

**DIALOGUE REPORT BETWEEN TRADITIONAL HEALERS AND BIOMEDICAL EXPERTS IN KASUNGU NORTH, SOUTH, CENTRE AND WEST CONDUCTED FROM 21-29 AUGUST.**

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**Glossary of terms**

**AIDS:       Acquired Immune Deficiency Syndrome**

**DHO:       District Health Officer**

**FGD:       Focus Group Discussion**

**GTZ:       German Technical Cooperation.**

**HIV:       Human Immune Virus**

**NAC:       National Aids Commission.**

**MOH:       Ministry Of Health.**

**TH:       Traditional Healer**

**TBA:       Traditional Birth Attendant**

**TM:       Traditional Medicine.**

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## **1.0 Introduction**

This report details procedures, outcomes and recommendations from dialogue sessions held in Kasungu between traditional healers and health workers. The main objective of the dialogues was to establish common grounds and ways in which traditional healers and biomedical experts can collaborate to bring down high prevalence rates of HIV and AIDS and maternal mortality in Kasungu district.

This work builds on earlier exploratory survey and subsequent dialogue conducted in Kasungu in August, 2005. The exploratory study focused on unearthing perceptions of traditional healers and health workers towards illness, HIV and AIDS, sexuality, VCT and how they perceive each others professions.<sup>1</sup> These findings informed dialogue sessions which brought together selected traditional healers and health workers who took part in the Focus Group Discussions (FGD).<sup>2</sup>

Based on the success of the pilot phase using the dialogue approach in Kasungu in 2005, GTZ in 2007 decided to extend coverage of the project to the whole of Kasungu district<sup>3</sup>. The success of this initiative in Kasungu will determine whether this method should to be replicated in the rest of the districts in Malawi.

## **2. Methods**

### **2.1. The dialogue method**

Angelika Wolf (2005) defines dialogue in the arena of development as “animated conversation in search of mutual understanding between two different groups in a certain field. The goal is to enhance communication between the two groups and

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<sup>1</sup> Refer to GTZ Kasungu FGD reports of 2005 and 2007.

<sup>2</sup> For a detailed description of the Dialogue method, refer to Angelika Wolf's report to EPOS/GTZ entitled Medical dialogue between traditional experts and biomedical health workers in Kasungu, Malawi, 2005.

<sup>3</sup> The project was monitored and evaluated in 2006. Out of this evaluation, the project was peer reviewed as one of the best practices in fighting HIV and AIDS and maternal mortality cases in 2007.

build up structures that are sustainable. To find agreement and solutions for further collaboration is also anticipated”

The dialogue concept is based on ideas from the Public Conversation Project in the USA (PCP 1999). The method was adopted and adapted by GTZ on two intergenerational dialogues in Guinea and Kenya (v Roenne, 2005). The medical dialogue in Kasungu is the third experience of such an approach (Wolf, 2005)

## 2.2. Selecting participants for dialogue workshops

Participants of the dialogue workshops were selected by research assistants during focus group discussions. Articulacy and influence were some of the selection criteria. The final selection in each zone was done by dialogue moderators. Gender and balancing of area of origin were some of the selection considerations. 12 traditional healers and 12 biomedical experts were selected in each zone.

## 2.3. Workshop schedule

Three workshops were conducted, one in each zone. Each dialogue workshop took two days.

**Table one: Workshop schedule**

| <b>ZONE</b>             | <b>VENUE</b>                   | <b>DATES</b>   |
|-------------------------|--------------------------------|----------------|
| Kasungu South and west  | Santhe Primary school          | 21-22 August   |
| Kasungu East and Centre | Mtunthama health center        | 24 – 25 August |
| Kasungu North           | Chatoloma CCAP and RC Churches | 28-29 August   |

## 2.4. Dialogue workshop programme

Each dialogue workshop took two days.

### Day one:

After introductory remarks, participants made mutual presentations of each other. This was followed by dialogue exercises.

- **Perception exercise and plenary:** This was a deliberate exercise aimed at coming up with deep rooted prejudices each group hold about the other. In this session, participants were divided into six homogeneous groups, three from traditional healers (TH) and health workers respectively. Each group had to come up with weaknesses they perceive the other group has. Then two opposing groups met to share their perceptions.
- **Curiosity exercise and plenary:** during the curiosity exercise, participants were split into homogeneous groups of three for both traditional healers and health workers. They came up with three questions they have always wanted to know about the other group. Later, two opposing groups came together to ask each other the questions.

### Day two:

- **Awareness exercise:** Here, participants were split into six homogeneous groups, three each for both biomedical and traditional experts. They had to come up with perceived strengths or positive attributes of their counter parts. Later, two opposing groups were brought together to share and enlighten each other on their perceptions.
- **Vision exercise:** two heterogeneous groups. Each group had to come up with a visual representation of the nature of the envisaged collaboration.

Participants were encouraged to use plays, songs, dance, and poems-using different artistic forms of orature-either in combination or isolation.

- Members of the task force presented the successes and challenges of the current collaboration.
- The workshop participants elected a zonal task force which would be reporting to the main task force in Kasungu District.
- Closing remarks of the workshop.

## 2.5. Methodological and logistical challenges.

- **Method modification:** The workshop programmes of Mtunthama and Chatoloma had to be changed slightly because of a slight modification of the method. Perception exercise was added to the programme to give participants ample time to air out professional weaknesses of the other group. After recognising their weaknesses, later through an *awareness exercise* they would recognise and acknowledge the strengths of the other. It is on these complimentary perceived strengths that the collaboration is supposed to be based.
- **Communication challenges:** During all the workshop sessions, we had an overwhelming number of participants. This was due to wrong information sent out when mobilising the selected people for the workshops. Sorting out the selected from the unselected people for the workshop delayed the workshops by half a day.
- **Transport:** Both traditional healers and health workers had to travel long distances to the workshop venues. This also delayed the start of the workshops.
- **Some venues were not ideal.** We used dirty class rooms at Santhe. At Chatoloma, we had to be shifted from one venue to another on both days. Classes were in session at the initial selected venue for the workshop, which was a primary school.

- The majority of health workers who attended the workshops were from low ranking cadres i.e. Health Surveillance Assistants who can not have a major influence on policy implementation in the health sector. The major challenge of the collaboration from the biomedical side is lack of a ratified policy clarifying the role of traditional medicine in Malawi.

### **3. Results from dialogue sessions**

#### **3.1. Perception exercise**

The objective of this exercise was to uncover perceived weaknesses of each side. These perceived weaknesses are potential barriers to collaboration efforts between traditional healers and health workers.

##### **3.1.1. Perceived weaknesses of traditional healers.**

- Traditional healers do not encourage their clients to go to hospitals for medical examination including VCT
- Traditional healers have no prescribed dosage for their medicines.
- Traditional healers refer patients to hospitals when they are in a critical condition.
- Traditional healers do not admit their failure to heal a patient. They claim to heal all ailments.
- Traditional healers do not have proper diagnostic methods.
- Some traditional healers claim to heal HIV.
- Their practice is based on try and error or experience. They do not have formal training.
- They only report successes and not failures, like maternal mortality cases.
- They lack knowledge of signs and symptoms of diseases.
- They operate in unhygienic conditions. Usually they work without protective clothes, like gloves.

### 3.1.2. Perceived weaknesses of health workers from the traditional healers point of view

- Health workers shout at clients referred to them by TH. Patients are told that TH just waste their time.
- Health workers do not refer patients to TH although they suspect that the ailment has unnatural genesis, i.e. witch craft, tsempho/kaliwondewonde.
- Hospitals fail to provide medical consumables, especially protective wear to traditional birth attendants.
- Health workers fail to monitor Herbalists and traditional birth attendants.
- Health workers ridicule herbalists as being uneducated.
- Health centres fail to provide transport to herbalists for referrals.
- Midwives at health centres are arrogant. They do not give full attention to women during delivery. Some women deliver on their own.

### 3.2. Curiosity exercise

The objective of this exercise was for both sides to get curious about each others profession. This curiosity was expressed in a form of three pertinent questions on what each side wants to know about the others profession. These questions were initially formulated in small homogeneous groups of three to four people and asked and answered in mixed group sessions. Below are the common questions during the curiosity exercise:

#### 3.2.1 What TH wanted to know about biomedical practice

Q. Why are health workers unable to refer patients to TH even if they fail to cure a particular disease?

**A. The MOH policy states that all complicated cases at health centres be referred to district health hospitals and then to a tertiary facility. In a strict sense, the health system does not recognize traditional medicine.**

**Q:** Traditional healers are facing a challenge to transport clients from their clinics to health centres. How can the health system help them?

**Response:** In some health centres there is already cooperation between health workers and traditional healers, especially traditional birth attendants. TBAs can call ambulances to transport women with complications to hospitals. Where such arrangements do not exist, the issue should be raised with management of the health centre.

**Q:** How do doctors know that a person is suffering from Malaria or he, she is HIV positive. How do you also know that a child is in a transverse position?

**Response:** In the case of Malaria, diagnosis is based on either symptoms displayed or blood tests. As for HIV, we run blood tests. We know the position of a baby by feeling the belly of the mother. Or through scanning, we can determine the position of the baby in the womb.

**Q:** Why do you fail to predict the exact date of giving birth?

**Response:** We estimate the date of giving birth nine months from the day of fertilization, give or take seven days. Usually the birth falls within that period.

**Q:** Why do you carry out caesarean operations?

- **When the baby is too big for normal birth.**
- **Obstructed labour**
- **When the mother is epileptic**
- **When the mother is bleeding (haemorrhaging)**

Q. What happens when during delivery the placenta sticks to the uterus?

**The woman bleeds excessively which eventually puts the life of the mother and child in danger.**

### 3.2.2. What health workers wanted to know about traditional medical practice

Q: Do herbalists have formal training institutions?

**We do not have institutionalized training. Our school is oral in nature. We learn from parents or some one well versed in the healing art. But others get their healing gift from ancestral spirits through dreams.**

Q: How do you diagnose disease or illness?

**Either through the symptoms the patient is displaying or from what they are telling. A gain diagnosis is made through spiritual mediums. In a trance, the healer communicates with the spirits. The spiritual healer may feel exactly how the patient is feeling. Or in a trance, he may see through the patient, ( like an ex ray)**

Q: Why is it that TBAs force mothers during delivery to mention men they had illicit sex with?

**It is just tradition. What we believe in is that by mentioning the man or men, spirits of our fore fathers enables the mother to give birth without complications. If not, the mother and the child would die due to complications (Tsempho)**

Q: Scientists are doing research to find a cure for HIV and AIDS. How far have traditional healers gone in that quest?

**So far we have found out that both traditional healers and health workers can heal opportunistic infections but not kill the virus that causes AIDS. However, our ancestral spirits, through dreams, do reveal to some traditional healers herbs to cure HIV. But they are yet to be scientifically tested.**

Q: How do the charms that are worn on one part of the body come to heal another part? I.e. a charm worn around the neck purported to heal fontanel (liwombo)

**Some have a direct connection because they touch the affected part. Other charms work so miraculously that a lay person cannot comprehend. Yet others, like charms for Liwombo worn around the neck with a charm sewn in a piece of cloth, are ingested when the baby suck the medicinal charm.**

Q: Do your medicine have an expiry date?

**Firstly, we know that herbs soaked in water have expired when the water loses its deep colour. However, herbs in a powder form never lose their potency.**

Q: How do you determine the dosage of a patient?

**Dosage is determined in two ways: Age. For example, a new born child takes half a tea spoon of any concoction. Sometimes dosage is determined by the condition of a patient. The critical the patient, the stronger the herbal treatment prescribed.**

### **3.3. Awareness exercise**

The objective of this exercise was to come up with strengths or positive attributes of each group as perceived by their counterparts in their fight against HIV and AIDS and maternal mortality.

Participants were split into 6 small homogeneous groups. Then two opposing groups met to share and discuss their perceived positive attributes.

**Table two: Positive attributes of traditional healers and health workers as perceived by the other**

| <b>Positive attributes/strengths of traditional healers as perceived by health workers</b>  | <b>Positive attributes/strengths of health workers as perceived by traditional healers.</b>  |
|---|--|
| <ul style="list-style-type: none"> <li>• They send reports to hospitals, especially TBAs.</li> <li>• They protect their own life and that of the mother by using plastic bags in the absence of gloves.</li> <li>• Both traditional healers and TBAs are doing a recommendable job of treating people in rural areas far away from hospitals.</li> <li>• THs are friendly with patients. Patients are welcomed any time unlike health workers who are often rude.</li> <li>• Some THs heal conditions which health workers can not completely heal like asthma, epilepsy, witch craft related illnesses.</li> <li>• They are able to treat opportunistic infections caused by AIDS.</li> <li>• Ability to treat infertility among couples.</li> <li>• Provide counselling to people on HIV and AIDS.</li> </ul> | <ul style="list-style-type: none"> <li>• Ability to operate on patients</li> <li>• Ability to conduct blood transfusion and other liquids plus oxygen.</li> <li>• Ability to make lab based and x-ray diagnosis.</li> <li>• Ability to treat TB; extract teeth, mend broken bones.</li> <li>• They are able to deliver complicated pregnancies.</li> <li>• ARVs they administer are helping a lot of HIV and AIDS patients.</li> <li>• They help TBAs with materials like gloves.</li> </ul> |

### 3.4. Vision exercise

The objective of this exercise was a visual representation of the nature or form of the envisaged collaboration by the workshop participants. Participants were split into two heterogeneous groups. Each group was encouraged to use plays, songs, dance, and poems-different artistic forms of orature-to display their vision of the collaboration.

In all zones, cross referral of patients between health workers and traditional healers (TH) /Traditional birth attendants (TBA) was a distinct feature in all the enacted vision. Through dramatisation, patients were referred either to a TH or hospitals once diagnosis and treatment had failed. Songs and dance accompanied by drumming; appropriate props from both TH and health workers were all artistically woven into the fabric of the performances to enhance the vividness of their vision. Below is an example of a plot of a typical play at Santhe.

#### *PLOT OF PLAY AT SANTHE, KASUNGU*

*A man is seriously ill. Relatives take him to a hospital. Various tests are conducted, including HIV test. All the results are negative. A medical assistant then suggests that they consult a traditional healer. The TH, using his healing art, diagnoses the source of the problem as magical, emanating from a land wrangle with an uncle. He is given medicine and hospitalised. Within a day, his prognosis is positive and improvement is tremendous. Soon he gets well. Together with the relatives, they go back to the hospital to thank the medical assistant for the quick referral.*

In other plays, other aspects of the envisaged collaboration were the sharing of protective materials, especially with Traditional Birth Attendants; close supervision of TBAs by health personnel; cross referral of patients (especially maternal cases) to confirm diagnosis and treatment

The songs employed were didactic, exhorting the merits of the collaboration, cautioning the dangers of HIV/AIDS or encouraging behaviour change:

### **First song**

One: This thing will bring me diseases (meaning AIDS)

All: Thing will bring me diseases

One: Should I seal it?

All: Seal!

One: Should I cut it?

All: Cut!

One: This thing, this thing

All: This thing will bring me diseases.

### **Second song**

One: What else do you want yet you have a husband!

All: What else do you want yet you have a husband! (x2)

One: There is Eee!

All: There is Eeee, there is AIDS. (x2)

**Third song:**

One: Government has assisted us a lot here,

All: Wu! wu! wu!

One: They brought VCT

All: Wu! wu! wu!

One: To stop people from getting thin (AIDS)

All: wu! Wu! Wu!

One: Lets all go for testing

All: So that we know our status.

**3.5. Electing task force committee members**

In each zone, participants elected eight task force members, four from each side. These people will implement, oversee and coordinate collaboration activities in the zone. They will report to the main task force committee at Kasungu District Hospital.

**3.6. Launch of collaboration**

After dialogue workshops, formal launch of the collaboration was done in each zone. A bigger launch was also done at Kasungu District Hospital. The objective was to sensitize members of staff at the hospital the existence of and how the collaboration is functioning. Traditional leaders, traditional healers, health workers, political and religious leaders, the District Health Officer (DHO) and members of the press (In the case of Kasungu District Hospital) attended the launches.

**4. Recommendations**

- An increased support to traditional healers, especially traditional birth attendants is needed. There are great distances to health centres. TBAs are indispensable mostly in areas far away from health centres. However, they lack basic protective wear, transport to refer complicated cases, training and supervision.

- For sustainability of the project, there is a need to involve other stakeholders, especially already existing structures like National AIDS Commission (NAC), and the Ministry of Health (MOH). NGOs working within the district in the same area of safe mother hood should also be involved to avoid duplication of efforts e.g. training of TBAs.
- To measure success of the initiative, monitoring and evaluation mechanism ought to be put in place. The lessons learnt will be crucial for future replication of the project in other districts of Malawi.
- To empower biomedical personnel in this collaboration, it is important that MOH come up with a clear policy statement regarding traditional healers. In the absence of such a ratified policy, biomedical experts are apprehensive of the initiative. Therefore, it is important to also engage in dialogue relevant stakeholders in the policy making and ratification process.
- Members of the task force need to be empowered through training i.e. how to write proposals to look for funding, how to monitor and evaluate their activities in the collaboration etc.

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