International Journal of Trend in Scientific Research and Development (IJTSRD)
Volume 6 Issue 5, July-August 2022 Available Online: www.ijtsrd.com e-ISSN: 2456 – 6470

Indigenous Cultural Beliefs 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 indigenous cultural beliefs on the health-seeking behaviours of the Mbororo community in Mezam Division of the Northwest Region of Cameroon. 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 indigenous cultural beliefs ($r=0.621$, $df=98$, $p<0.05$) 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 indigenous 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: *Indigenous Cultural Beliefs, Health, Mbororo Community, and Health seeking Behaviours*

How to cite this paper: Foncham Paul Babila "Indigenous Cultural Beliefs and Health-Seeking Behaviours of the Mbororo Community in Mezam Division of North West Cameroon" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-6 | Issue-5, August 2022, pp.1232-1238, URL: www.ijtsrd.com/papers/ijtsrd50613.pdf

IJTSRD50613

INTRODUCTION

Erinosho (1998) postulates that "health and diseases are to some extent shaped by indigenous cultural beliefs" (p.18). Indigenous socio-cultural beliefs affect the perception of 'Health' and 'Normality'. This perception differs from society to society. This perception affects the health-seeking behaviours of the people which as well affect the health and wellbeing of that community. The researcher therefore argues that the United Nations Sustainable Development Goals (SDGs) particularly goal three which is good health and wellbeing for all nations by 2030, is a very significant goal because poor health and wellbeing is a hindrance to the growth and development of any nation (Sachs, 2012). It is difficult to achieve the other goals with poor health conditions. It is therefore necessary for each nation to assess the problems of healthcare and health care delivery systems in all its communities with special attention to vulnerable communities such as nomadic Fulani (Mbororos) population who are herdsmen living on the hills and pigmies in the forest respectively, experiencing all adverse environmental and climatic conditions which are detrimental to their health and wellbeing such as malaria and other

diseases (Sachs, 2012). Therefore investigating on their health seeking behaviours will warrant appropriate educational programs on disease prevention and health promotion to be put in place within their various communities.

Chunhabunyatip, Sasaki, Grünbühel, Kuwornu and Tsusaka (2018) maintain that indigenous beliefs about health are what people of a particular culture believe about their health, what they think constitutes their health, what they consider the cause of their illness, and ways to overcome an illness is. These beliefs are, of course, culturally determined, and all come together to form larger health belief systems (Maher, 1999). Different cultures have different definitions of what constitutes health and what causes illness. Culture itself can be defined in many ways, but cultural practices are the characteristics that comprise a group of people's way of life such as attitudes, beliefs and orientation. Our thoughts and emotions follow our beliefs and create the attitudes, assumptions, expectations, and behaviors that determine how we react to life events and what we think is possible (Maher, 1999). These underlying belief systems drive our behaviour. Similarly, health beliefs may influence health-seeking behaviours and health outcomes.

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 in Mezam Division of the North West Region of Cameroon. Depending on the beliefs given by a culture, people may or may not be open to conventional 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 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.

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 indigenous cultural beliefs. These beliefs are intertwined with their moral code of conduct "pulaaku". Indigenous cultural beliefs of the Mbororo community about health and illness 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 indigenous cultural beliefs on the health-seeking behaviours of the Mbororo community in Mezam Division of the Northwest Region of Cameroon.

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 comprised 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 an answer to the research question. 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 indigenous 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-quan dominant 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.

RESULTS

Demographic profile of the respondents

Demographic profile of the research sample is presented in the form of tables and charts.

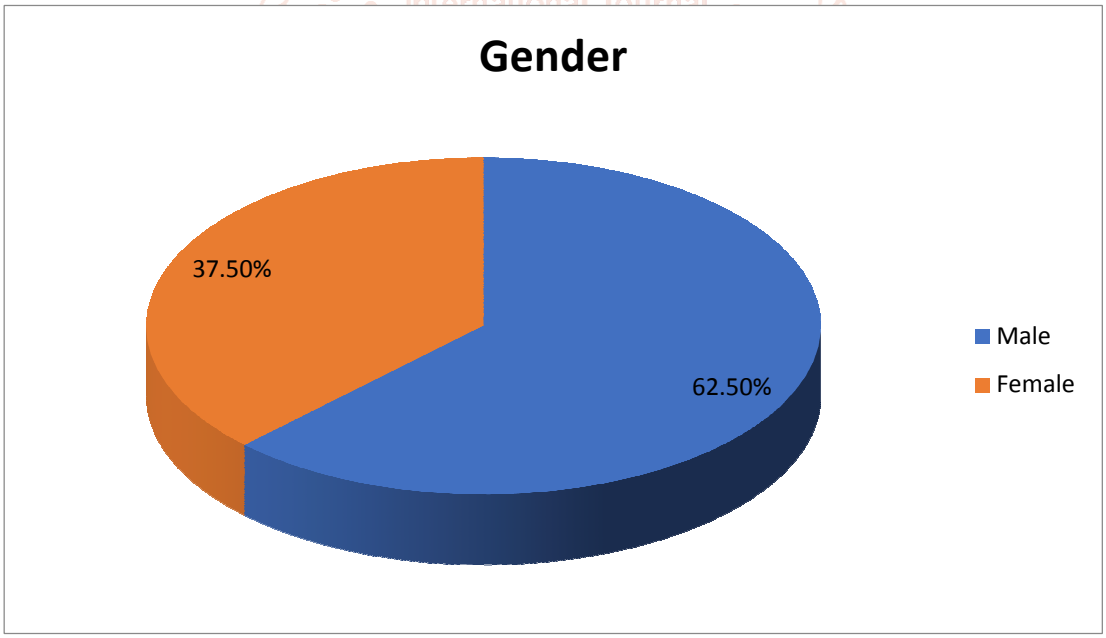

Figure 1: Distribution of respondents according to Gender

Figure 1 shows the distribution of the respondents according to gender. Out of the 539 respondents selected for this study, 337 of them were males (62.5%) and 202 of them were females (37.5%) indicating that the males dominated the study.

Table 1: Distribution of respondents according to Age

Age Range	Sample	Percentage sample
10-20 years	151	28%
21-39 years	102	19%
40-60	232	43%
61 years and above	62	10%
Total	**539**	**100%**

Table 1 above represents the distribution of respondents according to age. Out of the 539 respondents selected for this study, 151 of them were aged 10-20 years (28%), 102 of them were aged 21 – 39 years (19%), 232 of them were aged 40-60 years (43%) and 53 of them were aged 62 years and above (10%).

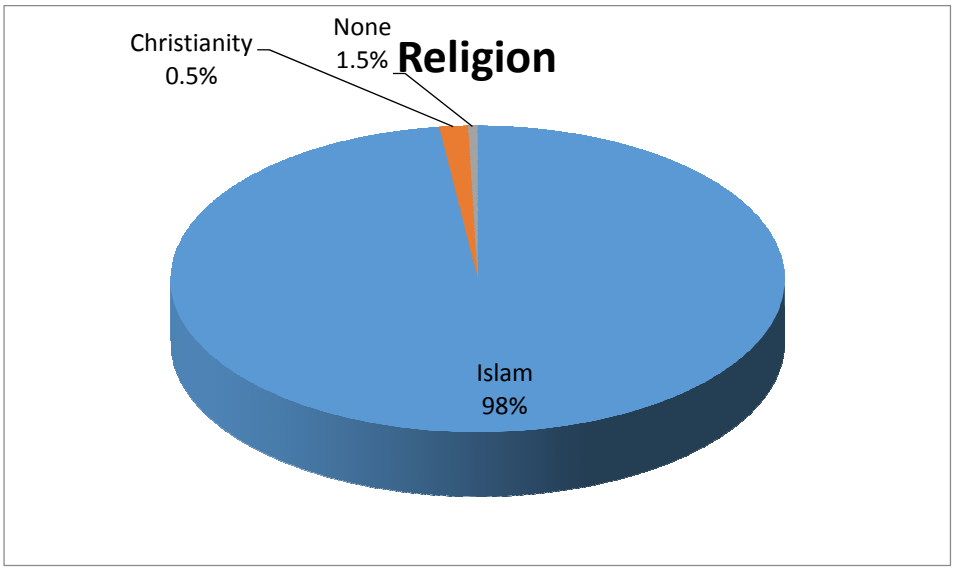

Figure 2: Distribution of respondents according to Religion

Figure 2 shows the distribution of respondents according to Religion. Out of the 539 respondents selected for this study, of them were Muslims (98%), 2 of them had no religion (1. 5%) while of them was Christians (0.5%), indicating that Muslims dominated the study with respect to Religion.

Table 2: Distribution of respondents according to Level of Education

Level of Education	Sample	Percentage sample
None	345	64%
Primary education	81	15%
Secondary education	92	17%
High school	16	3%
University education	5	1%
Total	**539**	**100%**

Table 2 above represents the distribution of respondents according to Level of Education. Out of the 539 respondents selected for this study, 345 of them had no formal education (64%), 81 of them had primary education (15%), 92 of them had secondary education (17%), 16 had High School education (3%) while only 5 of them had university education (1%).

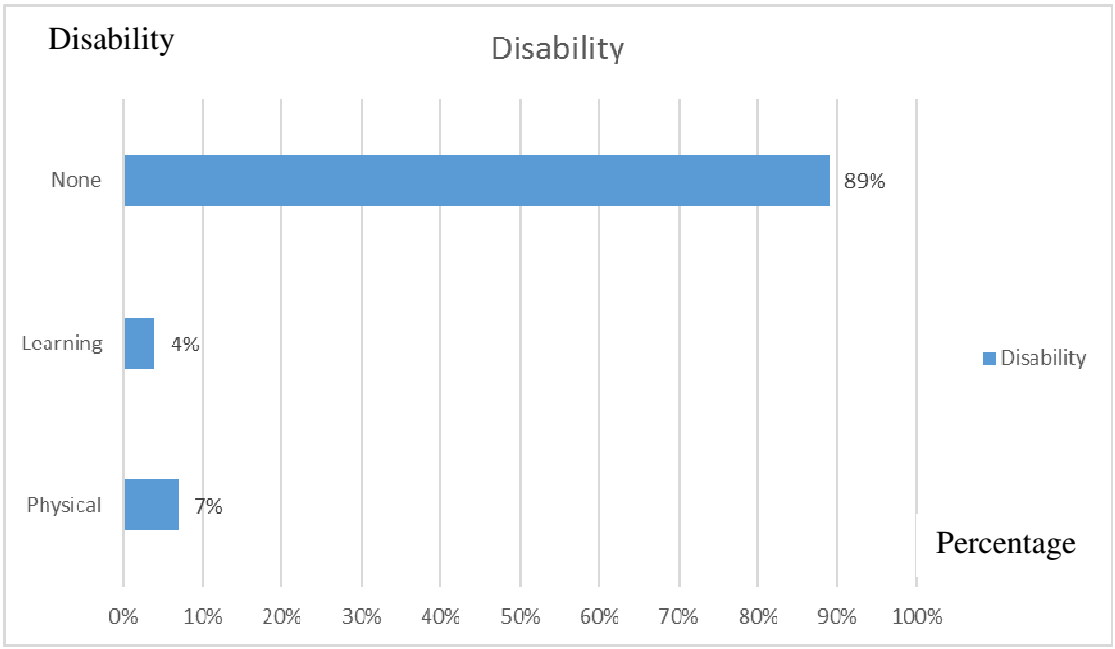

Figure 3: Distribution of respondents according to level of disability

Figure 3 shows the distribution of respondents according to level of disability. Out of the 539 respondents selected for this study, 480 of them had no disability (89%), 38 of them had physical disabilities (7%) and 22 of them had learning disabilities (4%).

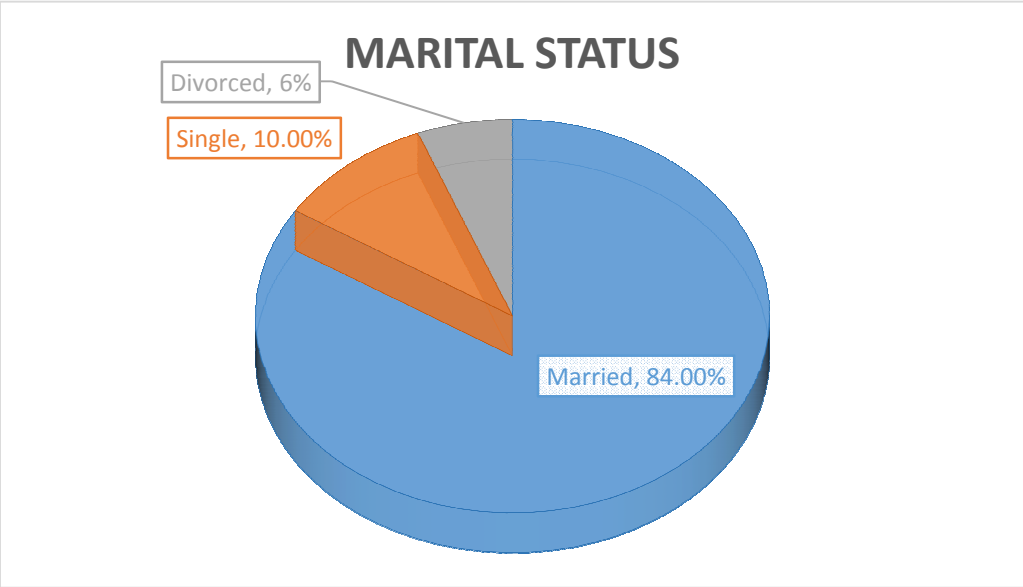

Figure 4: Distribution of respondents according to Marital Status

Figure 4 above represents the distribution of respondents according to Marital Status. Out of the 539 respondents selected for this study, 453 of them were Married (84%), 54 of them were Single (10%) while 32 of them were Divorced (6 %).

Answer to research question

Research question: What are the effects of indigenous beliefs about health and illness on the health-seeking behaviours of the Mbororo community in Mezam Division?

Table 1: Indigenous beliefs about health/illness and health-seeking behaviours

Items	Alternatives %				N	Mean	St.d	Rank
	SD	D	A	SA				
Bad health is from evil spiritual forces and so conventional medicine would not help at times.	3.3	0.5	56.0	40.2	500	4.36	.57	2
Health is God's blessing or a gift so it is needless to go for conventional medicine.	8.1	1.1	44.6	46.2	500	4.34	.73	4
Bad health is as a result of break up in social harmony with the community so it is needless to go for conventional medicine.	1.2	8.6	34.8	54.2	500	4.41	.76	1
Illness is punishment from God so there is no need going for conventional medicine.	0.3	11.6	39.1	48.9	500	4.35	.73	3
Illness comes from lack of harmony with nature and so it is needless to go for conventional medicine	8.5	2.4	57.1	32.1	500	4.18	.71	5
Multiple Response Set (MRS)	**4.3**	**4.8**	**46.3**	**44.6**	500	**4.30**	**.62**	

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 (90.9%) that indigenous beliefs about health and illness affected the health-seeking behaviours of the Mbororo community as opposed to those that disagreed (9.1%). This therefore revealed that indigenous beliefs about health and illness 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 (92%) agreed that indigenous beliefs about health and illness affected the health-seeking behaviours of the Mbororo community in Mezam Division as opposed to one that disagreed (8%).

Case 15, an elderly male community leader during the focus group discussions said,

"Within the Mbororo community, there exists diviners who diagnose the causes of diseases and methods of treatment. When I use some of the herbs around the compound and I still feel sick, I will go to a diviner to find out whether the illness is natural of spiritual. If it is a spiritual illness, due to supernatural forces or witchcraft, spiritual healing is done by consulting the traditional doctor (Malam/ Modibo) who treats the ailment using traditional medicine and the Koran. The Koran has verses that are used to treat lots of illnesses."

Case 21, a female who participated in one of the focus group discussions said,

"Witchcraft usually exists within the Mbororo community because some illnesses are spiritual, and cannot be handled in the hospital and need only spiritual means of treatment. This therefore means that, illnesses have their origin from spiritual dimension. Whenever I have any health challenges, I must consult the Modibo who gives me spiritual treatment by using some verses in the Koran and if it doesn't work, some traditional medicines are used. Without a spiritual treatment or traditional medicine, I would have lost a child."

Meanwhile, Case 25, a healthcare provider (medical doctor) during his interview, said,

"The Mbororos believe in some spiritual causes of illness such as witchcraft. The late arrival to the hospital is because they first of all focus more of the healing power of their Koran immediately one of them falls sick. They either go to the Modibo or the Imam for prayers. The Mbororos believe that their illnesses can easily be handled by spiritual means. Therefore, they believe that most illnesses can be caused mysteriously and can only be treated spiritually by using some supernatural forces instead of rushing to the hospital."

These explanatory excerpts illuminate the fact that indigenous beliefs about health and illness is seen as an essential issue that affects the health-seeking behaviours of the Mbororo community in Mezam Division. Members of the Mbororo community need to devote time and energy to closer to medical doctors, nurses and practitioners in the community for sensitization about the importance of rushing to the hospital for appropriate medical diagnosis and modern treatment bearing in mind that not all illnesses have spiritual undertones. This would enable them to better appreciate modern or conventional healthcare and seek medical care if or when the need arises. Against this backdrop,

Verification of hypothesis

Ho: There is no significant relationship between indigenous beliefs about health and illness and the health-seeking behaviours of the Mbororo community in Mezam Division.

Table 2: Correlation between indigenous beliefs about health and illness and health-seeking behaviours

Variable		Indigenous beliefs about health and illness	Health-seeking behaviours
Indigenous beliefs about health and illness	Pearson Correlation	1	.763**
	Sig. (2-tailed)		.015
	N	500	500
Health-seeking behaviours	Pearson Correlation	.763**	1
	Sig. (2-tailed)	.015	
	N	500	500
NB: Correlation is significant at the 0.05 level (2-tailed).			

There is a significant relationship between indigenous beliefs about health and illness and the health-seeking behaviours of the Mbororo community in Mezam Division (r=.763, N=500, p=.015, far <0.05). Based on the finding, the significance level of the hypothesis is above 0, therefore the null hypothesis was rejected while the alternative hypothesis was retained.

DISCUSSION OF FINDINGS

Indigenous beliefs about health and illness and the health-seeking behaviours of the Mbororo community

The hypothesis intended to examine whether there is a significant relationship between indigenous beliefs about health and illness and the health-seeking behaviours of the Mbororo community in the Mezam Division. The findings indicated the r value was 0.763, which implies there is a positive correlation between indigenous beliefs about health and illness and health-seeking behaviours. As a result of this, the null hypothesis Ho was rejected and the alternative Ha was retained.

This finding is in agreement with Maher (1999) who maintained that that the traditional Aboriginal model of illness recognizes social and spiritual dysfunction as cause of illness among the native people. According to him, indigenous people recognize supernatural intervention as the main cause of illness. Therefore, this belief systems influences their health seeking behaviour.

This finding is also in line with Naidu (2014) who argued that illness and health are embedded on cultural beliefs. According to him, illness and health and health are located in the social and spiritual realms. Therefore, ethno medical etiology may include witchcraft and sorcery and attacks by familiars or malevolent spirits. Therefore, pregnant woman beliefs that she and her unborn foetus can be protected from harm and reproductive health can be promoted by turning to traditional doctors. The pregnant women believed that there were concoctions could help with the delivery of a healthy baby.

The finding is also in consonance with Takeyama, Muzembo, Jahan and Moriyama, (2022) who argued that the choice of health service was influenced by perceptions of health and illness through the lens, belief in supernatural forces, dissatisfaction with and dislike of public medical systems on the reason of poor quality treatment received, poor communication skills of the health professionals and trust in indigenous medical systems. The tresearchers showed the need for health professionals to constantly take cultural influences into consideration when providing care for their patients.

Conclusion

This study concluded that there is a significant link indigenous cultural beliefs 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 indigenous cultural beliefs, has a positive significant correlation with respect to the health-seeking behaviours of the Mbororo community in Mezam. Therefore, it was recommended that health care professionals such as nurses and medical doctors especially those working in Mbororo communities should be more cordial and accommodating to patients of Mbororo descent and take time to educate them about conventional health practices and medicine. This would empower the Mbororo community with greater knowledge on their healthcare needs would go a long way to encourage these professionals to double their efforts towards reducing the suffering of this cultural group in society and improve on their health and psychosocial wellbeing in an appropriate manner. The study supports the notion that the Mbororo community in Mezam Division and beyond should 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. It was suggested that since the current study was carried out with a relatively small sample size of 539 participants in Mezam Division alone, another study should be carried out in the entire Northwest Region or the two English speaking Regions of Cameroon with a larger sample size of say 1000 in order to compare the findings against this one.

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