TECHINICAL REPORT ON THE KNOWLEDGE AND ATTITUDES OF TRADITIONAL HEALERS TOWARDS MODERN MEDICAL PRACTICE AND UTILIZATION OF TRADITIONAL MEDICINE IN TWO REGIONS OF TANZANIA MAINLAND

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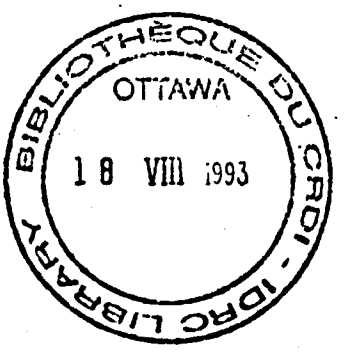

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TABLE OF CONTENTS

CHAPTER ONE

INTRODUCTION

Geography

Tanzania lies between 1° and 11.6° South of Equator, and between the longitudes of 29° and 40.5°. It has an area of 886,000 sq.km. The altitude varies from sea level to over 6000 metres above sea level at the top of mount Kilimanjaro. It has a wide spectrum of climatological conditions, from semi-desert to cool temperate-like climates. Such variation is mostly due to altitude variance, leave alone the position of the country in the global climatological region. The rainfall varies a lot, from a few centimetres to over 100 centimetres annually.

The country has an estimated population of 23,000,000 people (1988 Census) with an average population density of 20 per sq.km. About 95% of the people live in the rural areas, and they essentially rely on agriculture as a means for survival. The population growth rate is 3% annually with a sex ratio of 1: 1.1. (Male: Female). the ratio of dependents to non dependents is very high indicating that the country has a high proportion of people below the age of 18 years. Life expectancy has increased from 35 years in 1966 to 50 years in 1980. The infant mortality rate is about 100 per live birth 1000 (1988) and the crude death rate is 22 per 1000.

The mainland of Tanzania is divided into 20 regions and has 87 districts. There are three types of districts from the administrative point of view, namely, full Urban districts, rural districts with Urban Sub districts and Rural districts not sub divided.

The national health policy

The post independence national health policy stemmed from the country's Arusha Declaration of February 1967. It embodied some of the following features.

- Rural development
- Mobilization of all resources for the elimination of poverty, ignorance and diseases, which were declared priority National problems
- Self-reliance as an important instrument for self-liberation and social-economic development etc.

In September, 1971 at a biannual conference the of Tanganyika African National Union (TANU), the need for universal rural development was re-emphasized and directed that health services, adequate and wholesome water, and education for the people, particularly in the rural areas should receive top priority in future national socio-economic development plans.

The objective of the national health policy was to extend comprehensive basic health services equitably to all within the limited available resources. It was to be achieved through the provision of a network of village health posts dispensaries and rural health centres, and to be manned by inexpensive suitably trained health workers. The services were to complement, support and promote the National Villagization Programme which made economically viable, the extension of social services to the rural areas. Emphasis was placed on disease prevention, community involvement and health education of the Public in preference to expensive hospital based care. All health services provided by government health institutions were to be provided free of charge, to the people. Each district was to have a government or a designated hospital, which would provide free medical care to the population and provide necessary operational support and supervision to the rural health infrastructure. Training of rural health cadres such as medical assistants and rural medical aids was given a high priority.

The following are important points in the National Health Policy, namely:-

Health being a basic need for every human being, it is important that health services are distributed equitable to all Tanzanians and special emphasis should be placed to the rural areas where over 90% of the Tanzanian population lives.

Health services should be provided freely to all Tanzanians and distributed in such a way that every Tanzanian is able to use it easily.

That priority should be on preventive services rather than curative which had been the case in the post and that priority should shift from expansion and building of hospitals, to the contruction and maintance of health centres, dispensaries and health posts.

The target for the health provision service should be a dispensary for 10,000 people, a health centre for 50,000 people, one district hospital for every district and a one regional hospital for every region.

The provision of health services should be in line with the World Health Organization declaration of Primary Health Care as the means to attain health for all by the year 2,000.

Structure of health services

The government is responsible for health policies in the country and runs the majority of the services. Vluntary agencies play an important role of running a large number of hospitals and dispensaries. Parastatals and Private Companies run some hospitals and dispensaries for employees and their families. The worker's organization JUWATA also runs some dispensaries.

There is a small number of private practitioners, operating private clinics mainly in the Urban centre. Inspite of the existing health units however, health services in the country are far from being adequate. In the rural areas, 70% of the population is within 5km to a health facility and 90% of the population is within 10km of a health facility.

The Government has done a commendable job in the provision of rural health infrastructure, but despite all these efforts maternal mortality rates at the time of delivery are still high, 4 deaths per 1000, and infant mortality due to complications are also high. Although there has been an increased output of trained MCH/Aides about 45% of the deliveries are still carried out by untrained traditional birth attendants and outside any health facility. Traditional practitioners, the group not included in any of the above mentioned categories, are also consulted by many people especially in the rural areas. However they are not registered practitioners.

Traditional medicine

The role of traditional medicine in the achievement of health for all by the year 2000 has been a topic of discussion in a number of local and international forums. It is the feeling of many people that traditional medicine could be an alternative source of health care as more than 1009 countries signed the Alma-Ata declaration, which suggested that traditional medicine should be incorporated in the delivery of health care. In countries such as China and India, Traditional Medicine has been institutionalized with formal training institutions and libraries. Such institutionalization puts them in a better position to integrate traditional medicine in the delivery of primary health care.

In Tanzania and other parts of Africa, there are some types of institutionalizations, such as, Ngoma therapy groups, religious therapy, clan therapy groups etc, but these are self selective small groups addressing themselves to particular small localities and thus non-homogenous in the entire country. Feierman (in 1987) observed the need to involve traditional healers in Tanzania in the delivery of health care, due to resource and personnel constraint in providing health facilities to every village in Tanzania. She also went further and discussed some attituditional aspects of modern health workers towards traditional healers and traditional healers towards modern health workers. It seems that traditional medicine is an alternative resource to many people in the rural areas, as also observed by Mbilu et al (1981) that about 75% of all deliveries are attended by traditional birth attendants. With such a high percentage of utilization of traditional care, it compels one to plan on how to get in touch with traditional birth attendants or even to incorporate them into the official health care system. In Senegal and Sudan (Sene 1982, Bayauni 1976) observed that training or incorporating traditional birth attendants into the official

health care system improved the coverage and acceptance of health care services.

A survey done on some health professionals in Tanzania, who may also be considered as managers of health in Tanzania, indicated that many of those interviewed appreciated the competence of traditional healers in some of their practices, (Semali 1982). Some also indicated that these healers were a potential resource of health manpower, and a means of educating them on some aspects of modern medicine could be considered. The responding health workers were not representative of the health workers population in Tanzania, but due to positive development in other countries, such as, Sudan, Nigeria and Ghana, where collaboration at small scale has proved fruitful, one would be included to study the attitudes of traditional medicine practitioners as well as the attitudes of the community towards traditional medicine in Tanzania.

In Dar es Salaam, an Urban set up with ample modern facilities, it was estimated that about 8,000 people consulted traditional healers daily for various health problems (Swantz 1974) One is inclined therefore to believe that the presence of modern health facilities may not affect the utility of traditional medicine. There is no doubt that the same trend may be observed in the rural areas of Tanzania, and this is why it was important to establish the utilization pattern of traditional medicine in the rural sector, the people feelings towards traditional medicine and traditional healers/birth attendants towards modern health care/workers. The three broad parameters would enable one to single out specific areas where collaboration could be initiated.

There is no doubt that traditional healers, the practitioners of Traditional medicine, are well known to offer health services to a fair proportion of the community, and this fact, was realized by the colonial governments. Therefore, it is important to seriously consider their role in improving the health of the people. Currently, the Tanzania Ministry of culture responsible for traditional healers has been carrying out a census of all Traditional healers in the country so as to give a reflection of the available manpower in case of deployment. However, in addition to knowing their number and location in the country, there are other factors which ought to be considered and these include the knowledge, and attitudes of traditional healers and birth attendants to the modern health care system and the utilization pattern of the services of traditional healers and birth attendants.

Such information would be very important in considering the possibility of utilizing Traditional healers and birth attendants in providing primary health care based on traditional healers knowledge and attitudes and it will be in a better position to educate and incorporate them within the official health care system, especially in the rural sector.

The study on the knowledge and attitudes of traditional healers towards modern medical practice and utilization of

traditional medicine in Tanzania, which was sponsored by International Development Research Centre Canada and carried out jointly by researchers from departments of Behavioural sciences, Biostatistics/Epidemiology and Traditional Medicine Research Unit, from 1984 to 1986 had three major objectives namely:-

(a) To determine the attitudes and knowledge of traditional healers and birth attendants on modern health care workers.

(b) To determine the attitudes of people living in rural Tanzania towards traditional medicine

(c) To determine the utilization pattern of traditional medicine and birth attendants by the rural population of Tanzania.

This report is given in five chapters. Introduction is given in chapter one. Chapter two, includes study design, population, sampling method, study instruments, interviewer training and how the study was conducted, including supervision and problems in the field. Chapter three includes results on traditional healers and traditional birth attendants. Chapter four reports the findings on the users of traditional health care, and chapter five provides the conclusion of the study findings.

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CHAPTER 2

METHODOLOGY

Study area:

As earlier mentioned (Chapter 1) Tanzania mainland has twenty administrative regions. Some of the regions are ethnically homogeneous while others are heterogeneous. For this study two regions were chosen on the basis of the following criteria.

1. Representation of the North and southern Zones of the country

2. Accessibility to the region

The two regions chosen were Arusha in the North and Iringa to the South of the country. Arusha region has an area of approximately 44,000sq km. with a population of 926,223 people according to the 1978 National Population cencus (1). The inhabitants are engaged in both agricultural and pastural life. Iringa region has an area of approximately 40,000 sq km. with a population of 925,044 people. Majority of the people in this region are engaged in agriculture.

Previsit to the study areas

In Tanzania it is usual before entering an area for research purposes to inform relevant administrative authorities in a bid to solicit their permission and or cooperation. In this situation a letter for that purpose was sent to each of the respective Regional Development Directors (see appendix 2.1).

The Regional Development Directors for both Arusha and Iringa regions granted permission for the research team to proceed with research arrangements as planned. They in turn wrote to their District Development Directors regarding this issue so they could allows us access to the villages. In each district we had a meeting with some of the district leaders whom we briefed regarding our research plans and activities. Similar meetings were held with all village administrative committees.

Sampling

A list of all villages was available at all administrative levels. Using random number tables, fifty villages were selected in each region. In each selected village 10 ten-cell leaders were randomly selected. A ten-cell leader in Tanzania is a person elected to administer about ten families. Families under a ten-cell leader are often more than 10 due to the ever increasing number of families in a cell. When the cell becomes unusually large it breaks into two or more during

the time of elections. A ten-cell is the lowest administrative unit in Tanzania. In the selected ten cell units all the heads of household were interviewed. In addition all the traditional birth attendants and traditional healers in the village were also interviewed. In this study a household was defined as a woman, her children and any other dependants.

Recruitment and training of interviewers

A call for interviewers was advertised in the National News paper "The Daily News". The call was made to individuals of both sexes below thirty years of age with twelve years or more in school. About 100 applicants responded to the advertisement. They were all interviewed out of whom only ten were selected. Those selected were quickly informed and arrangements were made for them to be centrally trained. Their training included in a timetable formal lectures and practical sessions (See appendix 2.2. Their training included introduction to the research project research methods, survey techniques, familiarisation and filling of the questionnaires. Several sessions covering the relevant topics were conducted by different lecturers.

Interview schedules

A day or two before the interview day the villagers, traditional birth attendants and traditional healers were contacted through the village administration and the times of interview agreed upon. It was on the first contact when the selection of the ten ten-cell leaders was done, as well as the traditional birth attendants and traditional healers. The TBAs and the traditional healers this were selected on the basis of all those who are known to practice within the village. On the interview day the households were visited for interviews in the company of the respective ten-cell leaders After the introduction by the ten-cell leader using the household questionnaire each head of household was interviewed privately within the household environment. The same applied to the traditional birth attendants and the traditional healers. The response rate among the households was nearly 100%. However some few traditional healers and traditional birth attendants were away at the time of the survey.

In total, 3888 households were interviewed (2076 in Iringa and 1812 in Arusha). The traditional birth attendants were 105 in Arusha and 207 in Iringa, and traditional healers were 130 in Arusha and 155 in Iringa.

The survey was done in two phases. Phase one was conducted in Iringa and phase two in Arusha. The survey started in the month of April and continued until August 1985.

Questionnaire design and pretesting:

The study consisted of three target groups representing the household heads, the traditional healers and the traditional birth attendants. There were therefore three questionnaires for each respective target group (see appendices 2.3, 2.4, and 2.5). The questionnaires were initially prepared in English and later translated to Swahili, the National language, and back to English again. When consistency was established it was adopted as the preliminary instrument of the study.

Towards the end of the training, the interviewers participated in questionnaire prestesting. The pretesting was done in typical rural villages around the city of Dar es Salaam. The pretesting session was also meant to train the interviewers in techniques of field work as they would be expected to do in the actual study. During the pretesting all the questions were accepted by the respondents; however, a few seemed not to elicit the required information. After the pretesting, necessary amendments were made and the questionnaire was accepted as a final instrument of the study.

The questionnaire to the households was designed to seek information on family size, age of family members, one month recall morbidity, and utilization of health care systems (traditional or modern). Where age was not actually known, a local calendar was used to estimate it . The questionnaire to traditional birth attendants was designed to seek information on their workload handling of particular health problems, patient referral pattern and attitude towards modern health workers. The questionnaire for traditional healers sought to collect similar information to that of the TBAs as well as knowledge and practices sorrounding disease preventive measures. The Swahili version of the instrument was used in the field. Fortunately, the Swahili language is widely spoken in Tanzania and almost everyone was found to be able to communicate well. As a result, there was no need for translation into local vernaculars except in a handful of individuals in Arusha region. We then can accept the findings as mostly the direct dialogue between the respondent and interviewers.

Data analysis:

There were a number of open-ended questions in the questionnaire. All responses in those questions were listed in order to compile a coding frame for analysis. The illness of those who fell sick in the family as reported by head of the household were in most cases descriptions of signs and symptoms. Since there was no standard method of collecting this information the signs and symptoms were grouped according to the predominating symptoms such as those producing fevers being grouped as fever, those producing predominantly gastrointestinal symptoms being grouped as gastrointestinal and so on.

With such grouping all the 3909 people reported to have had an illness within the past one month were placed into ten categories (see morbidity tables in chapter 4). The questionnaires were then coded after which the information was entered into an NCR Mainframe at the Department of Epidemiology and Biostatistics. Three different files were created, one for each target study group. After the data cleaning process was completed relevant tables and summary statistics were generated for the write up.

Appendix 2.1

MUHIMBILI MEDICAL CENTRE

Incorporation the Faculty of Medicine, University of Dar es Salaam

MMC/TMRU/IDRC/67/45 25 March 1985

Regional Development Director
Iringa Region
Private Bag,
Iringa

RE: FINDING OUT THE KNOWLEDGE AND ATTITUDE OF TRADITIONAL HEALERS, TOWARDS MODERN MEDICAL PRACTICE AND UTILIZATION OF TRADITIONAL MEDICINE IN TANZANIA: A RESEARCH PROJECT

Kindly refer to the above subject. The Traditional Medine Research Unit of the Faculty of Medicine Muhimbili Medical Centre is intending to carry out the research project in Iringa starting on or around 15th April 1985. The time length of the project is estimated to be about ten weeks.

The activities of the project involves visiting various villages in Iringa region. While in the villages heads of families will be interviewed and their wives including all traditional healers and traditional birth attendants in the selected villages. The questionnaire will be asking about utilization of traditional medicine versus modern medicine, opinions on modern medicine and traditional medicine.

The objectives of the study are in brief:

1. To determine the attitudes and knowledge of traditional healers and birth attendants on modern health care

2. To determine the attitudes of people living in rural Tanzania towards modern medicine

3. To determine the utilization pattern of traditional medicine by the rural population of Tanzania

Having met the above objectives it is believed that:

1. One will then be able to understand the current utilization pattern of traditional medicine, which will then be a basis for planning to meet the goal of Health for all by the year 2000.

2. Various opinions regarding modern medicine and traditional medicine would have been collected and as such will form the basis of Institutionalization of Traditional Medidine in this Country.

We are therefore kindly requesting for your permission to carry out the research in your Region, and for any assistance that may be required while doing the research work, such as, procurement of food and other essential commodities.

Your assistance in this very important project will be highly appreciated.

E.N. Mahiy
DIRECTOR TRADITIONAL MEDICINE RESEARCH UNIT

Encl: Copy of the project write-up for more details.

Appendix 2 2

MUHIMBILI MEDICAL CENTRE

(Incorporating the Faculty of Medicine, University of Dar es Salaam)

TRADITIONAL MEDICINE RESEARCH UNIT

TIMETABLE FOR PRETEST AND TRAINING OF INTERVIEWERS STARTING FROM 4TH MARCH 1985

4th to 9th March

I.	1.	Introduction to Project (EM)	Objectives Importance of the project (IS)
	2.	Research technique/ Methodology (mh)	Reciting/Familiarization of questionnaire (DD/RM) Filling questionaire (DD/Mh)
	3.	Behavioural aspects in interviews (Mh)	1st Aid Practical (All)
	4.	Coding (R/KL)	Discussion and review of questionnaire
	5.	Practical (All)	
	6.	Review answers (All)	

11th to 16th March

II.	1.	Practical	
	2.	Practical	Discussion
	3.	Practical	(All)
	4.	Practical	(All)
	5.	Practical	(All)
	6.	Practical	

18th to 23rd March

III.	1	Practical	
	2.	Practical	
	3.	Practical	(All)
	4.	Practical	(All)
	5.	Practical	
	6.	Practical	

25th to 30the March

IV.	1.	Practical	
	2.	Practical	
	3.	Practical	
	4.	Practical	(All)
	5.	Practical	
	6.	Practical	

(EM) - Mshiu (KL) Killewo

(Mh) Muhondwa (RM) Msuya

(DD) Do Amsi (IS) Semali

Appendix 2.3

MUHIMBILI MEDICAL CENTRE

Incorporating the Faculty of Medicine

TRADITIONAL MEDICINE RESEARCH UNIT

QUESTIONNAIRE TO TRADITIONAL HEALERS

A. 1. Name.....

2. Age .....

3. Sex .....

4. Marital status .....

1. Married
2. Divorced
3. Widowed
4. Never married

5. Educational status

1. No education
2. Adult education
3. Four years in school
4. Seven years in school
5. Secondary education
6. Can read and write

6. Village.....
7. Division.....
8. District.....
9. Region.....

B. 1. When did you start practicing as a traditional healer.....

2. How did you acquire the skills as a traditional healer.....

3. If you were trained how long did the training take?.....

4. Was there any special ceremony at your graduation as a traditional healer.....

5. When did you start practicing independently as a traditional healer.....

6. Within the last one month how many people consulted you for your care as a traditional healer.....
.....

7. Amongst those who consulted you how many of them were suffering from a physical illness.....

8. Amongst those people with physical illness how many of them were:

(i) (a) women
(b) men

(ii) (a) Children
(b) adults
(c) old people

9. Which are the diseases you don't treat.....

.....

10. Do you attend people from other villages Yes/No

11. Are you training any persons to become traditional healers Yes/No

12. If yes, for what reason are you training them

.....

13. If no, what are the reasons.....

.....

14. For the following statement about traditional and modern medicine we would like to get your response if you agree or disagree with them. I would also be grateful if you can indicate to what extent you agree or disagree with those statements.

(i) Physical and mental health problems are the only problems for which people consult traditional healers

1. Very much agree
2. Agree
3. I don't know
4. Disagree
5. Very much disagree

(ii) All types of physical and mental illness can be treated by traditional medicine

1. Very much agree
2. Agree
3. I don't know
4. Disagree
5. Very much disagree

(iii) Many of the mental and physical health problems are better treated by modern health workers than traditional healers

1. Very much agree
2. Agree
3. I don't know
4. Disagree
5. Very much disagree

(iv) If traditional healers and modern health workers were to exchange patients whom they cannot treat, it would be of much benefit to the patients

1. Very much agree
2. Agree
3. I don't know
4. Disagree
5. Very much disagree

(v) It is a good idea if traditional healers were to advise all their patients to obtain treatment from hospitals instead

1. Very much agree
2. Agree
3. I don't know
4. Disagree
5. Very much disagree

15. Have you ever advised any of your patients to obtain treatment from hospitals? Yes/No

16. If yes, what was the reason for giving them such advice

.....

.....

17. Which diseases do you think are better treated by modern medicine rather than traditional medicine?

1. .....
2. .....
3. .....
4. .....

18. Are there any diseases which you think are better treated by you rather than the hospital medicine

Yes/No

19. Which are those diseases you think you could treat better than modern medicine

    1. .....
    2. .....
    3. .....
    4. .....

20. Why do you think some patients do not go to hospitals for treatment and instead they consult you

    .....

    .....

21. Comparing hospital services and your traditional practice what do you think are the shortcomings of hospital care?

.....

.....

22. Of the following which ones do you think are disease-preventive measures

    1. Drinking clean boiled water
    2. Dirty house environment
    3. Using toilets (pit latrines)
    4. Vaccination
    5. Keeping house clean

23. Which health and other problems do you offer preventive services

.....

.....

24. Which diseases do you know where modern health care provides vaccinations

.....

.....

MUHIMBILI MEDICAL CENTRE

Incorporating the Faculty of Medicine

TRADITIONAL MEDICINE RESEARCH UNIT

QUESTIONNAIRE TO TRADITIONAL BIRTH ATTENDANTS

A. 1. Name.....

2. Age .....

3. Sex .....

4. Marital status .....

1. Married
2. Divorced
3. Widowed
4. Never married

5. Educational status

1. No education
2. Adult education
3. Four years in school
4. Seven years in school
5. Secondary education
6. Can read and write

7. Village.....
8. Division.....
9. District.....
10. Region.....

B. 1. When did you start practicing as a traditional healer.....

2. How did you acquire the skills as a traditional healer.....

3. If you were trained how long did the training take?.....

4. When did you start practicing independently as a traditional birth attendant:.....

5. Do you also attend women during their pregnancies:

Yes/No

6. Do you also attend non-pregnant women:

Yes/No

7. Do you attend pregnant women with other health problems

Yes/No

8. Do you adminster traditional medicaments to pregnant women in order to enhance labour

Yes/No

9. After delivery do you give them any traditional medicine

Yes/No

10. If yes, what are the reasons for giving them such medicines.....

11. How may deliveries did you attend during the last one year .....

12. Do you advice pregnant women to go to a modern clinic for delivery

Yes/No

13. When did you last advise a pregnant woman to go to deliver in a clinic.....

14. Why did you advise her to deliver at a clinic instead of you assisting her.....
.....

15. If ever confronted with some of the following delivery problems what do you usually do?
.....

(a) Labour lasting for more than twelve hours
.....

(b) Anterpartum haemorrhage (bleeding during advanced pregnancy) .....
.....

(c) Breech presentation
.....

(d) Retained placenta

.....

(e) Severe-maternal birth injuries

16. Would you agree to undergo modern health training in their institutions to improve your birth attending skills. Yes/No

17. Would you agree to assist deliveries in a nearby hospital/dispensary

Yes/No

18. What are your reasons for agreeing to assist with deliveries in a hospital/dispensary

.....

19. What are the reasons for not doing so:

.....

20. For the following statments comparing traditional birth attendants and modern health workers birth attending services, indicate to what extent you agree or disagree.

I. Home delivery assures that norms and traditional practices pertaining to birth and delivery are observed:

1. Very much agree
2. Agree
3. I don't know
4. Disagree
5. Very much disagree

II. Home delivery is a desire of the mother, family and relatives

1. Very much agree
2. Agree
3. I don't know
4. Disagree
5. Very much disagree

III. The competence of a traditional birth attendant to deal with delivery problems is inadequate:

1. Very much agree
2. Agree
3. I don't know
4. Disagree
5. Very much disagree

IV. Skills of the modern health workers and facilities at their disposal assure a safe delivery

1. Very much agree
2. Agree
3. I don't know
4. Disagree
5. Very much disagree

V. The safety and uneventful delivery assured by delivering at a clinic is more important than the observation of norms and practices in home delivery:

1. Very much agree
2. Agree
3. I don't know
4. Disagree
5. Very much disagree

VI. Learning from modern health workers would improve the skills of traditional birth attendants:

1. Very much agree
2. Agree
3. I don't know
4. Disagree
5. Very much disagree

VIII. Safe delivery is God's wish, not the skills of the birth attendant nor the facilities at her disposal

21. After a safe delivery what other services do you provide the mother:

.....

22. Which pregnancy and delivery problems do you think are better handled by modern health workers rather than yourself:.....

.....

23. Do you ever administer to your clients/patients some hospital medicine:

Yes/No

24. What are the reasons for such practices.....

.....

Appendix 2.5

MUHIMBILI MEDICAL CENTRE

Incorporating the Faculty of Medicine

TRADITIONAL MEDICINE RESEARCH UNIT

QUESTIONNAIRE FOR HOUSEHOLDS

(i) Name of head of household:.....

(ii) Sex:.....

(iii) Name of mother in the household:.....

(iv) Age:.....

(v) Education of mother in the household

1. None
2. Primary 1-4
3. Primary 5-7
4. Secondary education
5. Adult education

(vi) Village:.....

(vii) Division:.....

(viii) Region:.....

1. (a) How many are you in your family?.....
   (b) How many of these family members are your children?.....
   (c) How many of them are visitors.....
2. How many times have you become pregnant.....
3. In your last pregnancy, did you have a live birth Yes/No

4. Is the child still alive? Yes/No
5. If the child died, at what age did the child die?
6. Which year was your last pregnancy
7. In your last pregnancy who of the following attended you at delivery?

    1. Hospital midwife
    2. Traditional Birth Attendant
    3. Others, Specify:.....

8. In your own opinion, do you think it would be wise if traditional healers were banned from practice in this village?
9. How many members in your family fell ill during the last one month period_____
10. For those who fell ill during the last one month period indicate the following:-

Sex	Age	Type of illness	Place of Treatment	Outcome* of treatment
1.				
2.				
3.				

Outcome* - Recovery
- Improved
- No change
- worsened

11. If any of the family members who fell ill received treatment from a traditional healer why did he/she decide to seek treatment from a traditional healer?

.....

.....

12. For what type of illness would you advise your friend to consult a traditional healer

.....

.....