

Chapter 4

Learning and Asserting an African Indigenous Health Research Framework

Abel Jacobus Pienaar
North-West University, South Africa

ABSTRACT

The researcher locates the research into the context of the current situation of African Indigenous Health Knowledge Systems enquiry. The study interrogates the use of research frameworks and paradigms that are based on western standards. This research is carried out against the backdrop of past injustices caused by colonization and the western-based education system. However, in this research, the heritage of the African Indigenous Health System that stood the test of time is emphasized. It is noteworthy to mention that the intention of this research is not to negate western research paradigms and methodologies, but to assert an African indigenous health research framework. The researcher makes use of African Indigenous research methodology to collect and analyze the data. Findings are based on the worldview, epistemology and practice in an African indigenous community, hence a framework for African Indigenous Health Knowledge Research is proposed accordingly, which also applies to general African indigenous research.

INTRODUCTION AND BACKGROUND

The purpose of this chapter is to start the development of a research framework that will support the uniqueness of health research done in an African indigenous context. The western methods of health science research are always based on a positivistic paradigm and let very little space the uniqueness of African Indigenous Health Research. Furthermore, we are always working with evidenced-based research in health and most of the time we need to examine whose evidence are we talking about. Evidence is only authentic in it's original habitat, therefore the researcher endeavor to develop this research framework to support African Indigenous Health research in its own context. Noting the following statement, we realize that Africans need to take a stance in health research. The statement below is from a western-

DOI: 10.4018/978-1-5225-0833-5.ch004

based clinical trial text, where the author explains how efficacy in developing western medicine is faked in so-called scientific research.

Western Medicine is broken: While patients trust that their drugs are safe and regulated, and doctors attempt to prescribe the most effective cures, the global pharmaceutical industry is a \$600 billion business rife with corruption and greed. (Goldacre, 2012)

Evidently, the above-mentioned statement obtains credence from the fact that the marketing and sales departments are normally the biggest departments with the most resources in the pharmaceutical industry. As a health professional in the Western health care system, the researcher was forced to re-examine his experiences in the context of the previous quote. As an African indigenous knowledge scholar engaging critically with the numerous clinical trials advanced by Goldacre (2012), the reality challenged the researcher to foreground the value of revitalizing the local health systems that unabatedly continued, irrespective of the colonial dominance over Africa in the past centuries. Subsequently, in the *Times Magazine* dated 19 August 2014, Kelland and Hirschler confirmed Goldacre's (2012) findings with their article, highlighting that the world is hunting for new ways in medicine, hence the move to revert back to natural medicine. They further advance that more than half of western medicine is obtained from plants and animals. Evidently more than 80% in Africa and other developing countries uses indigenous or natural medicine and more than half of the western developed medicine is obtained from natural products emphasizes the fact that African Indigenous Health knowledge stood the test of time. As manifestly deduced from this discussion, African Indigenous Health Knowledge is here to stay.

In this regard, supported by a team of research collaborators, post-graduate students and the most imperative participants, the community, this research is a product of collective efforts over the years. Spontaneous questions thus arose: *Why are we undermining the paradigmatic grounding of indigenous health which has stood the test of time under oppression and still going strong? Why does it become necessary to use western paradigms and methodologies to authenticate African Indigenous Knowledge Systems Research?*

Supporting the previous discussion, Ritchie et al. (2013) advance that health research obliges new paradigms to exist forth. Ritchie et al. (2013) further advance that these paradigms should embrace aligned methodology, whilst also emphasizing community involvement and participation. Higgs (2010) agrees with the community aspect illuminated by the previous authors and adds that African Indigenous Knowledge Systems (AIKS) research necessitates a social context. Higgs and van Niekerk (2002) already stressed in 2002 that AIKS research should take place in an African context. On the other hand, Voyke and Simmons (1999) emphasize the importance of the heritage of this context as well as the consideration of the health promotion and health service delivery in the particular context.

Taking cognizance of the previous discussion, it is very clear that the AIHKS is founded on an original heritage as well as influenced by the past history of colonization that cannot be ignored. Should we endeavor to assert a research paradigm fittingly, these two aspects must be taken in consideration if we do not want to make the same mistake of creating a superior and inferior health system as engineered by the past regime. The guiding factor should be to strive for equal acceptance.

In the wake of the previous discussion, it becomes clear that the rebuilding of AIHKS should emanate from a broken past. Sadly, most African scholars still focus on conduits mapped out by western methodologies (Owusu-Ansah & Mij, 2013). Therefore these scholars are forced to base their research on western sciences and paradigms, as noted by Le Grange (2004). Unabatedly, colonial education

13 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/learning-and-asserting-an-african-indigenous-health-research-framework/165740

Related Content

Free Media and Bank Reforms in West Africa: Implications for Sustainable Development

Toyosi Olugbenga Samson Owolabi (2018). *Exploring Journalism Practice and Perception in Developing Countries* (pp. 18-39).

www.irma-international.org/chapter/free-media-and-bank-reforms-in-west-africa/187919

Exploring the Factors Affecting the Intention to Use C2C Auction Websites in Egypt

Hany Abdelghaffar and Hussien Moustafa (2013). *International Journal of E-Adoption* (pp. 1-13).

www.irma-international.org/article/exploring-the-factors-affecting-the-intention-to-use-c2c-auction-websites-in-egypt/78883

Economic Downturn and Implications: – Marketing Challenges and Opportunities

Pratap Chandra Mandal (2022). *International Journal of Innovation in the Digital Economy* (pp. 1-13).

www.irma-international.org/article/economic-downturn-and-implications/311511

Supply Chain Management in the Context of Economic Area: Case Study for the Development of ICT Branch in the City of Oulu

Rauno Rusko (2012). *Digital Economy Innovations and Impacts on Society* (pp. 15-25).

www.irma-international.org/chapter/supply-chain-management-context-economic/65867

Can National Information Infrastructures Enhance Social Development in the Least Developed Countries? An Empirical Investigation

Peter Meso and Nancy Duncan (2002). *Information Technology Management in Developing Countries* (pp. 23-51).

www.irma-international.org/chapter/can-national-information-infrastructures-enhance/23707