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A Look into the Varying Usage Patterns of Traditional and Western Medicine Within Senegal's Urban Centers

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L'Union fait la force:

A Look into the Varying Usage Patterns of Traditional and Western Medicine
Within Senegal's Urban Centers

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Abstract

This paper explores the usage patterns of traditional medicine and western medicine in Senegal's urban centers of Dakar and Thiès and the factors that influence these patterns. I argue that the most influential factors in determining which medicine is used by an individual are accessibility, efficacy, and personal preference. This research was conducted in the first and third most-populated urban centers in Senegal, presenting a unique field site due to the higher concentration of western medicine in urban areas compared to rural areas in Senegal. Qualitative methodology was used through the form of secondary sources and semi-structured interviews which allowed for a thematic analysis of the findings. The findings regarding accessibility, efficacy, and personal preference reflect much of what was found in previous studies done in the rural village of Djindji (Kedougou region) and the urban center of St. Louis, while also

presenting differences such as an emphasis on the issue of overdosage in traditional medicine. Future studies on this topic may include researching the impact of limited western health infrastructure as well as the role of religion in traditional medicine.

Introduction

To begin, I would like to clarify some of the terminology used in this paper that discusses “traditional” and “western” medicine. In the interviews conducted for this research, participants overwhelmingly used the term *médecine traditionnelle* (traditional medicine) to refer to the indigenous African healing practices that are comprised of traditional healers using herbal remedies, while using the term *médecine moderne* (modern medicine) to refer to the healthcare system comprised of doctors and other health professionals and pharmaceutical drugs. I felt that the terms “traditional” and “western”, though not perfect, were the most appropriate. I stuck with “traditional medicine” because it is a widely used term that was used by the participants in my study, while I replaced the term “modern medicine” because I felt that “western”, while also being a widely accepted term, does not have colonial implications like the term “modern” which can imply that traditional medicine is outdated.

Moving forward, the promotion and endorsement by many African countries of Covid-Organics, a drink being marketed as a cure for COVID-19, has sparked much debate around the topic of traditional medicine and how it is viewed by the world. Covid-Organics is an herbal infusion that was created in Madagascar and made from artemisia, a plant native to China that has been used to combat malaria. Heavy promotion by the president of Madagascar, Andry Rajoelina, has led to the drink’s increasing popularity in many African countries, including in Senegal under the name “The Green Lion”. Despite the growing support of this herbal infusion

in some places, elsewhere (namely in the West) there has been doubt and an emphasis on the need for more testing to be done to test the drink's efficacy. Rajoelina believes this doubt to be grounded in the West's "condescending attitude" towards traditional medicine (Antananarivo).

The debate between traditional and western medicine is not a novel one. In fact, an antagonistic relationship between the two types of medicine has often been present since the introduction of western medicine to Africa during the colonial era. However, today there are also many former African colonies that have instituted an integrated health system that utilizes both western and traditional medicines, suggesting more amicable ties between the two. Thus, I sought to examine how this history may have impacts on health today by taking a look at the usage patterns of both traditional and western medicine in Senegal's urban centers of Dakar and Thiès. My research seeks to explore the questions: How might usage of traditional medicine and western medicine in Senegal differ from each other? What factors might influence these usage patterns? In this paper, I attempt to answer these questions by presenting my research in the following way: a literature review that puts the research into historical and present-day context using secondary sources, my methodological approach, my findings and analysis of these findings, and a conclusion of the research. Throughout this paper, I argue that in Senegal's urban centers of Dakar and Thiès, the usage patterns of traditional medicine and western medicine are most heavily influenced by accessibility, efficacy, and personal preference.

Context and Literature Review

Colonialism and Medical Malpractice in Africa

In Ali Abdullahi's article entitled "Trends and Challenges of Traditional Medicine", Abdullahi highlights the impact of colonialism on African traditional medicine. This lays the groundwork for my research which looks at how this impact may have lasting effects on the attitudes toward western and traditional medicine in the current day.

Abdullahi argues that just as European colonialism from the late-1800s to mid-1900s has left impacts on the African economic and political spheres, colonialism has also severely impacted indigenous knowledge systems, including the knowledge of medicine. The introduction of western medicine during this era was accompanied by the undermining and stigmatization of traditional medicines, which some scholars believe denied indigenous knowledge systems "the chance to systematize and develop" (qtd. in Abdullahi 116). In some cases, such as in South Africa, indigenous health practices were outlawed, a "legacy" of colonial rule that continues to exist in many African countries to this day (Abdullahi 116).

As with Abdullahi's "Trends and Challenges of Traditional Medicine", Helen Tilley's article entitled "Medicine, Empires, and Ethics in Colonial Africa" gives insight to colonial practices that have had a particularly negative impact on health in Africa. However, Tilley also shines a light on the history of medical malpractice on the African continent through the forms of research and experimentation. The ideas set forth in this article continue to develop the context for my research of the usage patterns of traditional and western medicine in Senegal by providing a framework for the lasting impacts of colonialism and western medicine in Africa.

Tilley explains that the motive behind the forceful nature of western medicine on African colonies is rooted in the colonial mindset shared among colonizers to "improve", "civilize", and "develop" the lives of the African people (Tilley 744). Ironically, disease burdens increased

during this era (Tilley 744). The failure of the colonial health care system to adequately care for the those it was claiming to “save” was a direct result of the structural violence of the colonial system itself. The political and economic policies set forth in this system produced vast inequalities with Africans at the bottom of the totem pole. The significantly higher mortality and morbidity rates experienced by sub-Saharan Africans compared to other parts of the world are undoubtedly impacted by the history of European governments’ failure to distribute sufficient funds to their colonies as well as the neglect of African health concerns by international organizations such as the League of Nations Health Organization (a precursor to the World Health Organization) (Tilley 746).

As Tilley illustrates in her article, the introduction of western medicine in Africa through colonialism in the late 19th century set the stage for centuries worth of exploitation of Africans for the advancement of western medicine. In contrast to today where there exists ethical standards and considerations by which researchers must abide, there was no such thing for much of the colonial era. A prime example is the research conducted for *African trypanosomiasis*, or sleeping sickness, in which health complications such as brain damage, blindness, and even death affected ten to twenty percent of African participants in the research (Tilley 747). This connects closely to the notion that Africa was “a vast arena for experimentation” given “the almost unlimited field that Africa offers for clinical research” (Tilley 746), a sentiment that evidently hasn’t faded in the present-day as has been seen by the French doctors who were eager to use Africa as an experimentation site for COVID-19 treatment research (Busari and Wojazer).

In the *New York Times* article, “Why Africa Fears Western Medicine”, Harriet A. Washington expands on Tilley’s illustrations of unethical research in Africa by detailing the

history of western medical malpractice on the continent, and thus providing context for the distrust of Western medicine that remains present in some parts of Africa. Though not specifically discussing Senegal, I believe this article to be important to my secondary literature research because it provides a potential motive for why some Africans prefer traditional medicine to western medicine, a motive that my research seeks to explore to an extent.

This article provides evidence that the fear of western medicine in Africa is not at all unfounded and is in fact perhaps a logical response to its history of experimentation and malpractice. Washington details many cases of Africans being harmed by Western medical workers “under the guise of providing health care or conducting research”, such as the Bulgarian medical workers who were charged with intentionally infecting hundreds of Libyan children with HIV (Washington). These horror stories have understandably instilled a fear of western medicine in many Africans, which in turn has had consequences such as the rejection of vaccination campaigns for fear of being infected with HIV (Washington). This fear too is well founded as The International Journal of S.T.D. and AIDS reported in 2003 that as many as forty percent of Africa’s HIV infections are linked to contaminated needles during medical treatment (Washington). My research seeks to explore whether these negative perceptions of western medicine translate to Senegal’s urban centers.

In the book entitled *A Political Economy of Health Care in Senegal*, Maghan Keita brings in the political economic history of health care since its introduction to Africa in the colonial era, and namely, Senegal. Like some of the aforementioned works, such as Tilley’s “Medicine, Empires, and Ethics in Colonial Africa” and Abdullahi’s “Trends and Challenges of Traditional Medicine”, *A Political Economy of Health Care in Senegal* provides the base of historical

knowledge that my research on perceptions and usage in the present day is founded upon. Unlike these works, this book's focus on the country of interest makes some parts of it more relevant to my research.

Very similarly to Abdullahi's assertion that colonizers undermined and stigmatized indigenous health practices (qtd. in Abdullahi 116), Keita illustrates the ways in which the stereotyping of indigenous practices as "irrational and superstitious" (42) provided a rationale for the implementation of western health practices in Africa and continued to undermine traditional medicine (41).

According to Keita, the motive to implement the use of "modern" health care by the French colonial regime in Senegal was closely connected to the empire's goal of achieving political economic hegemony (95). Health care was also the backbone of colonial expansion because of its role in conserving and increasing human capital (Keita 105). For these reasons, increasing the use of western health care was a key component of the French empire's colonial agenda. While *A Political Economy of Health Care in Senegal* provides a good historical context for health in Senegal, my research attempts to see how this history may influence attitudes toward medicine that impact utilization patterns today.

Overview of Health Care in Senegal

In 2016, the United States Agency for International Development (USAID) published a review entitled "Senegal Private Health Sector Assessment: Selected Health Products and Services" which provides detailed information on Senegal's private and public health sectors, which I would deem "western" medicine. While this review provides much useful and relatively

current information on the country's health sector, it fails to make any mention of traditional medicine and its influence on Senegal's public and private sectors (which many would argue is a fairly large role). My research hopes to provide a more accurate depiction of Senegal's health sector by gaining perspectives on the roles of both traditional and western medicine and how these two types of medicines are utilized in comparison to one another.

According to USAID's report, the public sector includes health facilities financed by the state, which as of 2016, includes 35 hospitals, 99 health centers (which are similar to hospitals, but provide less services), and 1,237 health posts (which provide preventive and primary curative services among other things) (Brunner et al. 9). The private sector, which consists of for-profit, privately owned clinics and hospitals, non-governmental organizations (NGOs), faith-based organizations (FBOs), and civil society organizations, is made up of health facilities that are not as numerous as those of the public sector, but are a significant part of Senegal's health sector nonetheless (Brunner et al. 9). It is worth noting that health facilities from both the public and private sectors are highly concentrated in the urban centers of the country, namely in Dakar, which houses 80% of private sector health facilities (Brunner et al. 9).

Despite the tendency to overlook its importance in reports such as this one from USAID, reporting has been done on traditional medicine. In 2019, the World Health Organization (*WHO*) released WHO Global Report of Traditional and Complementary Medicine (*TC&M*) which provides details on the use and regulations of TC&M in countries around the world. WHO reports that according to a 2003 census by the Ministry of Health and Prevention, there are 1000 traditional medicine providers practicing in Senegal who practice in both the private and public sectors (WHO 77). According to this report, there has been a national program for TC&M since

1995, but as of the end of 2016, TC&M has not received any public or government research funding (WHO 77). These reports seem to illustrate TC&M as having a less “official” or influential status than western medicine in Senegal’s health sector, the impact of which is something I wish to explore in my research.

Usage of Traditional and Western Medicine in Senegal

In Moriah Morgan’s “A comparison of child and adult health: Traditional vs. Western medicine and the application of Gris-Gris”, Morgan explores the health practices of the people living in the Senegalese village of Djindji which is in the region of Kedougou. Morgan’s article provides a framework upon which I base my own research, namely with how the perceptions of traditional and western medicine through the eyes of the Senegalese people impact their health practices.

Morgan illustrates the increasing popularity of Western medicine and the corresponding decline in traditional medicine use. The main motive behind use of western medicine is its efficacy in improving health (Morgan 6). However, its inaccessibility due to high costs relative to herbal remedies and the insufficient number of health facilities and practitioners has limited the scope of its use in Djindji (Morgan 64). Many of Morgan’s interviewees stated that they would use only western medicine if it were more accessible (7), further showing the importance of availability. Given that this research was carried out in a rural area of Senegal, my research seeks to explore whether this same factor of accessibility is relevant in urban centers where western medicine is more physically available.

Elisa Bignante's research, entitled "Therapeutic Landscapes of Traditional Healing: Building Spaces of Well-Being with the Traditional Healer in St. Louis, Senegal", explores the patient-healer relationship and how it affects well-being and the therapeutic landscape in traditional medicine. Within this study, Bignante discusses reasons for which her interviewees utilize traditional medicine, which is directly relevant to my research on traditional and western medicine usage patterns.

Bignante cites the main reasons for choosing herbal remedies over pharmaceutical drugs is that herbal remedies are easily available, cheaper, and effective—especially for minor illnesses—with 60% of her participants saying they are more effective than allopathic medicines (705). The majority of her participants sought western medicine for major diseases, but many noted that not all diseases were curable by western medicine (Bignante 705). As for visiting a traditional healer, Bignante recorded that the main reasons behind this decision were as follows: 1) to be healed from illnesses that are recognized to be healed by traditional medicine (e.g. skin diseases, allergies, haemorrhoids, chronic diseases), 2) not having the money to pay for western medicine, 3) the inefficacy of western medicine, 4) to reinforce the results of western medicine (which treats the illness while traditional medicine focuses on the cause of illness), and 5) to discuss personal matters (704-705). Given that this research took place in the urban center of St. Louis, I hope to explore whether these findings will translate to the urban centers of Dakar and Thiès that, as larger cities, have a higher concentration of western medicine.

The Field Site: Dakar and Thiès

My research was conducted in the urban centers of Dakar (pop. 3.1 million) and Thiès (pop. 600,000) (“Senegal”). According to the World Population Review, these cities rank as the first and third most populated cities in Senegal, respectively (“Senegal”), which makes them a unique field site for research due to their higher concentration of western medicine in relation to most other parts of Senegal. This is exemplified by the fact that these two cities house 67% of Senegal’s pharmacies (Brunner et al. 29).

Methods

In order to gain an understanding of the reasons behind the usage patterns of medicine in Senegal’s urban centers, I engaged in qualitative research that consisted of reading secondary sources and conducting my own semi-structured interviews with participants in Dakar and Thiès.

Given the circumstances of the COVID-19 pandemic, potential interviewee recruitment was conducted by the SIT staff through SIT’s contacts in Dakar and Thiès with one participant from the village of Guédé Chantier in northern Senegal. I then followed up with each potential participant to see if they were still interested in participating in the study. There were 17 total participants that included members of homestay families, students of Université de Cheikh Anta Diop (UCAD), traditional healers, Western medicine practitioners, and student interns at the Centre Régional de Formation en Santé (Regional Center of Health Training) in Thiès.

The hour-long interviews, which took place over WhatsApp voice and video calls, were helpful in gaining an in-depth understanding of the personal experiences and perceptions that influenced the decisions surrounding medicine. The semi-structured layout allowed for the conversation to often stray from the guiding questions and to delve into more depth than would

an interview that strictly followed a set of questions. These interviews were transcribed and a thematic analysis was applied to find general themes and patterns in the conversations I had.

A few things to take into account when considering the validity and reliability of the results are my positionality and the weaknesses of this methodology itself. Given my positionality as a white American, and therefore an outsider to the culture I was studying, the findings that I present should be understood as representative of my own perceptions of that which I was researching. Not only is it possible that thoughts and ideas were lost in verbal translation, but the cultural gap certainly influenced my understandings as well. Nevertheless, I attempted to represent the conversations I had with my participants to the best of my ability. Considering the small sample size of this study, it should be acknowledged that all findings presented are not able to be generalized to any populations beyond those who participated.

Ethics

This research was carried out as part of the coursework of SIT (School of International Training) Senegal: Global Security and Religious Pluralism. All procedures performed in studies involving human participants were in accordance with the Human Subjects guidelines, the ethical standards of the institutional and/or national research committee, and the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants involved in the study.

Given the history of colonial and unethical research that has persisted on the African continent, I wanted to ensure that I approached my research in the most decolonial and ethical way possible. This meant obtaining informed consent in a non-coercive way, making it clear that

participation in the study was completely optional, and ensuring anonymity and confidentiality to all participants in the study.

Findings and Analysis

General Patterns

Based on the interviews during my research regarding the use of either western or traditional medicine, the data shows that the type of medicine preferred among my participants are completely mixed among traditional medicine, western medicine, and both types of medicine. In light of this variability, three general patterns emerged. First, just about all participants utilize both types of medicine to a certain extent despite their preferences. Second, traditional medicine is commonly used as a first choice of medicine when ill, particularly with minor illnesses such as colds. Third, traditional medicine is used more among the older generation than the younger generation.

Aside from these general patterns, the data from the interviews show a clear pattern in the factors that influence the health practices of my participants. The most influential of these factors include accessibility to medicine, efficacy of medicine, and personal preference. Additionally, there are varying opinions on the integration of traditional and western medicine as a possibility which will be presented later in this section. These findings complemented some of the secondary literature sources included in my research, while differing from others.

Accessibility

The various aspects of accessibility to traditional and western medicine that influence the type of medicine used in Dakar and Thiès include financial costs and physical availability. Accessibility may be the most influential of the factors that impact usage patterns as it has much less to do with personal choice than with what is attainable economically and physically.

One of the primary reasons discussed in my interviews regarding the choice to use traditional medicine rather than western medicine was not having *les moyens*, or the means, to afford western medicine. This aligns perfectly with what was found in Bignante's research in St. Louis and Morgan's research in Djindji in regard to cost playing a large role in the use of medicine, driving many towards traditional medicine because it is cheaper.

Perhaps surprisingly, however, my interviews revealed that the price range for herbal remedies, often found in the form of a powder, leaves, roots, or infusion, is quite similar to the price range of pharmaceutical drugs. Data from my interviews suggest that the most common herbal remedies can be found at the market for 100 or 200 CFA (\$0.17-0.33 USD) per bundle while herbal remedies sold directly by traditional healers that require a special preparation for specific illnesses, in addition to venturing into *la brousse* (the bush), can cost upwards of 30,000 CFA (\$50 USD). Similarly, some common over-the-counter medicines can be found for the price of about 200 CFA (\$0.33 USD), but the more expensive ones can also get up to around 30,000 CFA. But as I will explore further in the next section of this paper, the majority of people prefer traditional medicine for smaller illnesses. As medicine for these smaller illnesses is likely to be at the lower end of the price range, this may imply that people are spending less money for herbal remedies simply because they mainly use the cheaper ones, while spending more money on western medicine to cure more serious illnesses.

It does seem, however, that the reason for western medicine being less financially accessible than traditional medicine is not solely due to the costs of medication, but it is these costs combined with the costs of consultations and testing procedures that turn many people away from using western medicine, especially if their illness can be solved by an herbal remedy. One participant attested to recently paying 10,000 CFA for a consultation and 20,000 CFA for an X-ray (the equivalent of approximately \$50 USD total). The price of just a consultation can range anywhere from 5,000 CFA (\$8 USD) at a public hospital to 20,000 CFA (\$33 USD) at a private hospital, both of which pale in comparison to the 500-2,000 CFA (\$0.83-\$3.34 USD) one can typically expect to spend on a visit to a tradipraticien. According to a few participants, an additional burden on hospital and clinic goers is the need to front money for all expenses, including the ticket to receive a consultation and the costs for additional testing, such as an X-ray, and medications.

On the other hand, western medicine is preferred at times when the cost makes it accessible. This can be in the form of over-the-counter medicines that are less expensive or reduced costs of services through government initiatives. Common over-the-counter medicines can be found for 200 CFA. Meanwhile, *L'Agence de la couverture maladie universelle*, or the Agency of Universal Health Coverage, offers services that are free of charge to certain disadvantaged populations, including children under the age of five years old, women who must undergo a cesarean section, people with kidney failure, and adults over the age of sixty years old (source).

In addition to the financial accessibility of traditional medicine, it was widely accepted among my participants that traditional medicine is also easy to obtain in a physical sense, which

echoes Bignante's finding that her participants in St. Louis preferred herbal remedies because they are easily available. Citing some of the main street markets in Dakar, it was repeatedly said that traditional medicine would be at any market that you could find.

For many of my participants, it was evident that accessibility to medicine through cost and physical availability played a large role in their choices when ill. The generally lower cost and greater availability of traditional medicine were main reasons for its use, while initiatives to subsidize western medicine encouraged the use of western medicine as well.

Efficacy

Efficacy is the second key factor in determining the type of medicine that is used amongst my participants. First and foremost, there are many illnesses that are known to be cured more effectively by one type of medicine than the other. For traditional medicine, this includes small illnesses such as colds. The plant *guiera senegalensis*, locally known as *le nguer*, is commonly used to treat symptoms of colds like coughing. Chronic illnesses, such as diabetes, asthma, and hypertension, as well as more temporary issues such as hemorrhoids and skin diseases, are also commonly treated by traditional medicine because western medicine either does not treat these illnesses as effectively as herbal remedies do, or in some cases, these illnesses are untreatable by western medicine (such as asthma and hemorrhoids). This confirms the findings from Bignante's study showing that the majority of her participants preferred traditional medicine for minor illnesses, chronic diseases such as hypertension and diabetes, as well as skin diseases and hemorrhoids (705).

These viewpoints regarding traditional medicine are shared by the vast majority of my participants, not just those who prefer traditional medicine. For example, one traditional healer I spoke with shared that it is common for him to see patients with hemorrhoids and asthma that were referred to him by doctors and nurses from a nearby hospital. He says this is due to the fact that western medicine is unable to cure these illnesses; it is only able to ease them. Another participant shared her experience in finding traditional medicine more effective when it came to anemia, a condition that results in fatigue due to the body not having enough healthy red blood cells (“Anemia”). Since she prefers western medicine for more serious illnesses and illnesses that she isn’t able to diagnose herself, she went to the hospital when she was feeling severely fatigued all the time and wasn’t able to figure out what it was. After being diagnosed with anemia, she was given iron supplements which she took for two months, but to no avail in making her feel better. So she decided to do some research on herbal remedies, and she found that a mixture of *bissap* (juice made from hibiscus flower), *bouye* (juice made from baobab fruit and also rich in iron), and *moringa* (known as the “miracle tree”) was a common remedy for anemia. She discovered that this mixture made her feel better within three days of trying it, and now she drinks it everyday and hasn’t had any more signs of anemia. Her reasoning for why this worked and the iron supplements didn’t is that because her body is accustomed to natural remedies, and thus her body rejected the iron supplements.

Similarly to what was just mentioned by the traditional healer who cures hemorrhoids and asthma, another theme brought up in my interviews was that western medicine eased symptoms while traditional medicine cured the root of illnesses. By this, participants meant that unlike traditional medicine, western medicine could only temporarily cure a person because it

did not address the root of the problem, allowing the illness to return after some time. A prime example of this belief comes from my conversation with a traditional healer who discussed a hypothetical situation to illustrate his point. He told me to imagine someone with a bad headache. If he goes to the hospital, the doctor will diagnose him with a migraine and give him some medication to relieve the pain. However, it is likely that this headache will return if there is an underlying cause. The traditional healer said that if the patient came to him, he would check for signs of malnutrition which often results in painful migraines. If this were the case, he would advise the patient to make changes to his diet to meet his nutritional needs, therefore addressing the cause of the illness instead of just automatically treating the symptoms. This idea aligns well with what was said by one of Bignante's interviewees: "Modern medicine concentrates on eliminating the illness, while a traditional healer focuses on the causes of the illnesses and the spirituality of the person, hence the need for a traditional healer" (qtd. in Bignante 706).

On the other hand, because of its ability to diagnose illnesses more accurately, western medicine is often preferred for illnesses in which the participant is unsure of what is wrong or illnesses in which traditional medicine was unable to treat it. And because of its more advanced technology, several participants noted that they use western medicine for illnesses that require medical procedures, such as surgery. Additionally, as mentioned before, western medicine is used by some participants for small illnesses in which over-the-counter drugs are accessible, such as for pain or fever.

Personal Preference

The last of the factors that influence health practices amongst my participants is personal preference. By this, I am referring to all of the things other than accessibility and efficacy that impact a person's *decision* to use a certain type of medicine. I emphasize *decision* because personal preference implies that the participant has a *choice* in the type of medicine they use, unlike the factor of accessibility where a person's economic status may deprive that person of having the *ability* to use their preferred type of medicine, for example. There were a plethora of personal reasons for choosing one medicine over the other, but I will present the most common ones that were discussed in interviews.

For choosing traditional medicine, a number of my participants said that they preferred it because it was natural, unlike the highly processed pharmaceutical drugs of western medicine. A few participants also discussed the connection of traditional medicine to religion and marabouts, a topic that I regret that I was unable to dive into more deeply due to time constraints. Lastly, several participants expressed their partiality for traditional medicine because it was truly African. The sense of African nationalism and pride in using indigenous remedies expressed in this last example could be a result of the undermining of indigenous knowledge systems in the era of colonialism discussed in Abdullahi's "Trends and Challenges of Traditional Medicine" (qtd. in Abdullahi 116).

The main reasons given for a preference of western medicine were its ability to dose accurately as well as its more "advanced" nature compared to traditional medicine. An idea that was discussed in the majority of my interviews was the issue of overdosing in traditional medicine. For many, it was the only drawback of herbal remedies. As many people explained to me, including a traditional healer, the lack of dosing in most herbal remedies can result in

treatments that are too potent. Over time, this can lead to kidney and liver complications. One participant shared that the problem with traditional medicine is that there are no resources to extract the active, healing ingredients of a plant, so everything is used in the herbal remedy which can lead to consuming too much of a part of the plant that should not be consumed.

This last reason leads into the next, which is that western medicine is preferred by some because it is more advanced. With its technologies such as X-rays, it is able to produce more accurate and precise results. However, this reason also speaks to the challenges faced by traditional medicine in advancing itself. As previously mentioned, there were many colonial policies that halted any sort of advancement of traditional medicine, either because traditional healing practices were banned (Abdullahi 116) or because of the substantial efforts to make western medicine dominant (Keita 52). But it is evident that up to this day, traditional medicine is at a disadvantage towards advancement in comparison to western medicine; the WHO Global Report of Traditional and Complementary Medicine showed that, unlike western medicine, traditional medicine has not received any government or public research funding whatsoever (WHO 77).

Conclusion

To conclude, the data from this research show that the utilization of traditional medicine and western medicine in the urban centers of Dakar and Thiès is most impacted by accessibility, efficacy, and personal preference. The financial cost as well as the physical availability of medicines and services influence accessibility, while efficacy is generally determined by the type of illness. Personal preference consists of personal reasons for which participants choose one

type of medicine over the other, such as traditional medicine being natural and western medicine providing accurate dosing. Many of these factors aligned well with previous studies done in the rural village of Djindji (Kedougou region) and the city of St. Louis, while there were also differences, such as the emphasis of participants in this study on the role of dosing in medical preference. For future studies, it would be interesting to explore the impact of limited western health infrastructure and resources on accessibility as well as efficacy. Other influential factors to consider include the role of religion and marabouts with traditional medicine. I would also be eager to learn more of the impact of the relationship of doctors and traditional healers with their patients.

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