

ORIGINAL ARTICLE**Attitudes of modern and traditional medical practitioners towards integration of the two practices****Tsegaye G.Mariam, B.Pharm.¹**

Abstract: A cross-sectional study was done to assess the attitudes of modern and traditional medical practitioners in Jimma Zone towards the idea of integration or co-operation. The results of this study show that most of the practitioners - both traditional and modern- would like co-operation of the two practices although considerable proportion of modern medical practitioners and students want to see some improvement regarding traditional medicine such as training of the practitioners, and establishing adequate monitoring mechanisms. Most modern medical practitioners think that traditional medicine has an advantage over modern medicine in that it is cheap and accessible to most of the people. On the other hand, they said traditional medicine has many disadvantages too, among which the practitioners do not know how to determine doses of their preparation which may result in toxicity. Most of the traditional practitioners get their drugs from plant sources. The implications of the results were discussed and recommendations made.

Introduction

Primary Health Care (PHC) requires the utilisation of all appropriate and available local resources which, in developing countries, almost always include traditional medicine and its practitioners (1). Traditional medicine caters for most of the health needs of at least 80% of the African population (2). Where traditional medicine is well patronised by communities, it makes good sense to adopt safe and useful traditional practices and incorporate them in the design and

implementation of national health systems (1).

There are, however, certain major constraints regarding the use of traditional medicine in PHC. These are not insurmountable and, with good will on all sides, they can be overcome (2). Therefore, if the harmful aspects of traditional medicine could be eliminated, and if the two systems were to collaborate with one another, the population would undoubtedly be better

¹ School of Graduate studies,
Addis Ababa University

served than at present (3). Consequently, in developing countries there is a great potential for combining these two practitioners in PHC teams (4). Fendall (5) also argues that a combination of traditional healing and modern medicine appears to be the most promising and appropriate solution for the health care problems facing the developing countries.

Bastien (6) stated several reasons for traditional medicine to be integrated in to the modern health care system among which the following are some of them:

1. Most developing countries cannot afford a curative health care system covering their entire populations, and traditional medicine can serve as a first-contact system;
2. Traditional medicine is superior in the treatment of psychic and psychosomatic diseases because of the knowledge that healers possess about the social and ethnic backgrounds of their patients;
3. The possibility exists of finding effective substances used in traditional medicine which are unknown to modern medicine;
4. Traditional medicine conserves a part of African culture.

The gulf between the two systems appears to have narrowed in recent years, and genuine interest in traditional methods now exists among modern medical practitioners (10). Efforts have been made to integrate the two systems in different parts of the world (4-9). Clearly the success of such a step would depend largely on the willingness of doctors to work with their traditional counterparts, and vice versa (10). In the past, only few studies have been done in Ethiopia to assess the views of traditional and modern medical

practitioners on their idea of integration. Therefore, this study was aimed at investigating the attitudes of the practitioners of the two medical practices. Moreover, it has also assessed the characteristics of traditional healers in Jimma Zone.

Methods

This is a cross-sectional study where random sampling procedure was used to select the medical doctors and medical students from Jimma Institute of Health Sciences and from health institutions in Jimma Zone, south west Ethiopia. The traditional healers were also sampled from the same zone. Structured and pretested questionnaires, which have both open and closed ended questions, were used to investigate the views of the practitioners on integration and if they support integration their opinion on how best it can be effected. In addition, the traditional healers were asked questions related to the characteristics of their practices.

The data so collected were coded, entered into Epi Info version 6 computer package and statistical analyses were done on the data.

Results

I. Views of modern medical practitioners

One hundred and thirty-three medical students and doctors have participated in the study from which 88.8% of the respondents were males while 51.5% were in the age group between 20 and 24 (mean age is 26.1). Eighty-eight of the participants (65.6%) were medical students and interns (Table 1).

One hundred and two (76.1%) respondents said lack of a standard and quantified dose of traditional preparations

Table 1: Social and demographic characteristics of the respondents who participated in the study (Jimma, February 1998).

Variable		% (n=134)
Sex	Male	88.8
	Female	11.2
Age group	20-24	51.5
	25-29	26.1
	30-34	12.7
	35-39	6.7
	40-44	2.2
	45-49	0.7
Professional Status	Med. Stud.(clinical I)	26.1
	Med. Stud. (Clinical II)	23.1
	Interns	16.4
	General Practitioners	20.9
	Specialist and sub-specialist	13.4
Religion	Christian	89.6
	Muslim	7.5
	Others	3.0

Table 2: The opinion of modern medical practitioners and students regarding the disadvantages of traditional medicine (Jimma, February 1998).

Disadvantage of traditional Medicine	% (n=134)
- Lack knowledge of determining doses	76.1
- Toxicity is common with their use	68.7
- They have doubtful efficacy	47.8
- They are liable to be contaminated	26.1
- Quacks are practising	17.2
- No knowledge of scientific disease processes	17.2
- No documentation of knowledge	11.9
- No knowledge of contraindications	6.7
- Unreliable diagnostic techniques	5.2

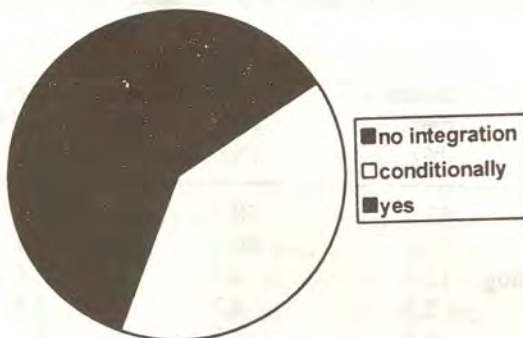
Table 3: The opinion of modern medical practitioners regarding the advantages of traditional medicine (Jimma, February 1998).

Advantages of traditional medicine over modern medicine	Students n=66 (%)	Doctors n=68 (%)	Total n=134 (%)
- Cheap and easily accessible	63.6	58.7	61.9
- Acceptable by communities, i.e. popular	23.9	36.9	28.4
- Used for disease not managed by modern drug	15.9	8.7	13.4
- Useful for treatment of mental diseases	2.3	8.7	4.5
- Needs minimal training	1.1	4.3	2.2
- No advantage over modern medicine	10.2	17.4	12.7

is one of the disadvantages of traditional medicine (Table 2).

On the other hand, 61.9% said traditional medicine has advantages over modern medicine in that it is cheap and accessible (Table 3). Of the 134 respondents, 88.8% said traditional medicine is useful to some extent in alleviating the health problem of developing countries and 10.4% of them said it has considerable role while only one person said it is not useful. Asked if modern and traditional medical practitioners should work together in solving the health problem of developing countries like Ethiopia, 56.7% (62.5% of the students) said they support the idea whereas 5 (3.7%) said it is not useful. The remaining 39.6% said few things should be done before integration is effected such as education of the traditional practitioners, thorough study and standardisation of traditional drugs and practices, and establishing adequate monitoring and supervising mechanisms (Fig 1.)

Fig 1. Pie chart showing the attitudes of the modern medical practitioners towards integration (Jimma, February 1998).



From the 129 who support integration one way or another, 29.4% of doctors and students prefer to be integrated in the same institution with traditional practitioners, while 49 (38.0%) would like to practise separately. While 33 (25.6%) want the traditional healers to concentrate on such disease conditions as mental disorders, orthopaedic problems, etc., the remaining 9 practitioners do not want the healers to practice but only to use the drugs for research purposes.

Table 4: Social and demographic characteristics of the traditional medical practitioners who participated in the study (Jimma, February 1998).

Variables	n=22 (%)
Sex	
Male	77.3
Female	22.7
Age group	
30-39	27.3
40-49	18.2
50-59	27.3
60-69	9.1
70-80	18.1
Religion	
Muslim	72.7
Christian	27.3
Economic status (Monthly income in Birr)	
< 150	40.9
150- 450	45.5
> 450	13.6
Educational status	
Illiterate	36.4
1-6 grader	45.5
7-12 grader	9.1
> 12 grade	9.1

II. Views of traditional medical practitioners

Twenty-two traditional medical practitioners were interviewed in the

Table 5: Characteristics of traditional medical practices of the participants (Jimma, February 1998).

Variables	Frequency n=22 No. (%)
Years of experience:	
1-9	2(9.1)
10-19	8(36.4)
20-29	5(22.7)
30-39	2(9.1)
40-49	4(18.2)
60-69	1(4.5)
How the knowledge was acquired:	
Family member practised	10(45.5)
Through apprenticeship	10(45.5)
Transcendental power	1(4.5)
Through education	1(4.5)
How do you treat the patients?	
With drugs only	18(81.0)
With drugs + prayer	4(19.0)
Sources of the drugs:	
Plant sources only	17(76.2)
Mineral & plant sources	4(19.0)
Modern drugs	1(4.8)
Set bones?	
Bone-setter only	3(13.6)
Herbalists + bone-settern	8(36.4)
Herbalists only	11(50.0)
Charge patients?	
Yes	21(95.5)
No	1(4.5)
Site of treatment:	
Home or patient's home	17(77.3)
Market place	5 (22.7)
Refer patients to health institutions?	
Yes	17(77.3)
No	5(22.7)

study regarding their practises and their attitude towards integration with modern medicine. The mean age of the respondents was 51.7 (range 32-80) and 22.7% were females (Table 4). Mean year of experience is 24.1 years. Most of them have acquired the knowledge either from their father, mother or other family member or through apprenticeship with other practitioners. In 76.6% of the cases, the drugs are obtained from plant sources only (Table 5).

Twenty of the participants of the study (90.9%) would like to work together with the modern medical practitioners while the remaining 2 said they would like to, if certain things such as training, a place to work and recognition of the healers are accomplished by the government. Half of the practitioners said they prefer to be integrated in the same institution with modern medical practitioners, while 9 (40.9%) would like to practise separately. The remaining 2 healers do not want to practise in any institutions but at their homes. Asked if they are willing to submit their drugs and practices for official and scientific scrutiny, 72.7% agreed without any condition, two requested patent rights before submitting their drugs and the remaining four said they would never show their drugs to anyone.

Discussion

This study has attempted to assess the attitudes of traditional and modern medical practitioners towards working together in solving the health problem of communities.

Several disadvantages of traditional medicine were mentioned by the modern practitioners that are not incorrigible by appropriate training, dialogue, and establishing feasible

controlling systems. In spite of this, the attitude of modern practitioners is encouraging in that 88.8% said traditional medicine is useful to some extent in alleviating the health problem of developing countries as has been found in a study done in Nigeria (10). In addition, the fact that 56.7% (62.5% of the students) support the idea of integration and another 39.6% with some improvement in traditional medicine (such as investigation of the practice, and monitoring of the practitioners) shows the enthusiasm the modern practitioners have in working together with their traditional counterparts. This finding is unlike the result obtained in Nigeria where 29.3% of doctors and 42% of medical students did not favour the idea of integration (10). This positive attitude towards integration can be exploited by improving the hazardous aspects of traditional medicine.

Harding (11) pointed out that the great advantage of traditional medicine is its availability and that the people are already trusted by communities; most of the participants of this study also agree with this opinion.

Similarly, the views of traditional healers towards integration are not very different. Though the number of traditional practitioners who have participated in this study is quite small, 20 of the participants (90.9%) would like to work together with the modern medical practitioners. The remaining 2 said they would like to, if certain arrangements are put in place, such as training, a place to work and generally if due attention is given by the government. This finding also agrees with a study done in 1985-87 in the central and northern Ethiopia which showed that the majority of traditional

and modern health workers believe integration is useful.

In addition, half of the traditional practitioners said they prefer to be integrated in the same institution with modern medical practitioners which shows the faith the healers have on the modern practitioners and the use of integrating the practices. It also shows the confidence the traditional healers have on their drugs' effectiveness and safety. Seventeen of the traditional healers (77.3%) refer their patients to modern health institutions indicating the potential for integration of the two services and the already established link the services have.

Moreover, the fact that 72.2% of healers are willing to show their drugs and practices for scientific and official scrutiny is also another encouraging finding of this study. The remaining 27.8% of the respondents (healers) have either requested patent rights, money or refused to show their drugs to researchers and officials. This may be because their livelihood depends on the business they have by dispensing these drugs. They also intend to transfer the knowledge to their offspring so that they will also use it which is exemplified by the finding that 45.5% of the healers got their knowledge from their parents. This finding calls for a careful and systematic approach to effect the integration of the two practices.

In addition, most of the traditional practitioners (76.2%) get their drugs from plant sources. This finding entails that appropriate attention should be given to study and document the medicinal flora and devise strategies to educate the traditional practitioners so that the plants will not be exterminated by extensive use without preservation.

The results of this study generally show there is a great potential

for integrating the two practices especially after devising some strategies in improving the knowledge of the traditional healers so that both practitioners will clear the doubts they have towards the other practitioners. This can be done, for example, by organising media for dialogue between the two practitioners, organising workshops and short-term training for the traditional healers so that they will contribute to the betterment of health of their communities. As the traditional healers have a good respect by their communities, their role in promotion of health especially in rural areas could be considerable.

Further studies, however, are needed to assess the views as the number of participants especially of traditional healers in this study is very small and as this study is only done in one zone which may not be a good representative of traditional and modern practitioners throughout Ethiopia.

Acknowledgement

The author would like to thank Jimma Institute of Health Sciences for funding this project. The author would also extend his appreciation to Dr. Tesfaye Getaneh for his constructive comments and suggestions on this article.

References

1. Akerele, O. 1990 Medicinal plants and PHC: an agenda for action. WHO/Action Program on Essential Drugs, Essential Drugs Monitor, No.10 pp 8 col. 2-3.
2. Koumare, M. 1983 Traditional medicine and psychiatry in Africa. In: Traditional Medicine and Health Care Coverage. Ed. Bannerman, R.H. et al. WHO. Geneva pp 25.
3. Imperato, P.J. 1975 Traditional medical practitioners among the Bambara of Mali and their role in a modern health care delivery system. Trop. Geog. Med. 27:211-221.
4. Hoft, W. and Maseko, N. 1986. Nurses and traditional healers join hands. World Health Forum. 7 (4) : 412-426.
5. Fendail, R. 1982. Ayurvedic medicine and primary health care. World Health Forum. 3(1):90-94.
6. Bastien, J.W. 1994. Collaboration of doctors and nurses with ethno-medical practitioners. World Health Forum. 15(2):133-137.
7. Koumare, M. 1983. Traditional medicine and psychiatry in Africa. In Traditional Medicine and Health Care Coverage. Ed. Bannerman, R.H. et al. WHO Geneva pp 320-322.
8. Aluwihare, A.P.R. 1982. Traditional and Western medicine working in tandem. World Health Forum. 3(4): 450-451.
9. Chen, P.C. 1976. Population and health policy in the People's Republic of China. Washington, DC. Interdisciplinary Communications Program, Smithsonian Institution, Occasional Monograph Series, No 9, pp 37-38.
10. Chiwuzie, J. et al. 1987. Traditional practitioners are here to stay. World Health Forum 8(2):240-244.
11. Harding, T.W. Traditional healing methods for mental disorders. WHO Chronicle 31:436-440.

12. Bishaw, M. 1990. Attitudes of modern and traditional medical practitioners towards co-operation. *Ethiop. Med. J.* 28: 63-72.