



UNDERSTANDING THE AFRICAN PEOPLES' TRADITIONAL RELIGIOUS AND CULTURAL BELIEF SYSTEM FOR EASIER AND BETTER HEALTH ADMINISTRATION IN AFRICAN COMMUNITIES

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Abstract

Life is very precious and every individual seeks medical attention on a slight health challenge because life comes first before other things follow. Even before the advent of orthodox medicine there have different beliefs about different sicknesses and ways of curing them. Since the advent of the orthodox medicine there have been many changes and alteration in those traditional beliefs about certain sicknesses and the means and manners of treating them. Yet, some core traditionalists and even some Christian believers still in their traditional religious belief in the healing of their sicknesses. It therefore becomes a challenging issue to the orthodox health workers as health administrations after all struggles becomes waste of energy owing to the understanding and traditional religious belief of a patient. Many attempts have been made by the orthodox medical professionals to handle the issue of health administration in the midst of African traditional religious belief to no avail. Thus it becomes pertinent that health workers and administrators take into consideration and even more serious, understanding the traditional religious belief of the local community where they work to be able to function well and excel in their health administration. This research is therefore a thoughtful recommendation to the orthodox health workers to strive to understand the traditional religious belief of any community they found themselves for easier and better health administration because when a person's religious belief is understand it is will be very easy to understand his or understanding of the sickness he/she is suffering from and a better way of administering medications without complications.

Keywords: traditional religious belief, cultural belief, orthodox medicine, health administration, traditionalist, community.

Introduction

It has been a recurring incident that orthodox medical professionals encounter different traditional religious and cultural belief systems in different communities within Africa especially in Nigeria while administering medications or while on health rallies. These experiences have been reported to be a sort of barrier to their effort in the health administration most especially in the rural areas of the African communities. It has to be known however that every culture has its manners and ways of dealing with health and illness before the world become a global community. Nweke and Mbama (2023) noted that "Before universal culture contact and civilisation there has been different ways of diagnosing, discovering, preventing, and treating sicknesses and various diseases in different traditions and cultures in the world" (p,62). It is good to understand the fact that culture contact does eliminate the entire belief of a people. It is on that base that Nweke and Mbama (2023) notified us that "This civilization however did not eliminate the traditional ways of healthcare of the whole world including Africa. Therefore, despite the presumed generally accepted ways of practising medicine known



as orthodox, Africa still values the old unique though improved ways of practising medicine in African traditional religion” (p62). These religious and cultural belief systems cannot just be erased in a few generations. It is very important to understand that as religious and cultural beliefs are handed to the people from one generation to another, that there is the need to deal with a people according to their religious and cultural beliefs for a better and ideal relationship. It is ideal know as Nweke and Mbama (2023) have observed that African traditional religious belief system in an attempt to offer medication to a patient, diagnose disease from various angles such as: spiritually, physically, psychologically, morally and socially to be able to determine the really cause of the sickness because in African traditional religious and cultural belief system every disease has spiritual, moral and social implications (pp 62-63). It is on the ground of this that this research tends to make possible recommendations on the ways of health workers understanding the peoples’ religious and cultural belief systems to enable function proficiently and actively in whatever community they found themselves.

Explanation of the key concepts

Key concepts are the major words or words that appear frequently in a research or the terms that help in conveying meaning about the research topic. It is therefore always necessary to make a clearer explanation of certain terms in a research to be able to drive home the intended meaning.

Traditional Religious Belief: Religious belief or practice existed in Africa before the diffusion of western religion and Islam. This is often referred to as African traditional religious belief (Akinsola, 2002). Traditional religious belief in Africa is the indigenous religion and belief of Africans. It is the way of worship and belief system of the Africans (Nweke, 2017). This religious belief according to Nweke is found in almost all the activities of the African man (2017, pp. 12-13). For Ekwunife traditional religious beliefs are “those institutionalised beliefs and religious culture, transmitted to the present by successive African forbearers mainly through oral traditions such as myths and folklores, songs, rituals, proverbs and so many other means (1990, p.1),

Cultural Belief: Culture is a general way and pattern of life of a people in a particular society in relation to their natural environment and their religious belief systems. For Purushothama, (2015) Culture is the unique possession of man and a way of life developed by him to guide and control his activities. That is to say that culture is a unique way of life created and developed by man to serve as rules and guidelines for his social and religious activities. Helman (1994) in his own view understands culture to be a set of guidelines which individuals inherit as members of a particular society and which informs them how to view the world, how to experience it and how to behave in it in relation to others, to the supernatural beings and to the natural environment. Wikins (1979) seems to render a detailed explanation of the definition of Helman when she averred that human behaviour is divided into three parts: the instinctive or inborn behaviour that is of biological origin, experiential behaviour which resulted from the personal individual engagement with societal activities in solving problems with assistance or guidance, and the behaviour learnt from others. This third part of the human behaviour for Wikins includes ideas, techniques, and habits, which are passed on from one generation to another which are virtually a set of solutions to problems that in the course of time, others have met and solved before. She is however of the view that the learnt behaviour is known and is referred to as culture. This is also in line with the idea of Kluckholm who defined culture as



that which is learned by people as a result of belonging to some particular group which is virtually shared with others. Akinsola (2002) simply said that culture is a pattern of life of a group or society. Cox and Mead (1975) are of the view that culture is a body of learned values, beliefs, and behaviour expectations which individuals derive from those with whom they interact.

African cultural beliefs are those traditional and cultural activities and ways of life of the Africans that was handed to them from their ancestors. African culture has different values attached to it. According to Ozumba (2010, p 194) “...traditional cultural values include hospitality, brotherhood, humanity, compassion, generosity, caring for others, interdependence, solidarity, reciprocal obligation and social harmony. These are the hallmarks of native African Cultural values mirrored through their communalism, humanity and brotherhood.”

Orthodox Medicine: orthodox medicine can be referred to as contemporary way of handling health issues and diseases as against the traditional way. However, according to Nweke and Mbama “... when we speak of orthodox medicine it can be clearly understood that we speaking of the patterns and manners of practising and administering of the medicine and treatment of illnesses that are universally accepted by the general public and all religions in the contemporary society, including some members of African traditional religion (2023, p.65).

Health administration: this involves all the activities of institutions, persons, and resources that work together to promote, restore, and maintain health by delivering services to meet population needs. It encompasses not only hospitals and doctors but also preventive programs, community health initiatives, public health measures, and the policies.

Traditionalist: A traditionalist is a person who strongly believes and accept the traditional religious and cultural belief systems as against the western religion and culture. It can be seen someone who stands firm in the defence of his traditional and cultural norms against any western or external influences.

Community: The definition of community in the context of this work will not be taken loosely as many authors due such as making reference to religious community like Christianity or Islamic community or workers’ community such as health workers’ or teachers’ community. Rather in the context of this work community is understood from its traditional and cultural sense. In that case we may fall to the definitions of community by some scholars in Purushothama (2015). For example, for Bogardus ‘a community is a social group with some degree of we-feeling and living in a given area’. In this definition community is not just a social group but to a social group that lives together in a particular geographical area sharing some cultural identities and other things. This also relates to the definition of Eshleman and Cashion who defined community as ‘a collection of people within a geographic area among whom there is some degree of mutual identification, interdependence, or organisation of activities. Also, ‘a community is spatial or territorial unit of social organisation in which people have a sense of identity and a feeling of belonging.’ However, in his summary of the definitions of other authors Purushothama gives some ideas of what community but the most captivating among them are the 2nd and 3rd ideas which can be combined to say that a community is “A geographical area or locality that shares a common culture and a social system which organises their activities” (2015, p.36). It goes to mean that community is not just social group that shares common goals or common ideas but those who live in particular cultural setting with a common



understanding of that culture from which they identify themselves. It is a cultural identity rather than institutional identity that defines a community.

African Traditional Worldview

Worldview can be referred to as the basic structured understanding of the universe and its activities in relation to the maker of the universe of a people. According to Nweke (2017) “At the core of every person’s being lies the worldview that constitute the control box of culture that determines thinking, acting or doing and determining values (p.101). Fowler (1997) in Nweke (2017) presents the term worldview as a construct about the make-up of life as it struggles with the question of reality, truth, ethics and history (p.100). Ekwunife makes a clearer picture of the African traditional worldview as the Africans view the world in two different spheres. For him

Africans view the world as an intricate co-penetrating and highly structured two realities- the visible and invisible. The visible sphere consists of whatever can be perceived with human sense in the heavens and on earth. The invisible is the sphere of the ultimate reality – God, the deities or divinities, ancestors, innumerable spirits, good and evil. The ultimate reality is at the helm of affairs, while human beings are at the centre. The invisible sphere dictates the pace, regulates and influences what happens at the visible sphere (1990, p. 25).

Nweke makes cognisance of the interaction of these two non-distinct worlds of Africans. Therefore, there is a thin separation between the two world (2017, p.102). The separation may not be necessarily due to a gap of distinction but possibly on the basis of hierarchy between the ultimate reality and the humans. It is very essential to note according to Nweke that this worldview exerts strong shaping influence and power not just on a person’s individual life style but also on the generality of the life style of the whole people who accept the worldview (2017, p.101). That is to say that the African worldview shapes their reasoning, structures their understanding of life and defines their concept of life activities.

There are many other things that constitute the African traditional world but this particular worldview is very essential to the work as it aids the understanding of African communities about health, illness, disease and the causes or possible sources of disease and illness.

Influence of Traditional religious belief on health and Illness in Africa

According to Nweke and Mbama (2023) “Though religion emanates from culture but when it has been handed down through many generations, it becomes traditional” (p63). That is to say that traditional religious belief is a practice and patterns or modes of worship received from the ancestors by a people. That is why when asked what traditional belief is in Africa, Nweke 2017 would simply say that “It is the way Africans worship their God” (p12). For Ekwunife traditional religious beliefs in Africa are “Those institutionalized beliefs and practices of the indigenes of Africa which are rooted in the past African religious culture, transmitted to the present by the African successive forbearers mainly through oral traditions such as myths, songs dances, religious works of art, proverbs, pithy sayings and names (1990, p1). It is even clearer when Nweke and Mbama (2023) defined traditional religious beliefs as “... the religious elements and practices of the Africans which resulted from their ancient cultures through



which they relate with Supreme Being which was handed over to the present generations by the generation of the ancestors”(p64).

In the observation of Nweke and Mbama (2023), civilisation did not flush the religious and cultural beliefs of the Africans about health and illness and their understanding of human nature and people who are bound by their culture and traditional religious beliefs often criticize orthodox medicine saying that it explains the causes but fails to explain why a disease strikes one particular individual out of many people living in the same environment. The simple explanation given by such a culture-bound person is that there is more to disease than an ordinary eye can see. They believe that it is likely that a witch or wizard is punishing the patient possibly because he had exchange of words with an evil person or that he is suffering the consequences of his hidden evil actions (Akinsola, 2002). That is why most African societies still insist on appeasing the gods in the case of certain sicknesses. Akinsola clearly observed that “Appeasing the gods through sacrifice is a common phenomenon in Africa” ((2002, p.26). He explained that,

The sacrifice can be in form of food item (e.g. yams, oil, meat, kolanut, cooked beans), clothes or other items important to those making the sacrifice. The sacrifice is usually carried to the remote place in the belief that spirits dwell in such hidden areas. The intention is appease the gods so as to prevent the occurrence of certain diseases, to cure a patient or to stop an epidemic (Akinsola, 2022, p.26).

As Nweke and Mbama (2023) already observed that civilisation has not been able to wipe African traditional religious system from the African, the African traditional belief system still manifests in their Christianity and Islamic religious practices. For example, “It is a common practice among the members of some indigenous African Christian religious sects to offer sacrifices consisting of items, such as coins, candles and white clothes which is intended to appease the evil spirit believed to be causing or influencing the cause of a disease. Belief of this kind influences people’s perception of illness and their pathways to health” (Akinsola, 2002, p26).

Even some African Christians and Muslims are still caught in this web of believing that sicknesses and human problems are caused by witchcrafts and that God only has solution to them. Some of them go as far as offering sacrifices to appeasing the evil spirits believed to be the cause of their diseases and health challenges.

African Traditional medicine and orthodox medicine

African traditional religion medicine has for a long period of time been in conflict with the orthodox medicine due to the attitude of the practitioners but not the practice in itself. The orthodox medical practitioners since the inception of the orthodox medicine have always seen African traditional medicine as inferior, uncertified, and scientifically not verified. In Nweke and Mbama “African traditional religion medicine is understood as the contribution of knowledge and practice used in diagnosing, discovering, preventing and treating diseases in African traditional setting” (2023, p.67). They assert that in African traditional religion medicine there are specialists in every healthcare system and each makes referrals where an illness is not within their own specialisation. So, any family that possesses the knowledge of medicine in African traditional religion medicine are usually specialists in a particular area or



field (pp.67-77). based on the assertion of Onyewuchi (2022) that African traditional health practitioners consider human person as being made up of physical, spiritual, and moral aspects and as such believe that the harmonious functioning of these aspects of human person signifies good health, Nweke and Mbama concluded that “the treatment of a sick person involves not just aiding his/her physical ailment alone but also the spiritual, moral and social components of his/her being” (2023, p.68).

Orthodox medicine according to Nweke and Mbama (2023) is the means or manner of treatment or cure for disease that is believed to have been certified and accepted generally by the public. They still believe that the orthodox medicine has its areas of specialisation just as they are in African traditional religion medicine (pp.68-73). Orthodox medicine unlike the African traditional religion medicine that uses diviners to discover the cause of illness, tries to trace and identify each disease using technical diagnoses.

Most times the reluctance of the orthodox health practitioners on the culture of the patients results from their undermining of the African traditional religion medicine. But Nweke and Mbama voiced out that “It is worthy of note that the orthodox medicine is seen as certified and generally accepted does not imply that everyone believed in it. There are still many African traditionalists who have vowed never to go the English hospital or take any medicine that is not traditional ...” (2023, p.76). therefore, there is need to understand a patient who might be unconscious when he/she was brought to the hospital, his/her cultural background and why such decision was taken him/her. This will enable the healthcare practitioner to attend to this patient convincingly.

Cultural influence on health and illness and treatment

Thought process of a particular society stems from their cultural customs and ill behaviour is the evaluation people make of their own state of health and their subsequent actions. Nnebedum (2019) made it clear that the culture of a particular people entails the totality of their perceived and lived experience which implies that culture is not developed in a single day or decided in a meeting rather it develops as years unfold and it evolves as the people evolve. It gives meaning and identity to the life of the people from which it evolves but may be meaningless to the people outside the area of the evolution. In the same way “The health of the members of the society is closely related to the cultural practice inherent in that area (Akinsola, 2002, p.24). Even the illness of an individual in a particular society is a function and outcome of the cultural and religious beliefs and socio-economic factors of that society and the level of socialisation of the individual involved. It is the same also that cultural beliefs and ideologies about the cause and course of disease influence the ways in which different disease conditions are perceived and the subsequent actions taken. Certain patterns of behaviour which would be defined in our society as pathological and abnormal may be considered as normal in other cultures (Akinsola, 2002, p.25). ezejimofor also observed that “Health attitudes of people differ in so many ways: most people find it difficult to change age-long traditional practice while some are quickly influenced by guided information ...” (2023, p.2). Akinsola went on to explain that the occurrence of malnutrition among African children is not just merely due to poverty but is closely attached to cultural patterns concerning food in African societies such as the choice of food, length of cooking and how it is cooked, how and where it is served, and the storage system. He cited example of some parts of Nigeria where much meats and eggs are not given to children because it is believed that it an encouragement



to children to steal when they grow older. This belief system is not really peculiar to Nigeria alone. The story of Akinsola (2002) on the views about cultural food taboos expressed by some undergraduate students at Moi University, Eldoret, Kenya, and the University of Bostswana, Gaborone, Bostwana, and the belief of most people of Ivory Coast that children eat smaller meat and than their elders that vegetables are only for medical purposes but not for cooking of food confirmed the similarity of cultural belief systems among these societies. Thus, the lion's share of the meat and eggs are reserved for elders. So, the children's weaning food is all about much of carbohydrates with negligible amount of protein if at all there is. "To some extent the cultural context defines what conditions are recognised, the causes to be attributed to them, and which persons have legitimate authority to assess and define such condition" (David Mechanic cited in Winefield and Peay, 1980).

I have observed also that an individual's level of education, profession or even type of occupation especially in Africa does not most of the time influence as much his/her illness behaviour. For instance, on the 29th of August, 2025 I entered a pharmacy in Ebonyi state to get some drugs and I saw something that would have put into a confused state if not for my wealth experience of African traditional religious and cultural belief system. The nurse in charge of dispensary in the pharmacy who happens to be a close friend of mine had a bottle of brownish liquid at the counter beside her. When I enquired from her what it was, she plainly and boldly told me that it is herbal medicine that she went to collect from a traditional medicine practitioner for infection. When I enquired more why a professional nurse should go to a herbalist for a treatment she refused to attend to question but tried attend to what I had come to the pharmacy to do so that I could leave. It was more confusing when I read the narrative of Akinsola about a medical doctor who said that,

...his negative attitude towards traditional medical practice did not arise because he did not approve of its existence or efficacy, but rather because the practice is fraught with deceit and superstitious beliefs. He stressed that, if by chance he should obtain a traditional preparation that worked well for any of his health needs he would discard all the belts he used to hold up his trousers and make a local type of belt instead that would hold that medicinal preparation in (2002, p27).

Akinsola thus concluded that this statement of the medical doctor in spite of his knowledge, years of study and professionalism in the orthodox medicine would prove to the whole world that he does not feel ashamed to be associated with the practice of traditional medicine.

The Orthodox ways versus Traditional religion ways of understanding illness and health administration in African Communities.

In the old days the African traditional religion medical practitioners and healers take care of every type of diseases and illnesses whether chronic or otherwise. Most times, depending on the type or nature of the disease and illness and the family of the patient, especially in the case of mental illness or tuberculoses, the gods are usually consulted through the ancestors to the ascertain cause of the disease and if it can be cured or not. In fact, till the present day "Many people also believe that hospitals have no effective treatment for these diseases. Hence, at present, in many parts of Africa especially rural areas, the relatives of mentally ill patients and even AIDS sufferers prefer to consult traditional healers" (Akinsola, 2002, p26). Orthodox medicine on the other hand approaches every disease scientifically through scientific laboratory



processes. This is a process through which orthodox medical practitioners search to discover and dictate the a disease or the cause of the disease or illness. However, sometimes as Nweke and Mbama (2023) observed that this scientific process does not give a satisfactory discovery let alone treatment. When laboratory science could discover or dictate a disease or the cause of illness even when a person is critically down, the orthodox medicine and its practitioners become handicapped in the form or pattern of treatment to be offered to the patient. I have had such experience of some patients who were taken to the hospital in different periods of times and to different hospitals and they were diagnosed but nothing was found as the causes of their illnesses. One of these patients who was a close friend of mine and final year student of Laboratory Science Department of Ebonyi State University, Abakaliki, Ebonyi State, Nigeria was critically ill and was rushed to the state University hospital but after all the diagnoses nothing significant was really discovered. However, seeing how critical the young man was first aid treatment was given to him but the situation became worse than it was. Seeing the situation as it was, his siblings with insistence of the parents retrieved him from the state university hospital and took him to a traditional healer and the healer after certain consultations confirmed that it was poison. The traditional healer also confirmed that nothing can be done on the situation again because according him the orthodox medicine that was given to the patient had a critical reaction to the poison to the point that it the survival of the patient was not assured he was taken back to the hospital. My friend actually later died. Another incident as such occurred when the wife of my friend was critically ill in Kano State of Nigeria where they reside. However, after all the efforts in the hospitals both public and private within the Northern part of the country without success she was brought to the Eastern part of Nigeria, precisely Anambra State and later to Ebonyi State where she was taken to the traditional healers and it was confirmed that it was poison. The woman actually died after all was done just as the traditional healer confirmed that it would be very difficult for her to survive because of how long the poison has lasted in her body system and the reaction of the orthodox medicine that has been administered to her.

Poison in the understanding of the African traditional religion medical practitioners is actually not the same in the understanding of the orthodox medicine. In the orthodox medicine, poison can be referred to any substance taken by a person that is toxic to the biological system of the body. The term poison in the understanding of the African traditional religion and cultural belief system is not simply understood as it is understood in the orthodox medical field. For example, poison for the orthodox medical practitioners is any harmful substance to the health system; a medical condition caused by food or drugs that have adverse effect on the human body system or toxic effect of insecticides. On the other hand, poison in the African traditional religion and cultural belief system is either a physical substance injected into someone's food or spiritual illness prepared by a witch or evil person and spiritually injected into a person's body system which usually defies any scientific discovery and diagnoses or orthodox medical treatment. in orthodox medical field, poison can be anything like food not well prepared or expired drugs or expired drinks that was consumed by an individual unknowingly but in African traditional religion and cultural belief, poison is purely an intentional activity whether physical or spiritual targeted to killing the victim.



Understanding the Peoples' Traditional and Cultural Belief System as a Way Forward for Easier and Better Health Administration in African Communities

I once had a discussion turned a serious argument with a pharmacist in Nigeria about the cultural view point of orthodox medical practitioners. He was of the view that African culture and tradition has nothing to offer in terms of healthcare system. In fact, he condemned totally any form of African traditional medicine and any attribute of African culture in development health care. With that I observed why some orthodox medical practitioners do not and cannot make impact in the African society. Njoku (2016) argued that this mindset did not just evolve. Rather it is a mindset that evolved from the European Christian missionaries and colonial masters who perceived Africans as inferior, undeveloped, equipped with an inferior culture relative to theirs, and therefore without a medical practice worth the name. It was a mental dismissal of a people and carryover of the then enduring racist inclination. Flowing from a dominant evolutionary theory of civilisation, this mindset fuelled the so-called idea of the 'civilisation of the natives' it constituted the one of the strongest motivations of the missionaries and colonial masters and was a key justification of the colonial enterprise. Rather than talking 'with' the people, it was more of idea of talking 'to' the indigenous people who were assumed to have nothing to offer. This mindset created a situation where the trained missionary medical practitioners or healthcare providers were not predisposed to listen but were interested in their own ways of doing things. This mental disposition according to Anojulu (2019) is a product of narrow-mindedness blinded by cultural bias, prejudice and superiority complex which prevents the orthodox medical fanatics in Africa from seeing the importance or contributions of culture and religious beliefs to the healing of their patients. Anojulu (2019) was sad that orthodox medical fanatics forget that the accidents of birth and geography determine to a very large extent to what people see as disease or illness and how they adapt to healing and health care.

In the cause this research, I encountered social worker in the Ministry of Health and Social Welfare in Ebonyi State. This social worker narrated to me his experience of a traditional priest in Ogboji in Izzo Imoha of Ezza North Local Government Area of Ebonyi State who refused his children to be immunised for three consecutive times due the priest's cultural and religious understanding until he (the social worker) appeared on the scene. The Traditional Priest believed with his religious and cultural intents that the large number of infertility and barrenness in our young ones witnessed in African communities today is as result of such drugs (immunisation) administered to the children at the early stage of life. Then the thing goes to weaken them and makes them infertile. It took the social worker a great deal and owing to the fact that the social worker understands the Traditional Priest's language he (the social worker) was able to convince the Traditional Priest and he allowed the immunisation of the children to take place.

Rev Sister Ezejimofor, Perpetua, the former provost of Ebonyi State College of Nursing Sciences, Uburu, made the observation about the influence of culture on the people view on health issues and how some people find very difficult to adapt. She said that the "Health attitudes of people differ in so many ways: most people find it difficult to change age-long traditional practice while some are quickly convinced by guided genuine information for the purpose of changing attitudes of people. Therefore, individuals differ in level of motivation or readiness to change as a result of the influence of packaged health communication (2023, p.2).



The above observation propelled Konnur to strongly believe that when a healthcare providers understands the culture of the society they work, it enables them to study and learn why others differ in thinking, reasoning,, likes and dislikes, abilities,, beliefs and cultural customs (2013, p.16). It will also help them to understand the patients' level of attachment to cultural customs and be able to have a cordial and harmonious relationship with patients which will only not ease the patients anxiety but also the healthcare provider. Health communication as proposed by Ezejimofor cannot be effective if the people are not understood from their cultural context. Understanding people's cultural context will aid the healthcare professionals to understand the people's health behaviour and will fast-track health communication. That is why in her concluding remark in the maiden magazine published in 2023 by the Ebonyi State College of Nursing Sciences, Uburu, Ezejimofor, who doubled as the provost and the Editor-in-Chief of the magazine agreed that "It is our belief that for nations to thrive in good health management and meeting her citizen's health needs, there should be access to relevant, reliable and culturally appropriate information that enables the general public, patients, healthcare providers, public health professionals and others to address personal and public health concerns"(2023, p.2). Akinsola (2002, p26) recommends that "Nurses who are the backbone of primary health care programmes in sub-Saharan African countries, should intensify health education to create awareness about the aetiology and natural history of common diseases so as to break the cycle of ignorance, disease and poverty." Nurses and doctors should be able to understand their environment and their patients' religious and cultural belief so that a patient's attention can be captured and be educated better in order to respond positively to treatment. In the same view, understanding the religious and cultural beliefs of a community according to Ezejimofor will enhance health communication between healthcare providers and patients. It will in turn attract the benefit of health communication such that "it enhances audience knowledge and awareness regarding health related issues, it influences behaviours and attitudes of the public towards health issues, it demonstrates health practices in endemic situation, it demonstrates the benefit public health advocacy outcomes, it improves patient-health provider dialogue" (2023, p.2). Akinsola (2002) in the same vein, suggests that health care administrators should also follow the pathways to health which includes all sources of treatment available in our indigenous African communities and not only western or scientific medicine known as orthodox medicine. The view of Akinsola supports the idea of Robinson (1973) which asserts that man's social physical environment determines to a certain degree the way in which he lives and this is intimately bounded with his exposure and susceptibility to disease conditions. His pattern of life, his worldview, the work he does, the place he lives and the recreation which he pursue may all increase or decrease the likelihood of adaptation to treatment and may encourage or impede their healing. Akinsola (2002) therefore warns that the health care administrators in the healthcare system should be aware and must work with fact that

- Illness is not merely a biological issue but has numerous inter-relations with social and cultural phenomenon.
- Social and cultural variables are important determinants of exposure to illness.
- Social and cultural factors are important in the perception and classification of illness.
- Social and cultural factors are important in the behavioural response to illness.



I conclusively say here that once a people's culture is understood, such people is understood and once a people's culture is conquered, such a people is conquered. Thus, your ability to convince a patient and guaranteed him healing within his cultural setting the easier and better he responds to treatment. It is therefore necessary as I have noted earlier that cultural norms, values and beliefs significantly influence interpersonal communication, operations and expectations within the healthcare administrators in the African communities, understanding cultural differences, etiquette, and norms is very essential for effective healthcare administration. It also very vital for healthcare administrators to note every patient has the right care and treatment that is free from discrimination and bias. Thus, healthcare administrators in African communities must strive to provide culturally competent services that take cognisance of the diversity of patients' backgrounds, cultural identities, and experiences. This suggests therefore that the healthcare provider must be aware of the patients' own biases, seeking to understand the patients' perspectives, manage them and adapting interventions that is culturally sensitive

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