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THE EFFECT OF DECOLONISATION OF MEDICAL KNOWLEDGE IN BAYELSA STATE

[1]Ayebatonye Daw; [2]Oba Preye Inimiesi
[1]Department of Employment Relations and Human Resource Management
University of African Toru – Orua Bayelsa State, Nigeria.
E-mail: ayedaw1010@gmail.com.
ORCID: https://orcid.org/0009-0004-1393-3640

[2]Department of Sociology, Faculty of Social Sciences, University of Africa, Toru-Orua, Bayelsa
Orcid ID: 0009-0000-4602-5092

Abstract

Decolonisation of medical knowledge in Bayelsa State refers to the process of recovering, valuing, and integrating indigenous (traditional) healing systems of Nembe, Ijo, Epia–Atisa, and Ogbia, which were marginalised during colonial rule when Western biomedicine was imposed as the dominant form of healthcare. Its effects are both positive and complex, shaping healthcare, culture, and knowledge systems in the following: revival of Indigenous medical practices, integration with modern healthcare, improved accessibility and affordability, cultural identity and knowledge preservation, empowerment of local practitioners, challenges and risks, shift in health perspective (holistic view), and research and innovation opportunities. This paper critically analyses those effects on culture (cultural revivalism), knowledge system and healthcare and the efficient integration of the traditional healing system of Nembe, Ijo, Epia – Atisa and Ogbia to allopathic (modern) healthcare requires careful regulation, documentation, and scientific validation to ensure safety and sustainability of the Bayelsa State health system. The key suggestion is, Bayelsa State government and the Ministry of Health should establish a policy enabling referrals between biomedical and traditional practitioners, recognize traditional healers through issues that involve spiritual and bone fractures and dislocations that are to be amputated, where Nembe, Ijo, Epia–Atisa, and Ogbia's traditional healers have a competitive and comparative advantage.

Keywords: Decolonization, Medical Knowledge, Cultural Revivalism, Western Biomedicine, Bayelsa State.

Introduction

The term 'decolonization' was coined in 1932 (Albertini 1966, cited in Can, et al., 2024); however, the practice is older and refers to the de-structuring of colonial rule, the political, economic, cultural and social implications in both metropole and periphery (Klose, Decolonisation and Revolution, 2014 cited ibid, 2024). Nelson, (2007) defined it as "the continued and cumulative rejection of colonial ways of life..." that "had been imposed on, and globally reproduced through the capitalist-colonial-enslavement project via, political, epistemic, social and legal power structures." It has become a multidisciplinary concept, decolonizing higher education and medical knowledge.

In this sense decolonisation (however it may be framed), can be understood as an immediate, ongoing political/medical and active anti-colonial response. It aims to dismantle extant colonialism. Contemporary decolonization movements in medical knowledge "owe their current configuration" to... It is concerned with the moment each former colony secured independence, thus medical knowledge obtained independence with it.

Decolonization of medical knowledge in Bayelsa state is thus: "the recuperation, appreciation and integration of traditional healing modalities that had been neglected/suppressed under colonial rule, where Western biomedicine was propagated as the dominant medical approach". Effects include both the positive and the problematic, impacting on healthcare, culture and knowledge systems in Bayelsa.

Bayelsa state is one of Nigeria's Niger Delta states. The region, inhabited primarily by the Nembe, Ijo, Epia - Atisa, and Ogbia ethnic groups, is richly supplied with traditional medical knowledge and practices embedded within the culture of the region. These indigenous knowledge and practices are applied in the treatment of a range of conditions, including; bone fracture, dislocation, arthritis, hypertension, malaria, and typhoid fever among others. Traditional orthopaedic practitioners in Bayelsa state reportedly use plants for bone healing and "to fix dislocated bones" (Ihinmikaiye, et al., 2022) while a number of locals attest to the belief that traditional healers can treat spiritual afflictions, epileptic seizures, and other conditions such as chronic headache and spleen disease through a range of indigenous practices (Michael, et al. 2014).The global health is currently in a crisis, due to the COVID-19 pandemic and also structural factors that produced and defined global health as a field of practice in the first place, it is not just a medical field only - it is deeply shaped by global system of power, economics, and governance and to practice effective global health, attention should be given beyond biology but these structural forces must be readdressed and reshape. Global health practice is done by prioritizing wealthy countries, institution like World Health Organization and major donors often influence which diseases or issues get attention. Nowhere is this crisis more apparent than in the ongoing descent into a

"vaccine apartheid" Reuters. (2021); Daw, (2025), revealing the failure of the "beautiful idea" Ann, (2021) of international solidarity.

Global health policies and resource allocations are determined by global health governance and finance institutions located in the Global North and rooted in colonial practices and epistemologies (whose knowledge counts as valid)**.** In the name of technical expertise from the Global North the knowledge and experience of the local health is ignored, this scene was observed during the COVID – 19 when African traditional health practitioners proffer solution to the healing of the pandemic but was rejected. Furthermore**,** decolonizing global health becomes imperative because the mission rejects, necropolitics of global health. Necropolitics is a concept that is used by Achile Mbembe that describe how political power can decide who is allowed to live and is to die (Global Health, 2021; Daw, 2025).

Western medicines dominate globally because colonial powers spread their own medical systems and often depressed local knowledge healing traditions. The term modern medicine is based on western scientific approach that seems to undervalue the indigenous or traditional practices even when they are effective. Hence, decolonization means recognizing and integrating diverse medical knowledge systems not treating one as universally superior. Decolonization on culture (cultural revivalism), knowledge system and healthcare which serves as the major effects such as;

i. Revival of Indigenous Medical Practices,
ii. Integration with Modern Healthcare,
iii. Improved Accessibility and Affordability,
iv. Cultural Identity and Knowledge Preservation,
v. Empowerment of Local Practitioners,
vi. Challenges and Risks,
vii. Shift in Health Perspective (Holistic View),
viii. Research and Innovation Opportunities

Although several studies have examined the effect of decolonization on medical knowledge on a macro scale on Africa in general, limited attention has been paid to its effect on micro scale on Bayelsa state. This study addresses this gap by critically analyzing the major effects of decolonization of medical knowledge. The outcome of this work will serve as a significance to Bayelsa State in general and specific to the health policy makers and the traditional health practitioners.

Objective of the study is to:

1. Find out the effect decolonization has on revival of indigenous medical practices.
2. Determine if decolonization encourages integration with modern healthcare.
3. Evaluate if decolonization facilitates improved accessibility and affordability.
4. Examine the effect of decolonization on cultural identity and knowledge preservation.
5. Ascertain if decolonization contributes to empowerment of local practitioners.
6. Investigate if decolonization brings Challenges and Risks.
7. Find out if decolonization emphasizes Shift in Health Perspective (Holistic View).
8. Determine if decolonization encourages Research and Innovation Opportunities

Decolonization Renewed Revival of Indigenous Medical Practices

Fifteen studies from Canada, Australia, Aotearoa (New Zealand), the United States, Chile, and South Africa met the inclusion criteria, all reporting qualitative data. Key elements of decolonising healthcare included community governance, holistic care, relationality and trust, storytelling, reflexive practice, and colonisation-informed care. These were underpinned by cultural, ontological, axiological, and epistemic equity, along with shared power, essential for their decolonial nature. Studies identified barriers and facilitators to decolonising healthcare, reflecting broader structural factors. Reported outcomes included increased patient satisfaction, empowerment, and trust in services, and concluded that decolonising healthcare requires acknowledging colonialism within healthcare systems and fostering medical encounters with equity between Western and indigenous ways of knowing, being, and doing. Genuine community-informed partnerships and leadership from indigenous communities are essential for developing and evaluating services aligned with indigenous health, well-being, and healing paradigms, (Camila et al., 2025).

Scholars highlighted that reviving these practices is essential for achieving health equity, promoting cultural safety, and fostering community empowerment. Spivak (1988) argues that colonial discourse produces epistemic violence by silencing subaltern voices, while Santos (2014) contends that Western dominance has led to "epistemicide," the destruction and marginalisation of non-Western knowledge systems. Both scholars therefore view epistemic justice as central to decolonisation because it seeks recognition and legitimacy for diverse ways of knowing. In order

words, emphasis is on "pluriversal" systems where Indigenous practices coexist with Western medicine rather than being marginalized.

Furthermore, Smith, (2021) argued that decolonisation involves reclaiming Indigenous knowledge systems, restoring cultural authority, and challenging Western dominance in research and education This involves revaluing indigenous knowledge on contemporary grounds, allowing native people to use local expertise for health and sustainable Community development. It ensures integration and safety which equally means that rather than replacing modern medicine entirely, it seeks to create space for traditional herbal medicine, healing rituals, and holistic health paradigms. Research on Yoruba indigenous medicine shows that reawakening traditional herbal practices is a central aspect of cultural decolonization, linking past traditions to future healthcare needs.

Decolonisation Encourages Integration with Modern Healthcare.

Rahman, (2024) contend that the effort of decolonizing global health through the promotion of traditional knowledge in healthcare and medicine is a critical endeavour with the potential to alter health systems and improve the general well-being of individuals globally. We can build a more inclusive and diversified healthcare landscape that respects and incorporates multiple cultural and historical views by recognising the importance and usefulness of traditional medical techniques. To achieve this, we may consider undertaking the following recommendations:

i. Promote transparency and sharing of information on the use of traditional medicine and healthcare knowledge in modern health research, ensuring that communities and individuals are properly informed and recognized for their efforts.

ii. Advocate for the equitable distribution of profits resulting from inventions or developments based on traditional knowledge, ensuring that local communities or those who have historically carried down this knowledge are recognized and compensated for their contributions.

iii. Encourage multidisciplinary research cooperation between traditional healers, medical practitioners, and researchers to promote the documentation, validation, and distribution of traditional medical knowledge.

iv. Create culturally sensitive training programs for healthcare workers so that they can understand and appreciate the value of traditional healing techniques and incorporate them into their clinical practice when appropriate.

v. Create regulatory frameworks and norms to oversee traditional medicine practice, assuring safety, efficacy, and quality control while protecting cultural heritage.

vi. Provide resources and financial support to initiatives and organizations that aim to conserve and promote traditional medical knowledge, as well as push for legislation that acknowledge the legitimacy and worth of these practices.

vii. To eliminate past biases and prejudices against traditional medicine, encourage communication and mutual respect among all stakeholders, including governments, healthcare institutions, and indigenous populations.

Nemutandani, et al., (2018) argued supportively that for collaboration between indigenous/traditional health systems and allopathic (modern) healthcare in managing patients result to efficiency. Sherwood, (2006) explained that decolonization as a way to improve Aboriginal health and wellbeing by shifting from purely Western approaches toward more holistic and culturally integrated healthcare systems. In essence, the complementary function of the traditional medicine within the framework of orthodox care is essentially needed to chronic cases that involve culturally linked illness and the effectiveness and the benefit is the holistic healthcare system which involve or includes physical, spiritual, and cultural dimensions.

Decolonisation Facilitates Improved Accessibility and Affordability

Decolonizing health scholars like Smith (1999), Barnabe (2021), Ahlberg (2017), and Carrie, et al. (2015) argue that decolonization should facilitate the acceptance and implementation of indigenous knowledge, traditional medicine, and indigenous healing practices because these are locally relevant, culturally sensitive, readily available, and trusted by communities. In contrast, early colonial medicine was primarily concerned with keeping Europeans, specifically those working for government and troops, healthy in the tropics.

Roy and Milton (1988) stated that tropical medicine was largely a method to protect administrators, merchants, settlers, soldiers etc. In the colonies from indigenous diseases. Thiong'o (1986), Fanon (1963), Fanon (1967) argue that decolonisation should help bring back indigenous ways of knowing and priorities because the colonial system had structured discourse, language, education and culture. This entails prioritizing diseases of poverty and not those that generate profit to the western countries because the people who control medicine don't care about diseases which are endemic to the people of the colonies who cannot generate profits to the west. Hence, decolonisation creates equity in drugs production. Africa needs to develop local pharmaceutical production capacity in order to increase access to medicines, reduce reliance on imported drugs, build robust, resilient health systems in line with decolonizing the health sectors (United Nation Conference on Trade and Development, 2024).

Use of local languages in health services delivery improve patients satisfaction, adherence and overall outcomes, due to the effect of better effective communication and language is an important

part of communication. This paper presents a narrative review of literature examining the impact of indigenous languages on healthcare delivery services. Methods; Original studies examining the impact of indigenous languages on healthcare delivery services were searched in PubMed, Google Scholar, SCOPUS, Directory of Open Access Journals (DOAJ), COCHRANE Library and African Journals Online (AJOL). English language articles published in peer reviewed scientific journals, excluded in this review were; preprints, opinions, letters and commentaries. Twenty articles reviewed varied broadly, from which 16 Quantitative Studies, 2 systematic reviews and 2 mixed-method studies were identified to be eligible. Results revealed positive impact on patient satisfaction, compliance and health outcomes. Recommendations: Integrate policies that favor use of indigenous languages in health care services delivery, engage community leaders in implementation and encourage the development and use of health information systems which support local languages (Adetola, et al., 2025).

The integration that is advocated for by decolonizing is slightly challenged by the biomedical system. The study by Thomas, et al., (2025) concluded that there was little integration between the traditional and biomedical health systems as there was a lack of a structured policy. While traditional healers seemed more willing to engage and refer more patients to the biomedical system, the latter appeared less inclined towards collaboration. However, the study indicated the potential for collaboration and mutual learning between traditional and biomedical health practitioners. This implies that, even though integration is feasible and necessary it is hindered by attitudinal and policy barriers. Having a coordinated and mutually trusting relationship would support both complementation and holistic care. The study also gives an indication of how the health system looks like in Ghana by suggesting the possibility of collaborative work between the traditional health system and the biomedical one for an inclusive health delivery. Key Recommendation; The Ministry of Health in Ghana should facilitate policies which promote referrals between the two systems, traditional healers should be awarded and supported and a joint committee to foster a proper integration system (Thiong'o, 1986).

The Effect of Decolonization on Cultural Identity and Knowledge Preservation

Decolonizing cultural identity and safeguarding culture entails taking back, reviving and rejuvenating native knowledges and moving away from a Eurocentric hegemony to an intellectual intelligence. Thiong'o, (1986) maintains that colonization is a political and economic as well as a linguistic phenomenon, arguing that the colonizers 'forced their language on the colonized and thus killed their cultural identity and sense of worth' (1986: 3). Thiong'o terms this linguistic imperialism and asserts that the first task of decolonization should be the rejection of foreign languages and returning to one's own language to reinstate cultural individuality. Thiong'o emphasizes the significance of linguistic decolonization to a larger, general decolonization process, declaring 'Language is the greatest repository of culture, and an attack on language is an

attack on culture, so decolonization must entail reasserting native language heritage'. Thiong'o believes that education is an instrument to linguistic decolonization, and education should be reformed to embody native linguistic and cultural traditions and, by and large, should not be dictated by the foreign languages imposed by colonizers. Fanon, (1967) maintains that decolonization must be a comprehensive and revolutionary process of demolition of the structures of colonization, and of reinstatement of the indigenous cultural identity and valorization of native knowledges. He argues for the forging of dynamic, non static native culture in the heat of the struggle, calling for native intellectuals to take off Western hegemonic yoke, and ground native knowledges on the actual experiences of the native population.

Decolonisation Contributes to Empowerment of Local Practitioners

It is through the process of decolonisation that the traditional healers (herbalist, birth attendants, spiritual healers) come to achieve prominence. The decolonization of aid and development necessarily involves challenging epistemic injustice through recognising and legitimizing local systems of knowledge, according to scholars like Besson, (2022); Mitova, (2024) and Ating et al. (2025). Epistemic injustice is defined as the silencing or marginalisation of local/ indigenous systems of knowledge, and through decolonization this incorporates traditional healers into the system of medical care.

Furthermore, Smith, (1999); Thiong'o, (1986) and Elisa, (2022) argued that decolonisation builds the trust and connections people have to land, culture, identity by reinstating indigenous knowledge, traditions and self-determination. Building trust within the patient provider relationship is essential when providing good quality care, however this trust is very brittle and challenging to cultivate within environments that have significant systems of poverty. Additionally, many of the existing health systems within the global South were vestiges of colonial structures that supported the colonizers, and have thus damaged this trust, and the purpose of decolonisation in relation to this, is to re-build trust with traditional healers being involved within modern medicine.

Therefore, collaboration between the system and traditional healers may provide a valuable method for decolonising health systems and in ensuring higher levels of patient participation within their care by establishing a strong trust relationship between the community as a whole, traditional medicine and the conventional health system ensuring the effective roles of traditional healers within health service delivery.

However, the barriers that would prevent the World Health Organization's project and similar endeavors to integrate traditional healers are great, and must be taken into consideration. Some barriers include, lack of knowledge about safety and efficacy of herbs and lack of research, the challenge of achieving consistency of treatment, potential drug-herb interactions, and appropriate

user administration. Additionally, there is a struggle against the imbalance of power between modern medicine and traditional medicine, and cultural, ethical, and political barriers require firm, regulated, and evidence-based policy action (Elisa, 2022).

Decolonisation Brings Challenges and Risks

Despite advantages, decolonization presents several challenges, as it has Lack of Standardisation, many remedies lack scientifically testing and standardisation. Barnes (2018) has claimed that the "clarity is lacking in decolonising methodologies" as it can be "limiting and prescriptive" because concepts and approaches are not clear and standardised within traditions of research.Lipscombe et al (2021) added that, in decolonising methodologies, researchers should not adhere to "fixed conventions and methods" because decolonial research involves dilemmas and paradoxes, which suggests that there is not one standard model. The 'chaos of methodologies' and 'methodological stasis' have been claimed by Hui (2023) in decolonial research. It was also discussed that decolonial research does not possess consistent strategies.

Udah (2024) has stated that decolonising is 'not ticking a box, nor is it a methodical checklist', this means that it does not follow one standard system. In short, there is no one standard method, as decolonising is dynamic and context-based rather than prescriptive. The risks are: dosage, safety and consistency. It also suffers from Knowledge loss as much of it is oral/unwritten, and the risk of this knowledge being lost with older generations. It is also in tension with Western medicine as a number of practitioners feel that traditional medicine is not scientific (Elisa, 2022).

Decolonisation Emphasizes Shift in Health Perspective (Holistic View)

Decolonized medical knowledge emphasizes the fact that Health is a balance of body, mind, spirit, and environment but not just absence of disease. Hindmarch and Hillier, (2023), envision health as integration and balance of mental, physical, emotional, and spiritual well-being. Mji, (2019), explained that Indigenous and decolonial perspectives see health as connected to land, ecology, community, and relationships, rather than only treating disease. The effect is that it leads to more patient-centered and culturally sensitive care which improve trust in healthcare systems.

Decolonization Encourages Research and Innovation Opportunities

Decolonization enhances scientific investigation of local plants and traditional remedies. According to Malaika et al. (2018), the decolonisation of knowledge helps in the integration of Indigenous and Local Knowledge into scientific researches particularly for conservation of biodiversity, conservation of natural resources that involves medicinal plants. Smith, (2021) supported this saying that to decolonize research requires to reclaim and legitimize Indigenous knowledge system and these were suppressed by colonial science like indigenous healing and indigenous medicine practice. Alum, (2024) expressed that Indigenous knowledge guides

traditional therapeutic practice on the use of medicinal plants, modern science together with Indigenous knowledge could facilitate discovery of new medicine. According to Abiolu, (2018) Documentation of indigenous knowledge of medicinal plants used in Nigeria and preservation of traditional remedies by modern scientific and digitalization are important. Therefore, decolonisation supports scientific research and validation of Indigenous knowledge which was not recognized during the colonial period, specifically local medicinal plants and traditional remedies.

Besides that, decolonisation enhances the discovery of new drugs from Indigenous knowledge. Elisabetsky, (1991) was of the opinion that indigenous knowledge is significant to research on medicinal plants and the development of modern drugs, but cautioned against colonial exploitation of such knowledge. He stated that many discovered drugs were found using Indigenous knowledge. Leonti and Casu (2013) said that traditional medicine and ethnopharmacology serve as significant bases for the development of modern remedies and drugs. They pointed out that Indigenous knowledge of medicine contributes to the discovery of treatment for infectious and chronic diseases. Alum (2024) elucidated that Indigenous knowledge is critical for the development of modern drugs by stating the discovery of artemisinin from indigenous knowledge. Moreover, she stated that legacies of colonialism and biopiracy impede just recognition of indigenous contributions; hence, decolonisation is critical for ethical pharmaceutical innovation. Thus, decolonizing ethnopharmacology strengthens new drug development.

Conclusion

The decolonization of medical knowledge in Bayelsa State will revive traditional (Nembe, Ijo, Epia – Atisa and Ogbia) healing systems, improve access to healthcare, strengthen cultural identity, and encourage integration with modern medicine in the area where it has a competitive and comparative advantage in healing illnesses such as spleen, bone dislocation, fracture, etc. However, it also requires careful regulation, documentation, and scientific validation to ensure safety and sustainability.

Suggestions

i. The Bayelsa State government and the Ministry of Health should establish a policy enabling referrals between biomedical and traditional practitioners, especially cases that involve spiritual and bone fractures and dislocations that are to be amputated, where traditional healers have a competitive and comparative advantage.

ii. The Bayelsa State government should establish a policy that will strengthen collaboration between indigenous healing systems and modern medical practices to promote inclusive and sustainable healthcare.

iii. The Bayelsa State government should encourage plant-based medicine and ethnobotanical knowledge to ensure traditional medicine sustainability, such as herbal remedies, spiritual healing, and indigenous diagnostic methods.

iv. The Bayelsa State government should establish a policy that will foster integration of traditional medicine into Western medicine and prevent attitudinal barriers that serve as a hindrance to the beautiful idea of integration.

v. The Bayelsa State should encourage multidisciplinary research cooperation between traditional healers, medical practitioners, and researchers to promote the documentation, validation, and distribution of traditional medical knowledge

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