Afya Jumuishi : towards Interprofessional collaboration between traditional and modern medical practitioners in the Mara Region of Tanzania

Chirangi, M.M.

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Musuto Mutaragara Chirangi

Leiden Ethnosystems and Development Program (LEAD) Studies No. 8
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"The task is not to ignore or overthrow - much less to denigrate - Traditional Medicine, but to recognise and develop its potential and help its practitioners to expand their own knowledge. Our scientists have to get the cooperation of traditional practitioners and of elders in our different areas, so as to combine Traditional Medicine with modern scientific knowledge and techniques. This can be done."

Mwl. Julius Kambarage Nyerere,
in: Mshingeni *et al*. (1991: xxi)

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Cover design & photo by Musuto Chirangi: Symbolizing collaboration between modern and traditional medical practitionersin Tanzania: Dr. Bwire Chirangi, Shirati District Hospital Medical Superintendent (*left*) and *Omufumu*, Nyakiriga Nyakirangáni, Healer and Chairperson for Chawatiata - Mara (*right*).
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This dissertation is dedicated to our beloved father, the late Mutaragara Chirangi wa Muhongo (1932 - 2007), an exemplary social, political and religious individual whose challenging legacies on innate strategic planning, efficient use of time, attention to the disadvantaged, zero tolerance on corruption, indefatigable documentation and preservation of indigenous knowledge shall continue to be evidenced in the annals of his prosopography.

Preface

Born and nurtured in the post-colonial hangovers in Tanzania, I was acculturated to be incurious, insouciant, isolative and if possible sceptical to most of our African indigenous traditions (in Swahili: *kujitenga na mila za jadi*) not excluding African traditional medicine. This can well be conferred by some religious teachings and or manuals which erroneously send a wrong signal which suggests that becoming a Christian or a Muslim is equivalent to denying one's indigenous traditions and values indiscriminately, commonly known as acquiring the 'new' religious life from the old traditional way. Thus one's association with indigenous knowledge and practice was translated as to mean backsliding towards the road to hell.

Consequently, I have lived a lifestyle which gave birth to the hypocritical 'dual citizenship' of, on the one hand being an African and therefore naturally expected either to be knowledgeable of some indigenous medicaments and practices or permission to consult traditional medical practitioners secretly or even in darkness, and on the other hand, condemning to the highest pitches all traditional and associated indigenous medical practices and beliefs as 'magic', 'witchcraft', and 'abracadabra' in religious meetings in mosques, tents, synagogues and churches under the citizenship of Christianity, Islam, or non-African traditional faiths.

Notwithstanding, having served in a rural hospital in Tanzania as the Hospital Manager for more than ten years, I have also observed the significance of Tradition Medicine (TM) for the local population's health and disease. Furthermore, apart from getting reports and having discussions on this subject in the District Health Management Team (DHMT), as a born Tanzanian, I can dare from the *emic* (insider's) point of view as opposed to the *etic* (outsider's) point of view to express my own experience of how people from different age, education, religion and ethnicity have utilized Tradition Medicine (TM) for a variety of reasons, including protection of their family or their property, rehabilitation, attaining higher social status, fortune telling, competition in sport, and, of course, improvement of their health status.

Although today, Tanzania embraces the ideal of incorporating Tradition Medicine (TM) into the formal medical system, there still exists, however, a big gap in mutual trust and collaboration between the practitioners of the traditional and modern systems. While, on one hand, I have witnessed proponents of traditional medicine who were dissatisfied and disillusioned with the results being in contrast with the over-romanticized claims of Tradition Medicine (TM) to cure any illness or disease, on the other hand, I have observed a blank condemnation of all traditional practitioners and medicines by people branding Tradition Medicine (TM) as 'witchcraft' without efficacy or scientific evidence.

In my personal life, I remember that my beloved grandmother Nyamurugwa wa Kafwenyi, religiously known as Pili binti Hussein who had sustained injuries with multiple fractures of the femur because of an accident was taken for treatment (in a reasonably coerced manner by our extended family members) to the renowned traditional bonesetter *Omufumu* Mariko of Mugango, after her treatment in a modern hospital had not improved her condition. Later, however, she died not knowing whether she was really better or worse off by undergoing herbal medicine, traditional joint manipulation and mobilization techniques. Many questions remained unanswered, but I often felt bitterness when some modern medical practitioners blamed complications to traditional medicine and 'unprofessional' treatment of the *Omufumu*, allegations they could not prove. As such, more questions than answers still linger in my mind.
If both medical systems seek to improve our health, why then is there still a situation of most practitioners who do not collaborate to exchange their knowledge, experience and skills to reduce the problem of insufficient medical care?

Why is it, that they cannot work together for the sake of the improvement of peoples' health by advising their clients to make more rational choices in health care, which in turn will also render themselves to become more efficient?

If their differences in knowledge, belief and behaviour are to remain the stumbling block on the road to integrated health care development, how is it possible that a surgeon, an internist, a psychiatrist, a physiotherapist, a (pastoral) counsellor and other modern medical personnel with equal differences have continued to work together within the formal medical systems in many countries? It is important to recognize that numerous traditional medical practitioners are not opposed to modern medical practices. In contrast, however, several studies have shown that quite a number of modern medical practitioners not only openly oppose Traditional Medicine (TM), but also that they suffer from unjustified prejudice and rivalry. Such situation expresses their suffering of the *groupthink* syndrome over their fellow practitioners, who are better equipped with valuable indigenous knowledge and skills and who are practicing with great cultural competencies. As Goldberg (2002) argues, it is evident that both medical systems have much to offer and that the wisest form of health care is one which makes use of each of them in an integrated manner, as such meeting patients' needs in an optimal way.

It was against this background that I took in 2002 the initiative to establish an Integrated Health Care Initiative Project with the Swahili name *Jadi na Utamaduni katika Afya (JUA)* under the KMT-Community Based Health Promotion Programme of Mara Tanzania. This project focused in particular on enhancing the capacity of the traditional medical practitioners in the Mara Region with a view to evaluate and address crucial questions related to the delivery of quality health services in a situation of integrated health care development.

The preliminary promising results, which included the first collaboration of traditional (male) circumcisers with clinicians and nurses from the Nyerere Designated District Hospital, emerged during the two seasonal male circumcision periods among the Kuryans of Serengeti District. No sooner did I realize its impact, before my motivation was further strengthened to undertake a scientific study on multiple factors which seem to correlate to collaboration between the practitioners of the two systems. As such, this study should also evoke a discussion on integrated health and healing and form the basis for future policy reforms in the Tanzania integrated health care system. Such premise has prompted me to further study the theoretical issues concerned, followed by my qualitative and quantitative field work in the Mara Region combining human resource management with medical anthropological and organisational behavioural models.

Embarking on my acquired knowledge in health policy, organisational management and human resource management, I am convinced that interprofessional collaboration of traditional and modern medical practitioners is part of the process towards fully integrated health care. Such change is not only inevitable, but actually imperative in our present world of complex plural medical systems, Tanzania not excluded. In my opinion, both extreme stands of blatant refusal and denigration of all forms of indigenous knowledge, as well as the over-validation of anything which is indigenous while dubbing modern medicine as 'colonial' are not helpful to the present process of health sector reform of Tanzania. Integration of the two medical systems aims at bringing efficiency, equity and quality health care to all people in Tanzania. As such, the situation of our nation calls for all researchers and policy makers concerned to work diligently together in search of an optimal form of integrated health care services.

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List of Abbreviations

AMO	Assistant Medical Officer
AICT	African Inland Church of Tanzania
BAKWATA	Baraza Kuu la Waislam Tanzania
CAM	Complementary and Alternative Medicine
CBA	Community Based Approach.
CBHPP	Community Based Health Promotion Programme
CHAWATIATA	*Chama cha Waganga wa Tiba Asilia Tanzania* (Association for Traditional Healers and Birth Attendants in Tanzania)
COA	Clinical Oriented Approach
Collabo	Collaboration
DDH	Designated District Hospital
EKS	Ethnobotanical Knowledge System
GDP	Gross Domestic Product
GNP	Gross National Product
GP	General Practitioner
HIV / AIDS	Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome
HE	Health Education
HRM	Human Resources Management
HSR	Health Sector Reform
ICD	International Classification of Diseases
IMR	Infant Mortality Rate
ILO	International Labour Organisation
ITM	Institute of Traditional Medicine (TM)
ISIC	The International Standard Industrial Classification
JUA	*Jadi na Utamaduni katika Afya* (Traditions and Culture in Health)
KKKT	Kanisa la Kiinjili la kilutheri Tanzania (The Evangelical Lutheran Church)
KMT	Kanisa la Mennonite Tanzania (The Tanzanian Mennonite Church)
LEAD	Leiden Ethnosystems and Development
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MH	Modern Health Care
MHP	Modern Health Care Practitioner
MM	Modern Medicine
MMR	Maternal Mortality Rate
MO	Medical Officer
MoHSW	Ministry of Health and Social Welfare
NM	Nurse Midwife
PASW	Predictive Analytics Software
PHCSDP	Primary Health Care Services Development Programme
PMORALG	Prime Minister's Office-Regional Administration and Local Government
RC	Regional Commissioner
RCT	Roman Catholic of Tanzania
RCH	Reproductive and Child Health
SACCOS	Saving and Credits Cooperative Society
SDA	Seventh- day Adventist Church
SES	Social Economic Status

SPSS	Statistical Package for the Social Sciences
SSIs	Social Security Institutions
Swah	Swahili
SWOC	Weaknesses, Opportunities and Challenges
TAWG	Tanga AIDS Working Group
TB	Tuberculosis
TBA	Traditional Birth Attendant
THP	Traditional Medical Practitioner
TM	Traditional Medicine (TM)
TN	Trained Nurse
TRAFFIC	The Wildlife Trade Monitoring Network which is a joint programme of World Wide Fund for Nature and the World Conservation Union
Tshs	Tanzanian Shillings
TUCTA	Tanzania Union Congress of Tanzania
Tz	Tanzania
UNESCO	United Nations Educational, Scientific and Cultural Organization
VCTC	Voluntary Counselling and Testing Centre
WHA	World Health Assembly
WHO	World Health Organisation