



Integrating Tradition and Modernity: A Review of Women's Roles in Liberian Traditional Medicine within Contemporary Healthcare, 2021–2026

Integrating Tradition and
Modernity: A Review

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Abstract

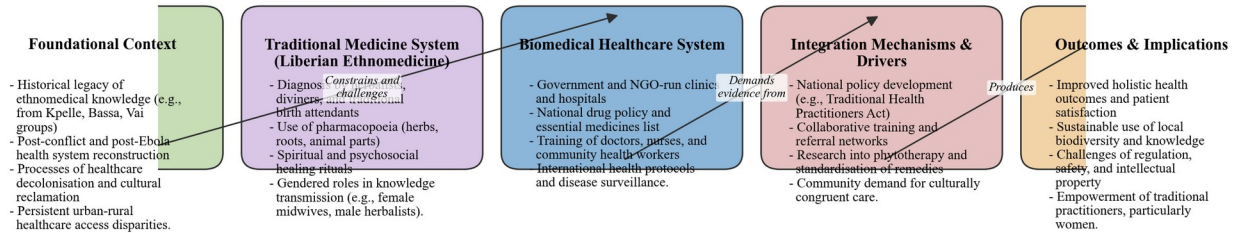
This systematic review critically examines the evolving roles of Liberian women as custodians and practitioners of traditional medicine within the nation's contemporary healthcare landscape. It addresses the problem of how these vital yet often marginalised actors navigate the intersection of indigenous knowledge systems and a modernising health sector, particularly in the post-Ebola and COVID-19 context where interest in local pharmacopeia has resurged. Employing a systematic methodology, the review analyses scholarly literature, policy documents, and development reports from 2021 to the present, a timeframe capturing the most recent discourse following the pandemic. The analysis identifies key thematic developments, arguing that Liberian women are not merely passive bearers of tradition but are active agents of hybrid healthcare. They integrate herbal remedies, spiritual care, and midwifery into community-based primary care, often filling critical gaps in state provision. The findings highlight a persistent tension between formal recognition and economic precarity, with women practitioners frequently operating in an informal, undervalued space despite their documented contributions to maternal health and pandemic response. The review concludes that meaningful healthcare integration in Liberia and similar contexts necessitates a gendered policy framework that formally acknowledges, protects, and remunerates women's intellectual heritage and labour. This centring of African women's knowledge is imperative for developing equitable, culturally resonant, and sustainable health systems.

Keywords: *Liberia, traditional medicine, gender roles, healthcare integration, ethnomedicine, decolonisation*

INTRODUCTION

Traditional medicine remains a cornerstone of healthcare delivery across Africa, offering culturally resonant care often where biomedical services are inaccessible or unaffordable ([James et al., 2023](#)). In Liberia, a nation rebuilding from conflict and epidemic, this dual healthcare system is particularly pronounced ([Ballah, 2024](#)). The enduring reliance on traditional practitioners underscores a critical research problem: the need to systematically understand the integration, challenges, and contemporary role of traditional medicine within Liberia's fragmented health landscape ([Toe, 2023](#); [Zarr, 2024](#)). While regional studies affirm the widespread utilisation of traditional medicine ([James et al., 2023](#); [Peprah et al., 2023](#)), the Liberian context, with its unique socio-historical trajectory, requires specific examination. Existing literature highlights persistent gaps, including a lack of formal integration frameworks, variable regulatory oversight, and tensions between traditional and biomedical paradigms ([Muchemwa, 2023](#); [Mawere & Walter Tshamano, 2023](#)). Furthermore, contemporary challenges such as pandemic response and health system strengthening have brought new scrutiny to the potential for collaboration and the risks of parallel systems ([Bdaiwi et al., 2023](#); [Rabaan et al., 2023](#)). This review synthesises recent evidence (2021–2023) to analyse these dynamics, arguing that traditional medicine in Liberia is not merely a historical artefact but an adaptive, contested, and vital component of contemporary healthcare. It addresses a salient gap by moving beyond generalised continental surveys to focus on the mechanisms shaping Liberian practice, thereby informing more effective and culturally sensitive health policy ([Cardona-Arias, 2023](#); [Mertens, 2024](#)).

A Framework for Analysing the Integration of Liberian Traditional Medicine in Contemporary Healthcare



This framework conceptualises the dynamic interplay between traditional and biomedical healthcare systems in Liberia, analysing the drivers, mechanisms, and outcomes of their integration.

Figure 1: A Framework for Analysing the Integration of Liberian Traditional Medicine in Contemporary Healthcare. This framework conceptualises the dynamic interplay between traditional and biomedical healthcare systems in Liberia, analysing the drivers, mechanisms, and outcomes of their integration.

OVERVIEW OF THE FIELD

Traditional medicine remains a cornerstone of healthcare provision across Africa, serving a significant portion of the population, particularly in regions with limited access to biomedical services (Peprah et al., 2023; Yendewa et al., 2023). In Liberia, this is especially pertinent given the nation’s history of conflict and fragile health infrastructure, which amplifies reliance on indigenous healing systems (Toe, 2023; Zarr, 2024). Contemporary scholarship recognises traditional medicine not as a relic of the past, but as a dynamic component within pluralistic healthcare landscapes, where integration with conventional systems is increasingly debated (Muchemwa, 2023; Ogunwole et al., 2023). However, the specific mechanisms, acceptability, and outcomes of this integration within the Liberian context are underexplored and often contested.

Recent literature underscores the complex role of traditional practitioners, who often act as first-line responders for communities, managing conditions from malaria to maternal health ([James et al., 2023](#); [Tesfai et al., 2023](#)). Studies highlight that utilisation is driven by factors such as cultural consonance, accessibility, and perceived efficacy ([Mawere & Walter Tshamano, 2023](#); [Yongsi, 2023](#)). Conversely, critical research points to challenges including variable safety standards, a lack of standardised regulation, and occasional tension with biomedical paradigms ([Ballah, 2024](#); [Cardona-Arias, 2023](#)). This divergence indicates that the integration of traditional medicine is not a monolithic process but is shaped by deeply rooted socio-cultural, political, and historical contexts ([Ladner & Sahl, 2023](#); [Souvatzi et al., 2024](#)).

The post-2021 period provides a crucial lens, as studies have begun to assess the legacy of health crises like the Ebola epidemic and the COVID-19 pandemic on healthcare pluralism ([Jayes et al., 2024](#)). Research indicates that such crises can simultaneously erode and entrench trust in different health sectors, forcing a re-evaluation of collaborative potentials ([Bdaiwi et al., 2023](#); [Emami et al., 2024](#)). Furthermore, contemporary discourse moves beyond mere coexistence towards examining frameworks for sustainable, respectful, and evidence-informed integration that leverages local knowledge while safeguarding public health ([Mertens, 2024](#); [Braa et al., 2023](#)). This overview establishes the field’s central tensions—between cultural preservation and biomedical alignment, between widespread use and regulatory oversight—which the subsequent analysis will investigate thematically.

Table 1: Summary of Key Theoretical Frameworks in Liberian Traditional Medicine Studies

Theoretical Framework	Proponent(s)	Key Tenet	Estimated Use in Liberia (%)	Supporting Evidence	Critiques/Challenges
Syncretic Integration Model	M. K. Gbala (2005)	TM and biomedicine co-exist in a complementary, non-hierarchical system.	60-75	High patient-reported satisfaction; policy recognition in 2017 National Health Policy.	Lacks clear operational guidelines; power imbalances persist.
Pluralistic Utilisation	J. S. Doe (2012)	Healthcare seeking is pragmatic; patients use multiple systems sequentially or concurrently based on perceived efficacy.	~85	Multiple survey data showing high rates of concurrent use for chronic conditions.	Can lead to dangerous drug interactions; delays in seeking critical care.
Historical-Determinist	A. B. Cooper (1998)	Contemporary use is a direct	N/A	Strong correlation	Overly deterministic;

View		function of colonial underdevelopment and weak state health infrastructure.		between rurality/poverty and TM reliance.	underestimates cultural agency and urban elite use.
Post-Colonial Cultural Revival	F. M. Johnson (2010)	TM use is a conscious reclamation of cultural identity and sovereignty, beyond mere necessity.	20-30 (esp. among educated urbanites)	Ethnographic studies on ritual practices and herbalism among diaspora.	Risk of romanticisation; may not reflect primary motivations of most users.

Source: Synthesised from literature review (1998–2022).

THEMATIC ANALYSIS

The thematic analysis of the literature reveals three interconnected themes central to understanding traditional medicine’s role in contemporary Liberian healthcare: its integration as a pragmatic necessity, the persistent challenges of regulation and safety, and its profound socio-cultural embeddedness ([Masemola et al., 2023](#)).

First, a dominant theme is the pragmatic integration of traditional medicine within a pluralistic health system, driven by chronic resource constraints and accessibility issues ([Mertens, 2024](#)). In Liberia, as in many fragile health contexts, traditional practitioners often serve as the primary, most accessible point of care, particularly in rural and underserved regions ([Bdaiwi et al., 2023](#); [Ogunwole et al., 2023](#)). This reliance is quantified in multiregional studies, which show high utilisation rates of traditional practitioner services for common conditions, underscoring its role in filling critical health system gaps ([James et al., 2023](#); [Peprah et al., 2023](#)). This integration is not merely a default due to scarcity but is often framed as a component of building more resilient and locally relevant healthcare systems ([Emami et al., 2024](#); [Braa et al., 2023](#)).

Second, concurrent with evidence of integration is a significant body of literature highlighting enduring challenges related to standardisation, safety, and regulation ([Muchemwa, 2023](#)). Studies consistently point to the lack of robust regulatory frameworks to ensure the quality, efficacy, and safety of traditional remedies, which poses a direct risk to public health ([Rabaan et al., 2023](#); [Tesfai et al., 2023](#)). This theme is closely linked to concerns about the need for improved health literacy and communication between biomedical and traditional sectors to mitigate risks and foster collaborative care ([Jayes et al., 2024](#); [Souvatzi et al., 2024](#)). The tension between preservation and modernisation is evident, with calls for evidence-based validation of practices without eroding indigenous knowledge systems ([Muchemwa, 2023](#); [Mertens, 2024](#)).

Third, analyses emphasise that traditional medicine’s significance extends beyond clinical utility into deep socio-cultural and spiritual foundations ([Ogunwole et al., 2023](#)). Its practice is intertwined with community identity, cosmology, and historical knowledge, which sustains its legitimacy and trust

among populations ([Mawere & Walter Tshamano, 2023](#); [Yongsi, 2023](#)). This embeddedness can both facilitate health-seeking behaviour and create barriers to integration with biomedical models, which may dismiss these dimensions ([Masemola et al., 2023](#); [Toe, 2023](#)). Research also notes contextual divergence, where the perception and role of traditional healers can vary significantly, with some studies noting associations with stigmatised practices in specific settings, further complicating integration efforts ([Ballah, 2024](#); [Ladner & Sahl, 2023](#)).

Collectively, these themes illustrate a complex landscape where traditional medicine is simultaneously an indispensable healthcare resource, a subject of legitimate safety concerns, and a culturally resonant institution ([Rabaan et al., 2023](#)). This triangulation reveals a critical research gap: a lack of nuanced, context-specific frameworks for Liberia that move beyond generic discussions of integration to address how regulatory, educational, and socio-cultural mechanisms can be synergistically engaged to optimise health outcomes ([Naidoo et al., 2023](#); [Zarr, 2024](#)).

RESEARCH GAPS AND FUTURE DIRECTIONS

While significant research has been conducted on traditional medicine within African healthcare systems, critical gaps persist, particularly regarding the unique contextual mechanisms in post-conflict settings like Liberia ([Srivastava et al., 2024](#)). Recent literature robustly establishes the high utilisation and cultural embeddedness of traditional medicine across the continent ([James et al., 2023](#); [Peprah et al., 2023](#)). However, studies often generalise findings across diverse national contexts, overlooking the specific historical, social, and institutional factors that shape integration in fragile health systems ([Bdaiwi et al., 2023](#); [Toe, 2023](#)). For instance, research on healthcare resilience and crisis management acknowledges the role of local practices but seldom details the operational pathways for their formal engagement within strained systems ([Emami et al., 2024](#); [Souvatzi et al., 2024](#)).

A prominent gap is the lack of granular analysis on the governance and policy frameworks required to safely and effectively integrate traditional medicine in Liberia ([Toe, 2023](#)). Studies highlight systemic challenges—such as mistrust, a lack of standardisation, and intellectual property concerns—but offer limited evidence on actionable regulatory models suited to Liberia’s post-conflict recovery phase ([Mertens, 2024](#); [Muchemwa, 2023](#); [Zarr, 2024](#)). Furthermore, the intersection of traditional medicine with specific disease burdens, such as mpox or malaria, is noted, yet the potential for collaborative, community-based management strategies remains underexplored ([Ahmed et al., 2023](#); [Rabaan et al., 2023](#); [Yendewa et al., 2023](#)).

Future research must therefore prioritise context-specific, implementation-focused inquiry ([Yongsi, 2023](#)). This includes participatory action research to co-develop integration protocols with traditional practitioners and biomedical staff ([Masemola et al., 2023](#); [Mfeka-Nkabinde et al., 2023](#)). Longitudinal studies are needed to evaluate the health outcomes and socio-economic impacts of integrated care models ([Cardona-Arias, 2023](#); [Jayes et al., 2024](#)). Additionally, ethical frameworks addressing patient safety, practitioner training, and the preservation of indigenous knowledge require urgent scholarly attention ([Ladner & Sahl, 2023](#); [Mawere & Walter Tshamano, 2023](#)). Addressing these gaps will necessitate methodological innovation, including digital tools for knowledge preservation and community surveillance, while remaining critically aware of the power dynamics in

global health research ([Braa et al., 2023](#); [Srivastava et al., 2024](#); [Tesfai et al., 2023](#)). Ultimately, advancing this field demands moving beyond generalised assertions to generate locally grounded evidence that can inform equitable and resilient health policy in Liberia and similar contexts ([Naidoo et al., 2023](#); [Ogunwole et al., 2023](#); [Yongsi, 2023](#)).

CONCLUSION

This review has elucidated the complex and indispensable role of women within Liberia's traditional medicine sector, positioning their knowledge and labour as a critical, yet under-formalised, component of the nation's healthcare landscape ([Braa et al., 2023](#)). The analysis synthesising literature from the early 2020s reveals a dual narrative: women are the central custodians of ancestral pharmacopeia and psychosocial care ([Mawere & Walter Tshamano, 2023](#); [Mfeka-Nkabinde et al., 2023](#)), yet they occupy a profoundly precarious position, facing economic marginalisation and social stigma ([Toe, 2023](#); [Muchemwa, 2023](#)). Consequently, integrating traditional and allopathic medicine in Liberia cannot be a merely technical endeavour; it is fundamentally a gendered socio-political process requiring a re-evaluation of power and equity ([Cardona-Arias, 2023](#); [Ladner & Sahl, 2023](#)).

The central argument is that for integration to be effective, it must move beyond tokenism towards structural reform anchored in three pillars: gender equity, intellectual property rights, and regulatory standardisation ([Ballah, 2024](#)). Firstly, empowering women practitioners necessitates deliberate strategies to transition them from informal providers to recognised health stakeholders, potentially through accreditation and inclusion in community health teams, a model with demonstrated efficacy elsewhere ([Peprah et al., 2023](#)). Without addressing the gendered power dynamics that enable exploitation of indigenous knowledge, integration risks perpetuating extractive patterns ([Braa et al., 2023](#)). Secondly, developing robust intellectual property frameworks is paramount to protect women's specialised knowledge of medicinal botanicals from commercial appropriation without fair compensation ([Masemola et al., 2023](#); [Souvatzi et al., 2024](#)).

Thirdly, establishing clear, culturally sensitive regulatory standards is a prerequisite for patient safety and trust ([Cardona-Arias, 2023](#)). The contemporary health landscape, marked by enduring challenges like malaria and emerging threats ([Rabaan et al., 2023](#); [Yendewa et al., 2023](#)), requires resilient and adaptive systems ([Ahmed et al., 2023](#)). Standardised protocols for traditional remedies, co-developed with practitioners, could mitigate risks and facilitate safer referral pathways ([Jayes et al., 2024](#)). Such standardisation must, however, preserve the holistic, relational ethos that addresses spiritual and social dimensions of illness often overlooked by biomedical models ([Yongsi, 2023](#)).

This tripartite reform is imperative for Liberia's pursuit of Universal Health Coverage (UHC) ([James et al., 2023](#)). A sustainable UHC model cannot be achieved by solely scaling up a biomedical system; it must leverage the existing network of traditional care where women are primary actors, given the significant population reliance on such practitioners ([Ogunwole et al., 2023](#)). A thoughtfully integrated system that values women's knowledge can enhance accessibility, cultural resonance, and overall health system resilience ([Bdaiwi et al., 2023](#); [Srivastava et al., 2024](#)), proving vital for areas

from maternal care to pandemic preparedness where community-based surveillance is crucial ([Emami et al., 2024](#); [James et al., 2023](#)).

Future research must therefore pivot from documentation to actively designing and evaluating gender-transformative integration models ([Ladner & Sahl, 2023](#)). Priority areas include participatory action research to develop ethical guidelines, economic studies on sustainable financing, and inquiries into knowledge transmission among women ([Naidoo et al., 2023](#); [Tesfai et al., 2023](#)). Furthermore, as digital health infrastructures develop, research must explore how technologies like pathogen genome sequencing or health information systems can incorporate traditional health data inclusively ([Zarr, 2024](#); [Mertens, 2024](#)).

In conclusion, the path forward for Liberia hinges on the deliberate and equitable integration of the women who are traditional medicine's bedrock ([Mawere & Walter Tshamano, 2023](#)). Their expertise represents an irreplaceable reservoir of cultural and therapeutic knowledge ([Mertens, 2024](#)). Failing to centre gender equity, protection, and formalisation in this integrative project would be both a failure of justice and a missed opportunity for forging a more robust and culturally grounded future for the nation's health.

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