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Cultural Practices and Health Seeking Behaviors among the Mbororos in Mezam Division

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ABSTRACT

The purpose of this study was to investigate how cultural practices affect health seeking behaviours of the Mbororos in their communities in Mezam Division. Precisely, indigenous health education, indigenous health beliefs and traditional medicine preference were perceived as capable of influencing health seeking behaviours of the Mbororos. The study employed a cross sectional survey research design using an explanatory sequential mixed method. Quantitative data were collected using questionnaire while focus group discussions and interview guides were used to collect qualitative data. Questionnaires were filled by 500 Mbororos, selected using simple random sampling technique while 36 Mbororo leaders and elders and 3 healthcare providers were purposefully selected, making a total of 539 respondents. The data were analysed with the aid of the Statistical Package for Social Sciences (SPSS) version 23.0 for windows where descriptive statistics such as percentages, mean scores and standard deviation were gotten. Equally SPSS was also used for regression analysis and tested the effects between the independent and dependent variables. The qualitative data were analysed using thematic analysis method. The findings showed that cultural practices had positive effects on health seeking behaviours towards traditional treatment of Mbororos in Mezam Division from both quantitative and qualitative analyses. Indigenous health education practices had positive effect on health seeking behaviours towards traditional treatment but was statistically insignificant (p=0.354). Indigenous health belief had a statistically significant effect on health seeking behaviour towards traditional therapy at 1% level (p = 0.000). Also, traditional medicine preference had a significant effect on health seeking behaviour towards traditional therapy at 1% level (p = 0.000). On another perspective the qualitative data which complemented the findings showed that indigenous health education; indigenous health beliefs and traditional medicine preference had effects on health seeking behaviours towards traditional therapy among the Mbororos. The study supports the notion that the Mbororo communities in Mezam Division and beyond should develop more tolerance for conventional medicine and rush for appropriate diagnosis and treatment before complementing with traditional treatment. Integration of modern and traditional medicine is recommended. In addition, the healthcare providers should be accommodating, culturally competent and apply a culturally congruent approach in treatment.

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Introduction

Health-seeking behaviour is defined as "any action or inaction undertaken by individuals who perceive they have a health problem or are ill for purpose of finding an appropriate remedy" The researcher gained inspiration from the United Nations Sustainable Development Goals (SDGs) particularly goal three which is good health and wellbeing for all nations by 2030, which is a very significant goal because poor health and wellbeing are hindrance to growth and development of any nation and communities in particular [1,2]. The present study therefore focuses on cultural practices and seeks to investigate whether cultural practices of the Mbororo communities such as indigenous health education, indigenous health beliefs, and traditional medicine preference in Mezam Division of the North West Region of Cameroon could have effects on their health-seeking behaviours Mekenzie, pointed out that indigenous health education is the principle which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance or restoration of heath within their communities [3]. Therefore, indigenous health education is achieved through individuals such as support groups who direct their patients to persons specialized in the treatment of certain diseases. Indigenous health education portrayed by a cultural group or communities is handed down from generation to generation in order to maintain health and well-being of the community members [4].

Equally,maintain that indigenous health beliefs 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 what they consider are ways to overcome an illness Likewise, according to , traditional medicine preference is the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences which are 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 [5,6].

Statement of the Problem

The study was built on the premise that utilization of the modern healthcare delivery system remains very low among members of the Mbororo communities in Mezam Division. Despite this kind of health seeking behaviour this indigenous people still remain strong and go about with their daily activities. They do not visit modern

health care delivery system early enough when ill; rather prefer the hospital late and at advanced stage of the illness. Therefore, it could be their cultural practices that influence their health seeking behaviours. For example, the knowledge about health seeking behaviours within the community is gained from other members of the community.

Consequently, the Mbororos prefer to go in for alternative medicine. It is therefore assumed that the indigenous health education could be responsible for their health seeking behaviours. The Mbororos believe that illness among the community members is spiritual and as such they prefer diviners for spiritual diagnosis and treatment. It is therefore assumed that indigenous health beliefs could be responsible for their health seeking behaviours. Likewise, they often prefer natural remedies from their communities and consequently their therapy is always traditional medicine. It is assumed that the traditional medicine preference could be responsible for their health seeking behaviours. It is from these backdrops that the researcher embarked to examine the extent to which cultural practices affect the health-seeking behaviours of the Mbororo communities in Mezam Division of the North West Region of Cameroon.

General Objective

To investigate the extent to which cultural practices affect health-seeking behaviours of the Mbororo community in Mezam Division.

Specific Objectives

1. To assess the extent to which indigenous health education affects health-seeking behaviours of the Mbororo community in the Mezam Division
2. To examine the extent to which indigenous health beliefs affect health-seeking behaviours of the Mbororo community in the Mezam Division
3. To assess the extent to which traditional medicine preference affects health-seeking behaviours of the Mbororo community in Mezam Division

The health theory (such as the health belief model (HBM) by Hochbaum (1950)) has been employed in this study to explain and predict the Mbororos health seeking behaviours. The health belief model (HBM) known as behavioural health believes theory has been used in professional nursing practise to create prevention and intervention programs. Therefore, the health belief model is a behavioural health theory which combines knowledge, opinion, actions taken by individuals or group in reference to their health carried out a study on indigenous health education on the health seeking behaviours of Dominican Republic women with lymphoedema in filariasis endemic areas to better understand reasons for women developing lymphedema. In order to achieve this objective, qualitative data were collected through a semi structured interview with 28 women, 3 focus groups discussions with 28 women, field notes and photographs. It was noticed that indigenous health education from family members were influential in providing referral to indigenous healers credited with treatment of physical, mental, spiritual and supernatural causations of illness. The women sought healthcare from trained health care providers only when the indigenous treatment proved to be ineffectual. The women were referred to traditional healers who can treat the illness by some members of the community [7, 8]. This means that in this community there are referral indigenous healers that are specialised in treatment of some specific illnesses. It can only be after their ineffective treatment that the patient can resort to another form of treatment. Therefore, indigenous health education provided referrals for an illness treatment within the community. This means that the women from these communities with their own cultural perception of an illness gain the indigenous health education handed to them by some community members and equaly through enculturation.

Carried out a study on the context of indigenous health beliefs of people with Psychiatric disorders and health seeking behaviours in India. They made use of survey research design and through a purposive sample of schizophrenic patients in a teaching hospital in India. The study sampled 83 families of schizophrenic patients attending a teaching hospital in India on the context of their indigenous beliefs of health and the health seeking behaviours of these patients. These results showed that those who consulted indigenous healers took longer time to reach the referral centre. This was simply because their first line of healthcare seeking was alternative medicine due to their indigenous health beliefs about schizophrenia in the community [9].

The health belief in the supernatural causation of schizophrenia was common in India. Those who belief that schizophrenic had a supernatural causation consulted indigenous healers first and those who identify schizophrenic as medical problem consulted practitioners of modern medicine. Therefore, the findings suggested that indigenous belief system about causes of illness was an important determinant of health seeking behaviour in schizophrenia in that community.

Conducted a study to examine the effect of traditional medicine preference on the health seeking behaviours of street children in Pakistan [10]. A descriptive, cross-sectional study was carried out from September and October 2000. The data were collected in twin-cities of Rawalpindi and Islamabad through individual, semi-structured street-based interviews; with 40 school aged participants. This investigation was done through the use of three focus group discussions as instruments. The sampling procedure was convenience based. This strategy was applied because of the non-existence of a sampling frame for the street-based children owing to the absence of any census or other reports, and also the difficulty of tracking every mobile street child. The results indicated that these youth were highly susceptible to many adverse health outcomes. The common ailments were injuries, respiratory and skin infections. Along with low self-perceived severity of medical problems, self-medication was preferred and other non-conventional treatment. Their perceived constraints to services included long waiting time, monetary, negative attitude of service providers and their inferior status. In developing user-friendly services, it is important to be sensitive to street children's needs and requirements. Eliminating these barriers and the integration of health services among public and private resources are imperative for the regular and sustainable provision of health care to this vulnerable, under-served group of children. Therefore, the present study among the Mbororo which focuses on the preference of traditional medicine and the effect on health seeking behaviours will help to foster the integration of TM in the mainstream public health services since it is their preferred means of treatment in order to give a holistic therapy. This will then improve on the health seeking behaviours of the Mbororos in Mezam community.

The Relationship between Cultural Practices and Health Seeking Behaviours

According to, conceptual framework is a description of the independent and dependent variables of the study and the relationship among them. The study is conceptualized on the variables used in the objectives. It should be noted here that this

study predicts that there is a direct link between the independent and dependent variables, which is cultural practices of the Mbororo community and the health-seeking behaviours of the same community [11]. Based on the concepts reviewed, the conceptual framework of the current study is represented in figure 4.

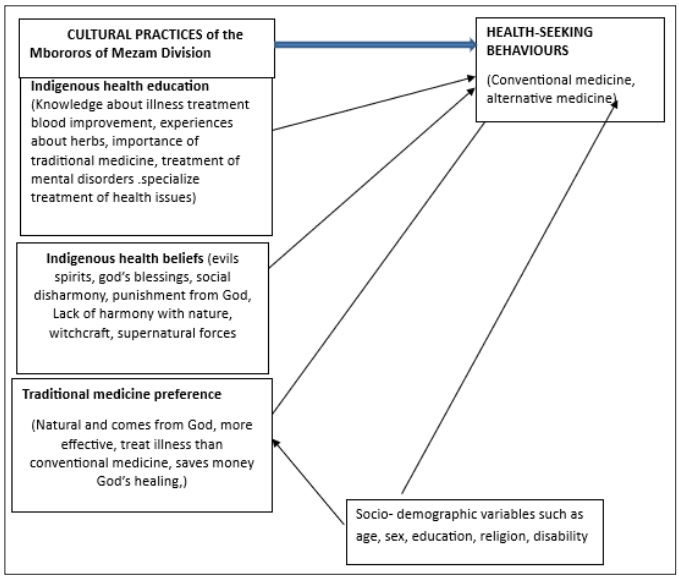

Figure 1: Conceptual Diagram of the Study

Source: Babila, (2024) adopted from the study

Figure 1 conceptual diagram illustrates the effects cultural practices and health seeking behaviours. It is observed that there will be effects between the variables of interest. Therefore, the cultural practices of the Mbororo population in the North West region of Cameroon which include, indigenous health education, indigenous health beliefs and, traditional medicine preference have effects on the health seeking behaviours of the patients of this particular community. From the diagram, these are indicated by unidirectional arrows. It is experienced that some extraneous variables or predisposing factors such as socio demographic variables (age, sex, marital status, education and disability) of patients have their role to play in informing the cultural practices and health seeking behaviours as seen with bidirectional arrows. The control variables were control not to influence the health seeking behaviours of the Mbororos in Mezam Division.

Methods and Procedures

The research design considered appropriate for this study was the cross-sectional survey design which used the mixed methods research approach. This involved the collection of both quantitative and qualitative data in order to neutralize the weakness of each form of data collected.

Sample Size

In order to determine the sample size for the study that represented the population, table was applied. From a population of 7000 is represented by at least 364 [12] . (Appendix F) Therefore a sample size of 500 was quite representative of the population of 6794. A sample of 500 Mbororos from the three sampled subdivisions of Mezam took part in the quantitative study as indicated in table 3. Therefore, the sample demographic profile of the sample is presented in percentages as per table 3.

Table 1: Presentation of the Demographic Profile of the Sample

		N	% of Total
Gender	Female	230	46%
	Male	270	54%
Age	10-20 years	160	32%
	21-39 years	146	29%
	40-50 years	147	29%
	50-60 years	47	9%
Level of education	None	187	37%
	Primary education	95	19%
	Secondary education	122	24%
	High school	60	12%
	University education	36	7%
Religion	Islam	461	92%
	Christianity	23	5%
	None	16	3%
Marital status	Single	204	41%
	Married	239	48%
	Divorce	57	11%
Disability	Physical	55	11%
	Learning	43	9%
	None	402	80%

Source: Researcher's field work (2024)

The demographic information of the sample analyzed included; gender, age, level of education marital status, and disability. Statistically, evidence from table 3 indicates that majority, 270 (54%) out of 500 were males while 230 (46%) were females. It also reveals that 160 (32%) had age range between 10-20 years and was closely followed by age range of 40 – 50 years, 147 (29%). The table also reveals that as concerns their level of education, 187 (37%) were illiterates (had never had any formal education), primary education 95 (19%), Secondary education 122 (24%), High School 60 (12%), and University 36 (7%). The table also discloses that though majority 461 (92%) were Islam, 23 (5%) were Christians and 16 (3%) had no religious beliefs. This is because there are some herdsmen living among the Mbororos who are not Fulani but lives with them for the sake of a job as herdsman. As concerns their marital status, 239 (48%) were married and 204 (41%) were single. And on the other hand, 57 (11%) had divorce. Finally, majority 402 (90%) had no physical nor learning disability.

In addition to the quantitative data a sample of three focus group discussions was formed which consisted of six males and six females per subdivision. This then made a sample size 36 respondents who were leaders and elders in the community. On another hand three healthcare providers were also selected as sample for interview as indicated on table 4. The sampling techniques used for the study were the simple random sampling and the purposive sample techniques. The instruments used for the collection of data for the study were: questionnaire, focus group discussion guide and a semi structured interview guide that were all focused on cultural practices and health seeking behaviours of the Mbororos of Mezam Division.

Two types of statistical methods were used in analysing collected data were descriptive and inferential statistics for quantitative data and thematic analysis for qualitative data.

The ethical issues that were properly handled in this study concerned aspects such as informed consent, confidentiality, voluntary participation, creation of friendly rapport, privacy and anonymity

Findings

Presentation of Findings According to Research Questions One

What is the effect of indigenous health education practices on the health-seeking behaviours of the Mbororo community in Mezam Division.?

In an attempt to answer this question from the respondents, the data was analyzed descriptively using percentages, means and standard deviations presented on table 9.

Table 2: Indigenous Health Education Practices and Health Seeking Behaviours

Items	SD	D	Total	A	SA	total	N	% total	$\bar{X}$±SD
Illnesses treated with helbs.	0	5	5	70	425	495	500	100%	3.8±0.4
	(0%)	(1%)	(1%)	(14%)	(85%)	(99%)			
Improve blood with herbs	0	20	20	465	15	480	500	100%	2.1±0.3
	(0%)	(4%)	(4%)	(93%)	(3%)	(96%)			
Quick delivery with the use of herbs	0	31	31	427	37	464	495	99%	3.0±0.4
	(0 %)	(6%)	(6%)	(87%)	(7 %)	(94%)			
Treatment of specific illnesses.	0	25	25	385	90	475	500	100%	3.1±0.5
	(0%)	(5%)	(5%)	(77%)	(18%)	(95%)			
Treatment of mental disorder by tradi-practioners.	0	30	30	370	100	470	500	100%	3.1±0.5
	(0%)	(6%)	(6%)	(74%)	(20%)	(94%)			
Total	0	111	111	1717	667	2384	2495	99.8%	16.1±2.1
	(0%)	(4%)	(4%)	(69%)	(27%)	(96%)			

Source: Researcher's Field Work, (2024)

Statistical evidence from table 2 indicates that of 495 (99%) out of 500 accepted that knowledge about illness treatment with herbs was from elders within the community while only 5(45%) denied this fact. When verified to find out about the knowledge on herbs to improve on shortage of blood in children and keep them strong which comes from some elders within the community, 480 (96%) who attempted that question accepted while only 20 (1 %) refuted the fact. Considering the question whether experiences on the usage of some herbs to ensure quick delivery were from some elderly women in the community, 464 (94 %) accepted while 31 (6%) denied. Again, 475 (95 %) accepted the fact that knowledge on the importance of traditional medicine in treating some illnesses not perfectly handled in the hospital such as typhoid or asthma came from some community members while 25 (5%) denied the fact. As to whether they learnt from their community that some illnesses such as mental health disorders were treated only from traditional healers, 470 (94%) accepted while only 30 (6 %) refuted the fact.

An overwhelming majority were positive, 2384 (96%) about the indigenous health education within the Mbororo community in Mezam division of the North West Region of Cameroon. This signifies that indigenous health education is a norm to this cultural group. It is accepted by almost every member within the community. This strong practice of indigenous health education is solely due to the beliefs they have about health and illness.

The mean of the indigenous health education was 16.1. This was largely above the hypothesized test value of 12.5. This was enough evidence that indigenous health education among the Mbororos were satisfactory. Generally, the standard deviations for the items were low indicating that the responses were close to the mean, that is to say the respondents had similarly responses.

Presentation of Findings According to Hypothesis One

Indigenous health education practices have no significant effect on health seeking behaviour of the Mbororos in Mezam Division

Table 3: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.043[a]	.002	.000	.99612500

Source: Researcher's Field Work, (2024)

Table 3 indicates model summary done in order to verify the effects of indigenous health education on health seeking behaviours in the Mbororo community in Mezam Division. The R-squared=0.002 showed that there is 0.2% in the variation of change in Indigenous health education to health seeking behaviour.

Table 4: Analysis of Variance (ANOVA3)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.856	1	.856	.862	.354[b]
	Residual	467.357	471	.992		
	Total	468.213	472			

Source: Researcher's Field Work, (2024)

Table 4 show findings in ANOVA, the global fitness of the regression analysis model was taken above significance level. Looking at the model we observed that IHE has an insignificant effect on health seeking behaviours as shown by the P-value of 0.354, the corresponding F-statistics in the F column tested the significance of the linear and nonlinear terms as separate groups.

Table 5: Test for Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.004	.046		.046	.926
	IHE Index 1	.043	.046	.043	.929	.354

Source: Researcher's Field Work, (2024)

The results from the data analysis showed that indigenous health education has a positive effect on health seeking behaviours among the Mbororo communities in the Mezam Division. Holding other factors constant, an increase in health education practices by one unit will be led to a 0.043 increase in health seeking behaviours. The findings were statistically insignificant; therefore, we fail to reject the null hypotheses which stated that indigenous health education has no significant effect on health seeking behaviours.

Conversely, from the qualitative data, majority of the cases (39 respondents) of those who participated in the focus group discussions and interviews 36 (83%) agreed that indigenous health education affected the health-seeking behaviours of the Mbororo community in Mezam Division as opposed to three that disagreed 3 (17%).

An overwhelming majority (92%) of the cases expressed dominant positive views on the relationship between indigenous health education and the health-seeking behaviours of the Mbororo community in Mezam Division. Cases 2, 23 and 31 were selected for thematic illustration because they expressed particularly strong positive views on the topic

Themes 1: Spiritual illness

Case 2 was a female community elder. During the focus group discussions, she said
In the Mbororo community some people are well known for handling illnesses very effectively. These are usual illness linked to spiritual causation of illness. Abah! "Madness" (schizophrenia) is handled effectively within the Mbororo community. Some of these illnnesses are not natural.

Theme 2: Natural Medicine Cases 23 and 31 Were Elders Within Community Leader.

During the focus group discussions, they said, *"Most of the treatments we get are with help of herbs or concorton which are natural. And in addition, these medicinal plants are quite accessible to the population and majority of the Mbororos population knows who in the community can handle specific types of diseases*"These thematic explanatory excerpts illuminate the fact that indigenous health education is an important issue that affects the health-seeking behaviours of the Mbororo community in Mezam Division. Their beliefs about health and illness gained from Mbororo community members have made them recognise indigenous health education as a normal phenomenon since it existed with their forefathers. They feel that the traditional medicine is natural and accessible. Therefore, the nurses and medical doctors need to devote time and energy to go closer to the indigenous 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. This should be done through an appropriate health education taking cognizance of their cultural background.

Presentation of Findings According to Research Questions Two
What is the effect of indigenous health beliefs on the health-seeking behaviours of the Mbororo community in Mezam Division.?
In attempt to understand the descriptive statistics of the variables, the statistical package for the Social science (SPSS) was used to calculate the mean, median, and standard deviation, of the opinion of the 500 sample of the Mbororo population as shown in the table that follows.

Table 6: Indigenous Health Beliefs of the Mbororo

ITEMS	SD	D	Total	A	SA	Total	N	% All	$\bar{X}$±SD
Ill- health is from spiritual forces.	189	138	327	104	69	173	500	100%	2.1±1.01
	(38%)	(28%)	(65%)	(21%)	(14%)	(35%)			
Good health is God gift.	127	185	312	117	71	188	500	100%	2.3± 1.0
	(25%)	(37%)	(62%)	(23%)	(14%)	(38%)			
Ill- health is as a result of break up in social harmony	113	143	256	163	79	242	498	99.6%	2.4±1.0
	(23%)	(29%)	(51%)	(33%)	(16%)	(49%)			
Illness is punishment from God.	176	130	306	132	60	192	498	99.6%	2.2±1.1
	(35%)	(26%)	(61%)	(27%)	(12%)	(39%)			
Illness comes from lack of harmony with nature.	110	137	247	182	68	250	497	98.4%	2.4±0.9
	(22%)	(28%)	(50%)	(37%)	(14%)	(50%)			
Total	715	733	1448	698	347	1045	2493	99.7%	11.4±5.1
	(29%)	(29 %)	(58%)	(28%)	(14%)	(42%)			

Source: Researcher's Field Work, (2024)

Statistical evidence from table 6 indicates that of 173 (35%) out of 500 accepted that bad health is from evil spiritual forces and so conventional medicine would not help while majority 327(65%) denied this fact. When verified to find out whether good health was God's blessing or a gift so it was needless to go for conventional medicine, 188 (38%) who attempted that question accepted while majority 312 (62%) refute the fact.

Considering the question whether bad health was as a result of break up in social harmony with the community so it was needless to go for conventional medicine 242 (49%) accepted and a little more of 256 (51%) denied. Equally a majority of 306 (61%) denied the fact illness was punishment from God so there was no need going for conventional medicine while while 150 (37.5%) accepted. As to find whether Illness came from lack of harmony with nature and so it was needless to go for conventional medicine, averagely 250(50%) accepted while 247 (50%) of those who attempted the item denied this fact.

The mean of the indigenous health belief was 11.4. This was closely less than the hypothesized test value of 12.5. This was enough evidence that indigenous health beliefs among the Mbororos were unsatisfactory. Generally, the standard deviations for the items were low indicating that the responses were close to the mean, that is to say the respondents had similarly responses. That is the low standard deviation reflects small amount of variation in this group which is being studied.

Presentation of Findings According to Hypothesis Two

Indigenous health belief has no significant effect on health seeking behaviour of the Mbororos in Mezam Division

Table 7: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.468[a]	0.219	0.217	0.88200651

Source: Researcher's Field Work, (2024)

The model summary was in order to verify the effects of indigenous health belief on health seeking behaviours in the Mbororo community in Mezam Division. The R-squared=0.219 showed that there is 21.9% in the variation of change in indigenoius health belief (IHB) to health seeking behaviours (HSB) and that 21.7% of the change in health seeking behaviours is affected by other factors apart from indigenous health belief.

Table 8: Analysis of variance (ANOVA)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	102.784	1	102.784	132.124	0.000b
	Residual	366.408	471	.778		
	Total	469.191	472			

Source: Researcher's Field Work, (2023)

From the findings, the global fitness of the regression analysis model was taken at 1%, level of significance. Looking at the model we observed that IHB has a statistically significant effect on health seeking behaviours as shown by the P-value of 0.000, the corresponding F-statistics in the F column tested the significance of the linear and nonlinear terms as separate groups. Given this models' global significance level, we are 99% confident that the findings of this study are reliable for policy purposes.

Table 9: Test for Coefficient

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.009	.041		.215	.830
	IHB Index	.470	.041	.468	11.495	.000

Source: Researcher's Field Work, (2024)

Quantitatively, the findings showed that indigenous health belief is positively related to health seeking behaviours. Everything being equal, an increase in indigenous health belief by one unit will be led to 0.470 increases in health seeking behaviours which is statistically significant at 1% level. We thereby reject the null hypothesis which says that health belief does not have a significant effect on health seeking behaviours in the Mbororo community of the Mezam Division. We retain the alternative hypotheses that indigenous health belief has a significant effect on health seeking behaviours of the Mbororos.

Equally from the qualitative data, majority of the cases (39 respondents) that participated in the focus group discussions and interviews (92%) agreed that indigenous health beliefs affected the health-seeking behaviours of the Mbororo community in Mezam Division as opposed to one that disagreed (8%).

An overwhelming majority (92%) of the cases expressed dominant positive views on the relationship between indigenous beliefs about health and illness and the health-seeking behaviours of the Mbororo community in Mezam Division. Cases 15, 21 and 25 were selected for thematic illustration because they expressed particularly strong positive views on the topic.

Theme 1: Attributions of Causation of Ill-Health to Supernatural Forces, Witchcraft and Sorcerers

Case 15 was an elder and male community leader. During the focus group discussions, he said,

Within the Mbororo community, there exist 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 or 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 verses in the Koran. The Koran has verses that are used to treat lots of illnesses. When I feel sick, I read some verses in the Koran and even lay it on my bed when sleeping to protect myself from witchcraft and supernatural forces.

Theme 2: Spiritual Forces in the Community

Case 21 was a female who participated in one of the focus group discussions. She 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. My child died a mysterious death which was spiritual. This therefore means that, illnesses have their origin from spiritual dimension.

Themes 3: Traditional Medicine as Therapy

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 does not work, some traditional medicines are used. Without a spiritual treatment or traditional medicine, I would have lost a child.

Theme 4: Perception about illness

Meanwhile Case 25 was a healthcare provider (medical doctor). During his interview, he 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 thematic explanatory excerpts illuminate the fact that indigenous beliefs about health and illness is an important 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 go 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, indigenous beliefs about health and illnesses seen as an essential issue that affects the health-seeking behaviours of the Mbororo community in Mezam Division.

Presentation of Findings According to Research Questions Three

What is the effect of traditional medicine preference on the health-seeking behaviours of the Mbororo community in Mezam Division.?

In an attempt to answer this question from the respondents, the data was analyzed descriptively using percentages, means and standard deviations as presented on table 16.

Table 10: Traditional Medicine Preference and Health Seeking Behaviours

Items	SD	D	Total	A	SA	Total	N	Total	$\bar{X}$±SD
TM is gift from God.	49	68	117	259	114	273	490	98%	2.89±0.8
	(10%)	(14%)	(24%)	(53%)	(23%)	(76%)			
TM is effective.	55	79	134	254	103	357	491	98.2%	2.82±0.9
	(11%)	(16%)	(27%)	(52%)	(21%	(73%)			
TM treats all illnesses	48	70	118	178	197	375	493	98.6%	3.06±0.9
	(10%)	(14%)	(24%)	(36%)	(40%)	(76%)			
TM saves money	70	57	127	241	126	367	494	98.8%	2.86±0.9
	(14%)	(12%)	(26%)	(49%)	(26%)	(74%)			
God heals through faith-healers	75	131	206	201	63	264	470	94%	2.1±0.9
	(16%)	(28%)	(44%)	(43%)	(13%)	(56%)			
Total	297	405	702	1133	603	1736	2438	97.5%	14.2±4.6
	(12%)	(17%)	(29%)	(46%)	(25%)	(71%)			

Source: Research's conception (2024)

Statistical evidence from table 10 indicates that majority 273 (76%) out of 490 who attempted the item accepted that traditional medicine came from God while 117(24%) denied this fact. When verified to find out whether traditional medicine was more effective than conventional medicine with certain illnesses, equally majority 357 (73%) who attempted that question accepted while (27%) refute the fact. Considering the question whether traditional medicine treated some illnesses that hospital medicine could not treat, likewise majority 375 (76%) accepted and 118 (24%) denied. Equally a majority of 367 (74%) accepted the fact home remedies and traditional medicine saves time and money more than conventional medicine while 127 (26%) refuted the fact. As to whether God can heal through faith-healers so I can only go for conventional medicine when traditional medicine or faith healing fails, 264 (56%) accepted while 206 (44%) of those who attempted the item denied this fact.

The mean of the traditional medicine preference was 14.20. This was closely above the hypothesized test value of 12.5. This was enough evidence that health seeking behaviours among the Mbororos were satisfactory. Generally the standard deviations for the items were low indicating that the responses were close to the mean, that is to say the respondents had similarly responses.

Presentation of findings according to hypothesis three

Traditional medicine preference has no significant effect on health seeking behaviour of the Mbororos in Mezam Division

Table 11: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.329a	.108	.106	.94896220

Source: Researcher's Field Work, (2024)

The model summary was in order to verify the effects of traditional medicine preference on health seeking behaviours in the Mbororo community in Mezam Division. The R-squared=0.108 showed that there is 10.8% in the variation of change in TMP to HSB and that 10.6% of the change in health seeking behaviours is affected by other factors apart from traditional medicine preference.

Table 12: Analysis of variance (ANOVAb)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	48.101	1	48.101	53.414	.000b
	Residual	395.332	439	.901		
	Total	443.433	440			

Source: Researcher's Field Work, (2024)

From the findings, the global fitness of the regression analysis model was taken at 1%, level of significance. Looking at the model we observed that TMP has a statistically significant effect on health seeking behaviours as shown by the P-value of 0.000, the corresponding F-statistics in the F column are for testing the significance of the linear and nonlinear terms as separate groups. Given this models' global significance level, we are 99% confident that the findings of this study are reliable for policy purposes.

Table 13: Test for Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.048	.045		1.052	.293
	TMP Index 2	.330	.045	.329	7.308	.000

Source: Researcher's Field Work, (2024)

The findings also showed that traditional medicine preference has a positive effect on health seeking behaviours among the Mbororo community. Holding other things constant, an increase in traditional medicine preference by one unit will be led to 0.330 increase in health seeking behaviours which is statistically significant at 1% meaning that we are 99% confident that this result could be used for policy purposes. Hence, the study rejects the null hypothesis which says that traditional medicine preference has no significant effect on health seeking behaviours in the Mbororo community everything being equal. We retain the alternative which states that traditional medicine preference has a significant effect on health seeking behaviour of the Mbororos.

On the same note from the qualitative data collected and analyzed, majority of the cases (39 respondents) that participated in the focus group discussions and interviews 35(90%) agreed that traditional medicine preference is very common among the Mbororo community in Mezam Division as opposed to 4 that disagreed (10%).

An overwhelming majority (90%) of the cases expressed dominant positive views on the relationship between preference for traditional medicine and the health-seeking behaviours of the Mbororo community in Mezam Division. Cases 28, 35 and 39 were selected for thematic illustration because they expressed particularly strong positive views on the topic.

Theme 1: Peer Recommendations

Case 28 was an elder and male community leader. During the focus group discussions, he 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 or friends on the kind of treatment based on our beliefs about the illness. When I am sick, if the drugs gotten from the patient medicine vendor (PVC) fails to treat the ailment, I depend on the traditional medicine within the community while using some verses in the Koran for healing. I depend on traditional medicine because it is close to us, cheap, and also natural. There are so many people within the community that hardly go to the hospital but depend on traditional medicine for the treatment of ailments.

Theme 2: Trust in Traditional Medicine

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

When I am sick, I prefer to go to the hospital first since the illness will be diagnosed and the right prescription will be given because this procedure is absent in traditional treatment. However, 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.

Theme 3: Mistrust of the Healthcare Providers

Meanwhile Case 39 was a healthcare provider (medical doctor). During his interview, he 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. Cultural value such as shyness plays a significant role in their healthcare. 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. Therefore, the females prefer a female healthcare provider for any physical healthcare examination and this significantly affects their health care behaviours.

Theme 4: Economic Resources and Access to Healthcare

Case 30 was a male who participated in one of the focus group discussions. He said, *Hmmmmm, it is really terrible now with most of us. We now live in deplorable conditions and more of hand to mouth. We cannot keep some money for unforeseen such as illness. Some of us do not even have food to eat especially during this period of the crisis in this region. Most of our cattle have been stolen.so we go in for traditional medicine around us.*

Theme 5: Access to Healthcare

Case 34 was a male who participated in one of the focus group discussions. He said,

"Hmmmmm, most of us live on the hills in our small herds to cater for our cattle and this is usually out of the main settlements of the other natives. The hospital is only found in the subdivisional head quarter which is far away from us. We usually travel a long distance before we can reach the hospital. For that reason, we usually manage with our natural environment with some herbs to treat for some of the diseases.

These explanatory excerpts illuminate the fact that preference for traditional medicine healers is an important 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 go 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 home remedies, traditional medicines and faith-healers may not be effective sometimes. This would enable them to better appreciate modern or conventional healthcare and seek medical care if or when the need arises. Against this backdrop, preference for traditional medicine seen as an essential issue that affects the health-seeking behaviours of the Mbororo community in Mezam Division.

Summary of Findings

Table 14: Summary of Descriptive Statistics

Variable	Obs	Mean	Std. Dev.	Min	Max
Explanatory variables					
Health-Seeking Behaviours Index from MCA	500	.7697682	.4275109	0	1
Indigenous Health Education Practices Index from MCA	500	.8175531	.3926938	0	1
Indigenous Health Belief Index from MCA	500	.6566754	.4755168	0	1
Traditional Medicine preference Index from MCA	500	.7649975	.4250474	0	1
Control variables					
Gender (1= If female, 0=Otherwise)	493	.4665314	.4993853	0	1
Age (1= Below 40 years, 0=Otherwise)	495	.6121212	.4877596	0	1
Religion (1=If Islam, 0=Otherwise)	488	.9200820	.2714445	0	1
Marital Status (1= If married, 0=Otherwise)	496	.4798387	.5000977	0	1
Disability (1= If disable, 0=Otherwise)	496	.1935484	.3954779	0	1

Source: Researcher's Field Work, (2024)

The quality of the variables was done using measures of central tendencies and dispersion respectively. Also, synthetic indexes were constructed using the Multiple Correspondence Analysis techniques on cultural practices dimensions and health seeking behaviours. Further, the indexes were normalised and ranged to take minimum values of 0 and maximum values of 1 respectively. The findings indicated that the synthetic index on health seeking behaviours on average was 0.7697682 with the standard deviation of 0.4275109 with values ranging between 0 and 1, an indication that 76.9% of health seeking behaviours are toward natural treatment, level of income, beliefs. The findings also showed that there is high variability as the Mbororo beliefs that hospital treatments are the "white man's thing" and therefore not for them since the forefathers relied only on traditional medicine. In another, others claimed on their lack of income to purchase conventional treatment while others indicated that it is time wastage on going to the hospital while there are natural herbs which cures better than hospital treatment. Quantitatively, indigenous health education practices index on average is 0.8175531 deviations with the deviation of 0.3926938 from the average with values ranging between 0 and 1 respectively. This in an indication that there is 81.8% that the Mbororo belief more on what their elders do and say which is seen in the case that some herbs come from elders. Also, they mentioned on the usage of herbs for quick delivery is prescribed by elders in the community. The findings further mentioned that there exist sicknesses which can never be handled in the hospital such as typhoid, asthma and mental disorder but their treatment is ensured among the elders in the society. The high variability among the sample in this context is an indication that there is a strong belief on elders in the Mbororo community.

The synthetic index on indigenous health belief on average was 0.6566754 with the standard deviation of 0.4755168, an indication of high variability in the sample. This indicates that 65.7% of indigenous health belief was centred toward belief that bad health originates from evil powers which conventional medicine would not help at times. Also, the Mbororo viewed that bad health is as a result of break up in social harmony. In another dimension they pointed out that illness is punishment from God so there is no need going for conventional medicine. The result from the analysis quantitatively indicated that traditional medicine preference on average was 0.7649975 with the deviation of 0.4250474 indicating a high variability among the sample. This implies that there is 76.5% perception belief that traditional medicine comes from God and should be effective compared to conventional. This perception has gone beyond issues that they said traditional medicine treats illnesses that hospital medicine cannot treat, and also save time and money that could be used for conventional medicine.

The control variables added to this study were demographic information of the Mbororos such as gender, age, religion, marital status and disability. The findings showed that on average there is a high moderate variability in gender with the female gender on average 0.4665314 and a deviation of 0.4993853 indications that there are 46.7% of female over male gender. Also, Mbororo below the ages of 40 years on average were 0.6121212 with the deviation from the mean of 0.4877596 this means that they represented 61.2% over

those above 40 years. In terms of their religion, it is observed that Mbororo who practice Islam on average were 0.9200820 with deviation of 0.2714445 over those who not islamically based. The result further indicates that, on average 47.9% of the Mbororo were married while 19.4% were disabled.

Table 15: Summary of Inferential Statistcs

Hypotheses	Coefficient	t	P	Decision	Conclusion
Ho1: Indigenous health education has no significant effect on the health-seeking behaviours of the Mbororo community in Mezam Division	0 .043	.929	0.354,	Null hypothesis retained and the alternative hypothesis rejected	Indigenous health education has no significant effect on the health-seeking behaviours of the Mbororo community in Mezam Division
Ho2: Indigenous health beliefs have no significant effect on the health-seeking behaviours of the Mbororo community in Mezam Division	0 .470	11.495	0.000	Null hypothesis rejected and the alternative hypothesis retained	Indigenous health beliefs have significant effect on the health-seeking behaviours of the Mbororo community in Mezam Division.
Ho3: Traditional medicine preference has no significant effect on the health-seeking behaviours of the Mbororo community Mezam Division.	0.330	7.308	0.000	Null hypothesis rejected and the alternative hypothesis retained	Traditional medicine preference has a significant effect on the health-seeking behaviours of the Mbororo community Mezam Division.

Source: Researcher's field work (2024).

Summarily, as seen in the summary table 18, indigenous health educations, indigenous health beliefs and traditional medicine preference all exerted positive effects on the health-seeking behaviours of the Mbororo community Mezam Division though indigenous health education showed a statistical insignificant effect on their health seeking behaviours. This is due to their norms about health education in solidarity, where every member of the community educate each other on health issues as an aspect of their culture.

Table 16: Summary of Qualitative Data

SN	Research Questions	Number of themes	Themes	Effect on health seeking behaviour
1	To what extent does indigenous health education affect health seeking behaviour of the Mbororos?	2	Spiritual illness Natural medicine	Positive
2	To what extent do indigenous beliefs affect health seeing behaviour of the Mbororos?	4	Illness due to supernatural forces, witchcraft and sorcerers Spiritual forces in community Traditional medicine therapy Perception about illness	positive
3	To what extent does traditional medicine preference affect health seeking behaviour of the Mbororos?	5	Peer recommendation Trust in traditional medicine Mistrust of the healthcare providers Economic resources and access to healthcare	positive

Source: Researcher's field work (2024).

Table 19 show evidence of the qualitative findings of indigenous health educations, indigenous health beliefs, and traditional medicine preference which all showed positive effects on the health-seeking behaviours from the themes observed. Therefore, cultural practices of the Mbororo community play a fundamental role in their health-seeking behaviours in Mezam Division of the North West Region of Cameroon.

Discussion

Indigenous Health Education and Health Seeking Behaviours

The findings of the present study indicate that indigenous health education had a positive effect on the health seeking behaviours measured from knowledge about herbs from elders, knowledge on quick delivery from elders, traditional treatment of specific illness and treatment of mental disorder which was statistically insignificant for the Mbororos in Mezam Division. This study concurs with the findings of who found out that the Abonginal and Torres Strait Islander men (40 – 59 years old) showed a low level of health seeking behaviour compared with the non-indigenous men. This low health seeking behaviour was due to the indigenous health education of the Islander men concerning erectile dysfunction (ED) of the indigenous people [13]. This was because their indigenous health education about ED had little effect on the health seeking behaviours and was statistically insignificant. This was also because the indigenous knowledge about the illness was recognized by majority of the population within the community. Thus, this actually meant that no change of behaviours was observed or no action was taken from the implemenetation of the independent variable, indigenous health education on the dependent variable, health seeking behaviour since it was their norm about ED and the kind of treatment. Conversely though there was a positive effect of indigenous health education on health seeking behaviours, the cause–effect relationship was not statistically significant among the Mbororos in Mezam Division. Therefore, indigenous knowledge about an illness is a common phenomenon among these homogenous populations as their norms.

The findings also concur with those of Water worth in that the strong social connections to family and kind which is intensified by cultural obligations appears to affirm and disrupt positive health seeking behaviour [14]. Therefore, the indigenous health education practices in the Mbororo communities revealed that an overwhelming majority which statistically showed an insignificant effect on the health seeking behaviours since it is their norm. Despite the statistically constant effect, there is a positive relationship between indigenous health education and health seeking behaviour in the Mbororo communities. This is because they consider traditional treatment as appropriate since it had been used by their forefathers as remedy for all sort of illnesses.

On another note, the findings are consistent with those of Sumirtha, Veenapani and Umakant (2017) who found out that in the vulnerable tribal groups in Nilgiri district of Tamit their indigenous health education of magico-religious beliefs influenced their health seeking behaviours but was statistically insignificant among them. This was because their orientation about certain illnesses was common among this homogenous group of person. In addition, the majority believed in the kind of treatment pattern which was more spiritual due to the supernatural causations of the illnesses. Therefore, the Mbororos in Mezam Division whose health education had a positive effect on the health seeking behaviours was as a result of their beliefs which as a norm about certain illness and treatment procedures are known by majority in this homogenous community.

Meanwhile, Basssallen, et al. (2021) and Larkey, (2001), findings disagree with the present findings in that visit to the doctor was due to illness type, perceived etiology and also directed by someone in the community they trust or a close relative. Therefore, the indigenous health education affected health seeking behaviours due to the kind of information gotten from a prominent figure within the community. Therefore, the indigenous health education within the Mbororos is an important factor affecting their health seeking behaviours. This signifies that the healthcare providers must always find out how these indigenous populations need to be treated; that is, to be culturally congruent.

Equally majority of the respondents conferred that indigenous health education affected the health seeking behaviours of the Mbororos in Mezam. Thus, the findings established two main themes such as spiritual illness and natural medicine, showing that Mbororos gained the notion of spiritual treatment from their elders since the Mbororos believe that spiritual illness is common among them. The findings concur with those of in that the indigenous health education from family members influenced the health seeking behaviours of women with lymphoedema in filariasis. In the Mbororo community this is seen in the case where husbands and mothers in- laws provide knowledge about illness response which was due to their beliefs on illness causations such as spiritual illness [8]. The findings also agree with those of Water worth who found out that the strong social connections to family and kind, which is intensified by cultural beliefs, appear to affirm and disrupt positive health seeking behaviour [14]. This practice is seen practically among the Mbororos as explained by one of the respondents who intimated that a teenage girl child, after an engagement with her husband, goes back to their family for proper indigenous health education. This is because as a spouse, she has to take care of the health issues of the children. Most often, the action taken is due to the belief system and preference for natural medicine. Therefore, due to the norms of the Mbororo, there exist a strong relationship between indigenous health education and health seeking behaviours as majority of the respondents were positive about indigenous health education where focus was on spiritual illness and use of natural medicine or traditional medicine.

Indigenous Health Beliefs and Health Seeking Behaviours

The findings of the present study indicated that the indigenous health beliefs had a positive significant effect on health seeking behaviours of the Mbororos in Mezam Division of the North West Region of Cameroon. These beliefs were measured in terms of illness from spiritual forces, good health is God's gift, illness as a result of break up in social harmony within community, illness is punishment from God and illness comes from lack of harmony with nature. Moreso, it was also realized that all the above beliefs are highly practiced by majority of the community members. In this regard, such health beliefs were found to influence the health seeking behaviours (preference of natural medicine, no regular check-up, hospital as last resort, and reliance on traditional medicine by forefathers) [9]. The findings agree with those of who found out that indigenous people of India believe in the supernatural causation of schizophrenia. Therefore, the indigenous health beliefs which hold that illness is from spiritual forces affected their health seeking behaviours where the patients consulted indigenous healers as their first choice of treatment. From the findings, the Mbororo community's beliefs in the supernatural causations of illnesses are very common and this affects their health seeking behaviours. They believe that illness caused by evil forces, social breakage within the community or punishment from God can only be treated with some spiritual forces done by special people (Modibos) who are healers gifted in destroying evil forces and establishing health and wellbeing.

The findings are consistent with the findings of Maher (1999) who found out that people recognized supernatural forces as the main cause of illness among the native people of the Western

world. Consequently, due to the indigenous health beliefs people often prefer traditional medicines and traditional healers for their illnesses. This then goes to explain the fact that illness response is due to the health beliefs system of the community members. Also, these findings are supported by who found out that malaria was caused by evil spirit. The indigenous health belief about malaria causation influenced the health seeking behaviours of community people of South East Asia to seek for traditional medicine for the treatment of malaria [15]. The study also agrees with the findings of who found out that mental illness was as a result of punishment from God for past sin of the people of India and could not be treated with conventional medicine [16]. Thus, health belief of this group of people affected the health seeking behaviour of some of the rural communities. In addition, the study confirms that of who found out that indigenous African communities believe that illness and health are embedded in cultural belief where Africans believe that illness and health are located in the social and spiritual realms affecting their health seeking behaviours. They believe that disassociation and disharmony cause illness [17]. Equally the findings also concur with who found out that illnesses are caused by attacks from witchcraft and sorcery. Therefore, the belief systems of various communities affected their health seeking behaviours. Thus, indigenous health beliefs cause indigenous communities to believe in traditional medicines as an appropriate alternative to medical treatment.

Furthermore, the findings agree with those of who hold that the multifaceted indigenous health beliefs and illness are directly linked to the pluralist health seeking practices of the people of Venuata [18]. This was because illness within Venuata had pluralistic causations due to their health beliefs. Also, the findings agree with those of Subuhi and Siswal (2021) which postulate that supernatural beliefs are highly dominated in the present era within the various communities of Venuata. Therefore, supernatural forces remain the main causes of some illnesses in some communities according to their belief systems. Thus, the community members sought for healthcare with respect to the etiology of the illness. Consequently, indigenous health beliefs on witchcraft, sorcery, supernatural forces or evil spirits among the Mbororos communities in Mezam Division influence their health seeking behaviours. These health beliefs among the Mbororos influence their behaviours after having visited diviners who are traditional diagnostic individuals of illness before further treatment. The Mbororos believe that some illnesses cannot be treated and some can only be treated with traditional medicine natural remedy or spiritual remedy.

In addition, the findings established four main themes such as attributions of causation of ill health to supernatural forces, witchcraft and sorcerers, spiritual forces in the community, traditional medicine as therapy and peer recommendations which helped to shape the pathway to traditional medicine preference which affected their health seeking behaviours. The findings agree with on the supernatural causation of schizophrenia and malaria respectively [9,15]. Finally the findings also agree with those of Kishore et al (2011) who found out that myths, perceptions and beliefs about causes of illness affect their health seeking behaviours. Therefore, the Mbororos in Mezam Division due to their indigenous health beliefs pursue health seeking behaviours which is towards traditional therapy.

Traditional Medicine Preference and Health Seeking Behaviour of the Mbororos of Mezam Division

From the investigation the findings indicate that traditional medicine preference has a significant effect on the health seeking behaviours of the Mbororos in Mezam Division [10]. The finding concurs with those who found out that traditional medicine preference affected their health seeking behaviours where self-medication was preferred and other non-conventional treatment. Their perceived constraints to services included long waiting time, monetary constraints, negative attitude of service providers and their inferior status. In the Mbororo community, traditional medicine was found to be the main therapy for treatment by majority. This was due to their indigenous beliefs, norms, choice for natural medicine, decision taken by elders or husbands, and social support members who direct them to usually seek for traditional medicine as first choice of treatment. Therefore, from these backdrops they follow the health seeking behaviour as they prefer traditional medicine as therapy for an illness.

These findings are also consistent with those of who found out that people used traditional medicines for various reasons such as attributions of causation of ill health to supernatural sources, chronic illness (inability of modern medicine to cure the problem) and the prevention against further ill health. More so, according to the parents were the main decision makers in relation to where the child should be taken for treatment [19].

This means that the decision to use traditional medicines was influenced by their parents who are culturally oriented. Therefore, the parents who prefer traditional medicine influence the patient to use traditional medicines due to their indigenous beliefs, norms and preference for traditional medicine. Likewise, the Mbororos due to their culture where respect and solidarity among the Mbororos is an important value, from the belief system of their elders as their forefathers used traditional medicine and remain strong and healthy. As a result, most of referral for treatment was done by the elders within the community due to their preference for traditional treatment.

In addition, the findings concur with those of Quresti, et al (2012) who found out that traditional medicine preference by pregnant women was due to the decisions taken by their husbands and mothers-in-law. This means that the traditional medicine preferences were influenced by other relatives or elders in the community which is an aspect of their norms. The findings were concurrent with those of who fpound out that Indians living in United States still prefer traditional medicines for themselves despite their acculturation [20]. Likewise, the study is also in consonance with that of who in that Tangsa women who prefer traditional medicine to cure many of the common diseases [21].

Conversely the Mbororos who constitute a homogenous population have strong beliefs in traditional medicine. More so, the finding concurs with those of Reddy, et al (2023) who found out that majority (69%) of the women in Telenga first sought alternative medicines before switching to the conventional treatment. This means that their first line of treatment was traditional medicine. This indicates an alternative means of treatment with traditional medicine preference and it affected their health seeking behaviours.

The women could only switch to conventional medicine which was a second line of treatment when traditional medicine failed. This was because the women realized that conventional medicine was effective only after their first choice of traditional medicine had failed. Consequently, traditional medicine preference in the community affected the health seeking behaviours. This was because the preference of traditional medicine was influenced by

convenience, peer recommendations, firm beliefs, supernatural causes of illness and culture Equally majority showed a positive response on the utilization of traditional medicines and established five main themes such as peer recommendations, trust in traditional medicines, mistrust of the healthcare providers, economic resources and access to healthcare emerged as themes which shaped the pathway for traditional medicine preference The findings concur with those of in that the traditional healers are consulted because of the attribution of causation of ill health to supernatural sources, chronic illness and prevention against ill health as explained by one of the respondents. This signifies that the Mbororos have the conviction that conventional medicine is appropriate but because of their beliefs about illness causation, they make use of traditional medicines as an alternative and preferred source of treatment [19]. Secondly, traditional medicine is close to their natural environment and less costly. In addition, the findings concur with those of Qureshi (2013) who found out that peer recommendations and parents influence, kind of treatment procedure affect their health seeking behaviours. The findings also concurred with those of Hooft, et al (2020) in that traditional medicine preference affected health seeking behaviours due to peer recommendations, trust in traditional medicine, mistrust in healthcare providers, economic resources and access to healthcare findings concur with these findings in that husband and mother's in-law make decisions regarding the health care utilization [22]. In the same light Adam and Aigbokhood (2019) concur with the findings in that household leaders make decisions on the treatment procedures. Therefore, household leaders influence the decision of the patients to seek for traditional medicines. The findings concur with, in that the Mbororos mistrust healthcare providers and thus utilize traditional medicines as explained by one of the respondents as raison d'etre for their preference for alternative healthcare within the Mbororo communities [23]. Thus, this mistrust for the healthcare providers influences the Mbororos towards traditional medicine preference which in turn affect their health seeking behaviours of the Mbororos. Finally, the findings also concur with that of Chang, Seo and Lee (2018) in that mistrust towards Health care providers serve as barrier to Korean immigrants towards conventional medicine which affected health seeking behaviours. This signifies that the preference for traditional medicine is as a result of trust of another cultural group and thus the Mbororos always first use herbs around their environment until if the illness is aggravated, they search for conventional medicine as explained by one of the respondents. This signifies that the first line of health seeking behaviours among the Mbororos is always traditional medicine [24-31].

Conclusions

The purpose of this study was to find out the extent to which cultural practices affect the health-seeking behaviours of the Mbororo community in Mezam Division. More specifically, the study sought to explore the extent to which indigenous health education, indigenous health beliefs and traditional medicine preference affected health-seeking behaviours of the Mbororo community in the Division. To achieve this purpose a cross-sectional survey research design with mixed research methods was employed. This choice facilitated a triangulation approach. A questionnaire, focus group discussion guide and interview guide were applied in the collection of data from a sample of 539 respondents from three Mbororo communities (Bamenda III, Santa and Tubah) and three healthcare providers as well of Mezam Division. The findings of the quantitative and qualitative data were coded and analyzed using the SPSS software for descriptive statistics, inferential statistics and thematic analysis.

The conclusions were that the indigenous health education had a positive effect on the health seeking behaviours of the Mbororos but statistically insignificant. These findings were as the result of the norms of this homogenous population. Therefore, there was actually no significant change in behaviour within Mbororo population as a result of indigenous health education.

Secondly the indigenous health beliefs had a significant effect on the health seeking behaviours of the Mbororos in Mezam Division. This was due to their beliefs in supernatural and sorcery causation of illness which affected the health seeking behaviours of the Mbororos. Thirdly the traditional medicine preference had a significant effect on health seeking behaviours of the Mbororos in Mezam Division. This was also due to their norms or standards uphold by Mbororo population on traditional medicine or natural treatment. Conversely, the qualitative analysis which complemented the study showed a positive exertion of inidigenous health education, indigenous health beliefs and traditional medicine practices, on the health seeking behaviours in the Mbororos communities as observed from the thematic analysis. Therefore, both quantitative and qualitative analyses showed positive effects of indigenous health education, indigenous health beliefs and traditional medicine practices on health seeking behaviours of the Mbororos towards traditional therapy.

Consequently, to an extent the cultural practices of the Mbororos had positive effects on their health seeking behaviours of Mbororos towards traditional therapy in Mezam division. Therefore, the study supports the notion that the Mbororo communities 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 culture. That is, there should be integration of both modern and traditional medicine with the Mbororo communities in Mezam Division. This would go a long way to improve the health and wellbeing of the Mbororo communities in Mezam and beyond through holistic treatment.

Recommendations

These recommendations are based on the findings of the three objectives and research questions which this study raised and sought to answer. In Cameroon health care providers and community psychologists in particular are under pressure to find ways to successfully increase the health and wellbeing of the various communities and nation as a whole. Health seeking behaviours are diverse and it becomes very difficult to find appropriate health care delivery system within some communities, especially the Mbororos communities. It is on this ground that this study on health seeking behaviours indicates much potential. Cultural practices such as indigenous health education, indigenous health beliefs and traditional medicine preference are all practices which have affected health seeking behaviours towards traditional therapy in the Mbororos communities in Mezam.

To begin with, the objectives of this study were intended to investigate how indigenous health education, indigenous health beliefs and traditional medicine preference affected the health seeking behaviours of the Mbororos in Mezam Division. Based on the analysis of both quantitative and qualitative data, it was realized that Mbororos in Mezam Division are engaged in a good number of cultural practices which affect their health seeking behaviours. It was also realized that most of these practices, as revealed by the study, have has helped to influence the health

seeking behaviours towards traditional therapy. In this regard, the following recommendations could be taken in to considerations. The recommendations are put forward, in order to inform the Mbororos, healthcare providers, community psychologists, and social workers on what could be done to improve upon the health seeking of this vulnerable population.

Firstly, healthcare providers, such as medical doctors, should be more cordial and accommodating to patients of the Mbororo descent and take time to educate them about conventional health practices and medicines. This would empower the Mbororo communities with greater knowledge on their healthcare needs as well as improve on their health promotion and disease prevention programs by providing an appropriate health education within the Mbororo communities in Mezam Division. The professionals should not fail to always find out how the patients need to be treated. Treatment in this community should be culturally congruent which will ensure a holistic treatment effective. Consequently, the improvement of health and wellbeing of the indigenous groups would lead to the achievement of the United Nation goals by 2030 in these communities.

Secondly Community Psychologists should maintain a cultural congruent approach in carrying out community interventions programmes (such as educational sensitization) to be able to foster holistic treatment among the Mbororos.

Thirdly traditional healers within the Mbororo community should adapt to realities of globalization and forms of treatment. They can do this by educating their patients on the need to also pursue conventional medicines alongside traditional medicine when ill. These would go a long way to promote holistic and universal healing among the Mbororo people. The Mbororos should follow the global trend in healthcare as they continue to patronize their traditional medicine within their communities for a holistic treatment.

Fourthly social workers working with these vulnerable populations should continue the sensitization of the communities on the importance of following global trends in health care delivery as they continue to patronize the traditional therapy. And finally due to the rural settlement of the Mbororos, healthcare services should be bought closer to the Mbororo settlements and there should be integration of both modern and traditional healthcare delivery systems. This will go a long way to improve on the access to healthcare service and holistic treatment respectively.

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