



The Need for Equity in the Generation and Distribution of Medical Knowledge-An African Perspective

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(independent or interdependent) affects interpersonal interaction, emotions and thought processes [8].

Short Communication

The generation and distribution of knowledge is dominated by contributions from the western hemisphere. This is true of the health-medical sphere and other social spaces. Human resource inequities, colonialism, racism, and technological as well as economic disparities have contributed to this eminence of western constructs. This however leaves a false impression that there is a paucity of knowledge in other regions of the world and also robs mankind of its heritage from this hugely untapped non-western section of humanity. The dominance of western hemisphere constructs also leads to a belief that European and USA values, culture, and knowledge are better, apply to and fit the conditions of other regions [1,2]. The pursuit of this perspective has sometimes resulted in wars, and distortions in South America, Asia, and Africa [1,3,4].

The advanced economic, technological, and usually better educated human resources of the west are often deployed in other regions of the world to generate knowledge. This results in non-western world phenomena being described in western terms or constructs that may not be congruent with local understandings of reality. There is therefore a need for non-western regions to generate knowledge for and about themselves; knowledge that fits their reality as they understand it, provides workable solutions for their problems, and also contributes meaningfully to the common body of knowledge [3,5].

People in different cultures, regions, and contexts may have different understandings or constructs about the world around them [6,7]. There are different understandings of kin relationships, colour, and construals of self [8-10]. As an example Bagwasi poses that in Botswana the same word is used to describe the colour of the sky, and the colour of green grass, and this does not cause any confusion among locals [10]. She also describes kinship relationships that may not make sense in Western settings. These different worldviews and constructs are threaded together by strands of culture, language, religion, spirituality, colonialism, economic strength, and racism that have affected different regions of the world in dissimilar ways.

Culture affects how people understand the world around them [8,11,12]. In the western world people are largely encouraged to be individualistic (independent) whereas in other regions collectivism (interdependence) or communalism are largely more valued [8,9,12]. Non westernized African, Indian, Chinese, Japanese and Native American societies manifest a more communalistic way of life than western societies [8,9,13-15]. Whereas selfishness and beating all competition to get to the top is celebrated in western cultures it is largely shunned in non-westernized societies. Self-construal

In African culture, cosmology and religion permeate all aspects of life, death, health and disease [16-18]. The living and the dead are believed to interact to produce positive or negative outcomes in individuals and communities. This therefore results in involving God, gods, and spirits in the healing of the living, agriculture, rain making, and protection from evil [19-21]. Eastern cultures also have similar beliefs in spiritual and religious involvement in disease and health [22,23]. Bhudism, Taoism, Ayuverda, and Dharma involve the transcendent in the lives and health of many people in the non-western world.

Colonialism, racism and economic suppression have shaped the lives and thinking of many people in the developing world [1,4,5,24]. Wars, poverty, and an inferiority complex continue to affect many in formerly colonized countries. Even their languages, the very tools they use to conceptualise and communicate their constructs have been twisted by foreign domination [10]. Racism often influenced education and colonized people were taught to look up to the values and culture of the west and to look down on their own cultures [1,4,5]. Colonialism impoverished peoples of the developing world while it enriched western nations [24,25]. This often reinforced their inferiority complex and the high regard they had of their colonizers. The reverse was also true as colonizers often thought that the poor masses were inferior to them.

Different cultural and regional groupings need to generate knowledge that addresses their problems and this includes problems in medicine. This is because medical systems are cultural systems [26] and the problems people face are not only due to biological entities but have social, psychological, colonial, racial, and cultural causes as well [6,26-28]. Psychosocial, cultural, colonial, and racial, causes of ill health affect the health of many people in Africa and other regions.

African life, health and disease are influenced by beliefs or constructs of God, gods, spirits and cosmology [16-18,29]. Africans best understand their lived experiences and can research them and construct knowledge that addresses these experiences. Though external resources are often needed to generate knowledge in the African context and to distribute it, Africans should be the primary players in determining the research agenda and provision of human resources to operationalise the agenda. They should play a leading role in crafting solutions for African problems, so that interventions are appropriate for the African context.

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