RESEARCH

THE ROLE OF HEALTH CARE WORKERS IN COLLABORATING WITH TRADITIONAL HEALERS IN PRIMARY HEALTH CARE. PART 2

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ABSTRACT

In part one of this article the background and research methodology of this study was discussed. Information regarding the different categories of traditional healers in South Africa and the role they fulfill in providing health care, was also supplied. In part two of this article the concept collaboration versus integration is discussed . The attitude of health service personnel in primary health care services and the role they play in contributing to collaboration with traditional healers, is explained. Possible programmes which prepares traditional healers for cooperation and the stumbling blocks that could hamper collaboration, are addressed and identified. The recommendations made in this article are based on the Reconstruction and Development Plan. The latter also served as a conceptual framework.

OPSOMMING

In deel een van die artikel is die agtergrond tot die studie en die navorsingsmetodologie breedvoerig bespreek. Inligting is ook verskaf aangaande die verskillende tipes tradisionele genesers in Suid-Afrika en die rol wat hulle speel in die verlening van gesondheidsorg. In Deel 2 word die konsep samewerking teenoor integrasie bespreek. Die houding van gesondheidsdienspersoneel in die primêregesondheidsorgdienste word uiteengesit. Die rol wat hierdie personeel in die totstandkoming van samewerking met die tradisionele genesers speel, word verduidelik. Programme wat aangebied kan word om die tradisionele genesers voor te berei vir samewerking word aangespreek Die struikelblokke wat oorbrug moet word om samewerking te laat realiseer word geïdentifiseer en metodes om dit te oorbrug bespreek. Die aanbevelings gemaak, word gegrond op die Heropbou en Ontwikkelingsprogram, wat as konseptuele raamwerk gebruik is.

INTRODUCTION

The concept collaboration must first be defined to make a clear distinction between integration and collaboration. Collaboration is seen as a process of working together in a climate of mutual assistance where help is provided by two parties as to attain a common goal. It is also a process whereby conflicting parties are brought into harmony with one another. It is not integration, as each group will still be functioning in its own sphere, but with the exception of supporting each other.

For successful collaboration both parties need to be sensitive to the clients' needs and alert to the main causes of the health problems with which the community is confronted. Appreciation of what has beendone by the different parties to date, is also needed. Tension could be reduced when people have the opportunity to express their feelings and trust-building result when both parties feel that their identity will be secure and that they will not be overwhelmed by the other (Hornby, 1993: 160 - 162).

THE REASONS FOR COLLABORATION

Recent statistics indicate an estimated population size of 43 million for 1995 and 70 million for 2025. Of this estimated population, 48,3% are situated in the urban areas and 51,7% in the rural areas. The percentage of 35,0% of the population who are more than 5 km from a medical service makes the statistics even more alarming (Ministry for Welfare and Population Development, 1995:7-8). In South Africa some towns and cities are geographically scattered. In order to render an effective PHC service, all health workers should participate and cooperate with the community (Council for population development, 1991: 2 -3).

WILLINGNESS OF TRADITIONAL HEALERS TO COLLABORATE

Traditional healers expressed willingness to cooperate with biomedical practitioners during the research on which this paper is based. They are willing to be trained in certain biomedical techniques and willing to be supervised by biomedical staff. Illiterate healers were more secretive and less willing to cooperate. In a study conducted by Green & Makhubu (1984: 1072), 95% of the traditional healers desired a closer relationship with modern medicine and some were already making referrals.

Those traditional healers who have attended a programme to give them more information on, for example, signs and symptoms of diseases, all agreed that there is a need to refer some of their cases to the clinics or doctors. A comment often made was: "If we do not understand and cannot handle the disease, we will be able to refer the client without fearing that steps can be taken against us". Many of them already have a very good relationship with the services and help to see that patients continue with their medication when discharged from a hospital. This is in agreement with The Commonwealth secretariat (1986: 117) that mentioned that a number of traditional healers recognise their limitations and refer clients to other traditional healers or hospitals.

If traditional healers feel that they are being belittled by nurses and other health care staff or that their work is not being appreciated by them, they are reluctant to collaborate. Often it is said that they feel themselves on the same level as medical practitioners and would rather refer their clients to them, than to nurses.

Two presidents of traditional healers' associations, one from Mpumalanga and the other from Gauteng, were keen to collaborate. They also advised their members to attend the programmes presented by the Departments of Health. One of these presidents has a large training centre for traditional healers. These facilities are made available to the registered nurse who presents the training programme. A computer, video machine, overhead projector, desks and chairs are provided for training sessions. The other president leads a group of 100 traditional healers from Mpumalanga who already collaborate with the SouthAfrican National Epileptic League (SANEL). They have regular meetings where information on epilepsy can be obtained. They also help supervise the patients in continuing with their treatment.

In the Eastern Cape an association "Ibhunga Lempilo" was established, where problems could be shared between traditional healers and staff from the clinic as well as other community organisations. This action has motivated staff towards collaboration.

Traditional healers complained that they did not get paid by medical aids and did not receive any subsidy as the hospitals do. They wanted to know where they would get money to buy food and clean linen if patients had to stay with them. If collaboration could assist them in getting this, they would be more than willing to collaborate.

The traditional healers would prefer facilities of their own. It is against their own cultural beliefs to practise from within a medical centre. Even when attending meetings or programmes, they would prefer to have these in their own community centre or somewhere away from the health care facilities.

In South Africa, traditional healers have no legal status, but attempts have been made to collaborate. At MEDUNSA both positive and negative aspects were identified. At the Valley Trust and Turntable Trust in KwaZulu-Natal, the Northern Province, Mpumalanga and the Free State, meetings have been held to discuss the problem of communication. The Turntable Trust gave traditional healers a herb garden, where they could grow their own herbs. They can travel to Durban where the Department of Nature Conservation supplies them with information on how to grow these herbs. On the same grounds a "pharmacy" was erected where the herbs that they cultivated and animal products they used in the treatment of illnesses, could be bought. All the herbs were marked and neatly organised on shelves. In Soweto the primary health care services are also collaborating with traditional healers and presenting training sessions for them. Training courses for traditional healers are also being presented by the University of Pretoria. Lessons that can be learnt from these efforts are in line with Karim, Ziqubu-Page & Arendse (1994: 14) who indicate that

* not all traditional healers want to collaborate, whereas others are excited about the prospect
* some of the traditional practices cannot be scientifically evaluated
* a danger lies in that the traditional healer may become a second-rate health worker without compensation from the state
* ethics have to be considered

ATTITUDE OF MEDICAL DOCTORS TOWARDS COLLABORATION

Not all medical doctors have a negative attitude towards collaboration. One Medical Officer of Health in a rural area expressed his willingness to cooperate with traditional healers because the area he had to cover was very large. According to him traditional healers know the community and their culture and the people trust them which makes them an important part of the health care team. He mentioned that the health care staff had few problems resulting from treatment given by traditional healers, because of the good interpersonal relationships between the health care staff and traditional healers. At the primary health care clinic where he renders a service, the staff present a programme to help train traditional healers as health care workers. This results in early referrals from traditional healers. To ensure successful collaboration he advised communication at an equal level. The biomedical staff can also learn from traditional healers in especially the treatment of some psychiatric cases. Traditional healers are effective in psychiatric treatment because they have a closer relationship with the patient and understand their value systems. For the community the importance of collaboration becomes evident when one considers the long distances people have to travel to visit health care facilities. Karim et al (1994: 10-11) found that biomedical staff often associate traditional medicine with magic, they view collaboration as a backward step and appear to be reluctant to have any close professional contact with traditional healers. Most doctors have a negative attitude towards traditional healers because of the number and severity of cases they have to treat when patients have not been referred to them timeously.

Before collaboration can become a reality, the question of legalising the practice of traditional healers will have to be addressed. A controlling body to regulate the practice of traditional healers and to serve as a forum for discussions, is essential. This would also make provision for referrals to be made from both parties. At present, traditional healers refer their clients to medical practitioners but because of the present legislative policy, it is not possible for medical practitioners to refer them back to them. The Government has been actively involved in having discussions with traditional healers and it is envisaged that a solution to the problem will be found in the nearby future.

ATTITUDE OF NURSING STAFF TOWARDS COLLABORATION

Nurses are willing to work with traditional healers, but some

said that they would prefer to be superior to the healer. The term collaboration should be clearly understood by nursing staff. It does not imply a superior/subordinate relationship, but rather that of a supportive role, acknowledging each other's field of expertise. There are different types and categories of healers and they should not be classified together. It must be reiterated that healers should not be confused with witch doctors. It was clear that nurses were in favour of traditional healers working in their own communities and that there should be a referral system which is in agreement with what traditional healers expressed. Nurses felt that the Government should formally recognise healers. Both clients and health care staff agreed that traditional healers should stay in their communities and run their practices from there. They were not in favour of having traditional healers practising in primary health care clinics.

BARRIERS IN THE WAY OF COLLABORATION

Successful collaboration depends on the participants' understanding of their individual roles in the process. The responsibilities of both parties should be clearly spelled out, closely coordinated and the contribution of each party acknowledged. Before starting the collaborative relationship communication lines should be defined and made sure that the expectations of the parties are in line with one another. Certain barriers were identified on the part of traditional healers. These included:

* inability or reluctance to admit to limitations
* suspicion based on fear of losing their secrets and being robbed of their livelihood
* ethics preventing them from passing on knowledge
* traditional healers not always wanting to work in groups.
* often discouraging patients from visiting clinics.
* reluctance to freely share their knowledge.
* being afraid to collaborate because of the fear of losing their certificates as traditional healers, and it might appear as though they cannot manage their patients.

The above was also mentioned on the Commonwealth secretariat meeting (1986). On the part of the modern health worker, there were also barriers which included professional arrogance, professional ethics forbidding unqualified workers from participating in rendering health care and a lack of knowledge regarding the scope of the work of traditional healers (Commonwealth secretariat 1986: 19 - 23).

HOW TO PROMOTE COLLABORATION

To enhance collaboration Pretorius, De Klerk & Van Rensburg (1991: 64 - 65) recommend that

* the number and categories of traditional healers should be determined
* the practices of traditional healers should be controlled
* it should be determined how traditional healers can be utilised in the health services
* the diseases that are treated successfully by traditional healers should be identified
* effectiveness of traditional medicines should be tested
* the cost involved in collaboration should be estimated
* the legal constraints should be addressed
* the reorganisation of health services taken into consideration

A policy would therefore have to be formulated and the community would have to be considered when planning collaboration.

COURSES TO PREPARE TRADITIONAL HEALERS FOR COLLABORATION

Discussions with traditional healers in eight provinces in South Africa revealed that traditional midwives as well as all other categories of traditional healers were keen to attend programmes to assist in collaboration with primary health care services. The Eastern Province and Northern Cape are keen to begin an official programme and have already started informal programmes. In 1985 the black municipal clinic in Bethlehem started educating Isangomas on how to detect abnormalities in patients and immediately refer them to a medical doctor.

A training programme organised by the Department of Health in the former Transvaal, and supervised by Mrs J Isaacs, was commenced in 1986. In an interview on 23 February 1995, Motseke mentioned that a similar programme organised by the Department of Health had been introduced the in Free State in July1993. These training officers visit clinics in the former Transvaal and the Free State and make contact with the nurse in charge of the primary health care service. They then explain how the programme for collaboration works and if clinic staff are prepared to become involved they ask one trained staff member to take responsibility for the programme. These staff members, with the help of a health advisor or community health worker then contact traditional healers in the area and ask them to attend a meeting with the training officers. The meeting is scheduled and the process explained to the traditional healers. The nurse responsible for the training programme arranges further meetings with traditional healers. Training officers visit the clinic every three months to monitor progress. An attendance register is kept indicating who attended as well as the topics discussed. The programme often runs over a period of eighteen months or longer, until all topics have been covered. In both these provinces traditional healers who have completed the programme, receive certificates. After attending the programme the traditional healers are keen to collaborate and refer clients. The success rate of follow-up after treatment for tuberculosis has improved as well as the treatment of children with gastro-enteritis. The traditional healers take responsibility for referring these patients sooner and to make sure that follow-up treatment is taken. At one place visited during the research, a ceremony, where certificates were handed to the healers, was being held. The receivers of these certificates as health care workers performed a play on the prevention of AIDS. It was highly enjoyable and contained a distinct message understood by all. Afterwards they engaged in a traditional Isangoma dance which continued until they went into trance.

POSITIVE OUTCOMES RESULTING FROM THE INTRODUCTION OF PROGRAMMES TO PREPARE TRADITIONAL HEALERS AS COMMUNITY HEALTH WORKERS

Positive aspects that could be identified after introduction of education for traditional healers as community workers were the following:

* Traditional healers became more available, willing to be trained and willing to provide community health care.
* A change in the attitude, knowledge and behaviour of traditional healers ensued.

* The health status of the people was improved.
* A positive change in the attitude of health care staff towards traditional healers was experienced.
* The health service became more cost-effective.
* Traditional healers could be trained to perform a wide range of primary health care tasks.
* Education to promote and methods of preventing and controlling health problems were communicated to the traditional healers. Aspects included were:
  - prevention and control of health problems through the use of posters
  - promotion of improved food supplies and nutrition
  - provision of an adequate safe water supply and basic sanitation
  - promotion of maternal and child care
  - promotion of immunisation
  - promotion of prevention of endemic diseases
  - promotion of treatment of diseases and injuries
  - the use of essential drugs and aspirin

This was confirmed by Hoff ([s.a.]: 25 - 26).

In a study conducted by the University of the Witwatersrand (1991: 2-4) the following was found: The Health Act 1974 forbade traditional healers to practice legally. It has since been proposed that traditional healers should be legally recognised and rules instituted by a council, to control training and practice standards. An association to protect healers should also be formed. The relationship with the medical practice should run parallel, with contact and understanding between the two parties. The need for training, mutual referral and recognition of registration should receive attention. Facilities should not be shared.

THE ROLE OF THE NURSE IN PRIMARY HEALTH CARE IN ENHANCING COLLABORATION WITH TRADITIONAL HEALERS

The nurse working in a primary health care setting is compelled to keep looking for insight into the challenges she faces in performing her daily duties. In looking at the realities of health care in communities, it should be clear that greater knowledge of the practices of traditional healers has become essential if the health care needs of each individual are to be met. To be blind to the alternative methods of health care will not contribute to the improvement of health of those entrusted to her care.

The nurse, or all health care providers for that matter, should have an understanding of how Africans view the Western medicine, because much of what the West accepts as normative is experienced as foreign and alien by Africans. It is also true that no one can accept that he is the only one who possesses wisdom and the final insight into life (Van Niekerk, 1992: 1).

There are two very strong spiritual worlds in Africa with conflicting views and no understanding or interaction. Good interpersonal relationships are of increasing importance and it is essential that differences should be acknowledged while at the same time similarities sought. Differences can cause conflict and misunderstanding which stresses the fact that a greater understanding and appreciation of cultural differences should be pursued. The challenge, is however, to find an unconditional relationship - not expecting the other to be like you. A spirit of tolerance and understanding is necessary and the people's own perceptions, experiences and feelings must be taken seriously (Van Niekerk, 1992: 10). The nurse working in a primary health care setting should obtain information on the cultural beliefs of the community she is serving. Building a trusting relationship with traditional healers in the area, is of the utmost importance. This can only be achieved if the nurse is willing to communicate on the same level as the traditional healers. If the nurse presents herself as someone who has all the knowledge and expertise, while the traditional healer is left to feel inferior, the relationship will be seriously hampered.

An important factor that the nurse should take note of is that although many of the traditional healers would like to collaborate, they think that the ancestral spirits would not want them to as it is believed that theyshould work secretly. In this study it was found that, from a sample of 289 traditional healers, only three were not willing to collaborate. The remainder said that it would be a pleasure to collaborate and that they sometimes had to refer a client for medical treatment.

PROBLEMS THE NURSES HAVE TO FACE

A general complaint of traditional healers was the attitude of nursing staff. This was usually directed at hospital staff and not staff at primary health care clinics. The way in which patients were treated, when they admitted that they had been to a traditional healer, resulted in their not mentioning the fact when they next sought the health service. Nursing staff should take note of this complaint and should aim at achieving a positive relationship with the patient.

Different goals and values are barriers nurses will have to address in working on a programme for collaboration. This is one reason for understanding the cultural values and beliefs of the community served. Competing demands on the health care budget could be another stumbling block hampering collaboration. The health care authorities will have to address this issue especially as a question that was often raised is, "Who will pay us and what will happen to our clients once they have been referred to the clinic?" Absence of incentives to collaborate is a crucial issue that can cause a barrier on the way to collaboration. Every participant would like to know what they are going to gain in the process.

APPROACHING TRADITIONAL HEALERS AND TRADITIONAL MIDWIVES TO COLLABORATE AS HEALTH WORKERS

During 1986 Isaacs (1995) compiled guidelines on how to approach projects to train traditional healers in primary health care services. According to her the advantages of training this group of people as community health workers are as follows:

* The people have confidence in traditional healers as they have a strong grounding in traditional and spiritual forms of care and healing.
* It has been found that a combination of the old and new ways in a specific area is better than either way by itself.
* Traditional healers, because of their experience and strong beliefs, are more able to defend their people's culture.
* Traditional healers are firmly rooted in the communities and committed to serve the people in need.

Isaacs (1995) also mentions that there are certain difficulties in training the traditional healers and midwives as community health workers. If the people intent on introducing a programme do not take cognisance of these difficulties, the project is bound to fail. Traditional healers are often very set in their ways and need tactful persuasion to convince them to change. As with modern medicine, there are both useful and harmful practices in traditional medicine. The traditional healer may however be reluctant to examine the practices they have followed for many years. They may not be willing to abandon profitable practices even though they could be harmful.

A difficulty that is often experienced when collaborating with traditional healers relates to their approach to problem solving. The psychological power of suggestion is an important part of their healing process. The patient and his family are convinced that the healer knows immediately what is wrong with the patient and how to treat the illness. The scientific healer begins with doubt and starts asking questions to get information on which the diagnosis is based. This is not acceptable to the traditional healer as he/she views asking questions as an admission of his inability to diagnose. If a person who presenting a programme to the traditional healers is not aware of this, he/she may not be able to understand the way in which traditional healers handle their patients.

Initial contact with traditional healers is a matter of teamwork. Health advisors are often more suitable to contact traditional healers as they go from home to home doing house visits. They contact one or two healers and from there the message is carried like wild fire. A meeting is then arranged with the traditional healers where the objectives of the programme are explained and their views on the matter heard. If they are willing to collaborate, health care workers and community leaders are informed and a meeting arranged with the various team members. This is the view of both Isaacs (1995) and Motseke (1995) who have already started with collaboration programmes.

Building rapport

Building rapport with traditional healers is one of the first requirements for successful collaboration. It is necessary to show respect and have a positive attitude towards the traditional healers. They should be greeted in their traditional way. It is important that the instructor and each traditional healer are formally introduced. Let them tell you about their experience, how long they have been practising, where they were trained and their field of specialisation. They ought to be praised and thanked for the work they have been doing all these years in serving the community. Especially as patients visit them before consulting the clinic staff or a doctor. This may take some time but is essential as it gives them the feeling that one is really interested and acknowledge their expertise. In discussing the aims of the project must be discussed and they must be given the opportunity to ask questions and give input. The patient must always be placed first as the focal point of both traditional and modern medicine. Mention should be made of scientific information that will enable them to understand why some of their clients visit both the traditional healer and the clinic. Both Isaacs (1995) and Motseke (1995) advise that a mini research be conducted before initiating a programme for traditional healers.

Although the previous Department of Health and Population Development did compile a programme, it was found to be too long and complicated. The aspects covered in the programme are all important and one should try to include most of those aspects mentioned. The diseases dealt with can be limited to those most prevalent in a specific community.

Some aspects can be presented by a registered nurse while others could be presented by a health advisor or nurse auxiliary. Aspects on soil and vegetation conservation, water and sanitation could be given by someone from the health inspectors' department. Interdisciplinary teamwork is essential for successful collaboration.

RECOMMENDATIONS ON HOW TO PROMOTE COLLABORATION

In view of the findings of the 1995 research on collaboration and the literature studied, the following recommendations are made to enhance collaboration in the South African context:

Inter-sectoral collaboration and cost-effective care

Official channels for collaboration between the different sectors of health care delivery and traditional healers have become essential. The government should formulate a policy to make collaboration a reality at central, provincial and district levels. Clear guidelines on how a referral system functions should be provided. To enhance effective collaboration, a controlling body needs to be established in order to regulate the practice of traditional healers. This control should include training, code of conduct and regulations for practice. It also should have the power to take disciplinary action when necessary.

Cost-effective care can be insured through controlling the fees charged. Cost-effectiveness also refers to accessibility and efficiency. This can only be achieved if a programme preparing traditional healers, is made a prerequisite for collaboration. The nurse, who plays an important role in ensuring that successful collaboration, should keep abreast of health care policy and treatment.

Training, utilisation and support of alternative health care workers

Nursing staff working in primary health care services should be willing and competent to train, utilise and support the traditional healers. A programme should be drawn up to meet the needs of the specific group of traditional healers and the community. This means that a needs assessment of a specific area has to be performed and a programme compiled accordingly. The training method used has to be in line with the uniqueness of the group's needs. Nursing staff needs to be prepared for this new role. In the first instance staff should obtain knowledge regarding the cultural background of the community they serve. The community's beliefs and values should be considered when utilising the traditional healer in the area. They should look for similarities to build on but at the same time the cultural diversities can not be ignored.

Alternative care givers must be willing to undergo the necessary preparation

The willingness of the traditional healers to undergo the necessary training, as identified by the research, would be the motivation to initiate a training programme where it has not previously been attempted. Those who have completed a programme should be persuaded to help

motivate other healers to attend the programme. Arranging seminars and inviting traditional healers as speakers could serve to promote collaboration.

Communities should be motivated for active participation

In providing health education, the community should be given information that will allow them to make an informed decision when deciding on the health care service they require. The community's own cultural beliefs and values will play a role in their decision. It is the duty of the nursing staff to respect this decision and to consider the individual's fears and their reasons for adhering to their cultural heritage.

CONCLUSION

Nursing staff interviewed agreed that collaboration is inevitable and traditional healers are keen to collaborate. At the same time patients would welcome such a step. Training, to prepare health care staff and traditional healers for collaboration, is needed. Nursing staff should be responsible for coordinating the programmes and should ensure that the needs of the community and the service are met. The community workers are the people who have contact with the traditional healers and should become involved in the training programmes. The programme should be prepared by someone from the same cultural background and presented in such a way that those who are illiterate can also benefit from it. Each programme should meet the needs of the specific community. The programmes already being presented are well planned and can be used as a guideline.

As it is clear that collaboration with traditional healers in primary health care services could be beneficial to the community, but an attempt has to be made to, as soon as possible, make this a reality. To include anthropology in the nurses' curriculum would make them more aware of cultural differences but at the same time give them the opportunity to search for similarities.

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