

# Cultural Practices and Health-Seeking Behaviours of the Mbororo Community in Mezam Division of North West Cameroon

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**Abstract:-** The aim of this study was to investigate the effects of cultural practices on the health-seeking behaviours of the Mbororo community in Mezam Division of the Northwest Region of Cameroon. More specifically, the study explored the extent to which dependence on indigenous educational practices over formal education, and preference for traditional medicine and faith healers affect the health-seeking behaviours of the Mbororo community in Mezam Division. The study employed the survey research design with a mix of both quantitative and qualitative techniques. Quantitative data were collected through a questionnaire while a focus group discussion guide and a semi-structured interview guide were used to collect qualitative data from a sample of 539 respondents. A total of 500 questionnaires were administered and 6 focus groups discussions were carried out and as well as interviews granted to 3 healthcare professionals. The simple random sampling technique was used to select the sample of the study. Data were analyzed with the aid of the Statistical Package for Social Sciences (SPSS) version 23.0 for Windows. Descriptive statistics such as simple percentages, mean scores and standard deviation, and inferential statistics such as the Pearson Correlation test were used to analyze quantitative data while qualitative data were analyzed using content analysis with the support of ATLAS.ti software version 8.0. The findings revealed that dependence on indigenous educational practices over formal education ( $r=0.621$ ,  $df=98$ ,  $p<0.05$ ), and preference for traditional medicine and faith healers ( $r=0.810$ ,  $df=98$ ,  $p<0.05$ ) have a positive correlation with the health-seeking behaviours of the Mbororo community. Based on the findings, recommendations were made on the need for the Mbororo community in Mezam Division and beyond to develop more tolerance for conventional or modern medicine and rush to modern hospitals when ill for appropriate screening, diagnosis and treatment of their diseases even as they continue to patronize traditional medicine based on their cultural beliefs. This would go a long way to improve the health and wellbeing of the Mbororo community in Mezam and beyond. Suggestions for further studies were also made.

**Keywords:-** Cultural Practices, Indigenous Educational Practices, Formal Education, Traditional Medicine, Faith Healers, Mbororo Community, and Health seeking Behaviours.

## I. INTRODUCTION

Cultural practices are part and parcel of the culture of a given community (Schwartz (1990). Cultural practices refer to the shared perceptions of how people routinely behave in a culture. It is also known as intersubjective perceptions or descriptive norms. Cultural practices are different from cultural values in that cultural values are shared ideals of a culture and are also known as injunctive norms. In simple terms, “As Is” are cultural practices, and “Should Be” refer to values. The Cultural practices of the Mbororo community are the focal point of this study.

Health-seeking behaviour is “any action or inaction undertaken by individuals who perceive they have a health problem or to be ill for purpose of finding an appropriate remedy.” According to Latunji&Akinyemi (2018) and Ward, Mertens&Thomas (1997), health-seeking behaviour includes the timing and types of healthcare service utilization and may affect population health outcomes (Poortaghi, Raiesifar, Bozorgzad, Golzari, Parvizy&Rafii, 2015). It has been posited that delayed medical attention has been shown to associate with an increased risk of unfavourable outcomes (Prentice & Pizer, 2007). For example patients with infectious diseases, delayed in seeking care may also result in increased transmission risk in the community. Therefore understanding the pattern of health-seeking behaviour could help public health practitioners and policymakers to improve the healthcare system and health promotion strategies. The present study also looks into the health-seeking behaviour of the Mbororo community.

According to Hofstede (2001), cultural practices are shared perceptions of how people routinely behave in a culture. Cultural practices are the manifestations of culture among a group of people with a shared way of life. They are the elements of a particular culture and these include their customs, laws, social standards, belief systems, and traditions among others. Cultural practices are therefore the distinctive, spiritual, material, intellectual and emotional features that characterize a society or a social group (Hofstede, 2001). Traditional cultural practices reflect values and beliefs held by members of a community for periods often spanning generations. Cultural practices manifest themselves through the lifestyle of a community. The importance of cultural practices lies in their close association with the ways of thinking and living. Cultural practices are related to the development of the attitude of individuals in a given community. Cultural practices shape the thinking, behaviour, and personality of members of a

community (Hofstede, 2001). In the present study which centres around the cultural practices of the Mbororo community Mezam Division of the North West Region of Cameroon, specific emphasis shall be placed on their cultural practices such as their preference for traditional medicine and faith healers, and dependence on indigenous educational practices over formal education.

In terms of dependence on indigenous educational practices over formal education, the United Nations (UN)(2008) submits that one in five adults -- some 774 million -- is illiterate, and thus lives with no access to the vast global store of written communication. Seventy-five million children are not in school and millions more young people leave school without a level of literacy adequate for productive and active participation in society. The UN (2008) maintains that these would be devastating numbers at any time, for individuals and societies alike; that they occur in the context of today's information society should drive home the urgency of efforts to promote literacy throughout the world. Dependence on indigenous educational practice, which is commonplace among the Mbororo communities across Central and West Africa including that of the Northwest region of Cameroon, has a direct impact on human health. According to the United Nations (2008), it prevents people from being able to read the instructions on a medicine bottle. It means that people are less likely to know facts about AIDS, malaria and other infectious diseases. And because two thirds of those who are illiterate are women and girls, who often bear the burden of caring for sick members of their families, it means that they will be less likely to know about prevention and support services, and how to use life-saving medicines and other treatments (UN, 2008).

According to Mayer (1999), preference for home remedies, traditional medicine and faith healers is commonplace in most indigenous or aboriginal communities, including among the Mbororo community in the North West Region of Cameroon. Traditional medicine, art of treatment practices, strategies, knowledge, and beliefs including plant-, animal-, and mineral-based medicines, spiritual therapies, manual techniques, and workouts applied singularly or in combination to treat, identify, and prevent illnesses or uphold the well-being (Zollman & Vickers, 1999). Since ancient times, humans have been using natural products, such as plants, animals, microorganisms, and oceanic organisms, in remedies to prevent or treat illnesses. As to the WHO (2013), 65–80% of the world's healthcare practice includes the use of traditional medicine in some way. In some lower- and middle-income countries, traditional healers remain the only or main health providers for millions of people living in rural areas. For instance, the ratio of traditional health experts to the population in Africa is 1: 500, while the ratio of physicians to the population is 1: 40,000, as Vecchiato (2019) indicates. In the Mbororos' community in Mezam Division of the North West Region of Cameroon just like in other parts of Africa, traditional medicine is part of the first set of response mechanisms for medical emergencies, whereas, in others, the whole health system of the community relies on medicines embedded in indigenous practice and belief (Abdullahi, 2011). This is

because modern pharmaceuticals and medical procedures remain unreachable to a large number of African people due to their relatively high cost and concentration of health facilities in urban centers (Abdullahi, 2011). The present study therefore investigates whether preference for home remedies and traditional medicine among the Mbororo community of Mezam Division of the Northwest Region of Cameroon affects their health-seeking behaviours.

Health-seeking behaviour, according to Latunji and Akinyemi (2018), is “any activity undertaken by individuals who perceive they have a health problem or to be ill for purpose of finding an appropriate remedy. These include accessibility to health facilities, availability of drugs, quality of medical care, the attitude of health workers and affordability of medical care cost (Latunji and Akinyemi, 2018). Certain beliefs about health and medical care are a part of all cultures including those of the Mbororos' community of the North West Region of Cameroon. Depending on the beliefs given by a culture manifested through cultural practices, people may or may not be open to therapies. People from cultures that believe physical and mental ailments to be scientific phenomena are open to discussing the symptoms and getting the right treatment. Those from cultures that believe ailments as being a curse of God may not accept medical treatment very readily.

According to the International Labour Organization (ILO, 2015), there are no official statistics on the Mbororo peoples in Cameroon. However, this group is estimated today to account for less than two million persons. Traditionally Mbororos are nomads, who were constantly on the move from one place to another to find pastures for their herds. It is been observed today that there are in constant move in search for pasture for their cattles. Therefore they are transhumant herdsmen, who migrate on a seasonal basis but return to their temporary dwelling (ILO, 2015). Even though the Mbororos live throughout Cameroon, they are mostly found in the West, East, and North West regions, and in the Northern part of the country. The present study delves into the indigenous cultural beliefs of the Mbororo community in Mezam Division of Northwest Cameroon to ascertain whether these conceptions affect their health-seeking behaviour.

## II. STATEMENT OF THE PROBLEM

From observation, the utilization of the health care system, public or private remains very low among members of the Mbororo community in Mezam Division of the North West Region of Cameroon. This is seen in the fact that many Mbororos in this part of the country do not visit the hospital when ill but prefer to go for traditional healing; visit the hospital late and only when they have exhausted the options of home remedies, traditional medicine and faith healers. They go to the hospital only when their illness is already at an advanced stage; they prefer to use traditional birth attendants instead of trained midwives for deliveries. They have poor perception about modern health care processes such as drugs and vaccinations and accept to use them as the last resort, among others. These situations unfortunately result in the aggravation of illness, protraction

in treatment, wrong diagnoses, poor or wrong treatment and the loss of many lives that could have otherwise been saved at the right time by trained personnel. There is a possibility that this limited, non-utilization or delayed access to modern healthcare among the Mbororo people may result from their cultural practices. These practices are intertwined with their moral code of conduct “pulaaku”. Cultural practices of the Mbororo community such as preference for traditional medicine and faith healers and dependence on indigenous educational practices over formal education may be the cause of this current lack of awareness and non-use of public and private hospitals and their products and services by this cultural group behaviour among the Mbororos. It is for these reasons that this researcher embarked on this study to examine the effects of cultural practices on the health-seeking behaviours of the Mbororo community in Mezam Division of the Northwest Region of Cameroon.

#### • Specific objectives

- To ascertain the effects of dependence on indigenous educational practices over formal education on the health-seeking behaviours of the Mbororo community in the Mezam Division
- To assess the effects of preference for traditional medicine and faith healers on the health-seeking behaviours of the Mbororo community in Mezam Division

### III. METHODOLOGY

The research design used in this study was the cross sectional survey design wherein both quantitative and qualitative techniques were used to manage the data collected for the study. This required some form of triangulation. The study was carried out among the Mbororo community drawn from Tubah, Bali, Bamenda III, Santa, Bafut of the Northwest Regions of Cameroon. The target population was made up of 11,848 members of the Mbororo population in Mezam Division of the North West Region of Cameroon. Meanwhile, the accessible population included 6794 Mbororo dwellers made up of 3185 males and 3609 females. The sample was made up of 539 respondents which included 536 members of the Mbororo clan and 3 healthcare professionals (medical doctors) serving in the Mbororo community in Mezam. The simple random sampling technique was adopted in selecting sample.

The instruments used for the collection of data in the study were a questionnaire, and a focus group discussion guide and a semi structured interview. These instruments were developed by the researcher. The Statistical Package for Social Sciences (SPSS) software version 23.0 was used to analyze the quantitative data collected, particularly the close-ended questionnaire items. In presenting demographic information, bar and pie charts were used.

Descriptive statistics such as frequencies tables containing the various weighted responses, percentages, measures of central tendencies (mean), and dispersion (standard deviation) were generally used to provide answers to the research questions. The Pearson correlation test was also used to compare means within the variables under investigation, thereby supplying the inferential statistics for this study. The Pearson product moment correlation was used to determine the magnitude and direction of the relationship between cultural practices with respect to the health-seeking behaviours of the Mbororo community in Mezam. The relationships were established at the 0.05 level of significance. ATLAS.ti software version 8.0 was used for qualitative analysis which adopted the Qual-quantitative paradigm in presenting the exploratory thematic view of the respondents who took part in the focus group discussions and the interviews. The codes in each primary document were in sync with the hermeneutic unit. Quotations were used dominantly in the software over visualization.

## IV. RESULTS

- **Research question one: What are the effects of dependence on indigenous educational practices over formal education on the health-seeking behaviours of the Mbororo community in Mezam Division?**

Items	Alternatives %		N	Mean	St. d	Rank		
	SD	D					A	SA
I am unable to read and write and therefore do not read health information on notice boards, leaflets and tracks.	1.9	3.5	51.1	43.5	500	4.54	.66	3
I studied only informally through my parents and elders and therefore do not value anything from the Whiteman including their conventional medicine.	5.4	1.1	52.1	41.2	500	4.72	.69	1
Our indigenous teachers taught us that traditional medicine is quite appropriate	3.8	0.5	57.6	38.0	500	4.46	.62	4
I do not participate in health promotions and educative health talks because I don't usually understand what they're saying.	7.1	1.1	46.2	45.7	500	4.61	.68	2
I am ignorant and unaware of the benefits of conventional medicine because I cannot read and write and I therefore know nothing about it.	1.7	7.5	58.2	32.6	500	4.22	.57	5
Multiple Response Set (MRS)	4.0	2.7	43.8	49.5	500	4.18	.63	

Table 1: Dependence on indigenous education and health-seeking behaviours

SD-strongly Disagree; D-Disagree; A-Agree; SA-Strongly Agree

Source: Researcher's field survey, 2022.

Table 1 shows the majority of the respondents agreed (93.3%) that dependence on indigenous educational practices over formal education affected the health-seeking behaviours of the Mbororo community as opposed to those that disagreed (6.7%). This therefore revealed that dependence on indigenous educational practices over formal education affected the health-seeking behaviours of the Mbororo community in Mezam Division. The result was in this series: Agreed > Disagreed.

From the qualitative data collected and analyzed, majority of the cases (39 respondents) that participated in the focus group discussions and interviews (96%) agreed that dependence on indigenous educational practices over formal education affected the health-seeking behaviours of the Mbororo community in Mezam Division as opposed to one that disagreed (4%).

Case 4, an elderly male community leader during the focus group discussions said,

*"Most of us have never attended school. But we have all passed through the Arabic or indigenous educational practice. Therefore, we prefer indigenous educational practices since it helps us to know the Koran and also assists us when we are sick in driving away evil forces by reciting some verses in the Koran."*

Case 9, a female who participated in one of the focus group discussions said,

*"Most of us have never been to school and we find it difficult to read information about our health and even in the hospital we are unable to identify notices and directives to seek a healthcare provider. Low level of education has affected us in so many ways and has even renders us ashamed when we go to the hospital and some health care providers in the hospital treat us very poorly or exploit us using high charges on medications."*

Meanwhile, Case 13, a healthcare provider (medical doctor) during his interview said,

*"The more educated one is, the more understanding and open minded the person is towards healthcare. Most of the Mbororos in the rural communities are less educated and this has affected their health seeking behaviour since most of them cannot read, especially the ladies."*

These explanatory excerpts illuminate the fact that dependence on indigenous educational practices over formal education is an important issue that affects the health-seeking behaviours of the Mbororo community in Mezam Division.



• *Verification of hypothesis one*

**Ho1: There is no significant relationship between dependence on indigenous educational practices over formal education and the health-seeking behaviours of the Mbororo community in Mezam Division.**

Variable		Dependence on indigenous education	Health-seeking behaviours
Dependence on indigenous education	Pearson Correlation	1	.621**
	Sig. (2-tailed)		.001
	N	500	500
Health-seeking behaviours	Pearson Correlation	.621**	1
	Sig. (2-tailed)	.001	
	N	500	500

Table 2: Correlation between dependence on indigenous educational practices over formal education and health-seeking behaviours

There is a significant relationship between dependence on indigenous educational practices over formal education and the health-seeking behaviours of the Mbororo community in Mezam Division ( $r=.621$ ,  $N=500$ ,  $p=.001$ , far

$<0.05$ ). Based on the findings, the significance level of the hypothesis was above 0, therefore the null hypothesis was rejected while the alternative hypothesis was retained.

• **Research question two: What are the effects of preference for traditional medicine and faith healers on the health-seeking behaviours of the Mbororo community Mezam Division?**

Items	Alternatives %				N	Mean	St. d	Rank
	SD	D	A	SA				
Traditional medicine comes from God.	2	4.5	61.4	32.1	500	4.23	.66	5
Traditional medicine is more effective than conventional medicine.	6.0	1.1	40.8	52.2	500	4.44	.72	2
Traditional medicine treats illnesses that hospital medicine cannot treat.	3.8	1.6	37.5	57.1	500	4.50	.74	1
Home remedies and traditional medicine saves time and money that would be used for conventional medicine.	4.1	2.5	36.3	57.1	500	4.31	.71	4
God can heal me through faith-healers and traditional medicine so I can only go for conventional medicine if traditional medicine fails.	3.8	2.7	51.1	42.4	500	4.32	.70	3
<b>Multiple Response Set (MRS)</b>	<b>3.9</b>	<b>12.4</b>	<b>45.4</b>	<b>38.3</b>	500	<b>4.18</b>	<b>.62</b>	

Table 3: Preference for traditional medicine/faith healers and health-seeking behaviours

SD-strongly Disagree; D-Disagree; A-Agree; SA-Strongly Agree

Source: Researcher's field survey, 2022.

Table 3 shows the majority of the respondents agreed (83.7%) that preference for traditional medicine and faith healers affected to the health-seeking behaviours of the Mbororo community as opposed to those that disagreed (16.3%). This therefore revealed that preference for traditional medicine and faith healers affected the health-seeking behaviours of the Mbororo community Mezam Division. The result was in this series: Agreed > Disagreed.

From the qualitative data collected and analyzed, majority of the cases (39 respondents) that participated in the focus group discussions and interviews (87%) agreed that preference for traditional medicine and faith healers affected the health-seeking behaviours of the Mbororo community in Mezam Division as opposed to one that disagreed (13%).

Case 28, an elderly male community leader during the focus group discussions said,

“The Mbororos lay more emphasis on the use of traditional medicine. We first get treated with traditional medicine before going to the hospital and if treatment at the hospital fails, we would come back to the community to inquire from the elders the kind of treatment based on our beliefs about the illness.”

Case 35, a female who participated in one of the focus group discussions said,

“Traditional medicine is important in the treatment of some illness that the hospital cannot treat such as meningitis which is perfectly cured with traditional medicine. Within the Mbororo community, there are some women who use some herbs which facilitate their delivery when pregnant. There are some herbs that are squeezed and given to a new born baby which improves on the blood content of the child and renders the child strong.”

• **Verification Of Hypothesis Two**

**Ho2: There is no significant relationship between preference for traditional medicine and faith healers and the health-seeking behaviours of the Mbororo community Mezam Division.**

Variable		Preference for traditional medicine and faith healers	Health-seeking behaviours
Preference for traditional medicine and faith healers	Pearson Correlation	1	.810**
	Sig. (2-tailed)		.012
	N	500	500
Health-seeking behaviours	Pearson Correlation	.810**	1
	Sig. (2-tailed)	.012	
	N	500	500

Table 4: Correlation between preference for traditional medicine and faith healers and health-seeking behaviours

There is a significant relationship between preference for traditional medicine and faith healers and the health-seeking behaviours of the Mbororo community Mezam Division ( $r=.810$ ,  $N=500$ ,  $p=.012$ ,  $far < 0.05$ ). Based on the finding, the significance level of the hypothesis was above 0, therefore the null hypothesis was rejected while the alternative hypothesis was retained.

**V. DISCUSSION OF FINDINGS**

**A. Dependence on indigenous educational practices over formal education and the health-seeking behaviours of the Mbororo community**

Hypothesis 1 intended to examine whether there is a significant relationship between dependence on indigenous educational practices over formal education and the health-seeking behaviours of the Mbororo community in the Mezam Division. The findings presented indicated the r value was 0.621, which implies there is a positive correlation between dependence on indigenous educational practices over formal education and health-seeking behaviours. As a result of this, the null hypothesis Ho1 was

Meanwhile, Case 39, a healthcare provider (medical doctor) during her interview said,

“The use of traditional medicine within the Mbororo community is low in urban communities but high in rural communities. Most of them within the rural communities make use of traditional medicine and if it fails that is when they come to the hospital. Some ladies visit the hospital only with their husbands or with close relatives. Additionally, for some cross examinations or diagnoses that require examination of some vital organs such as the breast or vagina, they usually shy away if it is a male healthcare provider performing the procedure.”

These explanatory excerpts illuminate the fact that preference for traditional medicine and faith healers is an important issue that affects the health-seeking behaviours of the Mbororo community in Mezam Division.

rejected and the alternative Ha1 was retained. This finding is in line with Shaikh and Hatcher (2005) who noted that the factors determining the health behaviours may be seen in various contexts: physical, socio-economic, cultural and political. Therefore, the utilization of a health care system, public or private, formal or non-formal, may depend on socio-demographic factors, social structures, level of education, cultural beliefs and practices, gender discrimination, status of women, economic and political systems environmental conditions, and the disease pattern and health care system itself. Policy makers need to understand the drivers of health seeking behaviour of the population in an increasingly pluralistic health care system. Also, a more concerted effort is required for designing behavioural health promotion campaigns through inter-sectorial collaboration focusing more on disadvantaged segments of the population.

This finding is also in consonance with Wiysonge, Uthman, Ndumbe and Hussey (2012), who found out that children from mothers and fathers with non-formal

education were more likely to be unimmunized than those from parents with secondary education or higher. The scholars also found out that that formal education has a significant influence on healthcare. Those with low educational level tended to be less knowledgeable about illnesses such as tuberculosis and they sought healthcare only when they failed to treat the disease by themselves. From their perception of the diseases due to their level of education, they sought healthcare at village level where they feel it will be cheaper. Therefore, formal education plays a significant role in health-seeking behaviour.

*B. Preference for traditional medicine and faith healers and the health-seeking behaviours of the Mbororo community*

Hypothesis 2 intended to examine whether there is a significant relationship between preference for traditional medicine and faith healers and the health-seeking behaviours of the Mbororo community in the Mezam Division. The findings indicated the  $r$  was 0.810, which implies there is a positive correlation between preference for traditional medicine and faith healers and health-seeking behaviours. As a result of this, the null hypothesis  $H_02$  was rejected and the alternative  $H_a3$  was retained.

The finding agrees with Abubakar, Van Baar, Fischer, Bomu, Gona and Newton (2013) who indicated that traditional healing still plays a salient role in the health care within these two communities. Traditional healers were consulted for various reasons: a) attribution of causation of ill-health to supernatural sources, b) chronic illness (inability of modern medicine to cure the problem) and c) as prevention against possible ill-health. The researchers observed that this was a complex process involving consultation at various levels, with elders, but also between both parents, depending on the perceived nature and chronicity of the illness. However, fathers were the ultimate decision makers in relation to decisions concerning where the child would be taken for treatment. The conclusion is that health systems need to see traditional healing as a complementary system in order to ensure adequate access to health care.

The finding is in line with Maxwell et al (2017) who maintained that in indigenous communities husbands and mother in-law made decisions regarding healthcare utilization. Preference to the use of traditional medicine was determined by the family such as the husband and mother in-law. This therefore means that health seeking behaviours towards the use of traditional medicines are influenced by the closed relatives or the elderly in the community.

This finding is also in line with Joseph, Fernandes, Derstine, and Mespadden (2019) who found out that some indigenous communities preferred complementary and alternative medicine (traditional medicine) in order to address their home needs but they quickly accessed health services more quickly for their children. This shows that despite the acculturation, these some indigenous communities still maintain their cultural practice on the preference of traditional medicine for their healthcare. Therefore, culture which is the way of life of a group of

people shapes their behaviours in the manner in which they seek health care.

## VI. CONCLUSION

This study concluded that there is a significant link cultural practices with respect to the health-seeking behaviours of the Mbororo community in Mezam Division of the Northwest Region of Cameroon. From the findings of the study, it was clear that cultural practices, specifically dependence on indigenous educational practices over formal education and preference for traditional medicine and faith healers has a positive significant correlation with respect to the health-seeking behaviours of the Mbororo community in Mezam Division. Therefore, it was recommended that members of the Mbororo community should embrace formal education, schooling and literacy. This would help them to better read, understand and appreciate health information especially those provided on notice boards in hospitals, on health prescriptions and leaflets during educative health campaigns. Through this, the Mbororo community would progressively and systematically embrace conventional medicine and visit hospitals for prevention and treatment of diseases within their community. It was also recommended that traditional doctors and faith healers within the Mbororo community should adapt to the realities of globalization and modern forms of treatment. They can do this by educating their patients on the need to also pursue conventional medicine alongside traditional medicine when ill. This would go a long way to promote holistic and universal healing among the Mbororo people. It was suggested that another study should be carried out in other Divisions in the Northwest Region other than Mezam Division that also contain Mbororo communities such as Bui, Donga-Mantung and Menchum to compare the findings in those different Divisions against this one.

## REFERENCES

- [1.] Abdullahi, A. A. (2011). Trends and challenges of traditional medicine in Africa. *African journal of traditional, complementary and alternative medicines*, 8(5), 12-23.
- [2.] Hofstede, G. (2001). Culture's recent consequences: Using dimension scores in theory and research. *International Journal of cross-cultural management*, 1(1), 11-17.
- [3.] International Labour Organization. (2015). *Indigenous Peoples in Cameroon: A guide for media professionals*. ILO.
- [4.] Latunji, O. O., & Akinyemi, O. O. (2018). Factors influencing health-seeking behaviour among civil servants in Ibadan, Nigeria. *Annals of Ibadan postgraduate medicine*, 16(1), 52-60.
- [5.] Maher, P. (1999). A review of "traditional" aboriginal health beliefs. *Australian Journal of Rural Health* 7 (4), 229-236
- [6.] Poortaghi, S., Raiesifar, A., Bozorgzad, P., Golzari, S. E., Parvizy, S., & Rafii, F. (2015). Evolutionary concept analysis of health seeking behavior in nursing: a systematic review. *BMC health services research*, 15(1), 1-8.

- [7.] Prentice, J. C., & Pizer, S. D. (2007). Delayed access to health care and mortality. *Health services research, 42*(2), 644-662.
- [8.] UN. (2008). Illiteracy's direct impact on human health: the need for more investment to boost reading skills. United Nations.
- [9.] WHO. (2013). Traditional *Medicine Executive Board 134<sup>th</sup> Session Provisional Agenda Item 9.1*. World Health Organization.
- [10.] Zollman, C., & Vickers, A. (1999). What is complementary medicine? *Bmj, 319*(7211), 693-696.