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LEVERAGING INDIGENOUS HEALTH MEDICAL PRACTICES TOWARDS PROMOTING HEALTH COVERAGE IN SUB- SAHARAN AFRICA

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Abstract
Historically, human beings are confronted with various illnesses and diseases that adversely affect their health and general wellbeing. Realizing this scenario, different communities across the world are known for various indigenous knowledge and practices, considered as necessary for promoting, supporting and sustaining specific healthcare needs of people. Today, sub-Saharan Africa (SSA) is faced with low health coverage. This is attributable to many factors, which include lack of political will on the parts of those that are saddled with governance, urban biased health policy, poor health facilities, corruption and mass poverty, among others. Using a literature review, this article argues for the use of indigenous health systems as avenue for optimizing health coverage in the subcontinent. Functionalist theoretical approach with specific reference to Talcott Parsons AGIL model is employed to provide the theoretical argument of this paper. Considering the trajectory and issues surrounding health coverage and the array of indigenous knowledge in the subcontinent, the paper concludes that appropriate mechanisms should be put in place such that indigenous health knowledge and practices capable of promoting health and wellbeing of people should be optimally utilized to scale up the health coverage in the sub-region.
Keywords: Healthcare; Health Coverage; Indigenous; Knowledge and Wellbeing

1.0 Introduction

Through the ages, human societies have developed systems for responding to health problems and for improving health and wellbeing of people. From time immemorial, every human population is blessed with various forms of medical knowledge capable of addressing one form of ailment or the other. In as much as the facilitating factors for the occurrence of disease in society vary, so also the path to treatment differs. In addition and apart from the received medical services, various communities across the globe have different types of health systems for the promotion and sustenance of wellbeing of their

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members. Thus, effective understanding of indigenous health systems could pave way to identify how they could assist various individuals and communities to improve health coverage without compromising the expected quality of care.

In most of the sub-Saharan African (SSA) countries, indigenous medical practices form important parts of healthcare for the prevention and treatment of diseases. The health systems facilitate the availability, accessibility and affordability of health services to people in various communities. These are facilitated through indigenous knowledge possess by people in various communities and settlements. Thus, the significance of indigenous knowledge systems to various communities and its application to modern life cannot be over-emphasized. This is because indigenous knowledge forms much of the world's medicinal knowledge, and various communities rely largely on this knowledge for their survival, daily life, healing, and nutritional needs. Thus, the World Intellectual Property Organization (WIPO) (n.d) advanced the permission to significantly reproduce, disseminate, and articulate publication on traditional indigenous knowledge systems.

Sub-Saharan Africa is one region of the world in which indigenous medical practices have long been recognized and held to be widespread, with a considerable number of its population relying on them to maintain their health or prevent disease and treat communicable and non-communicable diseases. The World Health Organization (WHO) (2001) defined indigenous medical practices as healing characterized by knowledge and practices, whether explicable or not, used in the diagnosis, prevention, and elimination of physical, mental, and social imbalance and relying exclusively on practical experiences and observations handed down from generation to generation, mostly verbally, but also, to some limited extent, in writing. Indigenous medical practices consist of plants, animals, or minerals taken either by injection, ingestion, adoption or absorption by people in to maintain their health condition (Mudonhi & Nunu, 2022). In the sub-Saharan African setting, indigenous medical practices encompass local herbal medicines or products, indigenous healthcare practices (traditional bone setting).

The sub-region health systems were built in an ad hoc way, layering traditional community health systems with colonial medicine aimed at scaling up resource extraction. This foundation has resulted in inbuilt inequalities, a dysfunctional attention on curative care, and a detrimental distance from users and communities. While acknowledging the challenges pose by the weak foundation, post-independence health policies put in place by various leaders in the sub-region aimed at mitigating problems have only been partially implemented with poor outcome. This paper therefore argues on the premise that most of the health systems in the sub-region are dysfunctional and hardly responsive to the expectations and demands of clients. Thus, leveraging on indigenous medical practices will enhance people's access to healthcare services and thereby improving health coverage in the sub-region. The article is therefore prepared to demonstrate the capacity of indigenous medical practices to boost the health coverage of many SSA countries.

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Forms of Indigenous Medical Practices in sub-Saharan Africa

There are various forms of indigenous medical practices in SSA. According to Lambo (1971), with the advancement of consciousness, African peoples began to appropriate and leverage on the medical knowledge gained over centuries from indigenous medicine, thereby promoting different forms of practices. The practices include herbalists, traditional bone setters, traditional midwives, traditional surgeons, traditional psychiatrists, diviners and faith healers (Adekson, 2004; Ademuwagun, 1969). Herbalists are individuals who possess adequate knowledge and experience in herbal medicine. They have skills on how to combine various medicines with plants, roots, barks, leaves, seeds, fruits, and parts or the whole of animals. In addition, herbalists utilize inorganic materials (such as salt, sulphur, alum, camphor, shells, pieces of rocks and steel, among others) for their occupation. According to Adesina (2012), herbalists prepare and offer their medicines in various forms, which include powder that the patients can mix with other foodstuff or drink. As natural products, as well as their derivatives, herbs play significant role in drugs manufacturing. The patients can rub the powder into cuts made with a sharp knife on any part of the body. The powdered preparation can also be mixed with native soap, which is then used for bathing. Other medical materials are chopped and soaked for some time either in water or in local gin or boiled in water and then left to cool before drinking as may be prescribed. Estimates by WHO (2000) revealed that about 60% of the world's population uses herbal medicine for treating their sicknesses and up to 80% of the population living in the SSA depends on traditional medicine for some aspects of primary health care. A study by Elujoba, et al. (2005) showed that herbal medicine is the first choice for home treatment of nearly two-thirds of children with hay fever in Nigeria.

Other forms of indigenous medical practices; traditional birth attendants (TBAs) (whose members are predominantly women) play active role in child's delivery. Other roles of the TBAs according to DuVal et al. (2004) include family planning, nutritional requirements recommendations, screening of high-risk mothers, fertility/infertility treatment and determination of ailments or abnormalities relating to reproduction. In addition, the TBAs provide antenatal and postnatal care to childbearing women, care of the infants in health and disease/sickness (Imogie et al. 2002).

Another category of indigenous medical practitioners known as priest healers do prescribe medicine, offer sacrifices and prayers on behalf of the community in times of calamities, which include but not limited to drought, famine and wars. According to Mbiti (1992), the priests, who include men and women, are largely intermediaries, standing between God, divinities, and human beings. They also intercede for women experiencing difficulties such as being barren.

In addition, the traditional surgeons and bonesetters perform various functions, which include incising and draining abscesses, prevent sore throats or chronic coughing, circumcisions and repair of inguinal hernias. Others are scarification to treat snake bite, noninvasive cataract luxation, and adult tooth extraction abortion, and cutting out the primary canine tooth buds of infants and toddlers to treat diarrhoea (Miles & Henry, 2003).

The narratives above indicate that the SSA is blessed with various indigenous medical practices, which have potentials of filling the existing gap in the health coverage among people in the sub-region, if appropriately utilized.

Theoretical Framework for the Understanding of the Subject Matter

Given its sociological relevance coupled with the fact that a theoretical framework broadens and integrates our views about any social phenomenon, the significance of a theory, in any sociological discuss, cannot be over-emphasized. Thus, any set of ideas that aims at explaining how societies, or aspects of a given society work, is a sociological theory (Haralambos & Holborn, 2008). This paper therefore anchored on functionalist theoretical approach with particular reference to Talcott Parsons' AGIL Paradigm.

Functionalism owes a lot to the biological and natural sciences and this has made it inseparable from the nineteenth century scientific advancement (Giddens, 1996). Functionalism compares human societies to living organisms and maintains that just as living organism must ensure that parts work together in unison to ensure survival and life, every part of society must function in harmony. For society to exist, and make existence and human interaction orderly, institutions and structures are created that regulate behavioural patterns through norms and values that must be inculcated by the society and internalized by members through socialization process. Examples of social institutions are family, religion, education, health and politics.

Among the major goals of functionalist theory is not only to understand, but also to explain the necessary conditions by means of which social life is made possible. According to this theory, certain degree of order and stability is needed for any society to survive and stand the test of times. That explains why the functionalist theorists often use the concepts of 'shared norms and values', and 'values consensus' as the tools for explaining both the origin and maintenance of social order and stability in human societies. According to the theorists, in so far as the foundation stone upon which co-operation, mutual sense of belongings, social solidarity, stability and unity are laid by values consensus, which itself is a product of shared norms and values, the two concepts become necessary and pre-conditions for the attainment of social order (Parsons & Smelser, 1984).

In his famous work: *The Theory of Social System,* Parsons (1954) maintains that, for every society to successfully exist and persist as an operational system, certain 'functional prerequisite must be satisfied. They are, in ascending order of importance: Adaptation (A), Goal Attainment (G), Integration (I), and Latency or Patterns maintenance (L) respectively. As we add the bracketed initials, we arrive at what is generally known as the Parsons AGIL model.

Thus, here is how it works: a) Adaptation to environments based on the productive or economic activities, (b) socially prescribed goals as governed by (c) the norms and the institutionalized sanctions, the goals, in question, ultimately derive from (d) overreaching cultural systems of values upon which consensus is based. Therefore, to Parsons, since cultural systems influence other aspects of society, explaining social

change requires taking a look at alterations in its cultural level first. He further asserts that, owing to the fact that such conservative cultural patterns and shared norms and values have capacity to absorb the kind of shock that accompanies social change, its disruptive tendencies and effects are significantly tamed or minimized. Parsons concludes that, in so far as among the main goals of human societies is internalizations and transmission of values from one generation to the next, through the process of socialization, examining the processes of institutionalization of value orientations and reorientations in social system should be the guiding principle.

2.0 Review of Literature

Recognizing the importance of indigenous medical practices, the WHO (1978) considered them as avenue for achieving universal health coverage. In practical terms, indigenous health system in the Sub-Saharan Africa largely defines illness as a social experience believed to result from the breakdown of the social balance. This may be as a result of omissions or commissions, such as breaking codes of conduct, ancestral spirits and evil spirits. Ifeanyi (1992) observes that in such a belief system, "health, involves not only physical exuberance but also harmonious integration of an individual with the entire universe, both spiritual and material." In this sense, indigenous health system is holistic in its approach and therefore practitioner treats the disease, its manifestations; as well as its root cause, which are largely associated with social relationships. The ultimate goal of indigenous medical practices as advanced by Mokaila (2001) is to restore the individual to a harmonious relationship within the social environment.

Looking at the various challenges associated with the provision and delivery of health services in post-independence sub-Saharan Africa (such as brain drain, poor health facilities, urban-driven health policies, poverty and low technology, among others), thereby making the sub-region lag behind other world regions in major health outcomes (including coverage), integrating indigenous health care and practices could go a long way to facilitate people's access to needed services. Similarly, the sub-region relies largely on importation of medicines and raw materials for the manufacture of their medications. This could spell serious trouble for rural areas since they are typically the last to get access to any imported medicines or manufactured medicines due to their inaccessibility. To scale down the importation of essential medicines and drugs, the available indigenous medical practices could serve as avenue for local production of drugs using local resources and skills at cheaper costs. In the long run, the transformation of the health sector will serve as source of employment for people, which will positively affect their livelihood.

Access to health services, whether preventative or curative, remains a prerequisite for individuals to attain health and achieve healthy lifestyles. The World Health Organization (WHO) (2000), conceived health system as all the organizations, institutions and resources that are in place and devoted to producing health actions. Ensuring every citizen has access to health care constitutes a major challenge for most of the African governments. When access to health care is compromised, citizens' are vulnerable to life-threatening diseases and illnesses.

The sub-Saharan Africa consists of 47 countries, with more than 1 billion populations. Report from the United Nations Department of Economic and Social Affairs (UNDESA) (2019) indicates that out of the 47 less developed countries in the world, 32 are located in the sub-region. It is therefore not surprising that poverty-induced diseases, such as those caused by poor household air, childhood malnutrition, and unsafe water and poor sanitation, coupled with limited access to healthcare services, among others contribute to the occurrence of diseases and illnesses in the sub-region (Foreman, et al. 2018). In addition, report from the WHO (2016) indicates African continent is where maternal and infant mortality rates remain very high highest with low average life expectancy. Many reasons account for this development. These include lack of political will on the part of leaders, discriminatory health policies, hyper corruption, poor health infrastructure, poverty among people, brain drain among health professionals and poor health financing, among others (Adegboyega, 2020).

In a similar development, the WHO (undated) report estimated that physician population ratio for SSA countries stands at thirteen per 100.000 compared to 164 per 100,000 for United Kingdom and 279 per 100,000 for the United States of America. The report also estimated that SSA countries have 12% of the world's population, 25% of the world's burden of disease but only 1.7% of the world health physicians and 1% of the global economic resources. In addition, the African sub-region relies largely on the importation of medicines and raw materials from developed countries for manufacture of medications (Akande-Sholabi & Adebisi, 2020). This could challenges associated with delivery of healthcare to rural dwellers since they are typically the last to get access to any imported medicines or manufactured medicines. It also meant that realization of the citizens' right to health in sub-Saharan Africa settings, where needed resources for health care are either lacking or inadequate, is problematic.

Globally, the practice of indigenous medicine is common. Prior to the emergence of colonialism, African communities did not have what could be considered as organized States, as Africans lived in various arrangements ranging from large kingdoms to small groups of people held together by an intricate web of kinships and other relationships. During the pre-colonial Africa, people's approaches to health were intricately linked to the African communitarian philosophy and beliefs, which holds that every member of the community forms part of the larger whole to which one owes his or her personality, values, and duties. In other words, in the pre-colonial Africa and prior to the introduction of orthodox health system, indigenous medical practices were in place, and in consonance with the prevailing customs and traditions among the Africans. Thus, the science of medicine and healing is based on humanitarian principle where health services are rendered to people in the interest of individuals and society. With this principle, practitioners of African indigenous medicine worked under others' tutelage for a long time and, when they qualified, practiced the trade and trained other future potentials practitioners. In turn, their methods were tried and tested over many generations, a process that made it possible for ineffective methods to be discarded and those that worked to be retained and preserved for current and future generations.

However, proper recognition of traditional medical knowledge occurred in the 70s with the pronouncement of the Primary Health Care (PHC) and the recognition of traditional medicine as its key component by the World Health Organization. The World Development Report (1998/99) considered primary healthcare (in which the indigenous medical practice is a component) as a collaborative effort of the three tiers of government, designed to be people-oriented in that it strives to develop local capabilities, and for the realization of sustainable improvement in the health of the people and therefore should be more adapted to country's socio-economic and cultural context.

Report from the WHO (1983) further ascertained that with the incorporation of indigenous medical practices into the PHC, efforts aimed at rehabilitating the practices at national and international level have been scale up. The organization therefore encouraged and supported African member States to promote traditional medical practices and mainstream them into their health systems (WHO, 2013). Justifying the basis for inclusion of indigenous health into the healthcare system, Meissner (2004) expressed that indigenous medical practitioners are diverse, coupled with their familiarity to their clients, as health and illness are perceived in the same light.

In addition to the various efforts introduced by the WHO, Payyappallimana (2010) expressed that in the past few decades, the traditional, complementary, and alternative medicine sector has been receiving increasing policy support from multilateral and non-government organizations, civil society groups, and other self-regulated associations.

Going back to the memory lane, Ebu, et al. (2021) expressed that the practice of indigenous medicine in SSA is as old as humanity. Mothibe and Sibanda (2019) also stressed that indigenous medicine been used by African populations for the treatment of ailments prior to the advent of orthodox medicine and it continues to neutralize a part of the challenge of health coverage for the majority of the population. The authors also explain that the indigenous medical practices play significant role in preventive, curative and even palliative health care, especially among rural dwellers, which are characterized by widespread poverty coupled with shortage of health care facilities. Similarly, Sindiga (1995) noted that indigenous medicine is usually decentralized in the sense of being everywhere in the community, unlike in the case of received medicine where people have to travel to long distances to access healthcare thereby time-consuming, inconvenient and expensive. This is in addition to the notion that indigenous medical practices are socially acceptable to residents where they are applied; hence have a wide spatial coverage in terms of access. There is in addition to the growing notion that all communities have modes of dealing with their health challenges and therefore, health initiatives and programmes must be made to operate meaningfully within a 'medical pluralistic milieu' (Orgah & Orgah, 2015).

However in reality, their practice usually incorporates various modalities of healing (Dlamini, 2001). Mbiti (1969) expressed that Africans indigenous views of health and illness were that health is achievable when one is in harmony with nature while illness occurs when one is disharmony with nature. It is therefore to say that Africans have rich and notable history of achievement in medical practice prior to colonialism. Appreciating the breakthrough in the indigenous health system, Abdool-Karim (1994) observed that when an African consults orthodox health practitioner, a 'third figure'

(indigenous health practitioner) is often present, though, may not be visible. The author submitted that 80% of Africans consult indigenous health care providers, even though; their contributions are often ignored by non-Africans.

Having been relegated to the fringes of the healthcare system in different countries in Africa, the indigenous medical knowledge and practices have undergone transformation in the last two decades, as region within the continent has a unique form of indigenous medical practices. There are various forms of indigenous health systems and practitioners in sub-Saharan Africa. Thus, Odukoya (2012) reported that indigenous health system is the mainstay of primary healthcare for the majority of those in the rural areas in Africa. Herbal medicine is one of the notable forms of indigenous medical practices and has a great contribution to health particularly in resource-limited settings. According to Gakuya, et al. (2020), many countries in sub-Saharan Africa greatly contribute to plant diversity in the world.

A study by Shackleton, et al. (2002) revealed that medicinal plant is the major source of healthcare for about 80% of Nigerians because of its cultural acceptability, affordability and accessibility. With reference to Ghana, the Science and Technology Policy Research Institute (STEPRI) (2007) estimated ratio of the indigenous medical practitioners to the population stood at 1:400 as against a ratio of the orthodox doctor to the population of 1:12,000. It was explained further that in almost every community, there is an indigenous herbal practitioner capable of dispensing healthcare services to residents. Report from the WHO (2000) indicate that the percentage of the population that uses traditional medicine ranges from 90% in Burundi and Ethiopia, to 80% in Burkina Faso, the Democratic Republic of Congo and South Africa; 70% in Benin, Cote d'Ivoire, Ghana, Mali, Rwanda and Sudan; and 60% in Tanzania and Uganda. Other studies such as Stekelenburg, et al. (2005); Hatchett, et al. (2004); Nlooto & Naidoo (2014); Asiimwe (2015); Mandizadza et al. (2015) and Nsereko et al. (2011) have also established the utilization of indigenous medicines for the management of various health challenges such as AIDs, malaria and mental illnesses, among others in Zambia, Malawi, Uganda, South Africa and Zimbabwe. Similarly, report from the WHO (2003) show that the utilization of indigenous medicines in China account for 30-50% of the total medicine consumption whilst in Ghana, Mali, Nigeria and Zambia, the utilization of indigenous medicines among the population stood at 60%. Similarly, Peprah, et al. (2019) estimated that utilization of indigenous medicines by women in SSA is estimated to be between 30 and 70%. It is not out of place to submit that indigenous medical practitioners, with various specializations, enjoy more patronage in the sub-Saharan than orthodox medicine, as lay people treat themselves and their families with home remedies, usually medicinal plants. This is notable because of the insufficient orthodox health services for the treatment of individuals who fall ill. Indigenous medical practices therefore constitute important components of health system and it can facilitate people's access to health care across different locations.

Mander et al. (2007) reported that indigenous medical practices are considered desirable and necessary for treating various health problems among South African black population than the orthodox medicine. With reference to Nigeria, Lawal & Banjo

(2007) expressed that arthropods are used to cure thunderbolt ('magun'), child delivery ('igbebi'), bedwetting ('atole'), yellow fever ('ibaapanju') and a host of many other ailments that cannot be treated using orthodox medical practices. In the same vein, Banjo et al. (2003) found out that among the Ijebu Remos, Nigeria, some insects, when combined with other ingredients, can be used for spiritual protection, preparation of love medicine, management of eye and ear problems, as well as prevention and control of convulsion in children.

Similarly, a study Panganai & Shumba (2016) indicated that various indigenous medicines are frequently used for the treatment of common pregnancy-related problems such as oedema, indigestion, constipation, infection, high blood pressure and post-partum healing in Zimbabwe. The study further noted that various indigenous medicines were used to ensure the sound development of foetus, quicken labour, prevent or cure malaria and prevent miscarriages in pregnancy.

Various factors are accounted for the widespread utilization of indigenous medical services. These include culture and beliefs, poverty, long distance to health facilities, cost of orthodox medicines and acceptability of indigenous medicines. Other factors such as the knowledge passed from generation to generation, availability of indigenous medicines, unpleasant experiences with the formal health system, health beliefs and conceptualization in most Africa settings also influence indigenous medicine use in SSA (Peprah, et al. 2019). The WHO (2002) also established the relationship between health workers attitude towards patients, and waiting time at health facilities and low utilization of health services in modern health facilities in preference for indigenous medicines.

With specific reference to Nigeria, Osemene, et al. (2011) reported that indigenous medicine is at the centre of attention in the management of health-related problems, partly due to the high level of poverty in the country. Similarly, in Nigeria, Oladele & Adewunmi (2008) expressed that most rural dwellers lack access to orthodox medical facilities; therefore over 90% of them depend largely on indigenous medicine. Orgah and Orgah (2015) explained that due to the increasing cost of medicines and the poor dilapidate nature of modern health services, Nigerians are compelled to look inward and utilize indigenous knowledge in medicines, such as herbal medicines, massage therapy and bone setting, among others even in the face of technological difficulties. Other factors, such as low educational attainment and unemployment have also been associated to the utilization of indigenous medicine (Gyasi et al., 2013; Liwa et al., 2017).

3.0 Methodological Approach

The article adopts integrative approach of literature review. Through this approach, available and relevant articles, conference papers and textbooks, among others focusing on the subject were sourced and reviewed. The databases that were utilized included Google Scholar, ResearchGate, PubMed and World Health Organization. Thereafter, ideas gotten from different sources were synergized and integrated appropriately. This was done to provide readers with better knowledge of the subject matter.

4.0 Discussion

Access to medicines in sub-Saharan Africa faces numerous challenges, which compromises the quest for good health and well-being of majority of the people in the sub-region. Indigenous medical practice is widely common globally and the larger public has adopted them for their various health needs. Communities in many parts of the sub-Saharan Africa, including Nigeria have been known for their indigenous knowledge health care practices. Indigenous medical practices contribute an important means of enhancing availability and access to healthcare of significant portion of the entire population in the SSA.

The review indicates that the sub continent is still developing, and several countries within the sub-region are classified as poor. Poverty has negatively impacted health service provision and utilization due to poor investment in infrastructure and brain drain to developed countries. Shortages of staff in health facilities, among other problems, have ensured that indigenous medical practitioners serve fill the gap by providing health services to a large population in the sub-region. Published sources from countries such as Ivory Coast, South Africa, Nigeria, Zambia, Uganda, Tanzania, Benin, Sudan, Rwanda, Zimbabwe and Gabon, among others reveal extensive use of different types of indigenous medicines.

The prevalence of indigenous medical practices and their utilization among people vary across different countries. Their popularity and acceptance among people across the SSA are no longer debatable, even though there was misconception regarding their safety. In several countries, indigenous medicines and related products are present with little or no barrier. Thus, this article submits that effective utilization of indigenous medical practices would provide succor to large number of people in need of healthcare in the sub-region. This is important as effective exploration of indigenous health facilities would facilitate country's ability to build and mobilize knowledge capital, which is essential for sustainable growth and development. The review shows that indigenous medicines can boost the health coverage of many SSA countries, as indigenous medical practitioners play an important role in health promotion, disease prevention and treatment.

5.1 Recommendations

In view of the wide use of indigenous medicines in the SSA, this article recommends the following:

Stakeholders within the domain of health systems should design standardized guidelines, protocols and policies that might regulate the practices of indigenous medicines.

Governments and other stakeholders in the sub-region should be in place appropriate strategies and mechanisms that are capable of promoting collaboration between orthodox and indigenous medical practices to scale up utilization and health coverage.

There is urgent need to revisit the role of indigenous medical practices in promoting Primary Health Care by countries in the sub-region. When this is done, it will enhance effective integration of indigenous medicines into the mainstream health system in order

to promote the utilization of indigenous medicines for health promotion, disease prevention and treatment.

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