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**Population Association of America
Annual Meeting – New York, NY March 2007
*Extended Abstract***

Title: Ghanaian Traditional Healers: The Effect of Formalized Training on their Level of Knowledge of Family Planning and Contraceptive Techniques and their Attitudes Towards Collaboration with the Biomedical Institutions

In 1969, Ghana was one of the first African nations to formulate a population and family planning policy. However, since then, only minimal progress has been made as currently many pregnancies are still unwanted, mistimed or wanted later. Interestingly, multiple studies have cited almost universal knowledge for both men and women of at least one modern contraceptive method. Nevertheless, this knowledge and awareness of contraceptive methods among Ghanaians has not translated into access to contraceptives or their use. In fact, the most recent Ghana Demographic and Health Survey (GDHS) revealed that only 43% of the demand for family planning services is being met. This present study – recognizing that much research has focused on analyzing the variables that effect access, quality, and utilization of reproductive health services that are provided through *biomedical institutions* – examines another avenue for the provision of health services that has been systematically overlooked: *traditional medical practitioners*. For the purposes of this study, a traditional healer is a practitioner of traditional medicine, which is defined by the World Health Organization (WHO) as, “health practices, approaches, knowledge, and beliefs incorporating plant, animal, and mineral based medicines, spiritual therapies, and manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illness or maintain well-being.”

In Africa, upwards of 80% of the population uses some form of traditional medicine to meet their primary health care needs. In fact, recognizing the importance of indigenous medicine globally, WHO launched its first ever comprehensive traditional medicine strategy in 2002. The strategy was designed to help countries to 1) develop national policies to evaluate and regulate traditional medicinal practices, 2) create a stronger evidence base on the safety, efficacy, and quality of traditional medicine products and practices, 3) ensure availability and affordability of necessary herbal medicines, 4) promote the therapeutically sound use of all medicinal treatments, and 5) document traditional medicines and remedies. However, most countries in Sub-Saharan Africa, including Ghana, are having difficulties integrating traditional medicine within their current biomedical health infrastructure. Yet, while over one-third of the population in developing countries lack access to essential (biomedically-produced) medicines, many organizations have recognized that training the traditional healers in basic biomedical techniques may facilitate the exchange of information and resources between the healers and the biomedical practitioners. This study specifically examines the

training of traditional healers by the Ghana chapter of the International Organization for the Promotion of Traditional Medicine, (PROMETRA).

This present study seeks to determine the level to which PROMETRA's training influences knowledge of family planning and contraceptives amongst the traditional healers, as well as their attitudes towards integration with the biomedical health infrastructure. As the research specifically seeks to examine the level of influence that PROMETRA's training may have had on family planning and contraceptive knowledge, twenty-two in-depth interviews were conducted with currently practicing traditional healers – approximately half of them had completed PROMETRA's training, and the other half had not. This distinction is made in order to determine if there are differences between these two groups in three primary areas of interest – level of knowledge, reported practices, and attitudes towards integration with biomedical institutions.

Research Question One

- Amongst non-spiritually based Ghanaian traditional healers, is there a difference in the level of knowledge of modern contraceptive methods and family planning techniques between healers who have completed formalized training (e.g. from PROMETRA Ghana) and those who have not?

Research Question Two

- What types of contraceptive techniques, if any, are Ghanaian traditional healers, specifically herbalists who are non-spiritual healers, communicating to women who seek their counsel and inquire about family planning options? (e.g. biomedical vs. traditional).

Research Question Three

- Does formalized training (e.g. from PROMETRA Ghana) change the perception of self-efficacy of traditional healers regarding their ability to effectively collaborate with biomedical institutions (e.g. staff at a local health facility or regional hospital)?

The information gathered will help to evaluate the effectiveness of PROMETRA's training and may lead to further discussion regarding ways to improve the relationship between biomedical practitioners and traditional healers. The relationship between these historically disparate groups certainly has many public health implications as their ability to cooperate effectively could provide more Ghanaians with access to quality health services. This study aims to contribute to this dialogue by providing insight into one specific area of health – the current practices and opinions of traditional healers who specialize in reproductive health.

The sponsoring organization, PROMETRA, is an international non-governmental organization that seeks to preserve and restore African traditional medicine and all indigenous science. It defines itself as an institution of scientific and cultural research, medical practice and an instrument for African integration and international relations. PROMETRA Ghana, one of twenty-two chapters globally, assisted in this research primarily through the recruitment of the study subjects and the scheduling of in-depth interviews. All of the research took place in the Greater Accra region of Ghana, West

Africa, however, the study respondents were from a number of different regions throughout the country. The study is comprised of twenty-two currently practicing, non-spiritually based, traditional healers – mainly reproductive health specialists – who have experience in providing reproductive health advice to women. The inclusion criteria for the respondents are as follows: male or female; 21 years of age or older; ability to understand and speak English; currently a practicing herbalist; willingness to participate and ability to understand the concepts of the research. For the purposes of this research – given Ghana’s low literacy rate – verbal consent was obtained from each respondent. This study collected data through audio-taped in-depth interviews that were conducted in English through the use of a semi-structured interview guide. Each of the interviews collected were approximately 45-60 minutes in length.

The interview guide begins by asking demographic questions, such as age, gender and educational status. To obtain information regarding *Research Question One*, respondents were asked to answer questions related to their current knowledge of family planning techniques and contraceptives. To obtain information regarding *Research Question Two*, respondents were asked to answer questions related to the advertisement of family planning options to the women who seek their counsel. Finally, in order to gauge the attitudes of the healers toward the biomedical health infrastructure – *Research Question Three* – respondents were asked questions regarding their perceptions of the current relationship between traditional healers and biomedical practitioners and the possibility of future collaborations. Audiotapes were deidentified before coming back to the U.S. and transcription and analysis are in process. Content analysis and grounded theory approaches are being used to analyze the qualitative data obtained from the in-depth interviews. *MaxQDA* is the computer-assisted qualitative data analysis software that is being used to analyze the data.

Preliminary results from this study suggest that there is a relationship between the level of formalized training that a traditional healer receives and his/her knowledge of modern family planning and contraceptive techniques. Generally, it appears as though traditional healers who have received some formal training were more likely to counsel a woman client seeking family planning advice and refer her to a biomedical health facility if the healer perceived that he/she could not adequately meet the needs of the client. Furthermore, it appears that being exposed to basic biomedical techniques and biomedical practitioners during training sessions positively impacted the traditional healers’ perception of their abilities to effectively integrate within the biomedical infrastructure. Finally, this study also found that the traditional healers generally perceived PROMETRA Ghana’s trainings to be worthwhile and effective in increasing their knowledge about a particular subject matter. In fact, the complaints received from most of the healers were not regarding the quality and usefulness of PROMETRA’s current training curriculum, but rather, the frustration that funding limitations restricted the frequency of the trainings.

While traditional healers have been a widely available and frequently overlooked resource for the provision of reproductive health services, training of these healers does appear to be one way through which the family planning needs of Ghanaian women can be met, while simultaneously strengthening the relationship between the traditional healers and biomedical practitioners.