

Empowering the African Traditional Healers for Effective Holistic Health Care Delivery in Nigeria

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Abstract: *Before the advent of colonialism in Africa and its methods of health care delivery, Africans had their indigenous methods of health care delivery. The efficacy of these methods can be attested to by the non-extinction of this race in spite of the sporadic diseases and epidemics which bedevilled the continent over time. But with colonialism and its system of knowledge, technology and social development, African traditional healing methods were seen and labelled as fetish, primitive, witchcraft, diabolical and unscientific. African healers were persecuted as witches/wizards and denied recognition and right to practice their art, an action whose consequences impinged on the effectiveness of health care delivery and the development of indigenous systems of knowledge. The authorial position of this paper is the advocacy of an in-depth investigation into these indigenous traditional healing methods with a view to tapping into their beneficial artefacts and empowering its practitioners.. This approach will accord recognition to practitioners of these neglected health care methods and enhance the goal of an effective holistic health care delivery in Africa.*

Keywords: Empowering, traditional healers, holistic, health care delivery.

1. Introduction/Conceptual Clarification

Human beings were made and endowed with potentials to dominate their ecology. These potentials imbue them with capacity of invention, creativity and discovery. As a result, human beings observe events and situations in their environment and try to internalise those occurrences which are consistent and promote life and living. This is how the process of herbalism was learned. Observing the action and effect of certain herbs on domesticated animals, human beings learned the use of herbs, roots and bark of trees in the prevention and promotion of health as well as treatment of ailments or disorders. This art was impacted upon by technology and science over time, and was refined and modified first by early social thinkers into what is now known as allopathic medicine. The evolution of allopathic medicine took a long period of time though African traditional treatment method is still undergoing developmental phases. This late development of African traditional medicine among other indices was the reason for the imposition of, and domination of the oriental medical practice over the indigenous medical system.

Since concepts are skeletal frames and have different meanings depending on their literal, technical, socio-cultural and geographical usage; informs the need to make conceptual clarification at the beginning of this discourse. W. I. Thomas once observed that, preliminary to any self-determined act of behaviour, there is always a stage of examination and deliberation; and this depends concretely on how the situation is defined. This view was supported by Aristotle when he asserted that “an intelligent discussion of any sort should begin at a definition.” Empowerment, African Traditional Healers (ATH) and health care delivery will mean as they are operationalized here. To empower according to the Longman Dictionary of Contemporary English has two meanings: 1) to give someone more control over their own life or situation; 2) to give a person or organisation the legal right to do something. This second meaning will be used in this discourse. Empowerment on its

part is defined as a process of structural and organisational change directed at the nature and direction of systemic forces which marginalises disadvantaged sections of society for an integrative functional society (Sharma, 1992:124; Giroux, 1997:23; Sen, et al, 1994:359). An African “traditional healer is defined as a person recognised by the community in which she/he lives as competent to provide health care by using vegetables, animal parts, mineral substances and other methods based on the socio-cultural and religious background, as well as the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being and causation of disease and disability” (WHO, 1987). Health care delivery is defined as a systematic frame or design for the administration of health care services of a particular community, state or nation (Etobe, 2005:8).

2. The Problem

Following the recommendation of the International Conference on Primary Health Care of the World Health Organisation/UNICEF (Alma Ata 1978) and the subsequent Global Strategy for Health for All by the year 2000 (1981:9), most governments of the world incorporated their indigenous medicine into the mainstream health care delivery system. For instance, following the Global Strategy for Health for All by the year 2000 in 1981, the Indonesian Government promoted the cultivation and use of indigenous medicinal herbs, and plants in its efforts to enhance self-reliance of communities particularly in the rural areas (Slikkerveer & Slikkerveer, 1995:15). Other countries which experimented traditional medicine in their health care delivery system included Ghana, Zimbabwe, China, Japan, India among others. Again, in the years 2000 and 2002, the WHO adopted two strategies viz: *Promoting the role of traditional medicine in health systems: a strategy for the African region 2001 – 2010 and WHO Traditional Medicine Strategy 2002 – 2005* aimed at forcefully promoting African Traditional medicine. These strategies were directed at maximising the benefits of both traditional and allopathic medicine for a holistic health care delivery in Africa.

Three decades after the recognition and legitimation of African ethnomedicine, its relationship and impact compared to its westernised counterpart is still “ad hoc, ambiguous and often portray elements of disregard, mistrust, suspicion, prejudice and antagonism” (Van Rensburg, 2004:35). Again, in spite of the myriad of health care services provided by African traditional healers such as general practice, orthopaedic, obstetrical, gynaecological and even diagnostic, they are never empowered or encouraged and/or supported in any form for enhanced performance. It was observed that under missionary influence and as a result of repressive political ideologies, the colonial administrators outlawed African medical practices by condemning them as heathen, primitive, barbaric and uncivilised (Van Rensburg, 2004:529; Fako, 1992:76; Ulin, 1980:112). This was partly due on the one hand to, some traditional healers who committed ritual murders and used human substances as medicinal ingredients, and on the other hand, the increasing westernisation and forceful integration of African subsistence economies into the evolving world capitalist system (Van Rensburg, 2004:529). This new economic orientation demolished almost all African cosmology and culture and replaced them with new values, preferences and even behavioural patterns. Fortunately notes Van Rensburg, the African indigenous health care system survived colonial onslaught and extinction, and continued to exist concurrently with the westernised health care system. It was not only during colonial era that the African Traditional Medicine (ATM) suffered undue ostracism. In Mozambique for instance, the first independent government declared traditional healers illegal because according to it, they “furthered superstition and exploited the poor” (Van Rensburg, 2004:544), but despite this ban, ATM continued to enjoy an unprecedented high patronage that government lifted this ban on traditional practice and adopted a more pragmatic policy of allowing the people make their free choice of health care. In Nigeria note Oke and Owumi (1996:225), before an average Nigerian visits the hospital or health centre for consultation or check-up, she/he might have experimented without success with the traditionalists. It is at this point when she/he would decide to make a “trial” at the hospital.

The fact that ATM has been highly suppressed and its existence and relevance not accorded its rightful place in the mainstream health care delivery system is not an overstatement (Jatau, 1992:109). Traditional healers in Africa are subjected to all forms of legislation against their practice and campaigns of calumny, often discriminated against and called all sorts of derogatory names. This attitude notes Jatau, (1992:109) has greatly hampered the confidence hitherto enjoyed by them from their clients. But, it should be reiterated that, until this day, ATM remains the most common, most accessible and most affordable source of health care in African countries. Supporting this assertion, Van Rensburg (2004:33) observes that, the survival and continued popularity of ATM is a function of the unavailability, unaffordability and inaccessibility of many deep rural and isolated parts of Africa to western or orthodox health facilities. Some medical sociologists have over time described allopathic or western medicine as a “tool of empires” whose relationship with the African ethnomedicine could best be described as superiority –

inferiority, and symbolising the relative strength of imperial over indigenous medicine and the superimposition of western values over African practices (Van Rensburg, 2004:34; Slikkerveer & Slikkerveer, 1995:14). According to Van Rensburg (ibid), during the apartheid and post-apartheid South Africa, “health care practitioners not registered with the South African Medical and Dental Council or the Associated Health Services Professions Board were prohibited from practising” and since traditional healers were not allowed by the Health Act 19 of 1974 and Associated Health Services Profession Act 63 of 1982 to be registered, they were not allowed to practise their healing art. It was in 1994 that the picture started changing when the National Health Plan of South Africa was included in the African National Congress Charter, (1994:4) which paved the way for the recognition, legitimation and inclusion of ATM as a parallel health care approach in South Africa on April, 2003.

According to Oke & Owumi (1996:227), a major criticism against ATM is that, its methodology is scientifically unverifiable, therefore superstitious and unreliable. It cannot be denied that ATM has no scientific basis, but its knowledge, skills and pharmacopoeia are developed out of, and have been tested by the empirical experience of millions of people over a long period of time. As was observed by Croizier (1968:14), although ATM failed to establish a scientific methodology for observation of data and verification of its theoretical principles, it has been naturalistic and rationalistic; as opposed to magic and superstition. Hence, it would be unprofitable if we gave up the entire heritage of ATM merely on grounds of scientificity.

3. Holistic Health Care Delivery: The How and Why?

The WHO in 1951 defines health as a state of complete physical, social, mental or psychological well-being and not merely the absence of disease or infirmity. This definition has been criticised by scholars over time who argue that, it tends to see health as a “static object or phenomenon” whereas health occurs as a “changing equilibrium”(Walsh, 1997:107; Watson & Royle, 1987:314; Tuckett, 1997:87). WHO (1986) modified its definition of health as a “state” to reflect health as a “resource.” According to this modified definition, health is the extent to which an individual or group is able on the one hand to realise aspirations and satisfy needs, and on the other hand, to change or cope with the dynamics in the environment. Pender, (1987:12) in Tuckett, (1997:178) provides an excellent overview of historical development and evolving nature of health as it relates to individuals, family and community. To her, health is the actualisation of inherent and acquired human potentials through goal-directed behaviour, competent self-care and satisfying relationships with others, while adjustments are made as needed to maintain structural integrity and harmony with the environment. Viewing health from the WHO (1951) definition, health is seen as a holistic concept encompassing physical, social, mental or psychological dimensions of an individual or group’s life. Therefore, health care delivery must permeate these dimensions or facets of an individual, community or nation, and this cannot be achieved effectively using a unilateral or

unipolaristic approach. This is the pivot on which this paper's advocacy is based. To achieve a holistic health care delivery in Africa and an efficient and effective one in that matter, a transformational health care approach which is both inclusive and integrative must be adopted. This will as well be meaningful if African traditional healers are recognized and empowered socially, economically, politically and legally.

By social empowerment, we mean introducing and exposing African traditional healers to medical training in order to acquire knowledge and skills as well as blending traditional knowledge in line with scientific and dynamic global trends. This will undoubtedly liberate them from ignorance and squalor; and equip them with skills necessary for the discharge of health care duty to their clients both in urban and rural settings. Although the issue of legal empowerment of African traditional healers seems to be making a headway in Africa, its "snail-like" mobility is retrogressive to socio-economic development of society and a negation of the WHO's 2000 and 2002 Conventions which sought to integrate traditional health care system into the mainstream health care delivery system of member States of the United Nations (UN) toward effective health care delivery to those in need of health care. Many African countries are yet to make legislations for the recognition of ATM, and in countries where such legislations are in vogue, they are not sincerely implemented or enforced. And although most African countries who are UN member States have ratified Conventions/Protocols dealing with traditional medicine, their enforcement are abysmally implemented. This trend ought to change if holistic health care delivery is to be effective and goal-oriented. There should be a legal frame to fully integrate and synthesise health care delivery system in Africa. On the economic front, African traditional healers are incapacitated hence dysfunctional. Economic empowerment would accord them financial capability with which to translate their ideologies to realistic goals. Also, a holistic health care delivery could be achieved if there is a purposive, goal-oriented collaboration between practitioners of ATM and allopathic medicine. This intended collaboration is directed at a more comprehensive health care delivery approach toward achieving client-centred overall satisfaction.

4. Empowering the African Traditional Healers

We have earlier argued in this discourse that most western trained doctors distrust the quality of ATM practitioners. The authorisation, licensure and registration of medical practitioners is limited and reserved only for the orthodox medical practitioners. This translates that only the western-trained doctors are allowed by law to be addressed as "doctors", issue sick reports, and administer health advice, because they are trained, registered and licensed. This discriminatory treatment of practitioners of one domain of health care system at the detriment of the other constitutes injustice and treating equals unequally. Therefore in order to empower the African traditional healers, this hurdle must be dismantled. Both health care practitioners should be given some form of formal training to equip them with the necessary knowledge and skills for the administration of health care to clients. In the same vein, they should both be

registered and licensed to practice, and in the same setting. That is, both should consult in the same hospital or clinic, with authority of referral of complicated cases to each other. Government and society should be made to recognize birth, death, sick report and medical examinations issued or conducted by the traditional and orthodox practitioners alike. Both domains of health care administration should complement each other to achieve holistic approach to client services. It is imperative to assert that a major prerequisite to the effective utilization of ATM is the control and improvement of the technical quality of medicare in Nigeria. Granted that the medical knowledge itself is sound, the most serious challenge faced by traditional medicine is the lack of uniform control over the education and practice of its practitioners. Some of its practitioners are educated but others are stark illiterates.

To overcome this deficiency, governments of African countries should establish colleges of traditional medicine, preferably affiliated to a university as well as a Traditional Medical Council to cater for ATM. These institutions would be charged with the responsibility of providing and maintaining minimum technical standards of traditional medical practice. They would also have control over the training of students, the registration and licensing of practitioners, as well as the ethical conduct of practitioners (Crozier, 1968: 72; Standway, 1986:18; Freidson, 1972:97). Medical practitioners who are trained by the college and are registered with the Council should be recognised by law as duly qualified doctors. It has been established without controversy that the scientific method is the most effective approach to the development of valid knowledge and betterment of social life. This should be introduced into the traditional medical system for the purpose of testing, validating and improving the medical effects of traditional pharmacopoeia and techniques.

It has been observed that the economic interest of western-trained doctors appears to be the resistant force militating against the legitimization of African traditional medicine. Oke & Owumi (1996:226) note that, legitimizing practitioners of traditional medicine will imply an increase in existing rivals in the free market of medicine and health which orthodox doctors are opposed to. Hence, it will be helpful and goal-oriented if governments in Africa can play an active role in the process of legitimation and development of traditional medical practice as well as empower its practitioners. With its political power and authority, governments should enforce a legal recognition of traditional medicine, and the affiliate university should as well confer a technical competence of traditional medical practice which will contribute to its social legitimation. In addition to its function of control, both the college and traditional medical council should aim at systemizing and upgrading the knowledge and skills of traditional medicine (Standway, 1986:72).

In view of existing deficiencies in the traditional medical services, our advocacy here is that, attempts should be made to increase the supply of orthodox medical practitioners and facilities in the short run, while mobilizing and developing existing traditional medical resources for efficient and effective use. Its potential value and contributions cannot be overlooked or disregarded merely on grounds of its

theoretical inadequacy and unscientificity. Instead, we should tap and harness its rich reservoir of experience and resources and use them to remedy its deficiencies.

5. Conclusion

We have proposed that traditional medical resources in Africa should be developed and its use sustained. We have as well advocated for a social, legal and economic empowerment of African traditional healers. This is because orthodox medical facilities are grossly inadequate in meeting the health needs of Africans especially the rural residents. Again, the efficacy of traditional medicine should not be outrightly rejected merely on grounds of unscientificity. In order to attain an increased utilization and improvement of medical efficacy, uniform standards and scientific methods should be introduced into the general health care system. Furthermore, the medical knowledge and skills of both traditions should be systematically combined into an integrated whole through joint research, exchange of information and the coordination of medical practice.

It should be underscored that the empowerment of traditional healers will lead to a corresponding development and functionality of the mainstream health care system thereby contributing to the quantity and quality of health care delivery in general. This is because the combination of the allopathic and traditional approaches is more efficient than when used in isolation. This is the doctrine of holism which premised that the whole is more than the sum of its parts (Etobe, 2002:8). It is not only more effective and efficient but also safe, simple, more economical and qualitative. Its success in China indicates that the efficacy of medical care will be improved if we push forward the growth of traditional medicine and systematically combine it with the orthodox method into an integrated whole.

With an integrated vibrant health care system, lives of the rural population will be saved. This is because traditional practitioners who hitherto operated hazardously and as quacks will now be registered and licensed to practice formally and being monitored for standardization of practice. Practitioners will as well be free to refer serious and complicated health conditions to the orthodox counterparts for prompt proper management. Currently the doctor-patient ratio in most African countries is disproportionately higher and equally uncomfortable. Therefore a joint approach in the administration of health care will not only be meaningful but beneficial and cost advantageous to both the clients and government alike.

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