

Chapter 13

Benefits and Contributions of Indigenous Medicine to the Health Sector

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ABSTRACT

The aim of this chapter is to highlight the effect of Namibian cultural practices on its citizen health and simultaneously emphasize the important role traditional healers can play in supporting primary healthcare services. One of the cultural practices of concern discussed in this chapter is that child marriage is encouraged in some Namibian communities; it not only hampers a girl child's educational development, but it also compromises her health and psychological development. According to the literature, culture can contribute towards development through social cohesion and by promoting positive perceptions regarding gender equality for development. Some cultural practices can contribute to health and education enhancement, for example, using medicinal plants to treat various diseases and disorders, with the majority of plants being used to treat mental diseases, skin infections, and external injuries.

INTRODUCTION AND BACKGROUND

Namibia, like many other African countries, as well as internationally, has implemented specific legislation that addresses and prevents harmful practices to protect the health of those at risk and to fight exclusion. Such legislation succeeds in conjunction with an engaged and multidimensional process of national implementation, including disseminating information widely, implementing raising awareness campaigns,

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and making services accessible and available to the communities at risk. When Namibia achieved its independence in 1990, the Ministry of Health and Social Services (MoHSS) adopted the Primary Health Care (PHC) approach, forming the foundation necessary to restructure Namibia's health sector to ensure it could meet its mandate to provide 'Health for All Namibians'. Through the MoHSS, the Namibian Government has gradually shifted resources to the most disadvantaged regions, focusing on preventive services and providing basic care to communities via the MoHSS's clinics, mobile health teams, and community volunteers. They aim to educate communities and enable them to make optimal choices to promote premium health.

Since the 1970s international and regional public health policies have promoted integrating traditional medication into the current national healthcare structures and regulating traditional practitioners. Such integration and regulation aimed to address disparities in national public health systems, especially in under-serviced rural areas in developing countries within the framework of PHC and the context of HIV and AIDS, as well as for the care of terminally ill community members. Although the World Health Organization's (WHO) African Regional Office (AFRO) and the African Union (AU) both emphasized the importance of integrating traditional medicine into national healthcare structures, by 2011 only 39 African countries developed policies on traditional medicine (Meincke, 2018). Namibia is one such country that has not yet integrated traditional medicine into the public health system, despite Namibians who continue to consult traditional healers in matters on their health. In the absence of an official regulative framework to control traditional healers' practices, the Namibian government has engaged in several processes and developed certain structures to address the issues related to integrating traditional medicine into the public health context.

METHODOLOGY

A desktop research was conducted to collect as many as possible information regarding the relevant issue that will be discussed in this chapter. Several articles and academic researched thesis were read and reviewed. The desktop research was necessary to provide the point of departure information for this chapter and it also assisted with the understanding of the overall field of discussion, the landscape, the health industry situation, and trends in traditional health as well as past user tendencies and actions.

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