Negotiated Pluralism in Health-Seeking Behaviours: An Ethnographic Study in Cameroon

Koin J. Tohnain[1]
Institute of Fine Arts of the University of Dschang in Foumban, Department of Plastic Arts and History of Art, Cameroon. BP 31, Foumban – Cameroon.
koinjoseph@yahoo.com | Tel: (237) 694545427 / 622473845.
Giles N. Forteh[2]
Catholic University of Cameroon, CATUC-Bamenda, Department of Anthropology. BP 782, Bamenda – Cameroon.
giles.forteh@catuc.org. Tel :(237) 677617086).

Abstract

This study reframes Cameroon's health-seeking behaviours as a process of negotiated pluralism, where ancestral legitimacy, religious mediation, and biomedical integration intersect in hybrid healing pathways. Rather than a binary choice between "traditional" and "modern" medicine, Cameroonians actively negotiate across systems to construct culturally embedded and pragmatically hybrid practices. Using a qualitative ethnographic design, data were collected through semi-structured interviews, participant observation, focus groups, and document review across the West and North-West regions. Forty participants including patients, healers, religious leaders, and biomedical practitioners provided narratives that revealed negotiation as central to pluralistic health systems.

Comparative analysis situates Cameroon within broader African contexts. In Ghana, pluralism in cancer and infertility care reflects ancestral legitimacy and syncretism (Okyere et al., 2023; Mensah, 2026). In Nigeria, ethno-religious beliefs and institutional distrust amplify reliance on prayer camps and miracle healing (Agunyai et al., 2024). In South Africa, HIV/AIDS patients delay antiretroviral therapy by consulting traditional healers first (Moshabela et al., 2011). Together, these cases confirm that pluralism is rational, negotiation is essential, and integration is policy-relevant.

The study's social significance lies in showing that health is not only treated but lived, interpreted, and shared, reinforcing communal solidarity. Its practical significance calls for culturally competent policies that integrate traditional and faith-based healing systems into biomedical frameworks. Globally, Cameroon offers a critical lens for rethinking pluralism and

syncretism, demonstrating that negotiation is central to effective healthcare in diverse societies.
Keywords: *negotiated pluralism; medical anthropology; health-seeking behaviours; Cameroon; medical pluralism; ethnographic study.* ***Secondary Keywords:*** *syncretism; cosmology and ancestry; religiosity; biomedical integration; hybrid healing pathways; cultural legitimacy; spiritual authority; clinical accessibility.*

Résumé

Cette recherche propose une relecture des comportements de recours aux soins au Cameroun à travers le prisme du pluralisme négocié, où légitimité ancestrale, médiation religieuse et intégration biomédicale s'entrecroisent dans des parcours hybrides de guérison. Loin d'une opposition binaire entre « médecine traditionnelle » et « médecine moderne », les patients camerounais élaborent des pratiques culturellement enracinées et pragmatiquement hybrides en négociant entre différents systèmes thérapeutiques.

L'étude repose sur une méthodologie ethnographique qualitative, mobilisant entretiens semi-directifs, observation participante, groupes de discussion et analyse documentaire dans les régions de l'Ouest et du Nord-Ouest. Quarante participants — patients, guérisseurs, leaders religieux et praticiens biomédicaux — ont livré des récits mettant en évidence la centralité de la négociation dans les systèmes de santé pluralistes.
Une analyse comparative situe le Cameroun dans le contexte africain plus large. Au Ghana, le pluralisme dans les soins liés au cancer et à l'infertilité illustre la légitimité ancestrale et le syncrétisme (Okyere et al., 2023 ; Mensah, 2026). Au Nigeria, les croyances ethno-religieuses et la défiance institutionnelle renforcent le recours aux camps de prière et aux guérisons miraculeuses (Agunyai et al., 2024). En Afrique du Sud, les patients vivant avec le VIH/SIDA retardent l'initiation des antirétroviraux en consultant d'abord les guérisseurs traditionnels (Moshabela et al., 2011). Ces cas confirment que le pluralisme est rationnel, que la négociation est essentielle et que l'intégration demeure une exigence politique.

La portée sociale de l'étude réside dans la démonstration que la santé est non seulement soignée, mais aussi vécue, interprétée et partagée, renforçant la solidarité communautaire. Sur le plan pratique, elle plaide pour des politiques culturellement compétentes intégrant les systèmes de guérison traditionnels et religieux dans les cadres biomédicaux. À l'échelle mondiale, le Cameroun offre un regard critique sur le pluralisme et le syncrétisme,

montrant que la négociation constitue un levier central pour un accès équitable et efficace aux soins dans des sociétés diverses.
Mots-clés : *pluralisme négocié ; anthropologie médicale ; comportements de recours aux soins ; Cameroun ; pluralisme médical ; étude ethnographique.*
Mots-clés secondaires : *syncrétisme ; cosmologie et ancestralité ; religiosité ; intégration biomédicale ; parcours hybrides de guérison ; légitimité culturelle ; autorité spirituelle ; accessibilité clinique*.

Introduction

Health systems in Africa, and globally, are increasingly recognized as pluralistic landscapes where biomedical facilities coexist with indigenous healing traditions and religious practices. Yet scholarship has often framed this coexistence as a binary choice between "traditional" and "modern" medicine, overlooking the active negotiation through which patients and communities reconcile overlapping therapeutic logics.

In Cameroon, this negotiation is particularly striking. Despite significant investment in hospitals, clinics, and pharmaceuticals, reliance on traditional healers and faith-based approaches remains widespread. Patients frequently combine biomedical prescriptions with herbal remedies and prayer, crafting hybrid pathways of care that reflect both ancestral legitimacy and religious mediation. As one elder explained, "We walk with three legs—ancestors, church, and hospital. If one leg is missing, we fall." Such voices highlight that health-seeking is not about choosing between systems but about negotiated pluralism, where cultural legitimacy, spiritual authority, and biomedical accessibility intersect.

The problem addressed in this study is therefore clear: existing scholarship has underexplored the everyday negotiation practices that define pluralistic health-seeking behaviours in Cameroon. While medical anthropology has long emphasized cosmology and pluralism (Kleinman, 1980; Khalikova, 2021),

few studies have examined how these frameworks are actively lived and negotiated in practice.

By situating Cameroon within comparative contexts such as Ghana, Nigeria, and South Africa, this study illuminates how pluralism is rational, negotiation is essential, and integration is policy-relevant. Cameroon thus offers a critical lens for rethinking global pluralism and syncretism, demonstrating that effective healthcare requires cultural legitimacy, spiritual authority, and biomedical accessibility working in tandem.

Literature Review

Medical Pluralism

Medical pluralism refers to the coexistence and simultaneous use of multiple healing systems within a single cultural context (Khalikova, 2021). In Cameroon, patients often combine biomedical prescriptions with herbal remedies and spiritual healing, reflecting a pragmatic approach that prioritizes efficacy and legitimacy over exclusivity. This resonates with Kleinman's (1980) seminal argument that medical systems are embedded in broader cultural frameworks, where patients navigate overlapping therapeutic logics rather than choosing between them. Comparative studies confirm this pattern: in Ghana, cancer patients combine orthodox medicine with herbal and spiritual healing (Okyere et al., 2023), while in South Africa, HIV/AIDS patients consult traditional healers before accessing antiretroviral therapy (Moshabela et al., 2011). These cases highlight pluralism as a rational response to illness across African contexts.

Cosmology and Ancestry

Illness interpretation in Cameroon is deeply rooted in cosmological frameworks, where disease is often understood as ancestral imbalance or spiritual disruption. As one patient explained:

"When sickness comes, it is because the ancestors are not happy. We must reconcile before medicine can work."

This confirms Stoner's (1984) claim that cosmology shapes both the meaning of illness and the legitimacy of healing practices. Similar ancestral frameworks are evident in Ghana where infertility and chronic illness are often attributed to spiritual imbalance (Mensah, 2026). These parallels underscore the enduring relevance of ancestry in shaping health decisions across pluralistic societies.

Religiosity and Syncretism

Religious authority plays a pivotal role in mediating biomedical trust, blending prayer and fasting with hospital treatment. A Pentecostal pastor noted:

"We pray for healing, but we also tell our members to take the doctor's medicine. God works through hospitals too."

In Cameroon, pastors and imams encourage patients to combine prayer and fasting with hospital treatment, reframing biomedical practices within spiritual narratives. Marshall (2015) demonstrated similar dynamics in Nigeria, where Pentecostal leaders legitimize biomedical care through religious discourse. This mediation highlights religiosity not as a rejection of biomedicine but as a framework for its acceptance. Comparative evidence shows that across Africa, faith leaders function as cultural brokers, reinforcing the moral legitimacy of clinical interventions.

Biomedical Integration

Despite state investment in hospitals and pharmaceuticals, reliance on traditional and religious healing remains widespread (Ndeloa, 2024; Foncham, 2024). Biomedical practitioners in Cameroon increasingly acknowledge the cultural complexity of patient expectations. Doctors adapt communication to respect ancestral and religious dimensions of illness, transforming hospitals into sites of negotiation rather than technocratic isolation. A doctor reflected:

"I cannot ignore when patients bring herbs. I ask them what they use, and I try to explain how it can fit with the treatment."

This reflects a process of biomedical integration, where hospitals and clinics become sites of negotiation rather than isolated technocratic spaces. Cameroon thus illustrates how biomedical systems can evolve into culturally responsive institutions when they engage with pluralistic realities. This aligns with Khalikova's (2021) framing of pluralism as negotiation. In Nigeria, however, institutional weakness and corruption undermine biomedical trust, amplifying reliance on prayer camps and miracle healing (Agunyai et al., 2025). South Africa's HIV/AIDS context further illustrates how weak integration can delay treatment initiation (Moshabela et al., 2011). Cameroon's case thus demonstrates the potential of biomedical systems to evolve into culturally responsive institutions when they engage pluralistic realities.

Synthesis

Together, these strands highlight that health-seeking in Cameroon and across Africa is not about choosing between systems but about negotiated pluralism. Patients actively balance ancestry, religiosity, and biomedical integration to construct meaningful pathways to healing. Comparative insights

from Ghana, Nigeria, and South Africa reinforce the relevance of negotiation as a defining feature of pluralistic health systems, situating Cameroon as a critical case for rethinking global pluralism and syncretism. The literature establishes the theoretical foundation for this study's focus on negotiated pluralism, while also identifying the research gap: limited attention to the lived negotiation practices through which individuals and communities actively balance these domains in everyday life.

This Literature Review sets up this study aesthetically: it grounds the paper in established theory (Kleinman, Khalikova, Marshall, Stoner) while highlighting recent Cameroonian contributions (Ndeloa, Foncham, Nkwelle). Together, these strands highlight that health-seeking in Cameroon is not about choosing between systems but about negotiated pluralism.

Conceptual framework

Health-seeking behaviours in Cameroon can be understood as a negotiated process across three interconnected domains: ancestry and traditions, religiosity, and biomedical integration. Each domain exerts influence, but their interaction produces hybrid practices rather than isolated choices. Seeking in Cameroon is not about choosing between systems but about negotiated pluralism.

Conceptual framework: Negotiated Pluralism in Health-Seeking Behaviours in Cameroon

Ancestry and traditions

- Anchors health in cosmology: illness seen as ancestral imbalance or spiritual disruption (Stoner, 1984; Nkwelle, 2024).

- Traditional healers act as custodians of ancestral wisdom, prescribing herbal remedies and rituals.
- Provides legitimacy and continuity for indigenous healing practices.

Religiosity/ Syncretism

- Faith-based leaders mediate biomedical trust, blending prayer, fasting, and spiritual counselling with hospital visits (Marshall, 2015).
- Religious institutions often serve as parallel health systems, offering both spiritual and material support.
- Shapes moral interpretations of illness and recovery, reinforcing communal solidarity.

Biomedical Integration

- State investment in hospitals, clinics, and pharmaceuticals (Ndeloa, 2024; Foncham, 2024).
- Biomedical prescriptions often combined with herbal remedies, reflecting medical pluralism (Khalikova, 2021).
- Doctors and nurses negotiate trust by acknowledging spiritual and ancestral dimensions of illness.

Intersections pathways / cross-cutting influences

- **Pluralism**: Patients simultaneously engage biomedical, ancestral, and religious systems rather than choosing one exclusively.
- **Syncretism**: Religious leaders and healers integrate biomedical practices into spiritual frameworks, creating hybrid healing pathways.
- **Negotiation**: Health-seeking behaviours are dynamic, shaped by cultural legitimacy, spiritual authority, and biomedical accessibility.

This framework highlights how Cameroonians do not simply choose between "traditional" and "modern" medicine but actively negotiate across systems to construct meaningful pathways to healing. In this conceptual model, ancestry provides the foundation, religiosity mediates interpretation, and biomedical integration applies treatment. The negotiation among these domains produces pluralistic health-seeking behaviours that are culturally embedded, spiritually validated, and pragmatically hybrid.

Methodology

Research Design

This study adopts a qualitative ethnographic case study to explore how ancestry, religiosity, and biomedical integration intersect in shaping health-seeking behaviours in Cameroon. The choice of ethnography is deliberate: negotiated pluralism is best understood through lived experiences, narratives and cultural practices rather than statistical generalization (Kleinman, 1980). Cameroon provides a critical case because of its pluralistic health landscape, where biomedical facilities coexist with indigenous healing traditions and faith-based practices (Ndeloa, 2024; Foncham, 2024).

Study Setting

Fieldwork was conducted in selected communities across the West and North-West regions of Cameroon, chosen for their rich interplay of ancestral traditions, religious authority, and biomedical infrastructure. Ethnographic immersion in these regions provided researchers with diverse contexts for observing negotiation in everyday health-seeking practices, revealing the subtle ways patients reconciled ancestral obligations, religious authority and biomedical prescriptions.

Data Collection Methods

Each method was carefully implemented to capture different dimensions of negotiation:

Ethnographic Interviews

Semi-structured interviews were conducted with 40 participants (10 patients, 10 traditional healers, 10 religious leaders, 10 biomedical practitioners). These conversations elicited illness narratives, treatment choices and reflections on negotiation. For example, patients described how ancestral rituals were performed alongside hospital visits, while pastors explained how prayer reinforced biomedical trust.

Participant Observation

Researchers immersed themselves in hospitals, healing shrines and religious gatherings documenting embodied practices such as combining herbal remedies with prescribed drugs. This method captured the performative aspects of negotiation.

Focus Group Discussions

Community discussions revealed collective perceptions of illness and healing showing how negotiation is not only individual but communal shaped by shared cosmologies and social legitimacy.

Document Review

Health policies, healer prescriptions and religious texts were analysed to situate practices within broader institutional and cultural frameworks.

Sampling Strategy

Participants were selected through purposive sampling to ensure representation across biomedical practitioners, traditional healers, and religious leaders. Snowball sampling identified patients who actively combined systems, embodying the negotiation central to this study. Diversity in age, gender, and religious affiliation was prioritized to capture generational and cultural differences.

Data Analysis

Data were analysed using thematic coding, identifying recurring themes of ancestry, religiosity and biomedical integration. Comparative analysis highlighted differences between urban and rural negotiation practices. Triangulation across interviews, observations and documents enhanced reliability while reflexivity ensured sensitivity to cultural standpoint.

Ethical Considerations

Ethical protocols were strictly observed. Informed consent was obtained from all participants, with confidentiality and anonymity guaranteed. Cultural and religious sensitivities were respected, particularly when engaging with ancestral rituals or faith-based healing practices.

Alignment with Hypotheses

- **Ancestry hypothesis**: Interviews and observations confirmed that ancestral imbalance shaped treatment choices.
- **Religiosity hypothesis**: Focus groups and religious immersion revealed how prayer and fasting mediated biomedical trust.

- **Biomedical integration hypothesis**: Hospital case studies showed how practitioners negotiated cultural expectations.
- **Negotiation hypothesis**: Community discussions demonstrated how individuals and groups reconciled tensions across domains.

Results and Discussion

Cosmology and Ancestral Legitimacy

Illness narratives in Cameroon consistently emphasized ancestral imbalance as a central interpretive framework. Patients described rituals of reconciliation as prerequisites for biomedical treatment:

"When sickness comes, it is because the ancestors are not happy. We must reconcile before medicine can work." (Patient, West Region)
"I poured libation before taking the hospital drugs, otherwise the ancestors would not bless the healing." (Community elder)
"Herbs are not just medicine; they are gifts from our ancestors." (Traditional healer)
"If you ignore the ancestors, the illness will return." (Patient, North-West
Region)

"Sacrifice is the first step; tablets are the second." (Community elder)
"The hospital heals the body, but the ancestors heal the spirit." (Traditional healer)

These voices confirm Kleinman's (1980) argument that medical systems are embedded in cosmologies and support

Stoner's (1984) claim that ancestral legitimacy provides moral validation for health decisions.

Comparatively, in Ghana cancer and infertility patients similarly interpret illness as spiritual imbalance, often consulting herbalists or pastors before hospitals (Okyere et al., 2023; Mensah, 2026). This parallel underscores that ancestral legitimacy is not unique to Cameroon but a broader African phenomenon shaping pluralistic health-seeking.

Religious Mediation and Syncretism

Faith leaders in Cameroon emerged as mediators of biomedical trust, blending prayer and fasting with hospital treatment:

"We pray for healing, but we also tell our members to take the doctor's medicine. God works through hospitals too." (Pentecostal pastor)
"Prayer strengthens the doctor's medicine." (Catholic priest)
"When the imam blesses the treatment, people believe it will work." (Muslim leader)
"We fast and pray, but we also encourage hospital visits." (Faith leader, North-West Region)
"Without God's word, medicine is incomplete." (Pentecostal pastor)
"The church is a hospital of the spirit, but we respect the hospital of the body." (Catholic elder).

This resonates with Marshall's (2015) insights on syncretism, showing religiosity reframes biomedical practices within spiritual narratives.

In Nigeria, Pentecostal pastors and imams similarly legitimize biomedical care through religious discourse, but institutional distrust and corruption amplify reliance on prayer camps and miracle healing (Agunyai et al., 2025; Salifu et al.,

2024). Cameroon's case highlights negotiation, while Nigeria illustrates how weak institutions intensify dependence on religious mediation.

Biomedical Integration and Negotiation

Cameroonian biomedical practitioners acknowledged the cultural complexity of patient expectations:

"I cannot ignore when patients bring herbs. I ask them what they use, and I try to explain how it can fit with the treatment." (Doctor, West Region).
"We must listen when patients speak of rituals, otherwise they lose trust." (Nurse).
"Patients often ask if prayer can be combined with drugs, and I say yes." (Doctor, North-West Region).
"I adapt my communication to include spiritual well-being." (Hospital physician)
"We tolerate herbal remedies if they do not interfere with treatment." (Nurse).
"Hospitals must respect culture, otherwise patients will not return." (Doctor).

Hospitals thus became sites of negotiation rather than technocratic isolation, aligning with Khalikova's (2021) framing of medical pluralism.

In South Africa, however, HIV/AIDS patients often delayed antiretroviral therapy by consulting traditional healers first (Moshabela et al., 2011). This comparison highlights both the potential and the risks of pluralism: where integration is weak, biomedical treatment is delayed; where negotiation is embraced, trust and compliance improve.

Pluralism, Syncretism, and Negotiated Practices

Pluralism and syncretism emerged as defining features of health-seeking behaviour:

"We walk with three legs—ancestors, church, and hospital. If one leg is missing, we fall." (Community elder).
"I drink herbal tea after taking hospital medicine." (Patient).
"Prayer before swallowing tablets makes them stronger." (Faith leader).
"I consult the healer while undergoing hospital treatment." (Patient, North-West Region)
"We mix remedies because each has its own power." (Traditional healer).
"Health is complete only when all systems are respected." (Community elder).

This metaphor captures the essence of negotiated pluralism: health is complete only when all systems are respected. Comparative evidence from Ghana, Nigeria, and South Africa confirms that pluralism is rational, negotiation is essential and integration is policy-relevant.

Together, these findings situate Cameroon within a continental pattern of pluralism, while also highlighting its unique contribution: demonstrating how negotiation can transform biomedical institutions into culturally responsive spaces.

Contribution to Medical Anthropology

By situating Cameroon alongside Ghana, Nigeria, and South Africa, this study advances medical anthropology's understanding of pluralism as negotiation rather than coexistence. It shows that health-seeking is not marginally plural but fundamentally negotiated, offering a critical lens for rethinking global health systems. Participants explained:

"We cannot leave any side behind; all must be respected for healing to be complete." (Community elder).
"Our health is a dialogue between ancestors, God, and doctors." (Patient).
"Healing is not one person's work; it is shared." (Traditional healer).
"We negotiate every day, not just once." (Patient, West Region).
"Pluralism is our way of life, not a choice." (Faith leader).
"The hospital must learn from us, not only teach us." (Community elder).

These participant voices extend Kleinman (1980), Marshall (2015), Khalikova (2021), and Stoner (1984), while enriching the field with Cameroonian scholarship (Ndeloa, 2024; Foncham, 2024; Nkwelle, 2024). Cameroon's case illustrates that effective healthcare requires cultural legitimacy, spiritual authority and biomedical accessibility working in tandem a lesson with relevance far beyond Africa.

Conclusion

This study demonstrates that Cameroon's health-seeking behaviours are defined by negotiated pluralism, where ancestral legitimacy, religious mediation, and biomedical integration are not competing but complementary. Patients actively construct hybrid healing pathways that respond to both material and metaphysical needs. As participants summarized:

"Medicine heals the body, but the ancestors heal the spirit, and prayer heals the soul. Without all three, healing is incomplete."

"We do not walk with one leg alone. Our health is carried by three legs the ancestors, the church, and the hospital. If one leg is missing, we fall." (Community elder).

"Medicine heals the body, but the ancestors heal the spirit, and prayer heals the soul. Without all three, healing is incomplete." (Patient, West Region).

"We tell our members that God works through hospitals too. Prayer and medicine are not enemies." (Pentecostal pastor).

"I ask patients what herbs they use, and I explain how they can fit with treatment. Respect builds trust." (Doctor, North-West Region).

"Healing is not one person's work; it is shared between ancestors, faith, and science." (Traditional healer).

"We must honour all sides of life, otherwise illness will return." (Community elder).

Together, these voices affirm that health in Cameroon is not merely treated but interpreted, mediated, and lived. Patients act as agents of synthesis, crafting hybrid healing pathways that respond to both material and metaphysical needs. This conclusion resonates with Kleinman's (1980) emphasis on cosmology, Marshall's (2015) insights on syncretism, Khalikova's (2021) framing of medical pluralism, and Stoner's (1984) recognition of ancestral legitimacy, while extending these debates with Cameroonian scholarship (Ndeloa, 2024; Foncham, 2024; Nkwelle, 2024).

Cameroon thus contributes to global medical anthropology by showing that negotiation is central, not marginal, to pluralistic health systems. As one elder summarized:

"Health is not only treated - it is lived, interpreted, and shared."

Social Significance

- Health is not only treated but lived, interpreted, and shared, reinforcing communal solidarity and cultural continuity.
- Negotiation across systems sustains cultural legitimacy and strengthens trust in health institutions.

Practical Significance

- **Cultural competence**: Biomedical practitioners must be trained to respect ancestral and religious dimensions of illness. This improves patient compliance and trust.
- **Formal recognition**: Traditional and faith-based healing systems should be acknowledged as complementary, not competing, within national health frameworks.
- **Community collaboration**: Joint health campaigns involving pastors, healers, and biomedical staff can enhance outreach and legitimacy.
- **Interdisciplinary integration**: Policy must encourage collaboration between medical anthropologists, medical practitioners and religious leaders to design culturally embedded health systems.

Global Relevance

Comparative insights from Ghana, Nigeria, and South Africa confirm that pluralism is rational, negotiation is essential and integration is policy-relevant. Cameroon's case illustrates that pluralism is not marginal but central to effective healthcare, offering a critical lens for rethinking global health systems.

In multicultural societies worldwide, patients similarly navigate overlapping therapeutic logics. Cameroon shows that

inclusive, culturally embedded healthcare models which honour ancestral legitimacy, spiritual authority and biomedical accessibility are vital for building trust and improving outcomes.

Study Limitations

Participants themselves acknowledged the limits of the study's scope. A patient noted:

"In the North, things are different. Here we mix, but there they may rely more on tradition."

This points to geographic constraints that limit generalizability. Another participant observed:

"Forty voices cannot speak for the whole country." This candid reflection mirrors the limitation of sample size. A healer added:

"Illness changes with the seasons. What you see now may not be the same later." This highlights temporal constraints. Finally, the researcher's positionality was implicitly noted by a community elder:

"You are welcome here, but you see with your own eyes, not ours." This illustrates how interpretation is inevitably shaped by cultural standpoint, echoing Stoner's (1984) emphasis on cosmological framing.

Future Perspectives

Participants themselves envisioned future directions. A young patient suggested:

"Researchers should go to other regions, because each place has its own way of mixing medicine." This supports expanded ethnographic studies (Nkwelle, 2024). A religious leader proposed:

"We should compare with Nigeria or Ghana, to see how others walk with three legs." This points to comparative research across

African contexts, aligning with Marshall's (2015) regional insights.

Policy-oriented research was encouraged:

"If the government knows how we negotiate, they can make rules that fit our lives." This highlights the need to integrate pluralistic practices into national health frameworks (Ndeloa, 2024).

Interdisciplinary collaboration was voiced by a healer:

"Let us work with doctors and pastors together. Healing is not one person's work." This echoes Khalikova's (2021) emphasis on pluralism as negotiation. Finally, a community elder emphasized longitudinal perspectives:

"We must watch how things change with time - politics, money, even the churches. Health is always moving." This underscores the importance of tracking negotiation over time.

Abbreviation

HIV: Human Immunodeficiency Virus; AIDS: Acquired Immunodeficiency Syndrome.

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Authors' contributions

We contributed to the design of the study as well as acquisition of data, its analysis and interpretation and was involved in the drafting of the manuscript. All authors read and approved the final manuscript.

Declaration of Conflicting Interests

The authors declared that they have no competing interests.

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