

The role of traditional healers practitioners in provision of rehabilitation services to people with disabilities by Jeanette Ntota

Highlighting the role of the Traditional Healers Practitioners (THP) in provision of rehabilitation services to people with disabilities in the health sector.

For the past thirteen years working in the department of health as an occupational therapy assistant, I realized that health workers and clients lacked information and knowledge about the issues of different cultural beliefs with regards to clinical management. Health workers experienced lot of problems with clients who refused hospital treatment and requested for “pass-outs” to go and seek alternative treatment from (THP), traditional healers practitioners. This had a negative impact on their treatment, and as a result complications such as contractures and pressure sores we experienced. This led to unnecessary deaths of patients. Health workers both at the hospitals and clinics were frustrated.

As a health worker and traditional healer practitioner, I have some experience of both practices. I was involved on several disability awareness campaigns, where PWDs wanted to know the role of THPs. It is very important for stakeholders to understand that even if THPs have a major role to play in rehabilitation services but there are limitations. E.g. for a spinal cord injured patient a THP may assist in reducing the effects of spasms by using certain herbs, but cannot cure paralyses.

Here are a few examples based on the real events that have happened at the hospital in Gauteng. Willie Mofokeng was admitted for the treatment of spinal cord injury: the doctors and nurses did not understand why the patient regressed while receiving prescribed treatment. He had urinary tract infections, pressure sores and tests done had indicated that he had unknown poison in his blood. It was later discovered that the patient was taking ‘muthi’ (traditional medicine) brought by his family each time they visited the hospital. Unfortunately, the patient died. The family wanted to sue the hospital for their son’s death. The hospital explained that the patient died of septic pressure sores. This is because the patient had not been taking his prescribed medicine.

The next example is of Sarah Shinwenyane a 50-year-old woman with diabetes who was a traditional healer. She refused hospital treatment and did not want to be touched because she believed that the ancestors would heal her. She did not take her medication and a month later the patient developed gangrene on both legs, she also had hip and knee contractures. It was difficult for nurses to treat her and she lost both legs. Finally, Sarah was discharged with a wheelchair.

In 2004 the Minister of Health introduced the involvement of the Traditional Healers Practitioners at PHC (Primary Health Care) level. The aim was to improve participation and partnerships with traditional healers practitioners in provision of primary health care services. The on going programme provides traditional health care practitioners with advanced HIV/AIDS awareness training. This is done by combining the latest scientific

information with up to date teaching methods. The University of KwaZulu Natal Nelson Mandela School of Medicine sponsors the project.

The healers are trained in family medicine based on clinical treatment of HIV/AIDS symptoms.

However, there is lack of participation of traditional healers practitioners in the provision of Rehabilitation services to people with disabilities (PWD's) at Ekurhuleni. This document will provide ways of how rehabilitation services can be provided jointly.

The provision by both services (THP) and rehabilitation to (PWD's) services can be achieved by:

- holding progressive meeting where all stakeholders will be represented to voice out the different issues on how to implement the new referral system.
- writing letters to all Stakeholders inviting them to a meeting.
- attending Ward Council meetings, Traditional Healers meetings, Clinic Committees and meetings for Disabled People Organizations, to introduce the idea of partnerships regarding disability and Rehabilitation services.
- Developing a column on the existing Health News Letter (Kathorus) to discuss and debate disability issues based on the concerns of Traditional Healers and People with Disabilities on Rehabilitation services. This will be the platform of exchanging different knowledge, skills and experiences on rehabilitation services.
- The introduction of the combined Therapy sessions by THP and health workers will benefit all the stakeholders. Conducting combined home visits, clinical and hospital ward rounds, and formation of community support groups will improve Service delivery.

Establishing joint Awareness Campaigns is relevant for all stakeholders to learn different skills from each other. It will strengthen the intesectional and intrasectional collaboration.