Collaborative practice in the treatment of epilepsy among Yoruba traditional healers in Southwest Nigeria

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Abstract

In resource-constrained countries such as Nigeria, traditional medicine plays a pivotal role in the management of epilepsy. Certain epilepsy conditions present complexities that challenge the expertise of individual healers, thereby necessitating collaborative practices. This study explores the dynamics of such collaborative practices in epilepsy treatment, focusing on their implications for access and choice and the quality of traditional healthcare services. Utilising snowball sampling techniques, interviews were conducted with twenty-four traditional healers in the regions of Ile-Ife and Modakeke-Ife, Nigeria. Findings suggests that traditional healers actively collaborate with one another in the treatment of epilepsy. Membership in traditional practitioners' associations facilitates this collaborative environment, allowing for the exchange of experiences, treatment protocols, notes, and divinatory insights in intricate cases. Ethical codes within these associations prohibit misconduct and unprofessional behaviour. While healers maintain autonomy in their practices, they are strongly encouraged to seek consultative support from their peers, particularly when faced with slow patient recovery or complex medical conditions. Consultations with more experienced or "spiritually powerful" practitioners within the association are a common practice. Shrouding patients from the forms and knowledge of collaborations that occur when handling epilepsy cases exposes clients/patients to possible exploitation. It also violates patients' right to prompt referrals when recovery is delayed or infeasible.

Keywords: Collaborative practice, treatment options, epilepsy, traditional healers, Yoruba people, Nigeria

African Anthropologist, Vol. 22, Issue 1, pp 1–44, online ISSN 1024-0969.

Introduction

Epilepsy, a chronic neurological condition, affects more than 65 million individuals worldwide. Among these, approximately 80% live in low- and middle-income countries, as reported by Mbuba, Ngugi, Newton, and Carter (2008). The incidence of epilepsy is particularly high in African societies, with an estimated 10 million cases, according to research conducted by Abubakar, Kariuki, Dzombo, Gona, Katana, Phillips, and Newton (2015). A recent study by Jost, Dufat, Dugay, Sivadier, Mafilaza, and Preux (2018) emphasises a substantial treatment gap of 75% in Africa, suggesting that most epilepsy cases go untreated. This occurs despite more than 42% of interventions aimed at improving access to anti-epileptic drugs being concentrated on the continent. Africa also experiences a high prevalence of epilepsy risk factors, such as traumatic brain injuries and perinatal complications. Ackah (2021) conducted a systematic review and meta-analysis on the incidence and case fatality rate of traumatic brain injury among children aged 0 to 18 years, noting that many of these injuries, occurring during childbirth, are preventable. The review also identified occupational hazards and poor road infrastructure as significant contributors to these injuries, which are high-risk factors for epilepsy. According to Wilmshurst, Kakooza-Mwesige, and Newton (2014), these traumatic brain injuries closely link to systemic issues while also intersecting with sociocultural, economic, and individual factors, further worsening the burden of epilepsy in Africa. Over the years, these intersections

African Anthropologist, Vol. 22, Issue 1, pp 1–44, online ISSN 1024-0969.

have intensified the unmet need for epilepsy treatment and underscored the necessity of effective strategies to address the impact of epilepsy on the continent.

African societies are renowned for their unique traditional healing systems, which comprise a diverse range of practices (Bojuwoye & Moletsane-Kekae 2018). The introduction of the biomedical model occurred during colonization, and it has coexisted with indigenous healing systems, varying in patronage, socioeconomic, and political significance. Strong political systems have enabled the biomedical model to dominate over traditional healing methods in African societies. The advantage of the biomedical approach is further reinforced by its ability to outline treatment options, trace procedures, and monitor therapies (Vaughan 1991). Despite these strengths and privileges, research on healthcare utilization and treatment preferences reveals a multitude of influencing factors. These include sociocultural values, belief systems, geographical distance, and healing practices, all of which significantly impact treatment choices and the use of healthcare services(Adu-Gyamfi and Anderson 2019; Feierman and Janzen 1992). The differences in the healing epistemologies of biomedicine and the traditional African healing systems are observable in their conceptions and treatment approaches to health challenges. With respect to epilepsy for instance, the biomedical model of care identified the condition as a common neurological disorder, defined by recurrent, unprovoked seizures. These seizures arise from sudden, excessive electrical discharges within a cluster of brain cells (Elger and Schmidt, 2008). This model places a strong emphasis on the biological and

African Anthropologist, Vol. 22, Issue 1, pp 1–44, online ISSN 1024-0969.

physiological aspects of epilepsy, concentrating on accurately diagnosing the specific type of epilepsy and uncovering its neurobiological underpinnings. However, the biomedical model's primary focus on biological and physiological aspects frequently leads to an underestimation of the social stigma associated with epilepsy. As a result, this model tends to minimize the importance of socio-cultural beliefs and psychological factors in the conception and recovery process of individuals with epilepsy (Chakraborty et al., 2021).

In Africa, healing traditions are anchored on healing epistemology, which supports preternatural and supernatural explanations in conceptions of diseases and illnesses. Such conceptions are not peculiar to African societies. There is considerable evidence indicating a prevalent belief in supernatural and preternatural causes of epilepsy across various cultures. According to Doji (2020), Greek cultural mythology conceives epilepsy as a seizure or affliction caused by a supernatural force. In Karachi, Pakistan, a study by Shafiq et al. (2008) found that epilepsy is often attributed to factors such as evil spirits, black magic, and sin, including the consequences of love marriages. Similarly, in South Africa, particularly among Xhosa-speaking communities in Cape Town, epilepsy is frequently associated with supernatural forces, including the wrath of the gods or witchcraft. Keikelame and Swartz (2015) note the use of the term "lento" in these communities to describe epilepsy, a term that implies a connection between the condition and sinful behaviour. In Ghana, Kpobi et al. (2018) observed that traditional healers link epilepsy to various causes, including

diet, high fever, and what they describe as 'unclean blood.' Additionally, these healers suggest that epilepsy can be transmitted through contact with the bodily fluids of an epileptic person during a seizure, indicating its contagious nature. Furthermore, these healers hold the view that witches can inflict epilepsy on children for reasons known only to them, implying that witchcraft can transmit epilepsy through means such as urine, faeces, and saliva.

Despite the emphasis on preternatural forces in the aetiology and therapeutic regimens for epilepsy, traditional healers in many African contexts, appreciates the complex intersections between such forces and natural factors. Such appreciation could be observed in their understanding of epilepsy aetiology as multicausal and transcends supernatural forces to incorporate genetic, environmental, and lifestyle elements into the conceptualization of health and illness. Baskind and Birbeck's research in Zambia (2005) and that of Mushi et al. (2013) in Tanzania (2013) for instance, demonstrate that traditional healers perceive epilepsy as a condition arising from both natural and preternatural sources. They acknowledge the role of supernatural forces while also recognizing the influence of accidents and hereditary factors as potential natural causes of epilepsy. This indicates an awareness among healers of genetic predispositions and environmental triggers. In Tanzania, Mushi et al. reveal that epilepsy is locally known as the "disease of falling or fainting," a term that captures its physical symptoms. The identification of symptoms such as urinating, anger, falling, and unconsciousness reflects a practical and experiential

understanding of the condition. Among the Yoruba people in southwestern Nigeria, where this research was conducted, epilepsy is recognised as a disorder that can occur as a natural occurrence, a preternatural cause, in the form of an affliction from evildoers or an affliction from a supernatural force or being. As such, it is common to see how the complexities in the aetiology of epilepsy also reflect in the healing practices of these African traditional healers their clients different therapies and treatment remedies (Wilmshurst et al. 2013).

The emphasis on a multitude of factors in disease conceptualization aligns with the worldviews and expectations of patients and clients with diverse health conditions among the Yoruba people. This alignment of disease and illness conceptions between healers and their clients or patients may be influenced by the unique positions of healers in their respective communities (Jegede, 2002). Healers in the Yoruba community practice both as a profession and as a divine calling, allowing for diverse methods of skill acquisition. Oyebola (1980) notes that some healers learn through apprenticeship, while others are believed to receive their abilities through divine endowment. Additionally, certain diviners and herbalists receive formal training to become traditional medicine practitioners, often provided by family members or experienced practitioners with a variety of healing skills (Moodley and Bertrand, 2016). These practitioners further enhance their knowledge and skills through collaborative methods such as exchanging insights, sharing client experiences, discussing patient cases, and investigating various disease conditions. Practitioners

can expand and deepen their healing practices through opportunities for further training, often locally organized or supported by the World Health Organization (Oyebola 1980).

As time has progressed, a variety of associations have emerged across Nigerian communities. These associations have been active in lobbying for recognition and protection from the government and other stakeholders, aiming to prevent exploitation both among healers and in their interactions with clients. They operate under specific rules and regulations that are designed to regulate the behaviour and activities of their members (Adekson 2003). Collaborations among traditional healers of Yoruba descent are marked by their informal and interconnected nature, despite the existence of long-established formal associations (Adekson 2003). These collaborative practices differ from conventional models, typically characterized by referrals between traditional healers of African descent and biomedical practitioners. Studies investigating these practices have shown that the interactions among these healers go beyond simple referrals, integrating into various life aspects and surpassing the limits of both peer-to-peer and biomedical networks (Baskind and Birbeck 2005; Sorsdahl et al. 2010). Support and collaboration within this community significantly influence the personal lives and professional success of the healers.

Often, these collaborations revolve around certain healers deemed more spiritually powerful than their peers. This distinction may arise from either the perceived or

actual level of spirituality, healing expertise, and virtues of the healer in question. These qualities are frequently acknowledged and can result in substantial social recognition, including increased patronage from clients or patients and the awarding of social honours and titles by the community (Adekson 2003; Baskind and Birbeck 2005; Sorsdahl et al. 2010).

Despite the prevalent culture of collaboration and the social prestige associated with being a healer, there is a notable lack of in-depth analysis regarding the types of collaborative practices among these healers, and the potential consequences these practices have on patients' ability to make informed decisions and the quality of care they receive (Gureje et al. 2015; Jost et al. 2018). Given the high usage of traditional healers for epilepsy care, understanding the nature and reasoning behind these collaborative practices when treating patients with epilepsy is crucial. This knowledge could have significant implications for patients' rights to appropriate referral processes and therapeutic outcomes. This paper aims to explore the perceptions of traditional healers regarding collaborative epilepsy treatment. It examines the circumstances under which such collaborations occur, and the reasons behind the decision to engage in these interactions.

Materials and Method

Research Design and Study Settings

This study explored the forms of collaboration and treatment options among traditional healers that have expertise in handling cases of epilepsy. It also investigated the conditions and rationale for engaging or not in collaborative interactions with fellow healers.

This study was conducted in the towns of Ile-Ife and Modakeke-Ife. The two towns were chosen based on the high presence of known traditional healers who are of Yoruba extraction. Ile-Ife is also known for her peculiarly rich cultural history, which also impacts traditional healthcare in the community. Ile-Ife is home to several traditional healers (diviners, herbalists, herb sellers, traditional birth attendants, bonesetters, and soothsayers) who discuss the healing of different diseases such as epilepsy, heart diseases, malaria, and other spiritual problems associated with witchcraft and sorcery. Traditional healers in Ile-Ife and its environs and other Yoruba communities are regulated by professional associations and bodies. These associations consider and dialogue about the welfare of their staff and the regularisation or standardisation of their healing methods (Oyebola 1980). In this context, twenty-four male and female traditional healers from six associations in Ile-Ife/Modakeke participated in the study.

Sampling and recruitment procedures

Sampling of interviewees was done purposively through a snowball approach. This approach is a referral technique that allows the participants to refer researchers to other potential subjects (Naderifar, Goli and Ghaljaie, 2017). The researchers first established contact with a participant that has the requisite knowledge, experience and other characteristics that aligns with the question(s) of interest to a researcher. The approach is purposive, yet critical in ensuring that participants with relevant information are targeted and recruited for participation (Browne 2005). A well renowned traditional healer who served as the gatekeeper. Information was obtained about some other associations through him. The traditional healer was interviewed and asked to recommend another healer that specializes in the treatment of epilepsy. This approach was adopted in the selection of the remaining healers in this study.

The interview began with prior interactions with a well-known healer. The researchers sought permission from the Nigerian Union of Medical Herbal Practitioners president in Ile-Ife. The leader of the association introduced us to other healers in Ile-Ife. It was also through him that the researchers got information about some other associations that exist. The healers were accommodating, perhaps because their leader served as our gatekeeper. Some of them engaged us in conversations about their complex medical issues and the wrong perceptions and prejudices of modern medical practitioners.

The researchers assured the traditional healers that the final report would be a true reflection of the rationale for engaging in or otherwise participating in collaborative practise for epilepsy conditions among the traditional healers. Subsequent participants were recruited based on the referrals from the initial members that were interviewed. A sample of twenty-four traditional healers that met the study's inclusion criteria was targeted. The researchers equally sought permission from every person who was interviewed for recordings. In the process of our interviews, participants were free to attend to other things that required their attention and return to continue from where they stopped.

The target population for this study was traditional healers treating epilepsy. Data were collected from diviners (*Babalawo*), herbalists (*Onisegun),* and herb sellers (*Leku Leja).* Diviners are traditional healers who use a divination tool to diagnose the kinds of illnesses patients are suffering from, the cause of the illness, and the remedies that can be used to treat the condition (Adekson 2003; Agunbiade 2014). Diviners also offer sacrifices while treating their patients. Herb sellers are women who are specialists in the harvesting and selling of medicinal herbs for treating various conditions. Herbalists are those healers who specialise in the use of herbs in treating illness. They are very knowledgeable about using herbs to cure different kinds of conditions, and they acquire their skills through training. They have herbs for all kinds of ails, and they are usually the first point of contact for a patient suffering from any disease (Oyebola 1980).

We collected data from the Nigeria Union of Medical Herbal Practitioners, the Nigeria Association of Medical Herbalists, *Elesinje Awo Odua,* the Amalgamation of Nigeria Medical Herbal Practitioners, *Akoraye* Traditional Medicine Practitioners, *Ile-Ife* and *Modakeke* Chapters, *and Egbe elewo omo ati lekuleja* (herb sellers association). A pre-test was conducted before conducting this study to discover the validity of the research instrument (Hurst et al. 2015). Three traditional healers, consisting of two males and a female, were interviewed for the pre-test. Each association in the study locations has members who specialise in treating various cases of epilepsy and other health- and non-health-related conditions. Each association has executives, such as a president, secretary, and treasurer, that provide leadership for members. Meetings are held on a regular basis as agreed by the executives and members of each association. Issues bordering on welfare, experience, and regulations are discussed at these meetings.

Data collection

The lead author conducted interviews with traditional healers specialising in epilepsy treatment to collect data. The researchers developed a semi-structured interview guide to facilitate these key informant interview sessions. We asked several probing questions during the interviews to understand the consultation dynamics among traditional healers. These inquiries focused on specific instances where healers consult peers and the underlying reasons for such consultations. The interviews also examined the potential benefits and risks of these consultations for both clients and

healers. The interviews also explored some healers' reluctance to consult peers in treating certain health conditions. Specifically, the interview guide included the following questions: *1. Could you tell me if there are occasions when a healer needs to consult another traditional healer? 2. Probe for reasons for engaging in such consultations. 3. Probe for the benefits to the client and the healer of such a consultation. 4. Probe for the dangers of such consultation. 5. Probe for reasons why some healers might not want to consult their peers when they are treating a particular health condition. 6. Could you please share with me what your traditional association says about referring a case to another healer? 7. Kindly tell me how a client that is to be referred is involved in the process. 8. Could you please tell me what time the referral was made and to whom?*

The discussion extended to the protocols established by traditional healing associations for referring cases to other healers. We also investigated how clients are involved in the referral process, the timing of these referrals, and the criteria for selecting suitable healers. These interviews provided extensive insights into the collaborative practices of traditional healers in epilepsy treatment, revealing when referral or collaboration becomes an option within their networks. The participants consented to audio-recording the interviews. These interactions took place in the Yoruba language from July to August 2019 in Ile-Ife/Modakeke among healers who specialise in epilepsy treatment.

Diviners and herbalists were interviewed to get first-hand knowledge about the rationale for the collaborative treatment of patients with epilepsy. Herb sellers with the requisite knowledge of epilepsy were also interviewed to get additional information on their treatment approach for epilepsy. Traditional healers who are well-known in their communities and beyond for treating epilepsy were among the inclusion criteria. Such healers were faith healers, spiritualists, diviners, herbalists, and herb sellers. In practice, some healers combine different aspects of traditional healing. However, the focus was on the ways they defined themselves and a description of what they do in the recruitment process. Traditional healers who claimed not to have treated epilepsy were excluded.

Data analysis

Ethical clearance was obtained from the Institute of Public Health, Obafemi Awolowo University, Ile-Ife, Nigeria (IPHOAU/12/1325). With the consent of the interviewees, the interviews were audio-taped, recorded, and transcribed verbatim into the Yoruba language before being translated into the English language. The translated English version of the transcripts was back-to-back translated by an expert in both languages. The procedure ensured that the meanings and expressions used by the interviewees were prescribed and not misinterpreted. Fieldnotes and observations by the first author provided additional insights into the responses and contexts in which the participants shared their views. As members of the Yoruba ethnic group, the authors found it less challenging in their positionality toward the research topic and the views

of the healers. Despite this sense of belonging, the views and experiences of the researchers were not allowed to cloud the interpretations of the findings from this research.

The analysis progressed by repeatedly listening to the audio-recorded interviews and reading through the transcripts. The next step was the ascription of codes to represent the meanings that could be deduced from the expressions and views that were captured. This approach is based on a six-step approach to thematic analysis and the principles of inductive coding (Braun and Clarke 2006). The codes were used to form categories, and after that, the themes emerged from the data. The use of an inductive coding approach aided in deriving meanings from the data as each line of the transcribed text was read, as well as in paragraphs for a more in-depth understanding of the data. The coding process, line-by-line, and reading through a chunk of the transcripts were handled by the first and second authors. The initial codes, categories, themes, and sub-themes were discussed and agreed upon by the two authors. Modifications were made necessary to enhance clarity and avoid repetitions and redundancies. These steps strengthened the process and ensured limited deviations from the salient issues and connections in the constructions and interpretations of the reality of interest (Sandelowski and Barroso 2002).

Rigour

Transcribed transcripts were shared with four of the interviews a few days after they were transcribed. The intention to share the transcripts was discussed during the interview sessions, and more than a quarter agreed to participate in the sharing; the first author stopped requesting further participation in the validity process. Details on what was emerging from the data were shared with these participants (five), and the participants expressed satisfaction with what had been captured to represent their views and experiences and those of their peers. The interviewee excerpts are used to provide additional insights and context to the themes and sub-themes that emerged from the data.

Findings

Socio-demographic characteristics

In the study locations, twenty-four traditional healers, consisting of eighteen males and six females, were selected for the study. Four participants were herb sellers, whereas twenty participants were diviners or herbalists who specialised in treating epilepsy. The mean age of male participants was 55.7 and 54.2 for female participants. Four participants attended a tertiary institution; some completed secondary education; and a few did not attend school at all.

Forms of collaboration around care and treatment provision among traditional healers

Collaborative practise takes various forms in various contexts depending on key actors, medical systems, and networks of relationship. This research focuses on understanding whether collaborative practise exists and the forms of such care among traditional healers. This section presents the findings on the existence and forms of collaborative practise among the traditional healers that were interviewed. Excerpts from the narratives also provided additional insights and contexts for the themes and sub-themes.

Consultation

Consultation emerged as a critical practise among the healers. There are indications that healers could consult with different mediums, spiritual forces, and peers within their respective professional associations or outside such networks. One of the health conditions for which consultation with spiritual forces, peers, or a divination medium occurs is epilepsy treatment. As members of different traditional medical associations, the healers argued that consultation is a practise that has been enshrined in their daily activities, especially when handling difficult health conditions such as epilepsy. Meetings are held regularly among the members of each association, and during those meetings, members are encouraged to share their experiences and practises that could be helpful to others. Therapeutic secrets are hardly shared or discussed in such meetings, except in confidence or specialised meetings. A common practice, however,

is the emphasis on regular and adequate consultation with spiritual forces and powerful and experienced healers when handling sensitive and complicated health conditions like epilepsy. In the words of the healer:

> We engage in consultation; that is why we hold meetings. We usually encourage members of the association to ask questions when they are unable to handle a particular health condition. We are always encouraged not to harm people or use women for ritual because the government do not like that. We do hold meetings with government officials, and we are constantly warned to avoid practices that can harm anyone We are also encouraged to taste and test whatever we are offering our patients/clients before we recommend any treatment. (Male traditional healer, aged 50, Modakeke).

Also, the healers meet other healers that are specialists in certain areas during association meetings, and the belief is that they know how to differentiate the *good* from the *fake* healers from their speech. The good healers are described as healers involved in traditional medicine, not for personal gains but for rendering quality service to society. The fake healers are described as those who practise traditional medicine for exploitation. An association meeting is an avenue where traditional healers meet with some other practitioners and add to their knowledge regarding the treatment of epilepsy.

Consultation was thus construed as when the healers seek their peers' support or intervention when confronted with complex conditions that are beyond their spiritual capabilities and experience. The healers explained further that they normally

assist one another when needed and visit themselves. The illness caused by supernatural forces is cured by appeasing those behind it, called *witches* or *wicked ones*. A diviner or herbalist disclosed that epilepsy or other health conditions are difficult to treat when the wicked or witches are behind them. The healer stated that it will be difficult to cure epilepsy when a patient's body part has been shared in the supernatural realm and the witch in charge of the heart has not eaten it. If something of the sort is discovered, members of the association will join hands to propitiate the witches and release the patient.

Most healers expressed the opinion that they would only consult with fellow members of their association when dealing with an epileptic condition, rather than seeking advice from external sources. They believe that consultation within their association minimises the risk of betrayal or harm, which might occur if consulting with non-members. People living with epilepsy have the freedom to seek assistance from any healer of their choice. Typically, patients make these decisions in consultation with their significant others, often relying on referrals from individuals familiar with their health condition and aware of traditional healers specializing in epilepsy treatment. The healers clarified that when they encounter difficulties in treating a patient, they consult other association members for assistance. The following is an excerpt from the conversation:

> It is not that one will go and make findings from another person but in our caucus in the group that I belong to, in our association, if I am treating a patient and it is beyond my capacity a bit, I will plead to them that I took a particular work and it is as if it wants to turn my healer to a liar "ologun mi deke."They will tell me what to do. It is not that I will suddenly go to somebody's house and say how are you friend, come and help me to look at this issue. No. In my association,

> they will direct me on what to do, not that I will suddenly go to anybody because we have taken oath "imule" and we must not betray one another. We are at peace with one another and open to one another, but if one consults anybody without knowing the person's mind, he will just kill someone in your office because you are getting it done and he is not. So he will give you poison. So in the group where we have taken the oath, I can ask anything. (Male traditional healer, aged 40, Ile-Ife).

Based on these findings, consultation is essential when dealing with serious conditions in traditional medicine. It is believed to be a platform for combining knowledge in the treatment of a patient. Traditional healers, on the other hand, are firm believers in consulting members of their association when dealing with epileptic conditions. This shows a high level of trust towards members of their association because of the oath that binds them together and a lack of trust in the healers that belong to other associations in order to avoid betrayal.

Conditions for referrals /non referrals of patients

Traditional healers have diverse views regarding the referral of patients living with epilepsy to another healer. The majority of the healers oppose the idea of completely transferring or entrusting patients to another healer for treatment. In contrast to modern medicine, where complete referral of patients is being practiced, most of the healer's treating epilepsy are of the standpoint that complete handovers of patients to another healer are not possible in traditional medicine. According to them, they would rather consult other members of their association regarding the patients' condition

than engage in such activities. They explained that the reason for forming an association was to help themselves when needed in order to be successful in their work. In the words of one of the healers:

> Referral is not really common. If I have a patient that I am treating, I will rather go out to seek knowledge. I can never say he/she should go and meet another person. Our own referral is to call other traditional healers and go to them regarding the patient. (Male traditional healer, aged 51, Itakogun, Ile-Ife).

Some of the healers admitted that they can refer clients to the hospital when the case is beyond their control, but they cannot release their clients to another healer because the reason they accepted the client in the first place is that they are knowledgeable in the treatment. Rather than handing over their clients to another healer, they prefer to consult their members and compare notes on what to do in such cases, which is why the association was established. One of the healers stated that in the hospital, a gynaecologist will not do the work of a surgical doctor, and an orthopaedic doctor will not do the work of a physiotherapist, as traditional healers, clients are hardly referred directly to fellow healers regardless of the complexities around such client's health problem. Rather, such cases are taken to fellows that are considered superior, experienced and powerful for sharing of remedies or therapies. This disposition thus exposes clients to multiple remedies and treatment options that may be unknown to them, but are considered useful and beneficial to their conditions based on the healer's judgement:

> …I hardly refer any of my client directly to a fellow traditional healer, except a client chooses to make such decision. I do my best in treating cases as presented my clients. The reason is that it is the work I am doing. It is the herbalist work I accepted to do and I have to do it. I have to sit with it and make sure that I heal the person so that I can also be praised. In case of complexities, then I consult widely without disclosing my actions to my clients (Male traditional healer, aged 50, Ilode, Ile-Ife).

A way of escaping for some of the traditional healers is to turn down cases they consider complex and outside their expertise and experiences. Such healers would rather direct the patient to someone who knows better and has a track record of success. One of the reasons for such preference is based on the principle that once a case is accepted, the referral of such a patient could amount to a loss of confidence and a possible stain on the healer's reputation. The norm, then, is to defer and direct the client to a member within their association for therapeutic interactions.

The majority of the healers emphasised the fact that total referral of a patient to another healer is impossible; they prefer to discuss a patient's issues with another healer without handing over their clients to another healer. However, few healers have any issues with the referral of patients to another healer for treatment. They further explained that when they have tried their best to render care to the patient with epilepsy and there have been no significant changes, they will refer the patient to another healer for treatment. In our interview with a healer, he said, another healer also emphasises this:

> We can refer a patient to another person if it is beyond our capacity, and we do not know it. We can refer the client to someone knowledgeable in the treatment. (Female herb seller, Ile-Ife).

Given the findings, traditional healers have diverse views regarding the referral of patients to another healer. Some of them are of the stance that it is improper to completely hand over patients to another healer, while only a few healers do not have any issues with complete referral. Generally, the majority of healers prefer to consult other members of their association for guidance on the approach and remedies to use in treating epileptic clients rather than handing over the patient to another healer for treatment.

Traditional healers engage in referral through consultation and the sharing of knowledge. The healers expressed that serious cases are discussed during association meetings, and direction on the treatment of the client is provided by the elderly ones that are more knowledgeable in the treatment of epilepsy conditions. Some healers stated that the traditional medicine association encourages referral through consultation and knowledge sharing amongst them.

> What the association says about referring a case to another healer is that so that we can be adding to our knowledge because the person that asked about a particular thing wants to know "eni ti o ba bere oro, ohun lo fe idi e n gbo". You that you do not understand the treatment for a particular illness and you go to the elders that you know are knowledgeable in the treatment of the illness, you want to know the depth of the illness and you also want to add to your knowledge.
>
> (Male traditional healer, aged 50, *Oke Ayetoro, Ile-Ife)*

Traditional healers consult the healers that are considered powerful due to their experience in treating epilepsy conditions. The powerful healers are thought to be more knowledgeable in dealing with difficult epilepsy cases. Most of the healers express that referrals are made to powerful healers. They affirmed that difficulties that arise in the treatment of epileptic clients are addressed by the powerful healers. Evidence from this study shows that traditional healers refer epilepsy cases to healers that are more knowledgeable in the treatment of the condition. In our conversation with one of the healers, he told us:

> When I have difficulties in treating epileptic patients, I will go and meet the king of traditional medicine, tell him about the problem and direction on the treatment. He will render assistance to me without collecting any money from me. (Male traditional healer, *Osunle, Modakeke)*

> Knowledge is what differs, power is separate, knowledge is separate. Those I consult in my association are the ones that have the knowledge of that ailment more than I do. Even the much younger ones could have the knowledge of a particular thing more than I do. (Male traditional healer, aged 50, Ajamopo, Ile-Ife).

In light of the findings, traditional healers have different views on the issue of the referral of epileptic clients. Evidence from this study shows that traditional healers engage in referral by consulting members of their association or other healers who are more knowledgeable or powerful in the aspect.

Attitudes towards consultation

Many of the traditional healers stated that they do not involve their patients in their decision-making regarding the consultation with other healers in the treatment of epilepsy conditions. They are of the view that seeking the consent of the patient regarding their illness is impossible. The belief is that the patients will see them as incompetent in their work. The majority of the healers strongly oppose seeking the consent of the patient before consulting others regarding their case.

The healers disclosed that when they want to go for a consultation, they go in secret without letting the patient know. They may tell the patient that they are going to the market to buy certain things for them and instead go to other healers for assistance regarding the patient's case.

> Never, never, it is not possible for me to tell the patient that I want to go to a particular person, I want to go to this person, that I want to bring someone to be taking care of him. The patient will be thinking that if he knows that is what the healer will do, why not just go to the healer directly. But if we want to go, we will go in secret and collect the remedies we want to use. While going we may say we want to go and look for medicinal leaves and root, we want to buy some things, so we go in secret to collect the remedy. (Male traditional healer, aged 50, Oke Ayetoro, Ile-Ife)

The healers revealed that the reason for their decision is that the patient may not have confidence in them, doubt them, and even regret coming to them for treatment. Some of the healers further stated that they go to other traditional healers to collect remedies in secret because the patients may run away out of shame, thinking that they have

been exposed if they are informed. The healers declared that it was a shameful illness that should not be discussed in public in order for the patient not to feel strange. Some healers are of the view that seeking the consent of the patient is not advisable, but if the illness is too difficult and may take the person's life, they do it in the client's presence.

> It is not possible, and we do not reveal the secret of our association to an outsider, the patient must not know. You know that the patient may think that we do not know how to treat them, they will regard one as a dullard, and it is like a disgrace before the patient. (Male traditional healer, aged 51, Itakogun, Ile-Ife)

Consent seeking in the treatment of epileptic patients is vaguely practised in traditional medicine, and this is at variance with what is applicable in modern medicine. Traditional healers avoid the consent of their patients in treating epileptic cases because of diverse reasons. However, knowledge sharing, and comparison of notes were mentioned as common practises when there are challenging conditions to be handled.

Notes comparison and knowledge sharing

Collaborative practise or support also manifests in the form of note comparison and knowledge sharing. The healers collaborate in the treatment of patients in the sense that consultations are made when they experience difficulties treating patients.

The healers expressed that they normally add to their knowledge in the treatment of patients living with epilepsy. It is a norm in their association to seek

knowledge regarding the treatment of certain conditions, and when a case is brought to the association, they will be guided on what to do. The healers are noted for teaching themselves certain approaches to different illnesses. According to one of the healers:

> In my association, when anything is not clear, before we leave the meeting, we teach ourselves traditional remedies, we have both male and female in our association, so we teach ourselves how to do medicine better and the knowledge passed in our association is not a lie, it usually works. You will then pay homage to your colleagues afterwards in the association, and then give your colleague money or just have fun together by eating together. That is what associations do. (Male traditional healer, aged 50, Ajamopo, Ile-Ife)

Traditional healers consider sharing their knowledge when they are facing challenges regarding the treatment of epileptic conditions.

> When we get to our meeting, everyone talks about the challenges they are facing. And right there we enlighten ourselves the more and add more knowledge to ourselves. (Male traditional healer, aged 70, Oke Isoda, Ile-Ife)

The healers elaborated on the significance of association in the treatment of epileptic conditions. It was revealed that the association is a meeting point where all issues are discussed. The healers expressed that challenges in treating epileptic conditions are addressed during meetings, and other members of the association also raise suggestions regarding the treatment of the patient.

> We add knowledge to our knowledge when we attend meetings. The person that does not understand a certain thing, when we attend meetings, we ask one another that please if something like this happens, if they bring this certain illness, what remedy can I use to treat it? The person that has successfully treated the illness before will explain to him. That is why it is good to attend meetings and necessary to belong to an association (Male traditional healer, aged 50, Oke Ayetoro, Ile-Ife).

The consensus among the participants is that their associations are key to their functioning as healers with expertise in epilepsy treatment. Issues that are considered serious by the healers are taken to the association for guidance on the procedures to use when treating the patient. Traditional healers consider joint treatment by consulting other members of the association when the case is beyond their control. Collaborative practise is essential for ensuring high-quality care while reducing exploitation and guesswork in therapeutic outcomes.

Collaborative practice and perceived benefits

Traditional healers engage in collaborative practise because of the benefits attached to it. The healers affirmed that nobody is an island of knowledge. The healers engage in collaborative practise by seeking knowledge from other members and adding to their knowledge regarding the illness's condition. The healers stated that consultation enables them to achieve the desired result in treating epileptic patients. They will not be able to deceive patients because they have people who can put them through their paces regarding specific conditions.

The healers are of the opinion that collaborative practise in terms of sharing knowledge is essential because when patients are brought to them for treatment, it will not be strange to them. The healers revealed that in the association meeting, they discuss a wide range of issues, including other health conditions. Members of the association learn how to treat several health conditions during meetings and are encouraged to write them down. In our interview with one of the healers, he said:

> The benefit to the healer is that when you come to the association or meet other practitioners, you brainstorm together; I mean sharing our knowledge especially the knowledgeable ones in the association. (Male traditional healer4, aged 90, Modakeke).

Moreover, some of the traditional healers revealed that some of the medicinal leaves used in the treatment of patients living with epilepsy might not be available during the rainy season. They claimed that some leaves may not be found during the dry or rainy season. This is why they meet to discuss specific conditions, so that when specific remedies are unavailable, they can use alternative approaches. The healers are of the viewpoint that the most important thing is that the illness be cured; they can make use of substitute remedies for treating epileptic conditions. According to one of the healers:

> What a particular person knows, another person may not know. You see , there are some leaves that I may know as a particular name and another person knows as another name. So if I get to the person's place and say that something like this happened in my office, he may say it is this leaf, whereas I know it by another name. So I have also gained by knowing the name of the leaf that was mentioned to me. Therefore, the usefulness is very much

> for us to be asking ourselves. (Male traditional healer, aged 50, Toro road, Modakeke)

Most healers held the position that consultations should be made only within the association. Such consultations should focus on comparing notes and sharing experiences on the best measures for treating epileptic patients to avoid losing clients, protect clients from quarks and exploitations, and ensure member loyalty.

However, some healers opined that consultation was essential, especially when dealing with conditions associated with spiritual factors, so that the healer would be guided on what to do and not put himself in trouble. Given the findings, traditional healers engage in collaborative practise so that epilepsy conditions that are challenging to treat will be addressed by other healers that are knowledgeable in the area. The healers consult other healers for help or assistance so that success can be achieved in the treatment or handling of a case. Therefore, collaborative practise is paramount among traditional healers treating epilepsy conditions.

Traditional healers treating epilepsy consult powerful healers to add to their knowledge regarding the treatment of epilepsy conditions. The belief is that no one is an island of knowledge, so it is necessary for the healers to consult the powerful ones to know the basis of the patients' problem. Traditional healers can help with the successful treatment of epilepsy in a variety of ways. According to a healer:

> We consult ourselves frequently because the person that wants to add to his/her knowledge will consult a more powerful healer because it is

> not everything that one knows, but the person that wants to know the in-depth of something will consult more powerful healers to ask about certain things. Any work that one wants to do and you know that you have complications in treating it, you must go and meet a more powerful healer and tell him about it. (Male traditional healer, aged 50, Oke Ayetoro, Ile-Ife)

The consensus among the healers was that epilepsy can be afflicted on an individual, and healers must protect themselves and their families to avoid the repercussions. Therefore, powerful healers are consulted when a healer lacks the spiritual powers to design the aetiology of an epilepsy case. On some occasions, the consultation of powerful healers also revolved around treatment and remedies that would sooth a particular case.

Furthermore, some healers are of the view that experience also determines how powerful a healer becomes in his or her occupation and the effectiveness of therapies and treatment options. Someone who has just started practising traditional medicine cannot be compared to someone who is grounded in it. Likewise, the person who was born into traditional medicine by virtue of his family background cannot be compared to someone who went somewhere to learn it without knowing the basics. However, it is an accepted belief that some healers are more powerful than others. Notwithstanding, few of the healers mentioned that younger healers could also be more powerful than elderly ones; it all depends on the dexterity and gifts of healing bestowed on a healer.

Perceived risks of consulting other healers

Consulting other healers is deemed risky under certain circumstances and for certain reasons. There was the fear of possible betrayal, pride, and personal gain. However, the culture of oath-taking was considered a means of regulating such fears and fostering genuine collaborations. Generally, it was expressed that consulting other healers who are not in the same association will most likely put the healer at risk. Association is considered a platform through which healers assist one another and handle serious cases. Members of the same association support each other and do not betray themselves so as not to bear the consequences.

Discussion

Collaborative practice is an integral part of how responsive a medical system is to the practitioners within it and to meeting the demand for their expertise and available healthcare services and therapies. The Yoruba traditional medical system is known for its holistic approach to treatment and care provisions. Considering the possible implications of collaborations and responsive referrals for patients' rights and protection against exploitation, this study investigates the views and experiences of traditional healers of the Yoruba extraction on the forms and contexts of collaborative practise when treating epilepsy. The findings revealed a community of practice that consists of association formation, knowledge sharing, techniques of healing, insights

into herbal remedies, and referrals within association members based on possession of spiritual powers and expertise. Other findings include the conditions and contexts for referrals and the benefits and risks associated with the practice among the healers.

Collaboration starts with identifying healers of similar interests and the formation of associations of healers where the community of practice is formalised and transmitted from one cohort of practitioners to another. The findings revealed that healers' associations could be formed based on geographical locations, areas of expertise, and similarities in epistemological approaches. The core aims of such associations include knowledge building, regulation of practice, setting of standards, enforcement of standards and adherence, punishment of deviants, and ways to improve care provisions and therapeutic outcomes. The practice of forming association among healers is an age-long practice among the Yoruba people. Such associations are noted for their functional roles and their social status. Notably, they regulate the practices and activities of their members by establishing local branches that are managed by senior and spiritually experienced members (Oyebola 1981).

Knowledge sharing and referral of complex cases among healers have been documented among healers in some African countries, such as Zambia and Cameroon. Traditional healers in these settings also engage in the referral of cases to more powerful healers who are believed to possess some higher divine wisdom or higher knowledge and experience in the diagnosis and provision of potent therapies

(Njamnshi et al. 2010). As opined by Omonzejele, (2008), once associations are established, other communities of practice that traditional healers in Africa engage in, include the sharing of knowledge of herbs, spiritual insights on complex cases, and other forms of remedies that are potent and efficacious in treating cases of epilepsy. Among African traditional healers, consultation with peers who are healers and spiritual forces is normative. Such practice exists among various groups of traditional healers who have expertise in handling health challenges, especially those with varied aetiological explanations (Omonzejele 2008; Peek 1991). The findings from this study revealed that traditional healers collaborate with members of their association or other powerful healers when treating difficult cases of epilepsy.

Interviewing clients and, most importantly, divination in diverse forms and the readiness to rely on whatever emerges in the process without distorting facts are expected among the healers. Such interactions provide healers the opportunity to gain first-hand information into the experiences, symptoms, challenges, and pathways to health care in some cases. The preliminary information acquired through this interaction is then applied to consulting a divination medium, where spiritual insights are requested into the case and possible solutions. The divination medium was considered a more accurate and objective means of accessing both remote and immediate aetiological factors surrounding a case and what remedies or therapies would be potent based on the revelation received during consultations. Based on the consultations, healers gain insights into the aetiology of cases and possible routes to

solutions. Cases in the domain of preternatural and supernatural causality form the bulk of complex cases that healers cite as good for referrals within their networks. The findings revealed that complex and difficult cases are effectively and efficiently managed by embracing consultations and harnessing the inherent potential and strengths available within their networks. Healers who engaged in such consultation would gain deeper knowledge of how to manage each case and earn more respect among peers and clients (Adekson 2003).

African traditional healers are known for their familiarity with divination as it provides them the opportunity to gain a holistic sense of a health condition, including the supernatural, preternatural, and natural factors that are considered critical to unravelling a health challenge (Peek, 1991). The findings from such interactions are considered objective and valid in arriving at possible solutions to a case. Through this interaction and drawing from experiences, procedures are prescribed, such as cleansing the patient of evil spirits or demonic possessions and the introduction of remedies and therapies that can address any underlying biological factor.

Accuracy in divination cannot be guaranteed because diagnosis as a process is both subjective and objective (Peek 1991). The findings revealed the existence of variations in the revelations or insights acquired through divination and consultations. Some of the healers affirmed that some of their colleagues possess more experience and supernatural powers that position them as superior in spiritual

matters and powers. Such superiority is often earned through a track record of accuracy in diagnoses, the potency of prescribed remedies, and the likelihood of recovery based on prescribed remedies or therapies. Such powerful healers are consulted to add to their knowledge, provide direction, and prevent being harmed during the treatment. A common belief is that epilepsy is linked with spiritual factors, making traditional healers preferred in many African societies (Kaddumukasa et al. 2018). The situation might also be catalysing the spread of different remedies, including those that might be unhealthy or difficult to standardise among help-seekers. In Ghana, for instance, Kpobi, Swartz, and Keikelame (2018) observed that traditional healers strive to link the treatment of epilepsy with what they diagnose and prescribe remedies along with their findings without distortion. Among Yoruba traditional healers, transparency and truthfulness on the part of healers are hallmarks of professionalism and a medium for establishing reputation among community members (Adekson 2003; Agunbiade 2014).

The findings from this study showed that not all healers shared the view and engaged in referrals, as some appeared unwilling or perhaps afraid of losing the confidence of their clients by referring a complicated case to a fellow healer. Nonetheless, the common consensus was that referral to a more powerful traditional healer should be considered in the best interest of a client when recovery from a condition lingers or the reoccurrence of episodes with associated complications occurs frequently. The practice of referring complex cases among peers or fellow traditional

healers is consistent with the findings from a study conducted in South Africa, which reported that traditional healers prefer to refer their clients to a more powerful healer when they cannot successfully treat the patient (Sorsdahl et al. 2010).

Referral as a practice was partial, as opposed to complete and total referral. The findings revealed that healers engaged in follow-up actions to ensure that their referred clients were attended to and had knowledge of the treatment outcomes. The follow-ups and interests in treatment outcomes transcend the benefits that their clients would experience from such referrals. The complete handing over of patients to another healer was conceived as a practice that could undermine their privileged position and control over the patient or client, as there were fears that patients may lose confidence in their healing potential and patronage in the future. However, expressing such fear has implications for patients' rights to quality care. Patients who are not referred as at when due may for instance, experience frustrations with the care or treatment being provided. A mechanism that appeared functional in addressing some misgivings and promoting collaboration among the healers is the practice of regular meetings. The findings indicated that healers meet as members of associations to compare notes, share challenges that affect their occupations, and find ways to address them. Meetings among Yoruba traditional healers are a practice that resonates with a fundamental principle in Ifa religion and the inevitability of supportive interactions among association members. The practice in Oyebola's (1980) position is

functional and binding, as members of the same association assist one another and must not betray themselves because of the oath that binds them together.

Beyond the immediate circle of traditional healers, the findings further revealed that a few traditional healers are gradually embracing the idea of referring some of their patients to health facilities for biomedical care. The development may be connected to the growing clamour by the World Health Organisation and government agencies to promote referrals from the traditional healing system to the biomedical system in Nigeria in view of medical pluralism as a practice and preference for traditional healers among patients and clients who are living with epilepsy. The practice could also have been triggered by the growing consciousness of the existence and availability of effective treatments for epilepsy in hospitals in Nigeria. Few of the healers who had referred a client affirmed that clients have been referred to hospitals based on observed disregard for their prescriptions and pressure from the significant orders of such clients for plural medical care.

Clear indications emerged to show variations in the dispositions of some of the healers towards referral of cases to those within and outside their associations. The findings revealed that this latter category of healers considers a complete referral to a more powerful healer when a case has been unsuccessfully treated or managed. A formal or structured referral is not commonly provided among the healers. However, evidence abounds that most of the healers in this study prefer to consult the powerful

healers for assistance and direction rather than completely handing over the patient to them or other healers outside their association or medical systems. This finding supports an earlier finding by Sorsdahl and Stein (2010) that traditional healers consult other healers and peers within their networks and seek guidance on how to address a health problem. A referral to a similar but more powerful healer only becomes a last resort when the condition of a patient fails to improve or when a healer considers the case a threat to personal wellbeing and household stability. It was at this point that clients and patients were referred to a more powerful healer who had access to better resources after they had unsuccessfully treated the patient. This study revealed that some healers might desist from engaging in collaborative practise because of the likely dangers involved. Most of the healers revealed that consulting healers who belong to the different associations might be risky because fake remedies harmful to the patient may be given to them, and it may put them in trouble. It has also been revealed that some healers do not consult others for selfish reasons or for personal gain. There are few reports of how some traditional healers have abused, exploited, and maltreated some of their clients suffering from neurological conditions (Nortje et al., 2016). The absence of a strong regulatory framework makes the situation even more difficult. What exists in the Nigerian context is the self-regulation of traditional medicine by its members. The arrangement works in a way, but it still begs the question of the rights of patients regarding quality care and the openness of the system to regulation and standardisation. In social settings where state regulations are

poor, professional associations step in and serve as a watchdog despite the limitations surrounding such measures.

This study found collaborative practice to be multidimensional in their community of practice. There are functional roles, such as social cohesion, which brings a sense of belonging to members, provides sets of standards and frameworks to promote professionalism, and sanctions erring members. The community of practice also provided a sense of cultural capital that enabled members to compare certain norms, values, and practices that have been tested or perhaps require modifications in line with their experiences and therapeutic outcomes. The results of this study show the nature, forms, and attitudes of traditional healers with specialties and expertise in managing epilepsy towards working together, as well as what this could mean for the quality of care and a patient's right to responsive referrals in a traditional Yoruba healing system.

Despite the richness of the findings, there are limitations in the possible interpretations of the evidence from this study. Only a small number of traditional healers that are available within the communities were recruited to participate in this study. The interviewees consisted of only twenty-four traditional healers with expertise in the management and treatment of epilepsy. The figure is not representative of all existing healers treating this condition. Furthermore, the reliance on the snowball sampling approach could bias the recruitment of traditional healers

who are within the same network. Regardless of these weaknesses, the primary aim of the study was to get in-depth knowledge and vital information on the perception, referrals, and collaborative practise among the healers treating epilepsy in the study location**.**

Conclusion

Traditional healers play unique roles in providing care to patients living with epilepsy. Associations are created to ensure collaborative practise among the healers. Difficult epilepsy cases are referred, preferably within the network of a healer. Traditional healers prefer to consult members of their association for fear of betrayal. The fraternisation is that healers, as members of the same association, do not betray themselves because of the oath that binds them together. A referral may be considered by healers when there are complications in treating the patient. However, the restriction of such referrals to their network of peers will erode their right to optimum treatment. There is a need for community awareness and sensitization of traditional healers on the benefits of responsive referrals within and outside their networks as ways of promoting timely access to quality care and protecting patients' rights to treatment choices and therapeutic options within the traditional healing system.

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