

Chapter 2

Decolonization by Indigenizing the Teaching of Medical Anthropology: The Use of African Indigenous Healing Knowledge and Transforming the Curriculum

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ABSTRACT

This chapter explores the decolonization of the medical anthropology curriculum by integrating indigenous epistemologies and health practices. It critiques Eurocentric paradigms in medical education, advocating for the inclusion of culturally appropriate healing techniques like herbal medicine, spiritual healing, and communal health approaches to offer a more inclusive understanding of health. Highlighting the alienation caused by reliance on foreign languages and Western materials, the chapter underscores the importance of incorporating indigenous languages and perspectives to enhance student engagement and success. Practical strategies, including fieldwork with indigenous communities and oral histories, are proposed to indigenize education. By bridging traditional indigenous knowledge and modern medical practices, the chapter aims to advance decolonized, inclusive higher education.

1. INTRODUCTION

The dominance of Eurocentric paradigms in medical anthropology has resulted in the marginalization of indigenous epistemologies and healing practices. Western medical models are often privileged in curricula, relegating indigenous knowledge to supplementary or alternative status. This exclusion not only limits students' exposure to diverse health perspectives but also alienates learners from marginalized backgrounds, whose cultural knowledge systems remain undervalued in academic settings. Decolonizing the medical anthropology curriculum requires a fundamental shift in pedagogical approaches to ac-

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knowledge and integrate indigenous health practices alongside biomedical models. This chapter critiques the limitations of existing curricula, which frequently rely on Western methodologies while excluding non-Western frameworks. Scholars such as Fanon (1961) and Ngũgĩ wa Thiong'o (1986) have argued that colonial education systems perpetuate epistemic hierarchies that suppress indigenous knowledge. Within medical anthropology, this manifests in the emphasis on biomedical frameworks while indigenous healing practices such as herbal medicine, spiritual healing, and community-centered health approaches are overlooked. Studies have shown that incorporating indigenous languages and practices in education improves student engagement and fosters a more inclusive learning environment (Madiba, 2010; Jones et al., 2013). To address these challenges, this chapter explores strategies for embedding indigenous knowledge within medical anthropology curricula. It draws on theoretical perspectives from decolonial theory, critical pedagogy, and indigenous epistemologies to propose practical solutions. The discussion highlights the importance of linguistic inclusivity, collaborative learning with traditional healers, and field-based education to ensure a more representative and globally relevant understanding of health. By rethinking the way medical anthropology is taught, this chapter argues for an inclusive curriculum that validates diverse knowledge systems and prepares students to engage effectively in multicultural healthcare contexts.

2. WHAT IS ANTHROPOLOGY: MEDICAL ANTHROPOLOGY

The broad area of anthropology is devoted to the comprehensive study of people. It aims to comprehend the linguistic, biological, cultural, and archeological facets of human life over space and time. The idea of cultural relativism, which advocates seeing civilizations according to their own terms rather than via ethnocentric viewpoints, is fundamental to anthropology. This idea is crucial for dispelling preconceptions and prejudices and enabling scholars to see the complexity of other civilizations (Eriksen, 2015). Cultural anthropology, biological anthropology, linguistic anthropology, and archaeology are the four main subfields of anthropology. Every discipline provides different approaches and perspectives on human development and behavior. For example, biological anthropology studies the physiological and evolutionary characteristics of people, whereas cultural anthropology studies cultural norms, traditions, and values. Linguistic anthropology explores language as a medium of cultural expression, and archaeology uncovers past civilizations through material artifacts (Kottak, 2013). Medical anthropology, a subdiscipline of cultural anthropology, specifically examines health, illness, and healing within sociocultural and biological contexts. It investigates how cultural beliefs and practices influence health outcomes and the organization of healthcare systems (Singer & Baer, 2018). Medical anthropology also bridges the gap between traditional healing practices and biomedical approaches, emphasizing the need for culturally sensitive healthcare delivery. Scholars such as Paul Farmer (2003) have highlighted the role of medical anthropology in addressing health disparities and advocating for equity in global health. By incorporating sociocultural perspectives into healthcare, medical anthropology enables a more comprehensive understanding of health and illness.

One of the critical contributions of anthropology to medical studies is its holistic approach. Unlike the reductionist tendencies of biomedicine, which often isolates disease from its social and cultural contexts, medical anthropology emphasizes the interconnectedness of physical, social, and spiritual dimensions of health. For example, traditional healing practices in many African societies integrate herbal medicine, spiritual rituals, and communal support, reflecting a broader understanding of well-

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