CHAPTER THREE

TRADITIONAL HEALERS AND TRADITIONAL BIRTH ATTENDANTS: THEIR PERCEPTION AND PRACTICE

3.1. Introduction

A total of 332 Traditional Healers and 310 Traditional Birth Attendants were covered by the survey.

This chapter presents the findings of the survey concerning the knowledge; attitudes and practices of these traditional health professionals in relation to modern health care. The chapter also argues the case for the complimentarity of traditional and modern health care, and suggests that it is not competition between the two health care resources which underlies dual use by the general public. The potential for collaboration between the practitioners of traditional and modern medicine is also explored.

3.2. Attitude measurement

The methodology used for the research is described in the second chapter. Only the method used in determining the attitudes of the traditional health professional is described here.

These health professionals were presented with specific Likert-type statements about particular aspects of modern and traditional health care. Their reactions, expressed in terms of whether or not they agreed with the statements as well as how strongly they agreed or disagreed, constitute the data for our attitude measurement purposes.

In administering these attitude measurement tests the statements were read out to the respondents. All the alternative responses ranging from "agree strongly" to "disagree strongly" were also read out.

Respondents were then asked to indicate the type of response which reflected as best as possible their reaction to each statements.

In the case of traditional healers there were five alternative reponses namely agree strongly, agree, don't know, disagree and disagree strongly.

The following six statements were presented to the Traditional Healers.

A. Mental illness and physical ailments are only some of the problem conditions about which people consult traditional healers.

B. All kinds of mental illness and physical ailments can be treated by traditional healers.

C. There are some types of mental illnesses and physical ailments which are better treated by modern doctors than traditional healers.

D. It would be in the best interests of patients if traditional healers and modern doctors referred to each other patients with problems conditions which they cannot treat.

E. It would be in the best interests of patients suffering from all kinds of mental illnesses or physical ailments if traditional healers referred them to modern doctors.

F. Traditional healers should advise all patients who come to them to consult modern doctors also.

Two scales are incorporated in the six statements. The first three statements constitute one scale. This measures the traditional healers attitudes towards their own healing system. It seeks to gauge whether or not they recognise the limitations of their own healing systems.

The last three statements constituted another scale which measures the attitudes of traditional healers towards collaboration with modern doctors.

Seven statements concerning different aspects of maternity care and child bearing process were presented to TBAs. Alternative responses were limited to three alternative. The "strongly agree" and "strongly disagree" categories were omitted following the analysis of the pretest results which showed that most TBAs could not make the distinction between "agree" and "agree strongly" on the one hand and "disagree" and "disagree strongly" on the other hand.

The statements used are:-

A. When a mother delivers at home it is possible to follow all the necessary customary practices concerning child birth as well as the care of the baby and the mother.

B. The mother and all relatives like it very much when she delivers at home.

C. A TBA can provide very little assistance to a woman with a difficult labour.

D. The technology and expertise which modern midwives and doctors have ensure safe delivery at clinics.

E. Safe delivery at clinics devoid of customary practices is more important than adherence to customary practices coupled with uncertainties surrounding home delivery.

F. TBAs can improve their knowledge and skills by learning from modern midwives and doctors at clinics.

G. Safe delivery does not depend on the technology and expertise of the midfive, it is all up to God's wishes.

Four issues are subsumed by these statements. Statements A and B seek to determine the extend to which TBAs attach importance to cultural norms and cultural practices concerning delivery at home. Statements C and F seek to determine the extent to which TBAs recognise the limited nature of a assistance which they provide and the need for improving their skills. Statement D and E seek to determine whether or not TBAs recognise the ascendence of technology and expertise for safe pregnancy outcome including the birthing process over cultural norms and practice concerning pregnancy and delivery. Statements G seeks to measure adherence to the fatalistic ideology in explaining th negative outcomes of pregnancy and birthing process.

3.3. The traditional healers

Traditional medicine is not monolithic. It encompasses many healing systems and such diverse types of healers as spiritualists an cultists who never give "medicine", bonesetters and cuppers who might be considered as surgeons, as well as herbalists who are the medicinemen "*par-exellence*". Furthermore practitioners of traditional medicine deal with diverse conditions which range from distinctive organic and/or physiologic pathologies to pathologies in social relationships. They effect cures for physical and mental problems, provide charms not only to ward off malevolent interventions against one's physical well being and social welfare but also to ensure one's continued good luck and success in social relationships and economic enterprise.

Fierman (1979) has demonstrated that within the African setting "disease" in just one form of disturbances. It has its "medicine" just as other kinds of disturbances have their "medicine" and appropriate medicinemen.

Weisz (1972) has also articulated the diversity of African traditional medicine. He maintains that "disease" refers only to the medical part of the total field of misfortune, and that God, evil spirits, and ancestor spirits are just as legitimate points of reference in understanding disease and disease causation as are natural causes, heredity, contagion, evil eye and witchcraft. The same forces are also considered to be instrumental for misfortunes and calamities in social and economic welfare. This explanation is in accordance with the principles inherent in what Foster calls personalistic medical systems (Foster 1978).

All the Traditional Healers interviewed considered themselves to be professionals in their own right and were active in the healing profession. Indeed they were identified and included

in the study through a consultative process with community leaders who recognised their health professional status.

The diversity of the healers covered is reflected in the different ways they acquired their healing skills.

The large majority (249 or 75%) of the healers acquired their healing skills through a process of apprenticeship. Thirty seven healers or 11.1% said they acquired their healing skills through spirit possession. Another 33 healers or 9.9% said they became healers by observing and trying out what they saw healers doing. This was when they themselves were being treated by healers or when the healers were treating other sick people. The remaining thirteen healers did not disclose how they acquired their healing skills.

Even though the large majority of healers claimed to have entered the healing profession through a process of apprenticeship only about a third reported that they trained others to be healers.

A number of reasons were given for not providing training. These fall under four major categories. A total of 165 healers or 80.1% of those who did not train anybody said it was because they had no children of their own to train. For those who had children either the children were too young or had not shown the right aptitude. Twenty healers or 6% said it is because one is never taught to be a healer. Fifteen healers or 4.5% said it was very difficult to train someone. The remaining 6% healers or 1.8% said they had not reached the age when they could begin considering training someone to take over from them.

The reasons for providing training given by the healers who trained others were, first, to perpetuate a family tradition. This was given by 72 or 57.1% of the healers. Next was to extend care to more people by increasing the number of professionals who can provide such care. This was given by 22 healers. Another 21 healers however said they trained others primarily in order to obtain assistants to help them in their practice. The other 11 healers were unable to articulate any specific reason.

The Healers were asked about what they perceived to be the shortcomings of modern health care. Three quarters of them said that they did not know of any shortcomings.

The shortcomings perceived by the remaining one quarter were about inadequate drug supply, overcrowded health units, dilute medicine, dressings removed before wounds had healed properly, patients not cured soon enough, and the monopoly of doctors over decisions about treatment and management.

Other perceived shortcomings mentioned, which are more of differences between traditional and modern health care systems, concerned dependence on technology by doctors, use of

ready-made medicines and standard doses for every patient while healers prepare medicine specifically for each patient.

Dual use of traditional and modern medicine is a common feature, even though there are people who go for only one of these. Traditional healers were asked to suggest why some people prefer their services to those provided at modern health care units.

While 48 healers were unable to make any suggestion, three said it is because people like to shop around. The large majority of healers (239 or 74.2%) said it is because people know that traditional medicine is efficacious. Twenty six healers or 8.1% said it was largely due to inadequacies in some aspects of modern health care. Another six healers said it was hospital workers who often advised people to go for traditional medicine.

In their own practice 225 healers or 67.8 per cent reported that they do advise some of their patients to go for modern health care. 70.7 per cent of the healers who do refer patients to hospitals said they did so if the condition was not responding to the treatment they gave, or if the disease was one which they knew was not treatable by traditional medicine.

Another 46 healers or 20.4% said they refer patients to the hospital because they do not have the technology to deal with such disease conditions. There were two healers who said they refer patients simply because they would like to collaborate with modern doctors in the common cause of helping people who have health problems. The other 12 healers or 5.3% did not offer any reason for advising patients to go for modern health care.

The results of the attitude measurement exercise with the healers are outlined in Tables 3.1 and 3.2.

Table 3.1. highlights the findings concerning the extent to which the healers recognised the limitations of their healing systems. The first statement that, "mental illness and physical ailments are only some of the problem conditions about which people consult traditional healers" was endorsed by the highest proportion of healers. Endorsing it was the third statement, namely "There are some types of mental illnesses and physical ailments which are better treated by modern doctors than traditional healers". The second statement in this series that "All kinds of mental illnesses and physical ailments can be treated by traditional healers" was endorsed by the lowest proportion of healers.

It would seem therefore that the healers covered by this study recognise that much as they are capable of dealing with a variety of diseases there are some diseases which they cannot cure and are better dealt with by modern doctors. It is significant that close to a quarter of the healers "agree strongly" with the statement concerning this matter.

The results of the second series of statements which sought to tap attitudes towards collaboration between traditional healers and modern doctors are outlined in Table 3.2.

Statement D, namely "It would be in the best interests of patients if traditional healers and modern doctors referred to each other patients with problem conditions which they cannot treat" was endorsed by the highest proportion of healers. Statement E, that "It would be in the best interests of patients suffering from all kinds of mental illnesses or physical ailments if traditional healers referred them to modern doctors" came second in terms of the proportion of healers endorsing it. The final statement that "Traditional healers should advise all patients who come to them to consult modern doctors also "was endorsed by the lowest proportion of healers.

One interpretation of these findings is that the healers covered by this study are in favour of collaboration if this means healers sending patients they cannot cure to modern doctors and receiving patients whom modern doctors cannot cure.

Table 3 .1

RESPONSE PATTERN FOR THE FIRST THREE ATTITUDE MEASUREMENT STATEMENTS

	STATEMENT A	STATEMENT B	STATEMENT C
STRONGLY AGREE	115(934.6%)	91(27.4%)	79(23.8%)
AGREE	154(46.4%)	121(36.4%)	154(46.4%)
OVERALL ENDORSEMENT	269(81.0%)	212(63.9%)	233(70.2%)
NON COMMITTAL	44(13.3%)	78(23.5%)	72(21.7%)
DISAGREE	16(4.8%)	35(10.5%)	18(5.4%)
STRONGLY DISAGREE	1(0.3%)	4(1.2%)	6(1.8%)
OVERALL REJECTION	17(5.1%)	39(11.7%)	24(7.2%)
NO RESPONSE	2(0.6%)	3(0.9%)	3(0.9%)

TABLE 3.2.

RESPONSE PATTERN FOR THE LAST THREE ATTITUDE MEASUREMENT STATEMENTS

	STATEMENT D	STATEMENT E	STATEMENT F
STRONGLY AGREE	178(53.6%)	114(34,3%	92(27.7%)
AGREE	142(42.8%)	185(55.7%)	116(34.9%)
OVERALL ENDORSEMENT	320(96.4%)	299(90.1%)	208(62.7)
NON COMMITTAL	8(2.4%)	13(3.9%)	21(6.3%)
DISAGREE	2(0.6%)	5(1.5%)	82(24.7%)
STRONGLY DISAGREE	0(0.0%)	5(1.5%)	17(5.1%)
OVERALL REJECTION	2(0.6%)	18(5.4%)	99(29.8%)
NO RESPONSE	2(0.6%)	2(0.6%)	4(1.2%)

On the whole, the healers covered by this study recognised the limitations of their system and were in favour of collaborating with modern doctors. It is noteworthy however that on average a substantially highest number of healers (83.1%) were in favour of collaboration as compared to the number of healers who recognised the limitations of their healing system (71.7%) though in both cases those who did so were in the majority.

It is also worth noting that while an average of only 8% healers did not recognise the limitation of their healing system, larger proportion of 11.9% were not in favour of collaborating with modern doctors.

The traditional birth attendants (TBAs)

The majority of the TBAs covered by the survey (176 or 56.8%) reported that they had been taught the skills by others. About 26.1% said that they had not received any systematic training but had acquired the skills by observing TBAs at work. Another 53 or 17.1% claimed to have acquired their knowledge and skills from spirits.

The findings also show that 180 TBAs or 58.1% also served in other capacities in that their services were not limited to problems of pregnancy and delivery. They also attend to people including men with other health problems.

Few TBAs reported as giving medicine as such. Thus only 94 or 30.3% gave medicine for labour. And only 14 said they give hospital medicine of undisclosed description.

A total of 213 TBAs or 68.7 per cent said they sometimes referred their clients to the hospital. But when they were asked about how they dealt with prolonged labour, vaginal bleeding, breech presentation, retained placenta and bad tears during delivery the number of TBAs who reported that they refer such clients for the hospital ranged from a high of 206 or 66.5% for prolonged labour to a low of 21 or 6.8% for retained placenta.

The majority of TBAs (168 or 54.2%) did not think they could benefit by going for training at the hospital. Indeed 170 TBAs or 55% claimed they were competent enough to practise anywhere and could help at the hospital if called upon. Only 139 or 45% had reservations.

The majority of TBAs (201 or 64.8%) reported that they had attended between one and ten deliveries during the previous one month prior to the interview.

Table 3.3 outlines the results of the attitude measurement exercise with TBAs.

Statement A namely that "When a mother delivers at home it is possible to follow all the necessary customary practices concerning child birth as well as the care of the baby and the mother" was endorsed by more TBAs than statement B that "The mother and all relatives like it very much when a mother delivers at home".

Statements C and F delved into perceived adequacy or otherwise of the TBAs' own services and skills.

Statement F, namely that "TBAs can improve their knowledge and skills by learning from midwives and doctors at the hospital" was endorsed by a larger proportion of TBAs than statement C which assured that TBAs can provide very little assistance to a woman with a difficult labour. It would seem therefore that while the idea that there is room for improvement in their skills was acceptable to most TBAs this was not the case when it came to the idea that their service were of a limited nature.

Statements D and E sought to gauge TBAs attitude toward the technology available in hospitals and the expertise of midwives and doctors as these relate to safe delivery. It is of particular significance that these two statements were endorsed by relatively smaller proportions of TBAs compared to the other statements. In the context, technology cannot be easily accepted as guaranting for safe delivery. The nearly unanimous agreement with statement C that "Safe delivery does not depend on the technology and expertise of the midwife, it is all up to God's wishes" attests to this ethos.

TABLE 3.3 RESPONSE PATTERN OF TBAs TO THE SEVEN STATEMENTS

	ENDORSED	NON COMMITTAL	REJECTED
STATEMENT A	257 (82.9)	27 (8.7)	26 (8.4)
STATEMENT B	236 (76.1)	44 (14.2)	30 (9.7)
STATEMENT C	231 (74.5)	42 (13.5)	36 (11.6)
STATEMENT D	224 (72.3)	69 (22.3)	17 (5.5)
STATEMENT E	230 (74.2)	58 (18.7)	21 (6.8)
STATEMENT F	261 (84.2)	34 (11.0)	15 (4.8)
STATEMENT G	282 (91.0)	19 (6.1)	9 (2.9)

An analysis of responses to two key statements C and F in terms of the sex of the healers, the regions in Tanzania where they live, and whether or not they do refer patients to hospitals in presented in Tables 3.4-9.

With reference to statement C that "There are some types of mental illnesses and physical ailments which are better treated by modern doctors than traditional healers" Table 3.4, 3.5 and 3.6 show that this was endorsed by a higher percentage of male healers, healers from Iringa, and those who do refer patients.

Statement F that "Traditional healers should advise all patients who come to them to consult modern doctors also" was, in turn, endorsed by a higher percentage of male healers, healers from Iringa and healers who do refer patients (Tables 3.7, 3.8 and 3.9)

TABLE 3.4 VARIATION IN RESPONSE TO STATEMENT C BY TRADITIONAL HEALERS' SEX

	MALE	FEMALE	TOTAL
ENDORSE	188 (74.3)	45 (59.2)	233
NON COMMITTAL	49 (19.4)	23 (30.3)	72
REJECT	16 (6.3)	8 (10.5)	24
TOTAL	253	76	329

TABLE 3.5 VARIATION IN RESPONSE TO STATEMENT C BY TRADITIONAL HEALERS' REGION OF RESIDENCE

	IRINGA REGION	ARUSHA REGION	TOTAL
ENDORSE	104 (78.8)	129 (65.8)	233
NON COMMITAL	22 (16.7)	50 (25.5)	72
REJECT	6 (4.5)	17 (8.7)	23
TOTAL	132	196	328

TABLE 3.6 VARIATION IN RESPONSE TO STATEMENT C BY WHETHER OR NOT TRADITIONAL HEALERS REFER PATIENTS TO MODERN DOCTORS

	DOES REFER	DO NOT REFER	TOTAL
ENDORSE	166 (74.1)	66 (63.5)	232
NON COMMITTAL	41 (18.3)	31 (29.8)	72
REJECT	17 (7.6)	7 (6.7)	24
TOTAL	224	104	328

TABLE 3.7. VARIATION IN RESPONSE TO STATEMENT F BY TRADITIONAL HEALERS' SEX

	MALE	FEMALE	TOTAL
ENDORSE	167 (66.3)	41 (53.9)	208
NON COMMITTAL	14 (5.6)	7 (9.2)	21
REJECT	71 (28.2)	28 (36.8)	99
TOTAL	252	76	328

TABLE 3.8. VARIATION IN RESPONSE TO STATEMENT F BY TRADITIONAL HEALERS' REGION OF RESIDENCE

	IRINGA REGION	ARUSHA REGION	TOTAL
ENDORSE	88 (66.7)	120 (61.5)	208
NON COMMITTAL	8 (6.1)	13 (6.7)	21
REJECT	36 (27.3)	62 (31.8)	98
TOTAL	132	195	327

TABLE 3.9. VARIATION IN RESPONSE TO STATEMENT F BY WHETHER OR NOT TRADITIONAL HEALERS REFER PATIENTS TO MODERN DOCTORS

	DO REFER	DO NOT REFER	TOTAL
ENDORSE	148 (66.7)	60 (57.1)	208
NON COMMITTAL	16 (7.2)	5 (4.8)	21
REJECT	58 (26.1)	40 (38.1)	98
TOTAL	222	105	327

3.5. Discussion

One issue that has to be addressed in exploring the possibilities for collaboration between practitioners of traditional medicine and those of modern medicine concerns the professional skills of healers and certification of their competence. The pathways into the traditional healing profession are diverse, and the healer who acquired her/his professional skills by going through a long apprenticeship is as much a professional as the one who acquired the skills through spirit possession. The only difference between them may be in the types of problem conditions with which each one deals. One survey in Zimbabwe reported that healers were accorded different status depending on how they acquired their professional skills. In particular the study found that those who entered the profession through spirit possession had higher status and they constituted the majority of healers (Chavunduka 1985).

The issue of differential status among healers was not examined in this study.

In the absence of objective criteria for assessing the professional competence of healers medical practitioners need to know the different types of healers operating within the catchment areas of their health facilities. They have to be guided by public opinion and the healers reputation in seeking out the healers with whom to collaborate. The choice of potential collaborators should be limited to those who deal with health problems. This would narrow down the frame of reference for dialogue between the collaborators to the specifics of diseases; their cause, symptomatology, natural history, diagnosis, prevention and therapy.

The finding that healers who had gone through a process of apprenticeship were in the majority is significant. This is particularly the case in that one is invariably apprenticed to

ones own parent, hence the reason given by the majority of healers for not training any one had to do with not having children of their own to train.

As the modern education system opens avenues for occupation other than those of ones own parents a decrease in the proportion of healers with an apprenticeship background on the one hand, and an increase of healers coming into the profession by other means on the other hand may be expected.

Alternatively the profession may have to adapt to changing circumstances by accepting non-Kinsmen into apprenticeship.

Another finding which is intriguing concerns the apparent inability of the healers to point out the shortcomings of the modern health care system.

It is plausible that the healers were aware of the shortcomings of the modern health care system. It could then be surmised that it would be in their interests to exploit those shortcomings in their effort to promote their own practice. It could therefore be argued that they were simply unwilling to discuss such shortcomings in order to avoid embarrassing, if not offending, the investigators who were associated with the system and were guests in the healers villages.

It is conceivable however, that some healers may have had no personal experiences of what goes on in the doctors surgeries and that they did not wish to be drawn into expressing uninformed opinions about, and passing judgement a, and subject they did not know much about. Indeed some of what were mentioned as shortcomings were essentially the kind of complaints which any patient can make rather than shortcomings as such.

In effect it would seem that the healers did not see themselves as being in competition with modern doctors. Indeed they recognise mutually exclusive disease conditions. If anything there is complementarity between the modern and traditional systems, and that traditional healers constitute an aggregate of private entrepreneurs who are in competition with one another.

This is in sharp contrast to the vociferous attacks levelled against traditional healers by doctors. It is a moot point whether many of them appreciate the case made for collaboration with traditional healers by the World Health Organization (Bannerman et-al 1983).

A great deal is made of the issue of dosage. Healers are castigated for not having standard doses. There is also preoccupation with the search for therapeutic substances in the healers pharmacopea devoid of the media and paraphenalia of therapy.

Just as ethnocentrism impedes understanding and peaceful coexistence, but spurs the subjugation of one culture by

another, such a stance by modern doctors cannot provide a basis for collaboration with traditional healers.

3.6. Conclusion

Use of traditional medicine, and the role of practitioners of traditional forms of health care are cultural phenomena. Decrease in such use and diminution of the healers role as aspects of social and cultural change cannot be brought about by the wider availability of supportedly efficacious modern health services alone.

It is instructive to note that some healers attributed continuing use of traditional medicine to problems in the structure and organisation of modern health services.

With increasing exposure to the modern education and participation in the modern sectors of the national economy appreciation coupled with a growing by the general population of the empirical determinants of health and of other forms of mishaps, as well as the scientific basis of medicine and other forms of intervention the problem will cease to be about the use of largely traditional medicine and traditional health care practices, or the identification of innocuous healers and traditional health care practices for incorporation into the modern health care system.

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