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At the Heart of the Lassa Fever Epidemic in West Africa: When Social Logics and Local Practices Intersect with Health Interventions in the Aïzɔ Community of Allada (Benin)

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ABSTRACT

This study, conducted within the Aïzɔ social group in Allada, investigates local responses to the Lassa fever epidemic, declared endemic in Benin by the World Health Organization. Confronted with limited adherence to biomedical practices, the research adopts a qualitative approach combining ethnographic observations and semi-structured interviews. Findings reveal a plurality of action logics, commercial, therapeutic, spiritual, and biomedical. Traditional rituals and local remedies contribute to social and psychological well-being, reflecting collective resilience. The results underscore the importance of collaboration between traditional healers and health professionals to valorize indigenous knowledge. An intercultural approach emerges as essential to enhance the effectiveness of health interventions by integrating community practices into prevention and treatment strategies. Such synergy would foster sustainable appropriation of biomedical norms by the populations concerned.

Keywords: Lassa fever; Action logics; Local practices; Indigenous knowledge; Collective resilience

INTRODUCTION

The increasing frequency of emerging epidemics such as Lassa fever, Ebola Virus Disease, and COVID-19 poses major challenges for public health, particularly in Africa [1]. Within the Aïzɔ community of Allada, located in southern Benin, local actors develop solutions adapted to their social, cultural, and economic contexts to confront epidemics. These approaches, which sometimes diverge from conventional medical norms, reveal a diversity of practices that shape epidemic management [2]. However, this multiplicity of interventions raises a critical question: How can local knowledge be reconciled with biomedical strategies to ensure an effective and sustainable response to epidemics?

This study seeks to examine local action logics and social practices related to epidemics, with particular emphasis on the interactions between modern medicine and indigenous knowledge. Through field observations and interviews, the objective is to identify the conditions for inclusive collaboration between traditional actors and health professionals, thereby strengthening community resilience in the face of health crises.

MATERIALS AND METHODOLOGY

The research was conducted in the city of Allada, located in southern Benin, within the Aïzɔ social group. This site was chosen due to the diversity of local cultural practices related to health, making Allada an ideal setting for studying the interactions between traditional knowledge and modern health systems. The study focused on understanding social logics and local practices in response to the Lassa fever epidemic. Adopting a qualitative approach, the research aimed to map the logics and practices mobilized against the epidemic. Data were collected from eighty-five participants through semi-structured interviews with traditional healers, health workers, religious leaders, community leaders, and affected families, as well as through field observations conducted in markets, health centers, places of worship, and ritual spaces. The data were analyzed thematically: interviews were transcribed, coded, and grouped according to categories of action logics and types of practices. This process enabled the identification of recurrent patterns, tensions, and connections between different systems of care. Particular attention was paid to the discourses of participants, the symbols employed, and the social implications of medical knowledge.

RESULTS AND ANALYSIS

This section highlights the diverse logics and practices adopted by grassroots actors in response to the Lassa fever epidemic. In Allada, local actors display highly varied logics, shaped by social perceptions, cultural beliefs, and local practices. This diversity reflects the complexity of social interactions during emerging epidemics. Understanding these approaches is crucial for designing public health interventions that are both contextually appropriate and effective.

Plurality of actor logics in the face of the Lassa fever epidemic: Between local knowledge and institutional directives

The study demonstrates that rodent vendors tend to downplay the dangers associated with the spread of Lassa fever in order to protect their economic interests. This attitude distorts risk perception related to their commercial activities and undermines public health initiatives. Such hazardous commercial practices compromise preventive hygiene awareness and increase the risk of viral transmission. Certain local customs employ rodents in remedies against witchcraft, disregarding the risks of viral transmission. This behaviour calls for intervention by health and political authorities to accelerate risk communication regarding epidemic zoonoses. Training vendors to use gloves, masks, and disinfectants, while providing them with these materials, would encourage safer practices that remain respectful of local beliefs. Integrating local social actors into prevention strategies fosters community involvement and enhances risk management, particularly in the Nùkùkù Sɔ̀dzì market of Allada.

Therapeutic logics in tension with public health norms

The findings reveal that the Aïzɔ social group of Allada strongly favors traditional treatments in cases of illness. This tendency is observed nationally, where more than 80% of the Beninese population relies on indigenous medical knowledge, as noted by the WHO [3]. Traditional therapeutic practices in Allada include the use of medicinal plants, local rituals, and prayers directed to gods and ancestors. Nevertheless, these populations remain partially open to modern medicine, though cautiously.

This reality presents several major challenges for public health. First, the preferential reliance on traditional medicine may delay biomedical treatment, thereby worsening certain conditions. Second, the absence of formal oversight of these practices increases the risk of spreading infectious diseases and emerging viruses. Third, the coexistence of two treatment systems with divergent logics generates persistent tensions, complicating the development of coherent health policies, as highlighted by Warin et al, [4].

In light of these findings, it is necessary to promote structured and inclusive collaboration between traditional practitioners and modern health professionals. This requires establishing mechanisms for dialogue, strengthening healers' capacities through basic health training, and developing consensual standards to regulate local practices, as recommended by Ndjitoyap, et al [5]. Such an approach, culturally grounded yet scientifically supervised, would facilitate the integration of indigenous knowledge into national responses, while improving epidemic prevention and management.

Social control logics: Between local knowledge and health risk

Social control logic here refers to the symbolic and ritual mechanisms used to regulate behavior, particularly marital conduct. This research highlights the use of excreta from the rodent Mastomys natalensis, the vector of Lassa fever, as a spiritual sanction against adulterous women in the Aïzɔ community. These excreta are believed to

cause a dermatosis characterized by black spots on the legs of the adulterous woman, thereby reinforcing norms of marital fidelity.

The findings reveal a conflict between traditional knowledge and scientific understanding. While socially effective in maintaining marital harmony, this practice exposes individuals to a high risk of contamination due to direct contact with the disease vector. It is therefore essential to initiate dialogue between traditional medicine and biomedicine to reconcile cultural respect with health safety. Communities must be sensitized to biological risks, healers trained in public health principles, and safe ritual alternatives promoted to prevent the spread of Lassa virus. An intercultural, inclusive, and preventive approach is indispensable to safeguard health while respecting local traditions.

Preventive logics and public health challenges

In Allada, preventive logics among the Aïzɔ aim to anticipate and mitigate health risks. These include the use of herbal teas, spiritual rituals, and sacrifices to ancestors to seek protection and healing. Such traditions strengthen solidarity and community resilience in the face of disease. This research shows that these practices are deeply rooted in cultural beliefs and rely on orally transmitted local knowledge passed from one generation to the next. However, they do not always align with modern medical standards, complicating their integration into public health policies. It is therefore crucial to strike a balance between preserving cultural traditions and ensuring health safety. The study emphasizes that exclusive reliance on these practices delays access to modern care and facilitates the spread of emerging diseases such as Lassa fever.

To prevent this risk, it is essential to foster dialogue between healers and health professionals, educate communities about modes of disease transmission, and develop prevention strategies that combine traditional and modern approaches. By grounding interventions in scientific standards while respecting local traditions, it becomes possible to reconcile cultural protection with health effectiveness.

Logic of reinterpreting biomedical borrowings: Between cultural adaptation and health vigilance

In the Aïzɔ region of Allada in southern Benin, the logic of reinterpretation consists of adapting and integrating biomedical knowledge into local culture. Populations reinterpret medical concepts, such as medicines or barrier gestures, by associating them with traditional ritual and spiritual practices, in accordance with their beliefs.

This research highlights a willingness to reconcile scientific norms with local knowledge to strengthen health actions. Such a hybrid approach facilitates the acceptance of modern medical practices and encourages dialogue between traditional and biomedical systems.

However, reinterpretation carries risks: Practices not scientifically validated may compromise medical protocols and foster the spread of Lassa fever. The findings reveal a tension between cultural appropriation and health safety. To mitigate these risks, it is essential to establish a participatory process of deconstruction within the community. This would allow risky practices to be identified, collectively rectified, and intercultural mediation promoted. Training community intermediaries and developing health standards adapted to local realities are necessary to ensure an effective and culturally appropriate response.

Logic of valuing local knowledge: Toward an intercultural approach to health

In Allada, the logic of valuing local knowledge refers to the integration of traditional practices into health strategies. It is based on the recognition of ancestral medicinal knowledge, its scientific exploration, and its inclusion in modern health systems. The results show that health professionals often misinterpret local representations of disease, generating misunderstandings and feelings of discrimination among patients. This gap reveals an urgent need to strengthen professional competencies in cultural analysis of health systems.

Conflicts between conventional medicine and local knowledge hinder the coherence of health interventions. Yet, indigenous knowledge offers valuable opportunities to improve the acceptability of care and reinforce community resilience. To prevent this logic from contributing to the spread of Lassa virus, it is essential to establish a participatory harmonization process. This involves methodological innovations, intercultural training for health professionals, and the co-construction of therapeutic frameworks adapted to local realities. Such an approach would help build a more inclusive, effective, and culturally respectful health system.

Logic of rapid intervention

This research underscores the importance of swift and effective responses to the population's limited knowledge of the disease and its transmission. During the Lassa fever epidemic in Allada, rapid

action is essential to curb the risk of emergence and spread of the virus. This requires the prompt mobilization of human and material resources, coordination among stakeholders, and effective risk communication between health professionals and specialists in local medical knowledge.

For such a response to be effective, it must be adapted to local realities. This includes accelerated training of health personnel, involvement of community leaders and healers, and the establishment of strategic relay points in markets and places of worship. Medical equipment must be readily accessible, and prevention messages translated into local languages for better comprehension. Regular simulations to test team responsiveness and adjust protocols based on field feedback are also crucial.

Logic of resilience and public health mechanisms in the context of epidemic zoonoses

In public health, resilience refers to the capacity to anticipate and adapt to health crises, particularly emerging epidemics, while ensuring the proper functioning of the health system. This capacity relies on technical and human resources as well as a deep understanding of social and cultural contexts.

This research emphasizes that managing the response to the Lassa fever epidemic cannot be limited to biomedical mechanisms. It reveals that traditional knowledge, local practices, and community dynamics are essential for an effective response. A resilience approach that integrates local actors, acknowledges the role of healers, and values solidarity networks is necessary. Health professionals must strengthen the system's capacity to respond effectively by leveraging these resources and maintaining community trust.

The fear of hospitalization costs and social stigma complicates early diagnosis of diseases. For resilience to be effective, it must also be social and cultural, involving flexible health systems, training of community intermediaries, and the establishment of appropriate support mechanisms. In Allada, such an approach fosters greater acceptance of health measures and enables faster responses in the event of an epidemic.

Lassa fever epidemic and local practices: Between cultural dynamics and institutional response

This research highlights a plurality of practices related to the management of the Lassa fever epidemic, whether situated in the biomedical or sociocultural sphere. These practices significantly influence how public health messages are perceived and integrated.

Practices within the biomedical sciences

Biomedical sciences constitute a domain regulated by norms, protocols, and technical knowledge aimed at studying, diagnosing, and treating diseases. The practices observed during this research unfold in an environment that sometimes conflicts with commonly accepted ideas, local customs, and cultural influences on health.

Handwashing practices

In Allada, handwashing is considered an important preventive measure against Lassa fever. This hygienic practice is shaped by local representations of disease, cultural norms, and power relations. Although actors acknowledge its usefulness, certain beliefs in mystical causes of illness limit its adoption. Protective rituals are often prioritized, particularly in groups that rely on the services of specialists in indigenous medical knowledge.

This research reveals that very few social actors in Allada adopt handwashing practices despite awareness campaigns conducted by health structures. This underscores the need for public health strategies that ensure preventive measures are socially accepted. It is recommended to cooperate with community leaders to raise awareness while taking cultural aspects into account, thereby ensuring the sustainable adoption of hygiene and prevention practices.

Health education practices: Socio-anthropological issues in Lassa fever prevention

From a socio-anthropological perspective, health education is a practice that seeks to transmit biomedical knowledge in ways adapted to socially constructed norms. In Allada, despite staff shortages and heavy workloads, health professionals inform patients and their families about Lassa fever, its transmission, and preventive measures. This interpersonal communication enables populations to adopt appropriate practices and strengthens trust between caregivers and patients.

However, constraints related to time, resources, and linguistic and cultural barriers limit its effectiveness. The findings clearly show that tailoring messages to local references is essential for effective prevention. To improve the health response, it is recommended to train health professionals in culturally sensitive

risk communication, with the support of community leaders, in order to mobilize collective and sustainable action against the epidemic.

Biomedical waste management practices and structural constraints

From a socio-anthropological perspective, biomedical waste management is a social practice aimed at controlling risks, taking into account both technical health standards, local perceptions of danger, and social relations surrounding care.

This research conducted in Allada shows that the safe disposal of contaminated objects such as needles and gloves is often difficult, particularly in rural health facilities, due to insufficient trained personnel and inadequate medical-technical infrastructure. This gap between medical recommendations and locally available resources increases contamination risks, representing a major public health challenge in terms of preventing nosocomial and environmental infections.

It is therefore essential to invest in appropriate logistical equipment, train personnel in contextualized practices, and incorporate local beliefs about danger into awareness strategies.

Contact tracing practices

Contact tracing is a public health surveillance practice based on the social identification of exposed individuals, combining biomedical knowledge, trust relationships, and community dynamics. In Allada, this research highlights that public health teams face difficulties in conducting regular investigations due to resource shortages, insufficient training, and the stigma experienced by populations.

This reluctance hinders the rapid identification of cases and compromises epidemiological surveillance. The findings emphasize that the effectiveness of contact tracing depends on its social acceptance and the quality of interactions between caregivers and communities.

To strengthen the local response, it is recommended to invest in intercultural training for health workers, establish appropriate infrastructures, and collaborate with community leaders to develop participatory awareness strategies that foster sustainable and inclusive cooperation.

Use of Personal Protective Equipment (PPE)

The use of Personal Protective Equipment (PPE) constitutes a fundamental practice in risk management, shaped simultaneously by biomedical standards, the availability of resources, and local perceptions of danger. Research conducted in the Aïzɔ region of Allada demonstrates that health workers do not consistently or systematically employ PPE such as gloves, masks, and goggles. This inconsistency is primarily linked to recurrent shortages in supplies, insufficient training, and disparities in distribution between public and private health facilities.

Such limitations significantly increase the risk of contamination, undermine the physical and psychological well-being of health personnel, and compromise the effectiveness of community-level prevention strategies. Ensuring the protection of health professionals is therefore critical to limiting the spread of the virus and maintaining trust in health systems. Strengthening PPE use requires the establishment of reliable supply chains, the provision of continuous training adapted to local contexts, and the promotion of awareness campaigns that are inclusive and culturally sensitive.

By integrating biomedical requirements with local perceptions of risk and professional practices, public health interventions can achieve greater acceptance and sustainability. This approach not only enhances the safety of health workers but also contributes to the resilience of communities in epidemic contexts.

Disinfection practices

Disinfection is a critical practice for reducing risks and maintaining cleanliness in care facilities, in line with biomedical standards. Research in Allada revealed insufficient disinfection despite its central role in preventing hospital infections. Challenges include shortages of cleaning products, lack of training and refresher courses for staff, heavy workloads, and understaffing, all of which compromise the safety of patients, staff, and visitors.

Improving disinfection requires regular supply of cleaning materials, continuous training tailored to local realities, and reorganizing workflows to align with cultural values of cleanliness and care. These measures would strengthen adherence to disinfection protocols and reduce infection risks more effectively.

Isolation of infected patients: Between health protection and social stigma

Isolation of infected patients remains a critical measure to reduce the transmission of Lassa fever. However, this practice often generates unintended consequences such as stigma, family disruption, and economic hardship, particularly when the isolated individuals are the primary financial providers for

their households. These negative outcomes are further reinforced by political and cultural perceptions of disease, which shape community attitudes toward isolation. Limited resources in local health facilities, including inadequate infrastructure and insufficiently trained personnel, exacerbate the challenges of implementing safe and effective isolation measures.

To enhance the effectiveness of isolation, protocols must be adapted to the social realities of affected communities. This requires training health staff in culturally sensitive procedures that respect local norms while ensuring safety. Providing psychosocial support to patients and their families is equally important, as it helps mitigate the emotional and economic burden associated with isolation. Involving communities in the design and implementation of surveillance and care strategies fosters trust and strengthens adherence to public health measures.

Such an approach not only reduces resistance to isolation but also promotes collective responsibility in epidemic management. By integrating cultural awareness, community participation, and adequate resource allocation, isolation can become a protective measure that safeguards public health while minimizing social harm.

Case notification and prevention challenges

From a socio-anthropological perspective, case notification is a biomedical reporting practice, yet it is deeply shaped by local perceptions of risk and disease. Research conducted in Allada reveals a strong ambivalence: while notification is regarded as essential for collective protection, it simultaneously generates fear, concealment, and avoidance, particularly within the Aïzɔ community. This hesitation is rooted in historical experiences with health interventions, cultural beliefs surrounding illness, and the nature of institutional communication, all of which contribute to mistrust and weaken epidemiological surveillance.

The effectiveness of case notification therefore depends not only on biomedical protocols but also on its social acceptance. Communities often interpret reporting as a threat to family honor or as a source of stigma, which discourages transparency. To address these challenges, it is necessary to engage community leaders who hold social legitimacy and can mediate between health institutions and local populations. Messages must be tailored to cultural references, expressed in local languages, and framed in ways that resonate with community values.

Equally important is the assurance of confidentiality and respect for individuals, which helps reduce fear and encourages cooperation. By fostering trust, strengthening dialogue, and involving communities in the design of surveillance strategies, case notification can evolve into a practice that not only protects public health but also reinforces social cohesion. Such an approach transforms reporting from a perceived threat into a collective responsibility, thereby enhancing both the accuracy of epidemiological data and the resilience of health systems in epidemic contexts.

Lassa fever epidemic and social practices: Toward an intercultural health approach

The fight against Lassa fever is rooted in social interactions specific to each group. While these practices reinforce solidarity and resilience, they sometimes conflict with biomedical norms.

Community solidarity practices

Solidarity within communities is expressed through mutual aid, moral support, and material assistance, all of which are closely aligned with local cultural values of care. Research conducted in Allada demonstrates that relatives of patients provide essential emotional and material support, such as food, accompaniment, and assistance, thereby reinforcing social cohesion and collective resilience. This solidarity plays a crucial role in sustaining families and communities during health crises, yet it is vulnerable to disruption. Fear of contagion and shortages of resources often weaken these networks of support, leading to withdrawal by donors and a reduction in collective engagement.

Home visit practices

Home visits are socially constructed practices of psychosocial support, based on norms of assistance and community care. In epidemics such as Lassa fever, however, they can become vectors of transmission if protective measures are not respected. Research highlights that while home visits are vital for patient well-being, they are limited by fear of contamination.

Practice of retaining patients at home: Between family strategy and public health imperative

The retention of patients within the domestic sphere is a socially constructed practice in certain social groups, combining symbolic protection, reliance on indigenous medical knowledge, and strategies of institutional avoidance. This research reveals that such choices are motivated by fear of hospital costs, social stigma associated with the epidemic, and the

desire to preserve family honor-particularly when illness is perceived as shameful or as an affront to family dignity.

The consequences of this practice for public health are critical: delays in medical treatment, heightened risk of community transmission, late saturation of health facilities, weakening of epidemiological surveillance, exacerbation of inequalities in access to care, and increased mortality rates. This study suggests strengthening trust through the implementation of community mediation strategies to improve access to care and integrate cultural norms into communication strategies.

Practice of peer-to-peer awareness

Peer-to-peer awareness is a means of promoting health within communities by drawing upon local representations and knowledge of disease and its management. Research conducted in Allada indicates that teachers, village chiefs, and religious leaders play a key role in disseminating prevention messages due to their social influence and knowledge of local traditions. Their participation in community events and public discourse enables broader, more effective, and culturally adapted awareness.

This approach strengthens trust between health institutions and populations, which is particularly important in contexts of mistrust. The study recommends integrating these local actors into public health systems, co-creating awareness messages with them, and involving them in monitoring health actions to ensure a more effective response.

Cultural practices associated with the epidemic: Between local dynamics and public health challenges

Cultural practices in Allada influence various aspects of social life, including health behaviors, attitudes, and responses to health crises.

Practice of purification rituals

Purification rituals are part of traditional therapeutic practices, based on empirical and symbolic knowledge transmitted across generations. This research reveals that healers use local plants to prepare herbal teas, baths, and rituals adapted to observed symptoms. These practices, embedded in daily life, reinforce feelings of security and community well-being. Their legitimacy rests more on social trust than on official medical approval.

However, exclusive reliance on these practices delays consultation with health professionals and complicates disease surveillance. The study strongly recommends fostering dialogue between traditional medicine and biomedicine, documenting local knowledge, and involving healers in prevention strategies to strengthen community adherence while ensuring safety during epidemics.

Practice of encouragement rituals

Encouragement rituals are important symbolic practices for regulating emotions and mobilizing individuals collectively to confront health crises. Rooted in cultural traditions and local beliefs, these ceremonies of moral support, organized by elders and dignitaries of indigenous cults, play an essential role in epidemic management.

They provide a means of expressing anxieties, reinforcing social cohesion, and sustaining solidarity in the face of health uncertainties. These rituals influence perceptions of illness and treatment choices, sometimes aligning with, and at other times opposing, biomedical norms. To optimize their effectiveness in public health, the study suggests integrating such practices into communication campaigns and fostering dialogue between traditional medicine and official health services.

Practice of funeral ceremonies

Funeral ceremonies are important rituals for honoring the deceased, appeasing spirits, and strengthening community bonds. Within the Aïzɔ social group, these practices include prayers, songs, dances, vigils, and offerings to accompany the deceased to the afterlife. Rituals performed ensure the protection of the living and sanctify the domestic space.

These traditions reinforce social cohesion and collective memory. However, during epidemics, they can contribute to disease transmission if health measures are not respected. It is therefore essential to design and adapt funeral protocols in consultation with traditional authorities, integrating preventive measures such as distancing, mask-wearing, and limiting gatherings, in order to reconcile respect for traditions with health safety.

Practice of consulting gods and ancestors

Consulting gods and ancestors is a traditional practice that enables communication between the visible and invisible worlds, using divinatory knowledge to guide human actions during crises. In the Aïzɔ milieu, this research highlights that traditional ceremonies, such as prayers, offerings,

and sacrifices, are conducted by diviners and oracles, accompanied by griots, who interpret signs such as shells or visions to transmit the will of spiritual entities.

These practices strengthen ties between the living and the ancestors, providing comfort, meaning, and social unity in the face of epidemics. They also influence perceptions of illness and treatment choices.

Practices of spiritual protection

Spiritual protection practices involve the use of ritual and symbolic objects, codified and imbued with supernatural powers, intended to ward off harm and preserve physical health. In Allada, this research reveals that amulets blessed by Fá dignitaries or traditional healers, crafted from natural materials, are commonly used as protection against Lassa fever. These objects reinforce feelings of security and mental well-being, while reflecting a locally protective worldview. However, exclusive reliance on such practices delays recourse to modern medical care. It is therefore essential to integrate these practices into health awareness campaigns, engaging with holders of traditional knowledge and recognizing their role in community resilience, in order to promote complementarity between traditional medicine and public health.

Practices of therapeutic ritual songs and dances

Therapeutic ritual songs and dances are practices that mobilize the body, speech, and the sacred to restore balance between living beings and invisible forces. This research indicates that these practices aim to invoke protective spirits and repel negative influences. They strengthen social cohesion, spirituality, and psychological resilience in the face of Lassa fever. Although they do not replace medical treatments, their calming and mobilizing effects are acknowledged.

The study suggests designing innovative strategies to integrate these cultural practices into public health actions, involving spiritual leaders and adapting health messages to local languages and customs to foster community acceptance. Therapeutic songs and dances also serve as spaces for communicating health risks and represent opportunities for negotiating knowledge.

DISCUSSION

Interactions between traditional and biomedical practices

The findings of this research show that traditional and biomedical practices coexist in Allada in a hybrid and pragmatic manner. Residents employ traditional rituals, ancestral remedies, and therapeutic songs, while also following medical measures such as handwashing and patient isolation. This diversity of treatments is grounded in local logics based on experience, trust, and spirituality.

Scholars such as Olivier de Sardan et al, emphasize that African populations combine modern medicine and traditional treatments according to perceived effectiveness, without ideological exclusivity [7]. Other studies highlight that patients navigate between different systems of care depending on their beliefs and experiences, as noted by Langwick et al, [8]. Hardon et al, underscores the importance of cultural appropriation of biomedical drugs, while Laurent Vidal et al, examines local negotiations concerning health norms [9,10]. These studies collectively stress the need to incorporate local knowledge into health policies by fostering intercultural and participatory approaches.

The integration of local knowledge into public health strategies faces challenges such as institutional mistrust, lack of intercultural validation, and difficulties in translating symbolic logics into concrete indicators. To overcome these challenges, it is essential to recognize the role of traditional practitioners, scientifically document local knowledge, and promote intercultural dialogue in prevention campaigns. The use of traditional media and local languages will enhance community adherence.

The issue extends beyond health effectiveness to the legitimacy of traditional knowledge in health management. Yet public health policies rarely address these questions pragmatically. There is more rhetoric than operational action on the ground with measurable results. This institutional neglect deserves the attention of policymakers to foster collective awareness aimed at valuing and utilizing local knowledge as a pillar of health promotion in Africa.

Challenges of collaboration and cultural adaptation

Collaboration between health professionals and traditional healers remains limited due to mutual mistrust and lack of official recognition. Agobe et al, notes that tensions between traditional medicine and biomedicine are often exacerbated by the absence of structured dialogue [11]. However, initiatives such as those highlighted by Maffi on the valorization of indigenous knowledge demonstrate that an

intercultural approach is not only possible but also beneficial [12].

Within the Aïzɔ social group, the involvement of community leaders in awareness campaigns, combined with political will to translate discourse into concrete action, could strengthen acceptance of health measures and facilitate the cultural integration of biomedical interventions.

Limitations and perspectives for health policies

The The challenges encountered within African health systems, such as shortages of medical equipment, insufficiently qualified personnel, and the stigmatization of non-conventional practices, highlight the urgent need to rethink health policies in a more inclusive and pragmatic manner. Current approaches often remain overly biomedical, overlooking the cultural and social dimensions that shape health behaviours and responses to epidemics. Integrating local knowledge into public health strategies is therefore essential, as it allows for the valorization of cultural practices while maintaining scientific rigor and ensuring safety.

Hountondji stresses the importance of recognizing endogenous knowledge as valid sources of understanding, rather than reducing them to mere traditions [13]. This recognition is not only epistemological but also practical, as it enables the design of health interventions that resonate with local realities. Experiences such as the health mutuals in Senegal, which cover consultations with approved traditional practitioners, demonstrate that institutional recognition of traditional actors is both feasible and beneficial, as noted by Diop [14]. These initiatives provide evidence that hybrid models of health governance can be operationalized successfully [15].

Such approaches would strengthen community resilience by fostering trust between populations and health institutions, while simultaneously improving the effectiveness of epidemic responses. They also contribute to reducing inequalities in access to care, since traditional healers often represent the first point of contact for marginalized populations. However, the integration of local knowledge requires careful methodological innovation, intercultural dialogue, and the establishment of regulatory frameworks that ensure both safety and legitimacy.

CONCLUSION

This research highlights the importance of local practices and community interactions in the management of Lassa fever in Allada. It underscores that the response to this disease cannot be limited to conventional medical approaches, but must also take into account ancestral knowledge and solidarity networks that shape attitudes toward illness. The resilience of the health system depends on its ability to engage in dialogue with local cultures and mobilize community actors. These findings emphasize the need for stronger collaboration between modern medicine and local practices, thereby opening the way to hybrid models of health governance adapted to African realities.

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Conflict of interest

The author declares that there are no competing interests.

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Author Contributions

The author solely contributed to the conception, design, analysis, interpretation, and writing of this manuscript.

Ethical approval

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Consent for publication

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Availability of data and materials

All data generated or analysed during this study are included in this published article. Additional information can be provided by the corresponding author upon reasonable request.

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