



Understanding the role of traditional healers within the healthcare system and infectious disease management in rural Malawi: a qualitative study

SUMMER EXPLORE 2024



Riya Master¹, Andrew Mguntha², Kimberly Baltzell³, Gama Bandawe⁴, and Anneka Hooft¹

¹School of Medicine, University of California, San Francisco, CA, USA; ²ENANDY Research Consultancy, Blantyre, Malawi;

³Institute for Global Health Sciences, University of California, San Francisco, CA, USA; ⁴Department of Biological Sciences, Malawi University of Science and Technology, Malawi

BACKGROUND

- Malawi is a pluralistic health system with both **formal** (e.g., biomedical) and **informal** (e.g., traditional medicine) care sources, with ~80% of the population using traditional healers (TH).¹
- Given the limited physician ratio in Malawi (0.019 per 1000).² TH provide an accessible and affordable option for care.³ However, TH often face stigma and resistance due to safety concerns from biomedical entities.⁴
- Given their strong community presence, we hypothesize that TH can be used to bridge gaps in the biomedical healthcare system, but additional data on barriers and facilitators to this relationship are needed.

OBJECTIVE

- Assess the role of traditional healers in Malawi in the community, their relationship to biomedical practices, and their knowledge and perceptions of the management of infectious diseases.

METHODS

Study design: Qualitative interviews with traditional healers at practice sites of varying geographic location and client volume

Recruitment sites: Traditional Healer practices throughout Thyolo District, Malawi.

Study population: N=25 participants (17 TH, 9 spiritualists, 5 herbalists, 4 diviners, 2 traditional birth attendants, Table 1)

Analysis: Iterative, grounded theory approach

Characteristic	Key informant (TH)
Male identifying n (%)	17 (68)
TH age years, mean (SD)	59.8 (13.8)
TH experience years, mean (SD)	30 (16)
Training background n (%)	Family education, 14 (56) Formal education, 8 (32) Informal education, 8 (32) Spiritual calling, 10 (40)

RESULTS

Theme 1. Trust and willingness to collaborate with biomedicine

Barriers		Facilitators
<ul style="list-style-type: none"> Lack of respect Negative bias 	cooperation	<ul style="list-style-type: none"> Desire for trainings and collaboration Bidirectional referral
<ul style="list-style-type: none"> Uneven resource distribution, manufactured scarcity Disagreement on treatment modalities 	shared goals	<ul style="list-style-type: none"> Safer work environment and access to care for all Malawians
<ul style="list-style-type: none"> Lack of training programs and formal referral processes Corruption, lack of financial resources 	government oversight	<ul style="list-style-type: none"> Need for strong public health systems and healthy populations Global pressure to modernize care

Theme 2. Using client-TH relationship to direct care

- Reliance on direct history and exam**
"I do not have examination tools ... so I depend on the patient's history on **what he or she tells me**. From there I can decide how to treat the client... (M, age 52)"
- Trial and error**
"We don't know where [infections] come from ... but us as **herbalist we just do guess work** and give him/her herbs and sometimes the herbs really work. (M, age 52)"
- Ability to follow up**
"We just instruct someone to mix and just take maybe half tumbler ... **we tell them to take for 7 days and come back** ... if it did not change, we give them another traditional medication (F, age 64)"

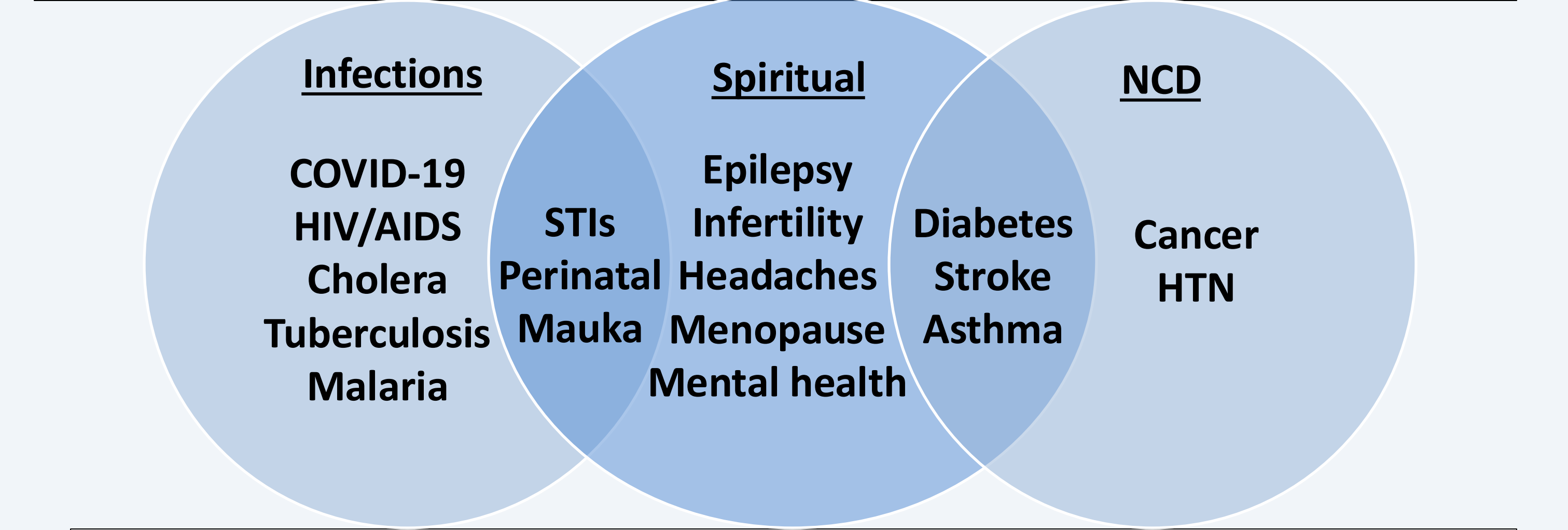
CONCLUSIONS

- TH demonstrate a **strong desire and motivation** for recognition, training, and **integration into the biomedical system**.
- Disease processes are differentiated by TH into **traditional vs. biomedical**, necessitating ongoing training for recognition of infections
- Most TH trust biomedicine and feel **comfortable referring clients** to the hospital as well as trusting them for their own care.
- The history of colonialism in Malawi has fostered mistrust in biomedicine created barriers to a more inclusive healthcare system.
- Given their respected role in society, **TH may provide a useful adjunct to biomedical care and accessibility in rural Malawi**.

Theme 3. Compensation for gaps in the biomedical system

- Lack of resources**
"The hospital days are usually crowded ... **accessibility is limited** ... because of several problems including **limited drug supply** and **limited government cash flows** (M, age 54)"
- Transportation**
"If they do not have money, they just use a bicycle to carry the patient ... **we do assist them with what we can before they reach the hospital** to help preserve the patient lives on the way (M, age 84)"
- Discrimination**
"A poor person and their appearance alone, they are left to die ... That is why **some people do not trust the hospital**, when there is help but because of profiling. (M, age 60)"

Theme 4. Overlap of traditional vs. biomedical causes of illness



Theme 5. Leadership role and respect by the community

- Financial support**
"Most of the times people comes with different health problems ... I help them but what they give me in return sometimes is not enough, meaning **that most of my work is for free just to help people** (M, age 59)"
- Community leadership**
"...people don't know is that the challenges at the government hospitals are not caused by the doctors but rather government. For me as a Chief, **I have role to sensitize people** ... our role is to explain to these communities on the shortage of health workers (M, age 54)"
- Social support**
"We had a case of a client who had rashes ..., it was found that he had stopped taking ARVs. **We always encourage patients on ARVs to take their drugs** because if they stops then drugs cannot work effectively in their bodies (M, age 54)"

References:

- Simwaka, A., Peltzer, K., & Maluwa-Banda, D. (2007). Indigenous Healing Practices in Malawi. *Journal of Psychology in Africa*, 17(1-2), 155-161.
- Bickton, F. M., & Lillie, T. (2019). Strengthening human resources for health in resource-limited countries: The case of Medic to Medic in Malawi. *Malawi medical journal : the journal of Medical Association of Malawi*, 31(1), 99-101.
- Drury, A. (2020) What Role Do Traditional Healers Play in the Pathway to Care of Psychiatric Patients in Malawi, and How Does this Compare to Other African Countries? *Journal of Psychiatry and Psychiatric Disorders* 4: 175-187.
- Mutombo, P. N., Kasilo, O. M. J., James, P. B., et al. (2023). Experiences and challenges of African traditional medicine: lessons from COVID-19 pandemic. *BMJ global health*, 8(8), e010813.

ACKNOWLEDGEMENTS

Supported by grants from the UCSF Department of Humanities & Social Sciences and IGHS Center for Pandemic Preparedness and Response.

