradle of mankind with a rich biological and cultural diversity marked by regional differences in healing practices (Gurib-Fakim, 2006; Aone, 2001).

Theoretical background

From classical history, the study of herbs dates back 5,000 years to the ancient Sumerians, who described well-established medicinal uses for plants. According to the Ebers Papyrus (tr. 1937), which records Ancient Egypt’s medical practices, from 1552 BC we have some historical facts about traditional medical practice. This Egyptian document is the oldest preserved medical document. It contains 700 magical formulas and folk remedies meant to cure afflictions ranging from crocodile bite to toenail pain and to rid the house of such pests as flies, rats, and scorpions (Ebers Papyrus, 1937). This papyrus contains chapters on intestinal disease, helminthiasis, ophthalmology, dermatology, gynaecology, obstetrics, pregnancy diagnosis, contraception, dentistry, and the surgical treatment of abscesses, tumours, fractures and burns. These legacies have been sustained in many African Communities and Oku communities in the Northwest region of Cameroon are not left out.

Statement of the Problem

With the westernization of the African continent, many beliefs, customs, cultural practices were considered substandard and to be relegated. On the other hand, there are sages in the indigenous communities who have never been to any classroom for formal education. Though there are sages or wise people who have never had modern education who manifest a wide range of cognitive skills like reasoning, thinking, decision making, problem solving, spiritual intelligence, emotional intelligence and social competence who has helped in the revamping and survival of African Traditional Medicine upon this tremor and upheaval, this sector is faced with number of topical challenges connected with our contemporary context of existence which if not sorted out will hinder its expansion, sustainability and the major role it plays in enhancing the wellbeing of people.

Objective

The objective of this study was to investigate the challenges faced by African Traditional Medical Practices and the impact on its sustainability and the development of adolescent cognitive skills through the transfer of knowledge in Oku Sub Division, North West Region of Cameroon.

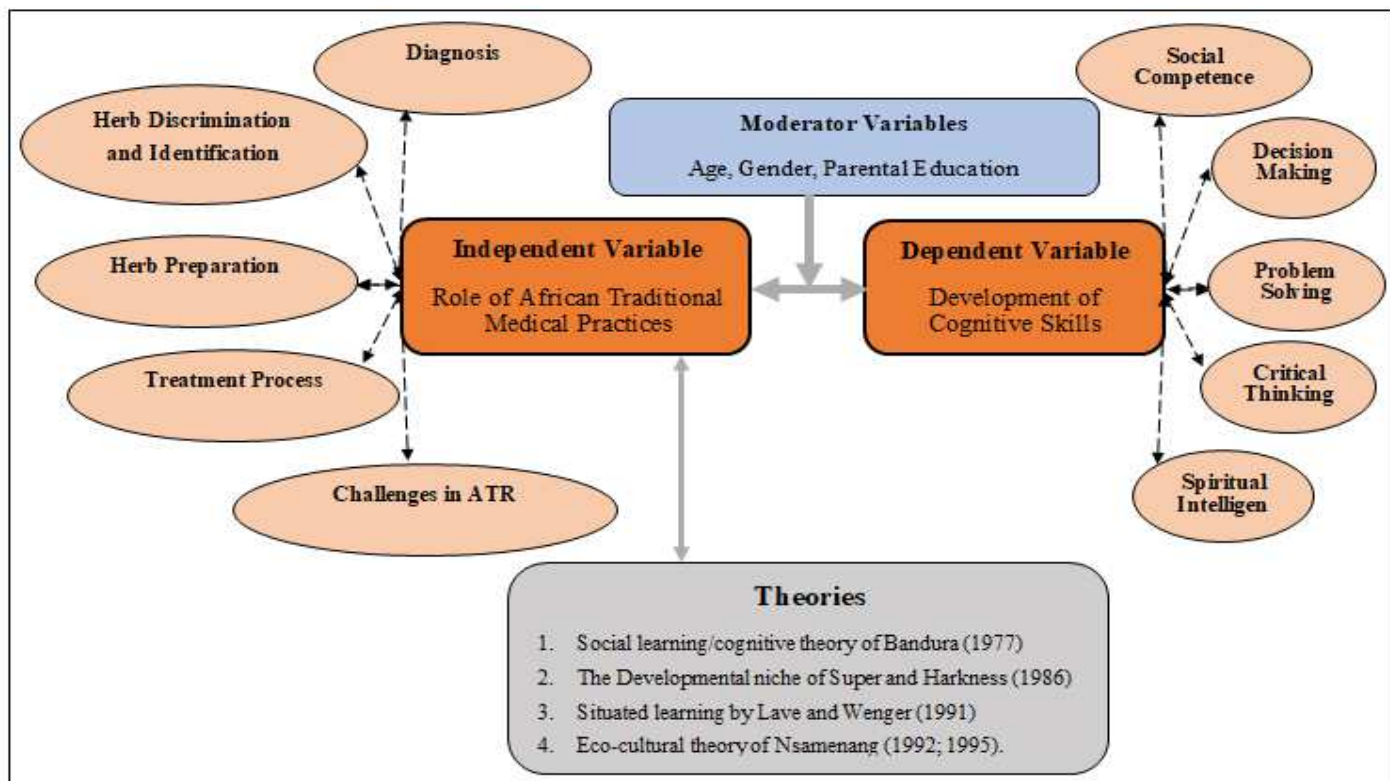


Figure 1: Conceptual diagram characterizing the role of African traditional medical practices on the development of adolescent cognitive skills

Methodology

Research Design

This study utilized the ethnographic research design employing essentially a qualitative approach in data gathering and analysis. Ethnography is a design of inquiry coming from anthropology and sociology in which the researcher studies the shared patterns of behaviors, language, and actions of an intact cultural group in a natural setting over a prolonged period of time. Data collection often involves observations and interviews (Cresswell, 2014). Originally, the idea of a culture was tied to the notion of ethnicity and geographic location, but it has been broadened to include virtually any group or organization. Data were gathered through interviews and observations.

Area of Study

The study was carried out among the Oku people. Oku is a subdivision in Northwest Region, Cameroon. The term Oku also refers to the people who live in this region and the primary language that they speak (although English is also widely spoken). Oku is a rural area with 35 villages (Elak-Oku Council Development Plan, 2012). Historically the People of Oku and their Nso brothers originated from somewhere around Egypt. Due to harsh climatic conditions, they left and settled in Belbele, where they lived a wandering life of hunting. Later on, the Oku people and their Nso brothers moved and settled at the savannah land of Tikari in an area called Rifem as one family where their population grew tremendously. The united family at Tikari later broke up as a result of a succession dispute. Nso, the elder brother left with some traditional belongings of his father to the other side of the river with his supporters where they found a new home.

Sample

The sample of the study was made of 4 traditional doctors, 10 adolescents undergoing initiation to become traditional doctor with their parents or guardians.

Sampling Techniques

Participants were sampled purposively given that people with well-defined characteristics were targeted. This sampling technique was supported by snowball as through a traditional doctor one could get another one.

Data Collection Instrument

Interview guide was designed for each of the three categories of participants as well as an observation check list.

Validity and Reliability of Instrument

Construct validity was checked by ensuring that the terminology used were appropriate and suited the study context. To ensure content validity, the interview guide was checked by three specialists in educational psychology. Generally, above 0.75, CVI is satisfactory (Nana, 2018) and in the context of this study, all the three experts validated the final instrument making a CVI of 1. The instrument was pilot tested in a village in Fako Division very far from the study area and feedback from the participants helped in improving on the interview guides. In order to find out the objectivity and consistency of participants' responses, a pilot study was conducted with 2 traditional doctors, 2 parents of adolescents involved in traditional medicine and two adolescents involved in traditional medicine. The parallel method of testing reliability was employed in this study. This applies when dealing with quantitative studies. However, this method can be used in qualitative research as done in this study, whereby reliability was appraised not mathematically but conceptually which is termed conceptual parallel method (Nana, 2018). In the context of this study, some questions dealing with the same constructs and serving the same objective were framed differently and placed at two different locations in the interview guide. The objective, inspired, committed and consistent participants was expected to give similar answers to the two questions posed at two different intervals. The responses gotten from the respondents to these synonymous questions were too similar and alike in all the instances. This was a good sign that they understood the questions, were inspired, objective and consistent in their responses.

Data collection process

An authorization to carry out the study was obtained from the Faculty of Education of the University of Buea. This authorization was presented to the chiefs of the villages. The participants were then briefed on the objective of the study, their consent sought, and they were then interviewed.

Method of data processing and analysis

Interviews were transcribed and analysed using the process of thematic analysis whereby concepts or ideas were grouped under umbrella terms or key words. The primary documents of textual data were coded for every independent idea as it emerged from the data and for frequency of concepts following the positivism principle, but the interpretation of findings was dominantly qualitative. However, the frequency or grounding also reflects how many times a concept emerged and was a major indicator of emphasis. Precautions were taken to clearly determine the meaning of themes or umbrella term and what they stand for. In the context of this study, to satisfy this requirement, findings were organized in code-grounding-quotation tables whereby themes or codes were clearly explained or described, followed by their grounding or frequency of occurrence and at the same time backed by their related quotations. The code-quotation table ensures the objectivity and reliability of qualitative analysis in the sense that if codes/concepts/umbrella terms and their descriptions can be subjective to relative error, the quotations are grounded and real and thus help compensate for potential lexicographical bias (Nana, 2018). Conceptual diagrams concluded the analytical stage which consists in relating concepts or ideas in a meaningful and logical manner, what is termed concept-building in qualitative analysis (Nana, 2018).

Findings

The findings highlighted both facilitating and hindering factors to the development and sustainability of African Traditional Medicine and suggestions to improve and sustain the sector.

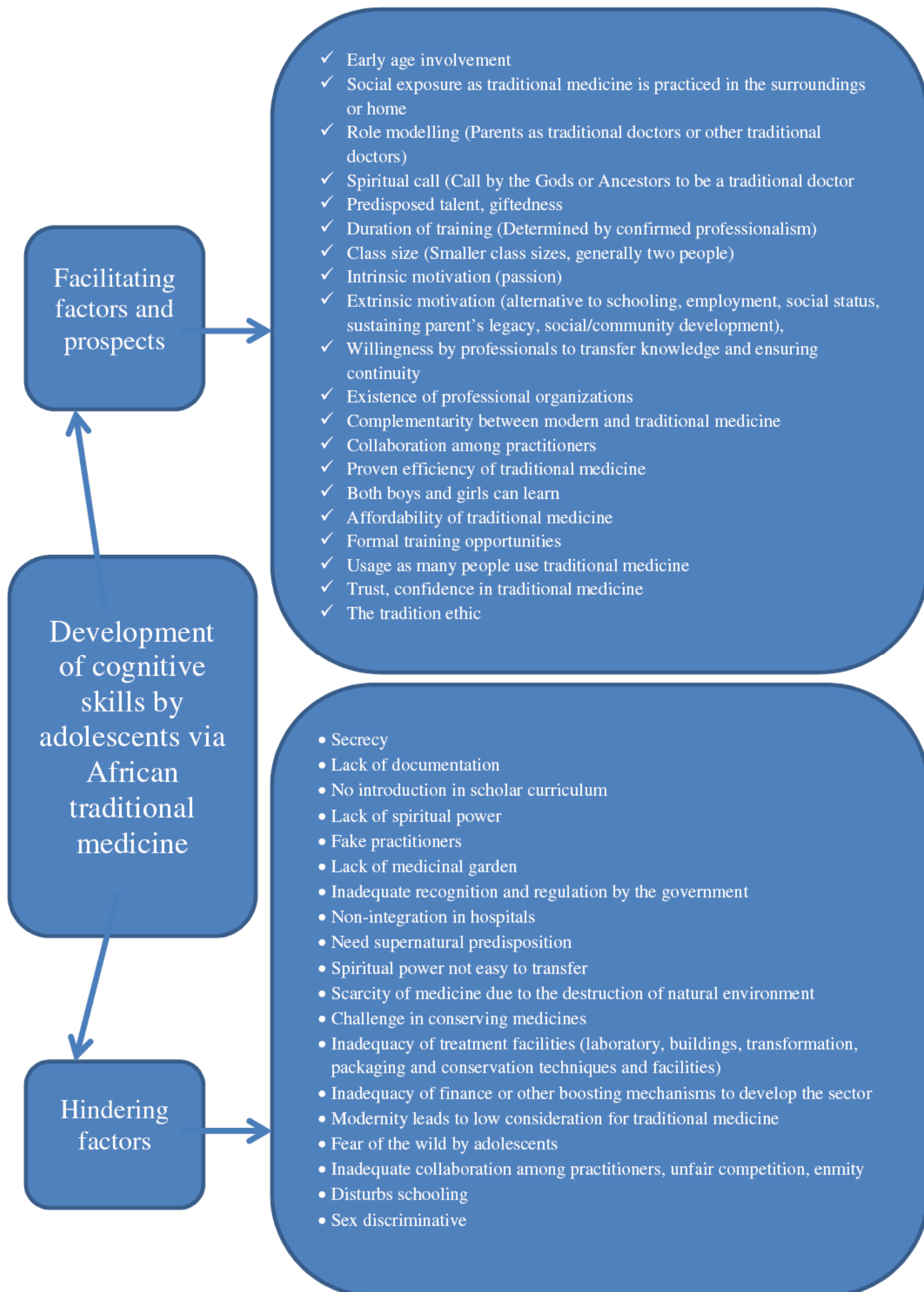


Figure 2: Conceptual diagram depicting challenges faced by traditional medicine and the development of adolescent cognitive skills, and prospects

Facilitating factors

Development of cognitive skills by adolescents via African traditional medicine could be facilitated by several factors: Early age involvement as it was appreciated that when children are involved earlier in the learning of traditional medicine, they can easily and freely acquire the skills. It was argued that talent should be detected earlier as explained by these traditional doctors (*"when I recognize a child in the house who can practice traditional medicine or even in the quarter, I begin to call them and send them"*); *"Many children are very fast in learning. They learn even without knowing they are learning"*). Early age involvement was emphasized upon as it was believed that initiation and teaching should start at early age because the young learn well and fast (*"This is good because the young learn well and fast"*). It was added that though at early age, it should be at a reasoning age, that is at the age where it is believed that the adolescent can reason, generally between 7 and 12 years (*"as from the age of 7 when I believe they can reason"*); *"Between 8 and 10 years or above; when children can distinguish grasses they can begin to learn"*); role modelling as parents or traditional doctors inspired the youth (*"from my youthful age I started learning how to estimate from my grandfather"*); *"I enjoy the traditional medicine. I love it. My mother used to practice it so I really like it"*); Spiritual call as some traditional doctors are called by the Gods or Ancestors to be a traditional doctor which though might be perceived as limitation to the expansion of the sector as explained by this traditional doctor (*"The only problem is that the revelation aspects will not be present"*) is a warranty of efficiency. This aligns with predisposed talent, giftedness as it was perceived that some children are born traditional doctor and start practicing without any training (*"Some persons are born with the spirit of traditional medicine so they do not really need any age before they start learning. These kinds of people just begin to practice"*); The duration of training which is determined by confirmed professionalism gives enough time to adolescents to acquire knowledge as explained by a traditional doctor (*"there is no specific time. It depends on the child who is learning. But it takes years upon years because the learning is continuous"*). Traditional doctors emphasized the continuity of learning (*"I started when I was still young. Now I have learned much but I am still learning. so you cannot really say this is how long you have to learn. even you have graduated you cannot say you know everything, you have to keep learning"*); *"There is no specific period for learning. It depends on the ability of the young learner"*; *"At times the spirits also teach. So it can*

take a short time and it can take a long time. I won't say this or that number of years but it takes time"); The smaller class size perceived as fostering the acquisition of knowledge as traditional doctors teach mostly one or two people at a time (*"Two children are taught at a time"*); Intrinsic motivation, passion, as perceived in the statements of these adolescents (*"I love it very much. That is what I do. So I really love it"*); *"I really love it"*); Extrinsic motivation as source of employment (*"I am also sitting in one place and I am employed and I am occupied and do my work"*), alternative to schooling (*"Since the Anglophone crisis started and I stopped going to school I have been doing it and I like it"*); *"I love it very much. Since I was not able to go to secondary school and I began learning a trade and also traditional medicine. I think this is my life. So I am happy doing it"*); sustaining parent legacy, social or community development (*"Some want to help people in the society and so with that conviction there are great changes noticeable among them within the shortest time possible"*). Elders or parents further clarified on the extrinsic motivation of their children (*"So it's a kind of investment and so they want to become a centre of power in the future. so they take it seriously"*); *"He has the mind of planning for his future"*); willingness by professionals to transfer knowledge and ensuring continuity as it was generally realized that traditional leaders were willing to train the young ones and to a greater extent to ensure the continuity of the sectors and avoid loss of traditional knowledge as depicted by this quotation (*"people have to continue this work so I teach young people so that they can do it when I am no longer there"*); existence of professional organizations as explained by this practitioner (*"African commonwealth health practitioners had already formed a group to promote traditional medicine and they are trying to collaborate with the ministry of public health"*); complementarity between modern and traditional medicine as explained by this elder (*"It is instead nice because they complement each other"*); collaboration among practitioners as explained by these quotations (*"So in some cases I invite other doctors for those that you cannot prepare alone"*); *"I do it with other herbalists"*; *"I may join with another doctor"*). Proven efficiency of traditional medicine as depicted in these statements (*"majority of the patients are healed"*); *"People don't doubt it. They only doubt some doctors"*). Both boys and girls can learn traditional medicine and become traditional doctors (*"My father taught everyone both girls and boys so I teach everyone"*); The success rate estimated to range from 70% to 80% *"many of the patients get healed. About 80% of those who come to me"*. Formal training opportunities like seminars

(*“also had some seminars on how to give the right dosages so that we don’t give over dose”*). Trust, confidence and common usage of traditional medicine (*“No. we have always used it for a long time and so there is no doubt about it”*; *“People in my community love traditional medicine and use it all the time”*), which also sustains social exposure of the youth, as traditional medicine is practiced in the surroundings or home (*“We have always used it for a long time”*); then the affordability of traditional medicine sustained by the tradition ethic surrounding it and which emphasized on righteousness in the practice and the non-profit nature (*“I have hardly found patients who cannot pay as such”*; *“Most people collaborate through the treatment especially because it is cheap and affordable”, He must believe he is doing it for free and not for money”*).

Hindering factors

However, number of factors that could significantly hinder the development of traditional medicine as well as the transfer of skills to adolescents were highlighted:

The perception that some predisposed potential, gift or spiritual power are necessarily for potential traditional doctors can limit access to skills by some adolescents. This traditional doctor for instance emphasized that he teach only those he feels are called (*“yes I teach adolescents but not all ... So those I feel those that are called”*); the secrecy nature of traditional medicine was highlighted and it was recommended that the knowledge shall be spread (*“Many people should learn”*; *“Those who are interested can learn”*); lack of documentation and many recommended the need to document traditional medicine (*“They can also write it down in books”* *“then they can write it in books too”*). Adolescents equally emphasized on this hindering factor (*“We do not write down the various herbs in a book. So I have to struggle at times to remember everything and the procedures”*). No introduction in scholar curriculum and this was strongly recommended (*“as much as possible, a subject on ATM should be introduced in schools”*; *“If there is a means to teach it in schools it will be good to teach ATM in schools”*); lack of spiritual power that cannot easily be shared (*“The only problem is that the revelation aspects will not be present”, “In school again everybody will be taught but it is not everybody who can actually learn and practice traditional medicine”*); the existence of fake practitioners as emphasized by these elders (*“some claim they can treat when they are only looking for money”, “fake traditional doctors are destroying traditional medicine. These fake doctors destroy credibility”, “There are no challenges when you go to*

the doctor who has the spirit and knows his job well. But if you go to somebody who does not know that is when there are problems”); lack of medicinal garden as argued by this practitioner (*“medicinal gardens should be introduced in schools so that the children can learn what and see practically what they have learned”*); inadequate recognition and regulation by the government as complained by many (*“recognition – we are hardly recognized”*). This was equally perceived by some elders *“The government needs to come in and recognize the good work the traditional doctors are doing in the community”*). They equality insisted on the necessity for a policy for the sector (*“Policy necessary”, “the government needs to put policies and support the traditional doctors too”*); the non-integration in the conventional health system and this was recommended (*“They should also bring traditional doctors to work in the hospital”*); the need for a supernatural predisposition that of causes are not easy to transfer (*“At times I don’t even think. It is as if a spirit just tells me this is the grass”, “When I started learning I also learned the names of the ancestors. I know how to call them and how to connect with them. I can also send thunder. I know and I decide how to send it and to whom I should send it”*). This elder further clarified on this (*“People grow up knowing various grasses, they just know them. I don’t know how but they just know them and then they begin to use them to treat others”*; *“There are some people who are not very good in treatment”*; scarcity of medicine due to the destruction of natural environment as explained by these elders *“Many plants are no longer available because of the houses people are building and cutting trees”, “Yes. Some plants are very difficult to find. Some medicines are incomplete and so the effectiveness is reduced”*; challenge in conserving medicines as explained by these traditional doctors (*“So many challenges-preservation of the medicines”*; *“at times and at times with bad weather some medicines get bad”*; inadequacy of treatment facilities (laboratory, buildings, transformation, packaging and conservation techniques and facilities) and traditional doctors then resort to modern hospitals (*“If the person has visited the hospital and the diagnosis has been done, that helps me because the illness has been identified”*; *“Firstly I send the person to the hospital to do laboratory diagnosis”*). Though this is an aspect of complementarity between the two medicines, it hinders the independence and self-sustenance of traditional medicine. The inadequacy of accommodative facilities for patients was also emphasized by these traditional doctors *“accommodation- at times there are many patients who come and I have very little room for them*

because some need isolation”; “I don’t have enough space to keep people. If I had a bigger house I will be operating a big hospital here”); inadequacy of finance and other boosting mechanism to develop the sector (“we are not given opportunities to learn” “you need money. You need transport to go around to harvest the grasses”, “we are not given opportunities to grow”. Elders equally call for stakeholders to help developing the sector (“The government needs to do something to protect traditional medicine. They can make the medicines modern too in a way to ensure good packaging and good storage”); Alienation by modernity leading to low consideration for traditional medicine (“some think that traditional medicine is not very good; some take it with some level of doubt as a last resort while preferring modern medicine”. Some elders equally emphasized on this as depicted by these quotations “Some people do not trust what the traditional doctor is giving. They also pay the doctor in the hospital but are not willing to pay the traditional doctor”; fear of the wild by adolescents as explained by this youth “I am afraid when I have to go to the bush when I am sent alone. It is scary”; inadequate collaboration among practitioners, unfair competition, enmity as depicted by some quotations (“You also have criticisms from other traditional healers who may be jealous or want to outdo you. Or sometimes when some other person’s patient comes to me that person may be angry”; “Spiritual attacks from other traditional”); the fact that involvement in traditional medicine disturbs the schooling of adolescents “Many times I am unable to go to school because I have to go and harvest herbs”; traditional medicine appeared to some points to be sex discriminative as priority is given to boys in some context (“the male children take pride of place”). The fact that female cannot belong to secret societies was a challenge for them (“I train mainly boys. For girls I just show them a few leaves but I associate more with men and boys than girls. Girls cannot belong to the various societies where I belong and so cannot exploit the spiritual powers which I have”). It was also perceived as traditional norm that male and female should not be given equal opportunity or consideration (“the male children take pride of place according to our traditions and customs”). Mensah *et al.* (2019) were of the opinion that information on the traditional formulation and use of the herbal medicines should be satisfactory to avoid possible toxicity from the medicinal plants. Manufacturers of herbal medicines should consider standardization of the products while patrons of herbal medicines need to inform their health-care providers about any herbal products they use to ensure effective and safe care. This is to avoid interaction between herbal and

allopathic medicines which could yield adverse reactions. The need to document traditional medicine was equally emphasized in this study. The need to improve on the efficiency of traditional medicine through advanced laboratory tests and used of modern equipment as highlighted in this study was equally intimated by Oloyede, (2010) for who whose standard call is for evidence-based research of herbal medicines in relation to quality, efficacy and safety, or in terms of well-defined close/effect relationships. Though traditional doctors were generally convinced of the standardization efficiency of treatment, this does not prevent further research as advocated by this authors to improve on the standardization of traditional medicine. Traditional doctors equally identified major loophole which was the clear identification of illnesses and the tests to confirm the outcome of treatment or the eradication of a particular infection.

General conclusion

It was generally perceived that traditional medicine can easily overpower the conventional health care if the sector was well regularized, supported financially and with modern technology, well documented and introduced in school curriculum. With respect to efficiency and standardization, the stance of traditional doctors in this study contradicts that of Pan, Telles, Pathak, Shivangi, Nilkamal, Balkrishna (2014) who stressed on difficulties encountered in researching traditional medicine, especially when an attempt is made to conform to the model for conventional medicine. In fact, this assertion will deliberately sound paradoxical to most traditional doctors and elders that participated in this study as they perceived the integration between traditional and conventional medicine more in term of complementary than conformity as they freely acknowledged that there are problems that can be better handled by traditional medicine and some by conventional medicine though from their analysis it appears that with the integration of technology, traditional medicine can quickly handle most problems handled by modern medicine whereas the reverse might not be possible as the spiritual power that extents the specificity and strength of traditional medicine is generally endowed by revelation, ancestral or gods’ call, and cannot be freely transferred from one person to another. The affordability of traditional medicine led by the traditional ethic upholding it was perceived a major asset as confirmed by Tan, Otake, Tamming. (2021). The authors explained that integrating traditional medicine into national health systems, with adequate regulatory framework for quality control, would be beneficial to meet patients’ needs as they concluded

that traditional medicine was able to take care of the medical needs of patients and was cost effect for the patients. Transferring these ethics to adolescents as to enhance their social and spiritual competences by endowing them with qualities like selflessness, sense of solidarity and common interest or righteousness in practice was a major objective for the traditional doctors. It is in this ethical perspective that Winkler, Mayer, Ombay, Mathias, Schmutzhard, Jilek-Aall (2010) stressed out the accessibility and the important role played by traditional medicine.

The limitation of conventional health care as it cannot cure all diseases also explains the need to promote and formalize traditional medicine. In line with this study, this was emphasized by Isola, Omoleke & Ishaq (2013) who pointed out several assets of traditional medicine; first, African Traditional Medicine practitioners provided the earliest medical care, the World Health Organisation has recognized the need to integrate the traditional medicine on the orthodox medicine when it defines it, as the total combination of knowledge and practices, whether explicable or not, used in diagnosing, preventing or eliminating physical, mental or social diseases. Thirdly, there are claims by the practitioners that since orthodox medicine cannot cure all diseases; hence, they can intervene in the areas where orthodox medicine is weak. The opinion of traditional doctors and elders in this study with respect to the fast expansion of traditional medicine align more with that of Isola, Omoleke & Ishaq (2013) as their perceived more the fact that traditional medicine has been used for a very long time and its sustainability or survival besides the fast expansion of conventional health care system could only be as corollary of proven efficiency leading to growing trust from the population. They also argued that there are problems where conventional health system is powerless and that can only be treated by traditional medicine. The affordability of treatment mostly associated with the traditional non-profit nature of traditional medicine also fosters its development. They equally argued that the sector is more and more organized though they deplored the poor regularization and formal integration with the conventional health care system. This study is also proposing various practices that can be incorporated into the formal classroom which could help in enhancing the development and sustainability of African Traditional Medicine. According to Mosweunyane (2013), the infiltration of Western forces during colonialism facilitated the obtrusion of western knowledge systems into African societies, which undermined the essentiality of African indigenous knowledge systems and destroyed the zeal in Africans to modernize and ameliorate their

systems. It is in this vein that understanding and promoting African traditional practices is of great interest in the enhancement of the Africentric perspectives of the advancement of knowledge.

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