Wilbur Hoff & D. Nhlavana Maseko

Nurses and traditional healers join hands

In Swaziland a pilot project has successfully brought together nurses and traditional healers, who in the past mistrusted one another. Joint training workshops have led to a marked improvement in attitudes and to the involvement of traditional healers in efforts to promote good health practices and prevent disease.

Between 5000 and 8000 traditional healers are active in Swaziland, and 85% of the population use their services *(1)*. The ratio of traditional healers to patients is approximately 1:100, whereas that of modern trained doctors and nurses combined to patients is only 1:2000.

For many years there was suspicion, fear and misunderstanding between nurses and traditional healers, partly because nurses were trained in Western methods, and partly because of a lack of communication between the two groups. Many nurses were unwilling to cooperate with healers, and most healers were reluctant to send their patients to clinics or hospitals.

Dr Hoff is a health education consultant and is conducting research on the philosophy and practices of traditional healers; his address is 2230 Stuart Street, Berkeley, CA 94705, USA. D. Nhlavana Maseko, President of the Swaziland Traditional Healers' Society, is a practising traditional doctor; his address is Swazi Herb Laboratories, P.O. Box 100, Simunye, Swaziland.

In an effort to seek ways in which healers could be used to improve health care services, the Health Education Centre and the Swaziland Traditional Healers' Society instituted a pilot project to foster cooperation between the modern and traditional health sectors. The Society was founded in 1983; it has an extensive network of regional committees and a dedicated and enthusiastic leadership. It now represents the majority of healers in Swaziland and has plans to upgrade standards of practice, to further train its members, and to introduce a system of registration. Representatives of the Society met health education staff, nurses and sanitation workers to form a joint committee whose purpose was to plan, conduct and evaluate the pilot project.

Exploratory workshop

A five-day exploratory workshop was organized for selected health personnel and

healers representing all major regions of the country. The basic aim was to explore ways in which healers and health personnel could cooperate to prevent and control eight afflictions of children: diarrhoea, measles, whooping cough, tetanus, diphtheria, polio, malnutrition and malaria.

Because of the widespread mistrust between nurses and healers, the sessions were designed to encourage informal dialogue with the aim of developing mutual respect and understanding. All participants lived, worked and socialized together in the conference centre where the workshop was held.

Other important goals included gaining information and experience on how to improve communication and understanding between practitioners with diverse backgrounds, learning how to teach health knowledge and skills to healers in culturally acceptable and meaningful ways, and promoting cooperation between healers, nurses and other health staff.

The leaders of the Society chose 23 healers to participate in the exploratory workshop, representing the four major types of healers in the country: herbalists, midwives, spirit mediums, and faith healers. They were all very interested in the project, were among the more highly educated healers, and had experience in training other healers. The other participants included four rural clinic nurses, a public health nurse supervisor, a sanitarian and two health educators.

The results of the exploratory workshop were very positive. The participants were highly enthusiastic about finding ways to cooperate. Traditional healers voiced strong interest in carrying out and supporting activities relating to personal cleanliness, safe water, and home sanitation, and suggested that they could instruct their patients on these matters. Health education staff gained valuable experience and insights on how to design and organize regional workshops.

Regional workshops

Five regional workshops were organized, one in each of five major areas where healers lived and practised. Using the experience gained from the exploratory workshop, the planning committee designed these regional workshops with a view to teaching healers and health personnel to collaborate in helping mothers to prevent and control common childhood diseases. To this end, the following measures were agreed on.

In developing countries there is a great potential for combining traditional and modern practitioners in primary health care teams.

- Healers were to refer certain patients to clinics.
- Nurses were to accept these referrals and show respect for both the healers and their patients.
- Healers were to learn how to recognize the danger signs of the eight childhood afflictions and how to mix and use oral rehydration solution to treat dehydration caused by diarrhoea.
- Both healers and clinic nurses were to encourage disease prevention through proper nutrition, the use of safe water, personal hygiene, the use of latrines, and immunization.

Visual materials, demonstrations, and participatory methods were emphasized because some of the healers had had only a few years of schooling. Teaching involved small group discussions, visits to clinics, demonstrations on how to mix oral rehydration solution, and the use of microscopes to look at mosquitos and parasites. Both nurses and healers participated eagerly in the sessions. At the end of the workshops, copies of health education materials, including posters and leaflets, were given to all participants for use in the field.

Survey

Two months after the first regional workshop we conducted a survey in the region concerned on the beliefs and practices of the healers and nurses who had attended it. A pretested questionnaire was used to obtain information about what healers had learned and how they were using their newly acquired knowledge in their work. The questions dealt primarily with the practices used by healers to treat and prevent diarrhoea in children. In addition, trained interviewers obtained data on the presence of latrines, washbasins, and health education materials posted on walls, by making observations in the healers' clinics and home environments.

Traditional practitioners can play a significant role in promoting self-reliance in health.

It was not possible to pretest the healers to determine their levels of knowledge and practices before the workshop, so a control group of healers who had not attended a workshop was selected in another area. Both groups were interviewed and observed in the same manner.

Changed attitudes and practices

The open discussions in the workshop, where healers and nurses had been able to voice their concerns, resentments, and problems regarding patient care, eliminated much tension and fear and helped produce a climate of greater understanding and respect. This enabled the participants to begin focusing their attention on those health goals they had in common and on how they could work together to provide better health care services.

Healers agreed to refer certain patients to clinics, i.e., children with acute diarrhoea and those due for immunizations. Another significant outcome was the development of a referral card which healers could send with their patients to the clinics. The purpose was to inform the nurse that a referral was made by a healer and to provide her with details about the patient. The nurse could then begin to collaborate with the healer in the treatment and care of the patient.

Our survey indicated that such collaboration did in fact take place. Of the healers who attended the workshop, 60% reported that they had referred patients with diarrhoea and vomiting to a clinic within the previous three months. Most of these patients were children under five with serious diarrhoea. In the control group of healers, only 38% said they had referred patients with diarrhoea to a clinic.

This was supported by the clinic nurses who were interviewed. Seven of the eight nurses said that healers had referred cases to them

within the previous six months. Most referrals were of children with diarrhoea and vomiting. Five of the nurses said that they had received referral cards from the healers and that the information on the cards was helpful to them in treating the patients.

The increased communication between healers and clinic nurses, plus the positive attitudes among both groups, seemed to have encouraged more patient referrals. Some healers said that they were much more willing to send patients to clinics where they knew the nurses were interested in cooperating with them. Others indicated their willingness to support treatment prescribed at clinics by assisting patients to take medication.

Healers who had attended the workshop had a greater awareness of the importance of home sanitation, personal hygiene, and safe water in preventing disease than did other healers. When asked what kind of advice they would give to patients to prevent illness, all the healers who had attended the workshop mentioned one or more basic preventive methods such as building a toilet, bathing regularly, eating a balanced diet, and keeping dishes, food, homes and surroundings in a clean condition.

Of the healers who had received health posters and charts, 75% had displayed them on the walls of their clinics. These posters and charts promoted oral rehydration solution, personal hygiene, nutrition, latrines, and safe water. There was also some evidence that healers who had attended the workshop were practising better health habits than other healers.

Latrines had been constructed by all the healers who had attended, and 48% of these healers had placed washbasins in their clinics, whereas in the control group only 26% had toilets and 4% had washbasins.

Traditional treatment methods for diarrhoea vary widely in Swaziland. Divining may be used to determine the cause, herbal medicines are usually prescribed to harden stools, therapeutic vapour inhalation or traditional vaccinations are sometimes used, and cleansing the stomach and/or intestines by purges and enemas is often practised.

Traditional healers became enthusiastically involved and accepted responsibility for promoting good health practices and disease prevention.

Purges and enemas given to young children usually cause further dehydration and sometimes result in death. For this reason, we encouraged healers to use oral rehydration solution to combat dehydration, and to discontinue the use of purges and enemas.

There is a strong indigenous belief in Swaziland that the body becomes ill when it gets out of balance. We built on this belief when explaining how the body could be brought back into balance by giving oral rehydration solution to replenish lost liquids. This the healers quickly understood. Of the healers who had participated in the pilot project, 82% began to use oral rehydration solution as part of their treatment for diarrhoea, and almost all of the 82% knew the correct proportions for mixing the solution and the proper amount to give a young child.

Many healers were aware of the harmful effects of strong purges and enemas. Only 13% of the healers interviewed said that they treated diarrhoea with enemas. While it

was difficult to assess the accuracy of this figure, since many healers were reluctant to disclose their specific treatment methods, both nurses and healers in leadership positions reported that the use of purges and enemas was on the decline.

Difficulties

The sessions of the workshop were planned with due regard to the low literacy levels of the healers, and heavy emphasis was given to oral, visual and experiential teaching methods. Demonstrations, field visits, models, and photographs and other graphic materials were used to communicate health information. A great deal of time was required to design and prepare the workshop sessions.

We were unable to test knowledge, attitudes and practices before the regional workshop began, because of a shortage of time and resources and because the healers were widely scattered throughout the country. Consequently, it was difficult to determine the validity of our data. Most information obtained on healers was in the form of reported data. Many healers were reluctant to talk about some of their medicines and treatments, and some may have wanted to make a favourable impression on the interviewers. To obtain as much objectivity as possible, Swazi interviewers who were highly trained and experienced in similar studies were used, and data based on observation were collected where possible.

Due to time constraints, we conducted our survey only two months after the first regional workshop. An interval of four to six months would have allowed us to make a better judgement of the extent to which the healers were actually using the knowledge and skills they had acquired.

Implications

Despite the difficulties, clear differences were indicated between the workshop group and the control group of healers. The former did increase their understanding of the importance of safe water, good sanitation, personal hygiene, nutrition, and immunization. They began to use oral rehydration solution to treat dehydration, to refer patients to clinics, and to teach health education to their patients.

Perhaps the most significant result of this project concerned the way in which traditional healers became enthusiastically involved and accepted responsibility for promoting good health practices and disease prevention. The workshop opened doors between nurses and healers. Once mutually fearful and hostile, they learned to communicate with each other about problems and differences and began to find ways of working together to prevent and control diseases. The project demonstrated that traditional healers, when properly trained and given support, could assist in providing effective health care to the community.

In developing countries there is a great potential for combining traditional and modern practitioners in primary health care teams. Considering the important status and strong influence most traditional practitioners carry among their own people, their scope for providing improved health care should not be underestimated. In the rural communities of countries where needs are great and resources are scarce, traditional practitioners can play a significant role in promoting self-reliance in health. □

Reference

1. **Green, E. C. & Makhubu, L.** *Social science & medicine,* **18:** 1071–1079 (1984).