

Attitudes and practices of the population of Yaoundé relating to community management of 5 skin diseases

Summary

Introduction: A common dermatosis is a skin disease that frequently affects the general population or a specific population. In Cameroon, as elsewhere in Africa, dermatosis remains a major public health problem. This is why we thought it would be appropriate to learn more about the attitudes and practices of the population regarding the community management of some dermatoses.

Objective: To describe attitudes and practices of the population of the city of Yaoundé regarding the community management of 5 common dermatoses.

Methodology: This was a descriptive cross-sectional KAP study of all adults who had used Traditional medicine for the treatment of 5 common dermatoses, namely *tartar*, *scabies*, *ringworm*, *acne* and *diaper rash*, in the city of Yaoundé. Attitudinal and practical behaviour was assessed using a questionnaire that had been pre-tested and adapted. An inventory of treatments was carried out with the help of the same questionnaire and the support of a *Traditional Healer*, in order to identify these treatments according to their vernacular names. The variables studied were socio-demographic profile, levels of knowledge, attitudes, practices and treatments used concerning community dermatoses care. Data analysis was performed using SPSS 26 software.

Results: A total of 205 participants were recruited from 8 formal markets in Yaoundé. The median age was 34 years, with a predominance of women (60.49%) and an M/F sex ratio of 0.65. Concerning Participants' attitudes, the majority used traditional and modern medicine concomitantly to treat the 5 dermatoses. As for practices, one proportion observed before acting (39.02%), while the other resorted to self-medication (38.05%). The inventory of traditional medicines used to treat dermatitis identified 25 plants and 2 products. The most common botanical families were *Fabaceae*, *Annonaceae* and *Lamiaceae*. The most commonly used plant organs were leaves and bark. The mode of administration was through the skin using oils (49.4%) and baths (45.78%).

Conclusion: People's Attitudes about community management of these dermatoses indicated the use of both traditional and conventional medicine. Practices favored therapeutic abstention and/or self-medication.

Keywords: attitudes, practices, dermatoses, traditional medicine, community management

Volume 13 Issue 2 - 2025

Ngono Akamba Lucrèce S,¹ Ngono Mballa Rose,¹ Aude Minyem,² Bissek Anne Cécile,³ Ndikum Valentine,¹ Ondoa Nguéle Marc,¹ Fokunang Charles⁴

¹Département de Pharmacologie and Traditional Médecine, Faculty of Medicine and Biomedical Sciences, Yaoundé I University, Cameroon

²Department of Galenical Pharmacy and Legislation, Faculty of Medicine and Biomedical Sciences, Yaoundé I University, Cameroon

³Department of Internal Medicine, Dermatology, Faculty of Medicine and Biomedical Sciences, Yaoundé I University, Cameroon

⁴Department of Pharmacotoxicology and Pharmacokinetics, Faculty of Medicine and Biomedical Sciences, Yaoundé I University, Cameroon

Correspondence: Ngono Mballa Rose, Department of Pharmacology and Traditional Medicine, Faculty of Medicine and Biomedical Sciences, University of Yaoundé, Cameroon, Tel +237690838443

Received: March 28, 2025 | **Published:** April 22, 2025

Background

Skin diseases still constitute a major public health problem in all developing countries in the 21st century.¹ However, half of these countries do not have enough dermatologists and this results in low coverage of dermatological care for the population.²

Skin diseases are among the top five causes of morbidity and disability in Africa. About 30% of patients seen in health centers in Africa suffer from skin diseases.¹ Common skin diseases include conditions such as acne, eczema, fungal infections, and rashes, among others.

According to WHO,³ traditional medicine (TM) has been the only health care system available for centuries for the prevention, diagnosis and treatment of social, mental and physical diseases. MT in Cameroon, as everywhere else in Africa, has undergone some evolution over the last 20 years following the financial crisis of the 1980s, which caused a drop in average household income and an increase in disparities within populations, thus changing the demand for care. It is recognized as one of the 3 sub-sectors of the Cameroonian

health system that plays an essential role in the management of pathologies and the delivery of traditional care in our communities. We therefore thought of conducting a survey on attitudes towards common pathologies encountered in our environment (research and requests for care in hospital settings) and finally on ethnomedical and even ethnopharmacotherapeutic practices to identify the recipes traditionally used in the management of 5 common dermatoses.

Materials and methods

Type of study

This study employed a descriptive cross-sectional design, utilizing the Knowledge, Attitudes and Practices (KAP) framework to assess community-based management of common dermatoses among the population of Yaoundé, Cameroon.

Place of study

The research was conducted across eight formal markets in Yaoundé—Mokolo, Etoudi, Mvog-Beti, Ekounou, Atangana Mballa, Elig-Edzoa, Mfoundi, and Marché Central—selected

through convenience sampling to capture a diverse socioeconomic demographic.

Duration and period of the study

The overall study spanned eight months, from November 2023 to June 2024, with active data collection occurring between February and May 2024.

Characteristics of the study population

Target population: It consisted of the adult populations of Yaoundé frequenting the identified markets.

Source population: It consisted of traders and their customers, located in the identified markets.

Selection criteria

A. Inclusion criteria

Included in this study:

- i. Adults aged 18 years and above.
- ii. Individuals who had utilized traditional medicine for at least one of the following dermatoses: pityriasis versicolor, tinea, scabies, acne, or diaper rash.
- iii. Participants who provided written informed consent.

B. Non-inclusion/exclusion criteria

The following were excluded from this study:

- i. Individuals who declined participation.
- ii. Persons unable to comprehend the questionnaire due to language barriers or cognitive impairments.

Sampling method

The sample size was estimated taking into account the proportion of knowledge level on the use of ethnomedicines.

A non-probabilistic consecutive sampling approach was employed. Trained interviewers approached potential participants directly within the selected markets. The sample size was determined using Cochran's formula, assuming a 50% prevalence rate, a 5% margin of error, and a 95% confidence interval, resulting in a target of 240 participants. The final sample comprised 205 respondents, yielding a response rate of 86%.

Integration of traditional healer expertise

A local traditional healer was consulted to:

- i. Validate the identification of medicinal plants cited by participants, ensuring accurate correlation between vernacular and scientific nomenclature.
- ii. Confirm traditional preparation and administration methods of these remedies.

This collaboration aimed to enhance the reliability of ethnobotanical data and minimize reporting biases.

List of variables

Sociodemographic profile: Identification: age, gender, level of education.

Attitudes in face of the 5 diseases: Acne, Scabiosis, Pityriasis versicolor, Ringworm, Diaper rash.

Seriousness, urgency, contagiousness, discomfort

Practices/Use of care

- i. In hospital environment
- ii. Pharmacy or self-medication
- iii. Use of traditional medicine.

Traditional medicine (level of satisfaction): Effectiveness, practicality, cost, accessibility, presentation / mode of administration

Procedure

Data collection

Instrument: Data were collected using a structured questionnaire divided into four sections: sociodemographic profile, knowledge, attitudes, and practices related to dermatoses and their management. The questionnaire was digitized using Kobo Collect for efficient data entry via smartphones.

Validation

- I. Pretesting:** Conducted with 20 individuals not included in the main study to assess clarity and coherence.
- II. Reliability:** Internal consistency was evaluated using Cronbach's alpha, yielding a coefficient of 0.78 for the knowledge section, indicating acceptable reliability.

Ethical considerations

The study received ethical approval from the Institutional Ethics and Research Committee of the University of Yaoundé I and authorization from the Regional Delegation of Public Health. Participants were provided with detailed information sheets outlining the study's objectives, potential risks and benefits, and their rights, including the right to withdraw at any time. Written informed consent was obtained prior to participation.

Data analysis

Composite scores for knowledge, attitudes, and practices were calculated using a weighted scoring system adapted from Essi et al.⁴

For knowledge analysis, each disease has 7 aspects to evaluate, or 7 points in total. Depending on the final number of correct answers, the level of knowledge is:

- a. Bad:** If the respondent gives less than 25% correct answers (less than 2 correct answers);
- b. Insufficient:** If the respondent presents between 25% and 50% correct answers (between 2 and 3 correct answers);
- c. Average:** If the respondent gives between 50% and 85% correct answers (between 4 and 5 correct answers);
- d. Good:** If the respondent gives more than 85% correct answers (at least 6 correct answers)

The databases were exported and cleaned using Excel software. Quantitative variables were described using medians (IQR) and categorical variables using proportions. The analysis was done using SPSS 26 software.

Results

This chapter is presented in 5 sections: the population recruitment plan, the sociodemographic profile, the assessment of knowledge on the 5 dermatoses, the description of attitudes towards these pathologies

and finally the identification of the practices of the populations with regard to the management of these 5 common dermatoses.

Recruitment

Recruitment was carried out among populations in 08 formal markets in the city of Yaoundé. A total of 205 people were recruited, representing a response rate of 86%. The structure of the population is illustrated in the following Table 1.

Table 1 Sample structure

Walk	Health District	Target	Realization	Blanket (%)
Etoudi	DS Djoungolo	30	30	100
Elig-edzoa	DS Djoungolo	30	30	100
Mokolo	DS of the green city	40	40	100
Mvog-beti	DS by Biyem Assi	20	20	100
Mvog Atangana Mballa	DS Nkoldongo	30	30	100
Ekounou	DS d' Odza	30	30	100
Central Market	DS Djoungolo	30	10	33
Mfoundi	DS Djoungolo	30	15	50
Total		240	205	86

Sociodemographic characteristics

Regarding socio-demographic characteristics, the sex ratio M/F was 0.65. The median age was 34 (26-46) years, with extremes ranging from 21 to 75 years. The most represented age groups were 18-28 and 28-38 with both a number of 61 (or 29.8%). The majority of participants were traders (37.6%), single (45.9%) and had a secondary education level (45.9%) (Table 2).

Table 2 Socio-demographic characteristics of the population studied

Variables	Staff (n)	Frequency (%)
Median age (IQR)	34 (26 - 46)	
Age groups		
[18;28]	61	29.8%
[28;38]	61	29.8%
[38;48]	34	16.6%
[48;58]	32	15.6%
[58;68]	11	5.4%

Table 3 Opinions of participants on the 05 dermatoses

	Tartar	Ringworm	Scabies	Acne	Diaper rash
Opinion on the natural or mystical character of the disease					
It is a natural disease	204 (99.5)	199 (97.1)	191 (93.2)	192 (96)	199 (98.5)
It is a mystical disease	1 (0.5)	6 (2.9)	14 (6.8)	8 (4.0)	3 (1.5)
Total n (%)	205 (100)	205 (100)	205 (100)	200 (100)	202 (100)
Opinion on conventional therapeutic possibilities					
Yes	199 (97.1)	194 (94.6)	197 (96.1)	180 (90)	185 (91.6)
No	6 (2.9)	11 (5.4)	8 (3.9)	20 (10)	17(8.4)
Total n (%)	205 (100)	205 (100)	205 (100)	200 (100)	202 (100)

Table 2 Continued...

68 years and over	6	2.9%
Total	205	100
Sex		
Female	124	60.5%
Male	81	39.5%
Level of education		
Not in school	6	2.90%
Primary level	39	19.0%
Secondary level	94	45.9%
University level	66	32.2%
Occupation		
Farmer	27	13.2%
Artisan	6	2.9%
Trader	77	37.6%
Breeder	9	4.30%
Employee	30	14.6%
Student	29	14.2%
other	27	13.2%
Marital status		
Bachelor	94	45.9%
Divorce	8	3.9%
Married	82	40.0%
Widow/widower	21	10.3%

Analysis of attitudes

We undertook to evaluate the therapeutic recourse attitudes of the respondents in the face of the occurrence of dermatoses; the results of our investigations are contained in the graphs below:

Opinion of participants on the 05 dermatoses: Among those questioned on the natural or mystical nature of ringworm, scabies, diaper rash, acne, the majority were convinced of the natural nature of these in respective proportions of 99.5% (204/250), 97.1% (199/250), 93.2% (191/250), 96% (192/200), 98.5% (199/202).

They believed that there were conventional therapeutic possibilities with proportions varying from 90.0% (180/200) for acne to 97.1% (199/205) for scabies.

Regarding their attitude towards the drugs used for treatment, they tended to mix conventional and traditional drugs in proportions varying from 75% (147/196) for scabies to 63.7% (114/179) for acne.

Regarding the urgency of treating skin diseases, scabies appeared to be the pathology considered most urgent by participants (82.9% or 170/205) followed by diaper rash at 72.3% (146/202) and almost 45% for ringworm (Table 3).

Table 3 Continued...

Opinion on the means of treatment					
With conventional drugs	34 (17.1)	41 (21.1)	33 (16.8)	57(31.8)	34 (18.4)
With traditional medicines	144 (72.4)	19 (9.8)	16 (8.16)	8 (4.47)	26 (14.1)
With conventional and traditional medicines	21 (10.6)	134 (69.1)	147 (75)	114 (63.7)	125(67.6)
Total n (%)	199 (100)	194 (100)	196 (100)	179 (100)	185 (100)
Opinion on the urgency of care					
Yes	86 (42)	91 (44.4)	170 (82.9)	62 (31)	146 (72.3)
No	97 (47.3)	94 (45.9)	26 (12.7)	77(38.5)	26 (12.7)
NSP	22 (10.7)	20 (9.8)	9 (4.4)	61 (30.5)	30 (14.9)
Total n (%)	205 (100)	205(100)	205 (100)	200 (100)	202 (100)

Personal reasons for using traditional medicine: It is noted that the affordability of this traditional medicine remains the reason for its first-line use (66.3%) among the majority of respondents. In addition, it is a complementary medicine to conventional treatments for 51.7% (Table 4).

Table 4 Reasons for using traditional medicines

Reason for use	Workforce (%)
It helps me in addition to my usual treatments	51.7
By tradition	10.8
Plants are less toxic and have fewer side effects than drugs	40.8
For the relatively cheaper cost and accessibility	66.3

Identification of indigenous treatment practices

Since ancient times, ethnomedicine or traditional/indigenous treatment has been used by our populations to treat their illnesses as a first resort.

In our research, it was appropriate to know if the respondents had knowledge of “indigenous” treatment for the management of the 05 pathologies; the results are presented in table below:

When asked what pathology had personally affected the majority, 75/180 mentioned ringworm (41.6%), followed by ringworm (21.1%) and acne (17.2%). As for the most significant illness of their child, they were diaper rash (36.1%), ringworm (33.9%) and ringworm (16.7%).

Regarding the first reaction of participants when faced with one of these pathologies. The majority of respondents (80/205 or 39%) observe the disease before acting, while 38.1% (78/205) choose to treat themselves. Only a small proportion (1%) turned directly to a traditional practitioner or healer.

Among the 203 respondents who answered the question of whether they had used indigenous treatment for at least one of the illnesses that had affected them, a large majority (81.3%) answered in the affirmative (Table 5).

Table 5 Indigenous treatment practices

	Workforce(n)	Percentage (%)
Illness that has affected you most personally		
Acne	31	17.2
Dartre	75	41.7
Scabies	12	6.7
Diaper rash	24	13.3
Ringworm	38	21.1
Total	180	100

Table 5 Continued...

Illness that most affected a child in your circle		
Acne	10	5.6
Dartre	30	16.7
Scabies	14	7.8
Diaper rash	65	36.1
Ringworm	61	33.9
Total	180	100
First reaction to a case of these diseases		
I observe	80	39
I ask for advice in skin care and cosmetic product stores	22	10.7
I take care of myself	78	38.1
I go to the traditional practitioner / healer	2	1
I'm going straight to the hospital	23	11.2
Total	205	100
Using indigenous treatment for one of these major diseases		
Yes	165	81.3
No	38	18.7
Total	203	100

Furthermore, the indigenous treatments used to treat the 05 dermatoses were listed by the respondents; the results are in the following table:

Four products were used to treat several of the 05 dermatoses: Sulfur for ringworm and ringworm; *Senna alata* (*Fabaceae*) in the form of leaves and *O cimum gratissimum* (*Lamiaceae*) to treat ringworm, tinea, diaper rash and acne. Several parts of certain plants were used for the treatment of dermatoses: The leaves, the stem and the sap for *Ocimum gratissimum* (*Lamiaceae*); leaves and bark of *Dacryodes edulis* (*Burseraceae*) and *Mangifera indica* (*Anacardiaceae*); Leaves and sap of *Aloe true*.

Acne and diaper rash had the greatest variety of products offered for treatment, 10 and 8 respectively. Among the treatments offered for acne was *apple cider vinegar*.

From the above-mentioned traditional recipes, we have identified the species corresponding to the vernacular and common names obtained from indigenous treatments.

To the question relating to the form of use of plants for the management of the 05 dermatoses, the respondents responded and the results are recorded in Table 6.

Oils, baths and powders would be the most used forms with 49.4%, 45.8% and 32.5% respectively. Decoctions and purges are still administered at 24% and 23% respectively (Table 7).

Table 6 Traditional medicines reported for the treatment of 5 dermatoses

Tartar	Ringworm	Diaper rash	Scabies	Acne
Sulfur (powder)	Sulfur (powder)			
<i>Senna alata</i> (Fabaceae) leaves	<i>Senna alata</i> (Fabaceae) leaves	<i>Senna alata</i> (Fabaceae) leaves		
<i>Ocimum free</i> (Lamiaceae) Leaves / Stems / Sap	<i>Ocimum free</i> (Lamiaceae) Leaves / Stems / Sap	<i>Ocimum free</i> (Lamiaceae) Leaves / Stems / Sap		<i>Ocimum free</i> (Lamiaceae) Leaves, Stems / Sap
	<i>Allium sativum</i> (Amaryllidaceae)			<i>Allium sativum</i> (Amaryllidaceae)
<i>Solanum torvum</i> (Solanaceae) leaves	<i>Annona muricata</i> (Annonaceae) leaf	<i>Spathodea campanulata</i> p. Beauv (Bignoniaceae) bark	<i>Dacryodes edulis</i> (Burseraceae) bark, leaves	<i>Aloe vera</i> Leaves and sap
	<i>Euphoria hirta</i> (Euphorbiaceae) leaves, stems	<i>Baillonella toxicperma</i> (Sapotaceae) bark	<i>Mangifera indica</i> (Anacardiaceae) bark, leaves	<i>Moringa oleifera</i> (Moringaceae)
	<i>Ziziphus jujuba</i> (Rhamnaceae) Fruits	<i>Nauclera diderrichii</i> (Rubiaceae) bark	<i>Psidium guajava</i> (Myrtaceae) leaf	<i>Petroselinum crispum</i> (Apiaceae) leaf
	<i>Petersianthus macrocarpus</i> (Lecythyidaceae) bark	<i>Ageratum conyzoides</i> (Asteraceae) leaf	<i>Albizia ferruginea</i> (Fabaceae) leaf	<i>Allium cepa</i> (Allium)
		<i>Elaeis guineensis</i> (Arecales) fruits		<i>Curcuma longa</i> (Zingiberaceae)
		<i>Xylopia aethiopica</i> (Annonaceae) fruits		<i>Azadirachta indica</i> (Meliaceae)
				<i>Alchornea cordifolia</i> (Euphorbiaceae)
				Apple Cider Vinegar

Table 7 Forms of treatment received by respondents

Forms of treatment	Workforce (%)
Decoctions	24.1
Oils	49.4
Powder	32.5
Maceration	13.3
Bath	45.8
Purges	23.3
Juice extraction	8.4
In friction	20.8

Discussion

This study assessed the attitudes, and practices of residents in Yaoundé concerning the community management of five common dermatoses: acne, scabies, diaper rash, pityriasis versicolor, and ringworm. The findings revealed a significant reliance on traditional medicine, with 81.3% of participants reporting its use. Affordability (66.3%), perceived efficacy (40.8%), and accessibility were the most commonly cited reasons. Knowledge levels varied; scabies had the highest proportion of insufficient knowledge (69%), whereas diaper rash was better understood (47% good knowledge). Attitudes favored a combined use of traditional and conventional treatments, especially for scabies (75%) and diaper rash (67.6%). Regarding practices, 38.1% of respondents engaged in self-medication and 39% opted to observe symptoms before taking action, indicating a preference for informal or delayed treatment. Oils (49.4%) and baths (45.8%) were the most common forms of traditional medicine administration.

Limits of the study

Among the limitations of the study, we can cite the fact that in this particularly “busy” environment that constitutes a market but nevertheless very busy, we were unable to reach the expected number of participants. Nevertheless, we were able to reach 85% of the target. Another reason is the scarcity of published articles dealing with this subject.

Sociodemographic profile

Our study concerned all adults who had experienced one of the 5 pathologies and who had used traditional medicine. The sex ratio M/F was 1.53. This trend could be explained by the fact that generally, in African communities, women, as mothers, had the responsibility of providing first health care to family members, especially children. This observation was also made by Diatta et al.⁵

The age of the population ranged from 21 to 75 years, with a median age of 34(26-46) years. Regarding the profession, the majority of participants were traders (37.6%), single (45.9%) and had a secondary education level (45.9%). Our results could be explained by the places chosen for the study. Indeed, the market being their place of work, traders were most willing to continue the survey. The need to be financially independent and to be able to provide for the family’s needs very often motivates abandonment of higher education.

Comparative analysis: traditional dermatosis management in Cameroon and Sub-Saharan Africa

Prevalence of traditional medicine use

In the present study, 81.3% of participants reported utilizing traditional treatments for dermatoses, primarily due to affordability (66.3%) and perceived efficacy (40.8%). This finding aligns with

results reported in a Yaoundé-based survey where 75% of individuals relied on herbal remedies for skin conditions.⁶ The frequent use of Fabaceae (e.g., *Senna alata*) and Lamiaceae (e.g., *Ocimum gratissimum*) echoes Cameroon's pharmacopeia, where these species are dominant for their antimicrobial and anti-inflammatory effects.^{7,8}

In West Africa, Konan et al., found that 91% of respondents in Abidjan used both modern and traditional medicine for skin problems, similar to our 63.7% for acne. In Mali, the FID project reported that over 50% of dermatological patients first consulted traditional healers, which aligns with our finding that 39% preferred “observing” before taking action.^{9,10}

Knowledge gaps and misconceptions

The study showed major gaps in knowledge: 37% had a “poor” understanding of acne and 69% had “insufficient” knowledge of scabies. Similar patterns were reported in Senegal, where 93.8% of diabetic patients used plant remedies without knowledge of appropriate dosages.⁷ In Benin, only 2.76% of participants sought formal consultation from traditional practitioners, relying instead on informal advice.¹¹

Therapeutic practices

Participants mostly used topical formulations: oils (49.4%) and baths (45.8%), mainly from leaves and bark. *Dacryodes edulis* and *Mangifera indica* were frequently cited. These results echo ethnobotanical findings in Senegal, where *Khaya senegalensis* bark is used for eczema, and in Nigeria where *Aloe vera* is applied for wound care.^{8,12}

Policy implications

This reinforces the need for better integration of traditional and modern systems. Cameroon's 2021 Traditional Medicine Policy promotes collaboration between herbalists and hospitals. Similarly, Mali's FID model, through training health workers in basic dermatology, reduced non-referral use of traditional care by 30%.^{3,4}

Analysis of the prevalence of self-medication and therapeutic abstention in dermatosis management

self-medication: drivers and justifications

38.1% of participants reported using traditional remedies for self-treatment, while 39% opted to «observe» first.

- 1. Financial Accessibility:** Most cited affordability (66.3%) as a reason for traditional care. In Cameroon, about 85% of urban populations live in precarious housing, limiting access to clinics.⁴ In Mali and Benin, herbal care is often 3–5 times cheaper than hospital visits.⁸
- 2. Perceived safety and trust :** 40.8% of respondents believed herbal treatments to be less toxic. In Senegal, 79% of diabetics preferred herbs for glycemic control.⁷ In Côte d'Ivoire, *Senna alata* enjoys high trust for skin fungal infections.¹³
- 3. Health system gaps :** Cameroon has fewer than 50 dermatologists for 27 million people. Shortages of antifungals and antibiotics in public hospitals often push patients to self-manage.² Only 11.2% of participants sought immediate hospital care.^{14–16}

Therapeutic abstention

- a. Perceived mildness:** Conditions like acne and pityriasis versicolor are seen as trivial. In Togo, 62% delayed care for pityriasis versicolor, assuming self-resolution.⁸

b. Stigma diseases: Such as scabies are linked with “dirtiness” or mysticism. 6.8% in our study described scabies as mystical. Similar stigma prevents early care for leprosy in Nigeria.¹⁰

c. Lack of awareness: 69% had insufficient knowledge of scabies. Mali's FID model reduced abstention by 25% over two years through awareness programs.³

Implications and Recommendations

- i. Subsidize basic dermatologic drugs to compete with traditional care costs
- ii. Engage traditional practitioners in public health education.
- iii. Use stigma-reducing campaigns through community radio, as done in Ghana for Buruli ulcer.^{8, 17–27}

Conclusion

Self-medication and abstention reflect health system inequities, cultural beliefs, and financial constraints. Integrating validated traditional practices into formal care, coupled with awareness and subsidy strategies, could improve outcomes in dermatologic community care.

Acknowledgments

None.

Conflicts of interest

The authors declare that they have no conflicts of interest.

Funding

None.

References

1. Mahé A, Keita S, Faye O. Manual for the management of common skin diseases in Mali. *Mali Méd.* 3:25.
2. Fofana Y, Traoré B, Faye O, et al. Geriatric dermatoses in dermatological hospitalization in Bamako (Mali). *Pan Afr Med J.* 2016;25.
3. WHO. *African Health Observatory - Traditional Medicine.* Rev Bur Reg WHO For Afr. 2003.
4. Essi MJ, Njoya O. The CAP survey in medical research. *Health Sci Dis.* 2013;14(2):183.
5. Diatta CD, Gueye M, Akpo LE. Les plantes médicinales utilisées contre les dermatoses dans la pharmacopée Bainouk de Djibonker, région de Ziguinchor (Sénégal). *Journal of Applied Biosciences.* 2013;70 :5599–5607.
6. Abondo-Ngono R, Tchindjang M, Essi MJ. Mapping of traditional medicine stakeholders in Cameroon: the case of the central region. *Ethnopharmacology.* 2015.
7. Dièye AM, Sarr A, Diop SN, et al. Medicinal plants and the treatment of diabetes in Senegal: survey with patients. *Fundam Clin Pharmacol.* 2008;22(2):211–216.
8. Masudi N, Dégboé B, Fabrice A. Human scabies: epidemiological, clinical and therapeutic aspects in Benin. 2021;13:380–384.
9. Henry F, Thirion L, Piérard-Franchimont C, et al. How I Treat... diaper rash. *Rev Med Liege.* 2006;61(4): 212–216.
10. Maslove DM, Mnyusiwalla A, Mills EJ, et al. Barriers to the effective treatment and prevention of malaria in Africa: a systematic review of qualitative studies. *BMC Int Health Hum Rights.* 2009;9:26.

11. Allabi AC, Busia K, Ekanmian V, et al. The use of medicinal plants in self-care in the Agonlin region of Benin. *J Ethnopharmacol.* 2011;133(1):234–243.
12. Orsot BA, Coulibaly K, Sanogo Y. Medicinal plants, alternative treatment for skin diseases in Ivory Coast. *Journal of Animal & Plant Sciences.* 2021;31:8754–8773.
13. Malan F, Danho F. Traditional practices and medicinal plants use during pregnancy by Anyi-Ndenye women (Eastern Côte d'Ivoire). *Afr J Reprod Health.* 2011;15(1):85–93.
14. Kouotou EA, Adegbidi H, Bene Belembe R, et al. Acne in Cameroon: quality of life and psychiatric comorbidities. *Ann Dermatol Venereol.* 2016;143(10):601–606.
15. Minsante. *Health Sector Strategy 2020-2030.* 1st Edn. 2020.
16. Lesemann F. *Community Health Management. Issue 1 (41), Spring 1979.* International Review of Community Development. Érudit. 2016.
17. Guedje NM, Tadjouteu F, Dongmo RF. Traditional African Medicine (TRA) and herbal medicines: challenges and development strategies. *Health Sci Dis.* 2013;13(3):99.
18. French Agency for the Safety of Health Products. *Recommendations for good practice for the treatment of acne by local and general means.* 143–147 boulevard Anatole France 93285 Saint-Denis Cedex; 2007.
19. Luce ML. *Use of local medicinal plants in Martinique: a dual survey of patients and general practitioners.*
20. Lazarus A, Delahaye G. Complementary and alternative medicine: a competition attacking evidence-based medicine? *Les Tribunes de la santé.* 2007;15:79–94.
21. Mpondo E, Ngene J, Mpounze Som L, et al. Traditional knowledge and uses of medicinal plants in the Haut Nyong department. *J Appl Biosci.* 2017;113:11229–11245.
22. Bwassiwe H, Kossi M, Aklesso P, et al. Ethnobotanical survey of plants used in the traditional treatment of muscle bruises in Togo. *Rev Ivoir Sci Technol.* 2014;24:112–130.
23. Collège des enseignants-chercheurs de Parasitologie-Mycologie africains. *Manuel de Parasitologie et de Mycologie de la Société Africaine de Parasitologie (SoAP)-Tome 2 Affections Mycosiques.* 2021.
24. Hay RJ, Roberts SOB, Mackensie DWR. *Pityriasis Versicolor.* In : Champion R.H, Burton I.L, Ebling F.J.G. eds. Oxford. Blackwell scientific publication; 1992.
25. Gassama M, Sissoko M, Fofana C, et al. Knowledge, attitudes and practices of parents on diaper dermatitis in the dermato-venerology department of the national center for support in the fight against disease (Formerly the Marchoux Institute). *Health Sciences and Disease.* 2021;22(7).
26. Mama Djima M, Ouattara N, Dosso M. *Measuring the use of traditional medicine in West Africa.* 2018.
27. Salhi S, Fadli M, Zidane L, et al. Floristic and ethnobotanical studies of medicinal plants in the city of Kenitra (Morocco). *Lazaroa.* 2010;31:133–143.