

WOMEN AND CHILDREN FIRST: PROMOTING COLLABORATION BETWEEN TRADITIONAL AND BIO- MEDICAL SYSTEMS TO IMPROVE MATERNAL AND CHILD HEALTH PROGRAMS IN RWANDA

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In Health **Mu Buzima**

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Presentation Overview

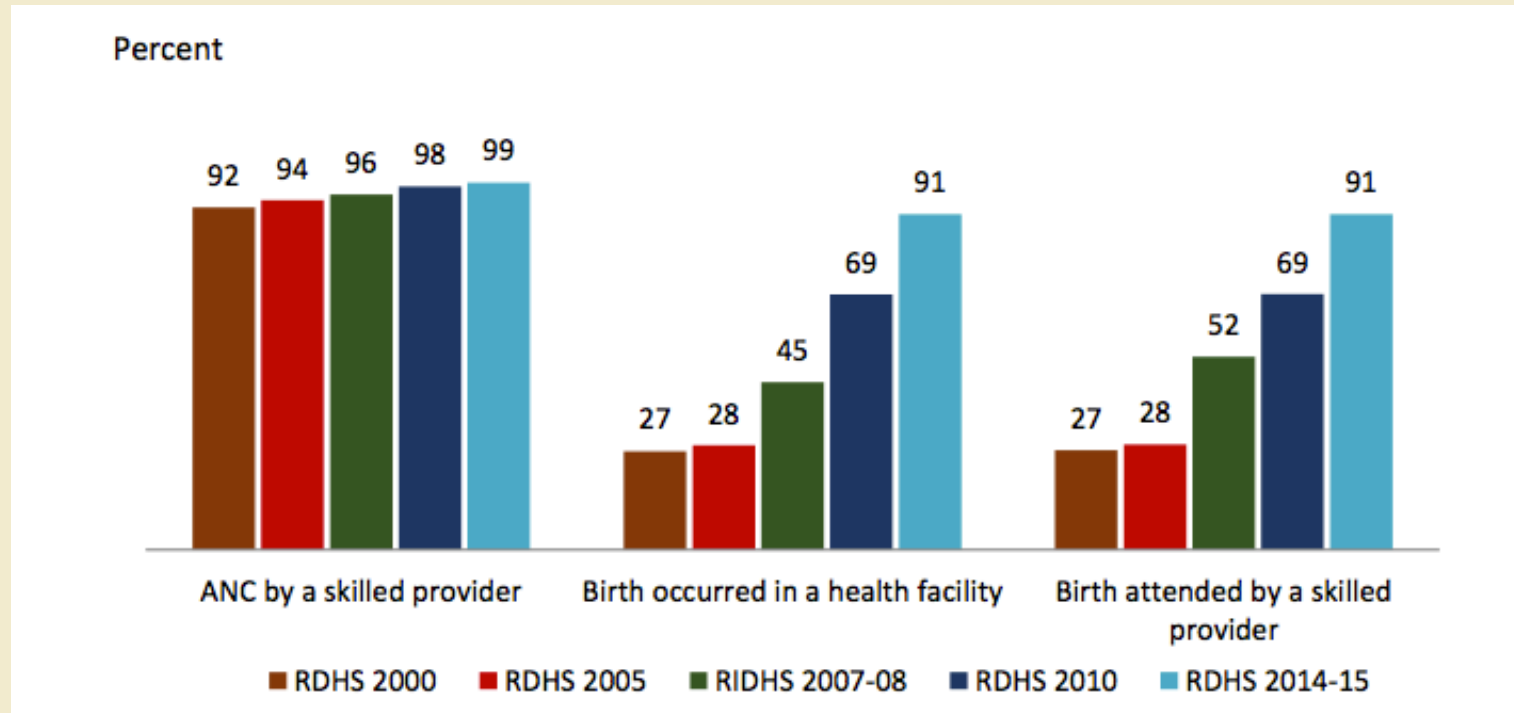


- Study Context, Objectives and Methods
- Key Findings
- Conclusions
- Recommendations: towards the SDGs

Study Context

- Rwanda met targets for MDGs 4 and 5 this year
- Partners In Health, International health Organization supports Rwandan Ministry of Health efforts in three districts
- Community health workers report that many community members continue to seek pre-natal care and delivery assistance from traditional healers
- In looking toward sustaining and advancing improvements in health and well-being, this study was undertaken to better understand the landscape of care delivery in rural Rwanda

Trends in Maternal Health Care, 2000-2015



Source: National Institute of Statistics of Rwanda, Rwanda Demographic and Health Survey, 2014-2015

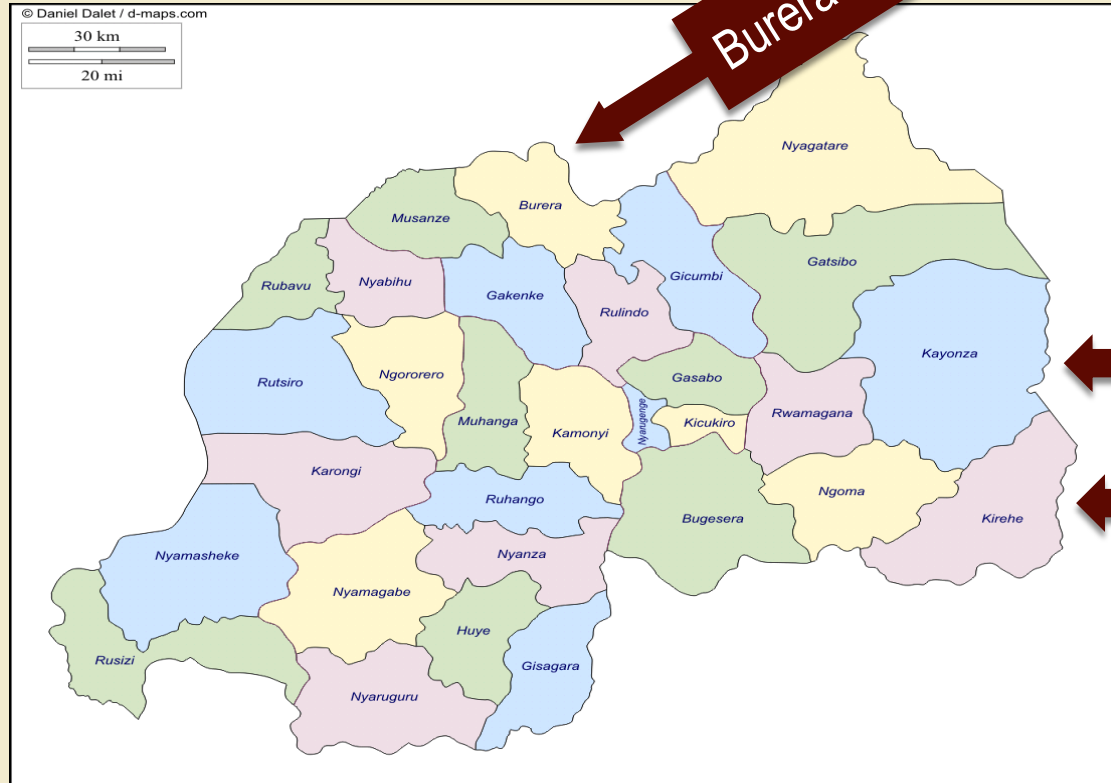


A meeting of traditional healers and biomedical care providers in 2015 in Butaro, Rwanda.

Study Objectives

- To investigate health-related perceptions and representations of traditional medicine and its practitioners.
- To explore collaboration between the providers of biomedical and traditional care

Study Sites



Burera

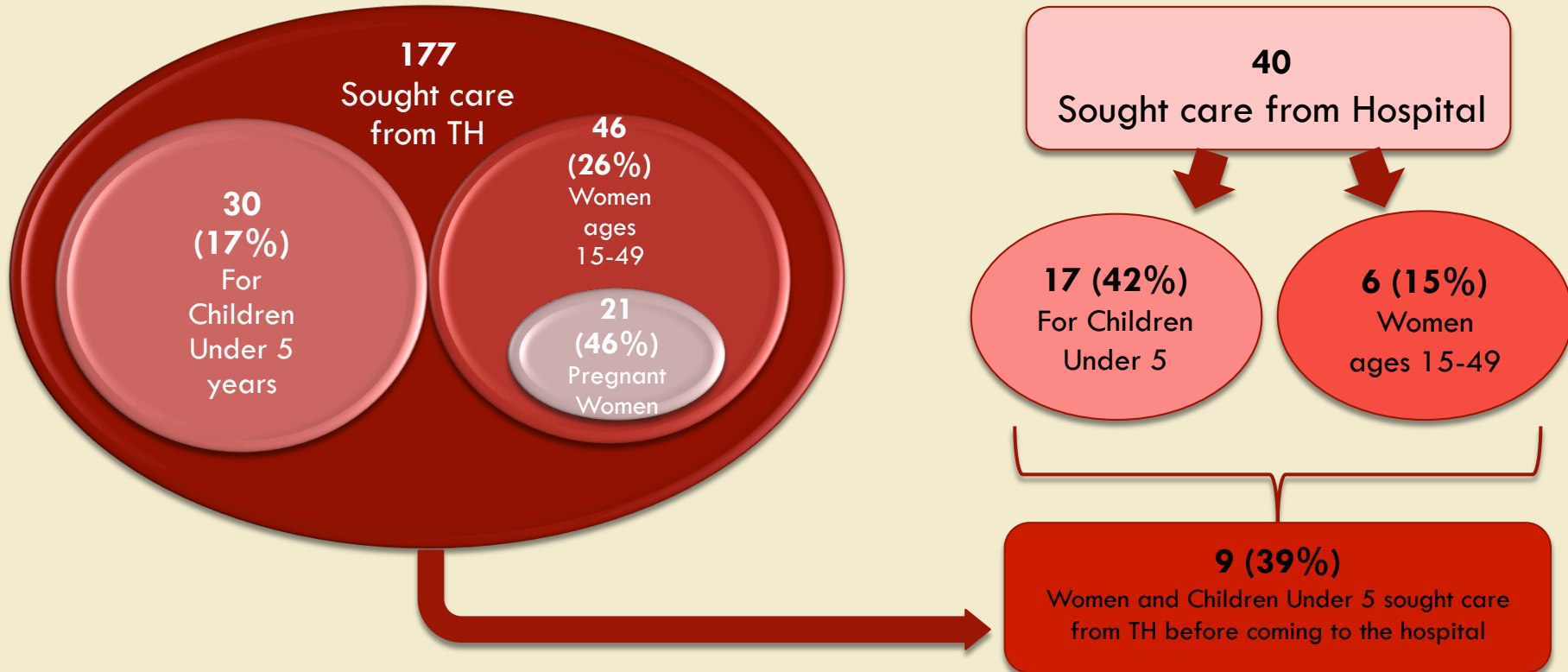
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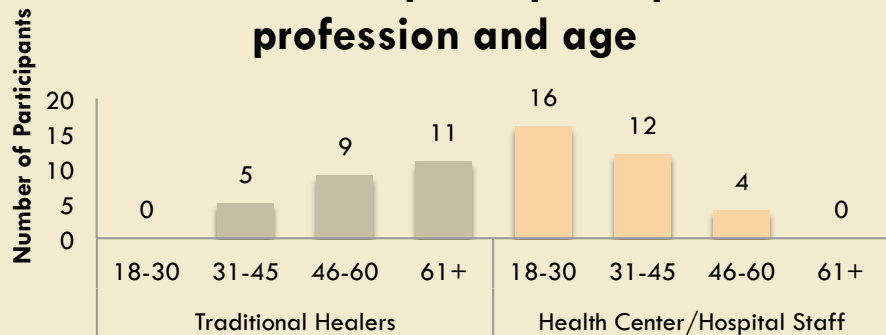
Data Collection & Analysis

Population	Method	Sample Size
Traditional Healers	Interviews	31 (15 men; 16 female)
Health Professionals (Doctors, Nurses, Social Workers)	Interviews	33
Community Health Workers	Interviews	38 (12 men; 26 women)
Community Health Workers Who are also Traditional Healers	Interviews	6
Community Members	Focus Groups	47 (23 men; 24 women)
Total Sample		155 individuals

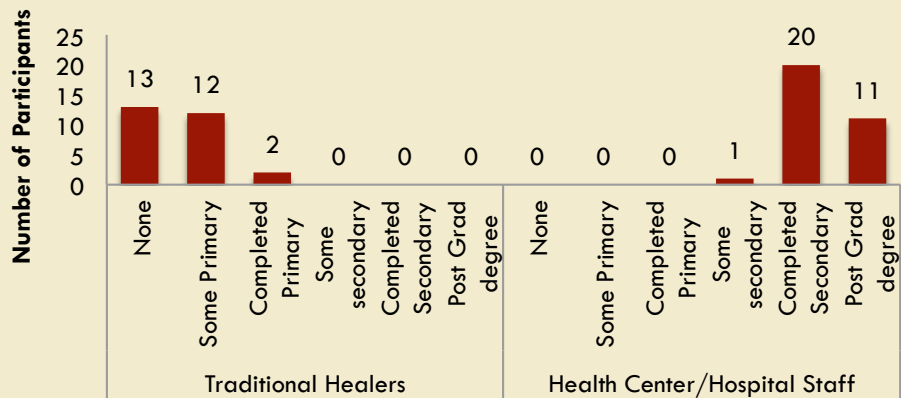
Quantitative Triangulation



Number of participants per profession and age



Number of participants per profession and education level



Summary of Findings focusing on Pregnancy and Child Birth

Major themes:

- General perceptions of Illnesses
- Care seeking behavior
- Collaboration perspectives

1. Most Common Traditional Illnesses

Name of Illness	Reported Symptoms	Reported treatment Model
<i>Ifumbi</i>	Pain during urination, vaginal discharge, stomach pain, and dizziness.	Paste concocted from roots and plants which are then applied to the lower abdomen.
<i>Kumuzinga, Kumumanikira</i> (Witchcraft)	Blocked or troubled pregnancy due to bewitchment and delay in delivery (past 9 months of gestation period) or long labor period	Apply herbal paste to women abdomen and vagina to induce labor.
<i>Umuzi</i>	Repeated miscarriages in young married women	Woman is given liters of herbal medicine to drink.
<i>Igihuuba</i>	Mother stops producing milk, newborn loses weight rapidly.	Herb paste is formed into a ball and affixed to child's forehead.
<i>Amahumane (Poisoning)</i>	Foetus is poisoned in the womb women is suffer from stomach pain, rash, fever, diarrhea, weight loss.	Woman is given herbal mixture that induces vomiting in ingestion

2.Care-Seeking Behavior

Factors which affects care seeking behavior includes:

- ❑ Perceptions of Illnesses (poisoning, sorcery and bewitchment)
- ❑ Proximity
- ❑ Trusted, respected members of their communities
- ❑ Payment flexibility
- ❑ Bedside manners
- ❑ Other forms of social support, including food, advice, etc.
- ❑ Structural barriers: cost of services, health insurance or distance to health facilities

Care-Seeking Behavior quotes

“The problems that [pregnant women] usually have are issues of poverty. They become sick while they do not have health insurance, so when CHWs encourage them to seek care from health facilities, they said that they cannot go there without having mutuelle. So, you see, it’s an issue...”

**Community Health Worker, RJ
003**

“Community members appreciate traditional healers because even when you have mutuelle, there are illnesses which are not treated at health facilities, for instance poisoning. When you are victim of poisoning and you go to the health facility and they give you injections and then you become severely sick nearly dead, you resort to traditional healers”.

Community Member, RJ 002

“The positive thing about traditional healer is that patient care. They care much of patient better than in biomedicine because the patient may be the only one, while for one nurse in biomedical there are three patients. Therefore, the nurse will just give out medicine like paracetamol or amoxicillin and it ends there. But traditional healer, he/she will take time to discuss with that single patient, observe him/her very well, tell him/her what he/she is suffering from and show the patient care without rushing, and even visit him/her the next day. That attracts patient”

Nurse, 25y

“Community members see and understand the traditional healers’ position because they live near one another and they know, if they need their help and advice they are sure to receive it at any time.”

Traditional Healer, 32y

3. Perspectives on Collaboration

Increasingly limited
interaction between
the two systems

Lack of mutual
understanding
Little to no cross-
tradition education/
training

Secrecy

Patients are
uncomfortable sharing
their experiences using
traditional medicine
with biomed providers

Conflict between
the two systems

Biomed providers
report negative
consequences of
traditional medicine;
traditional healers say
biomed cannot treat
poisoning

4. Perspectives on Collaboration

(con't)

- Respondents among both groups agree that collaboration is important, but the methods through which they propose collaborating are different
- TH are interested in receiving trainings and being given a small room in health facilities.
- Healthcare providers seek for a regulated system, with their diagnosis and treatment methods fully evaluated

“Actually, working together is not bad... Instead of them working in one place and us working in another place, it would be good if we worked together and complement each other; but their services should be studied first, as our services have been studied. That means, in that case we would have mutual help.”

-Doctor, MA 001

Collaboration perspectives quotes

“I think that we can collaborate and support each other in treating the patients. There should be a platform where traditional healers can meet with biomedical doctors and, traditional healers can ask questions on things they don't understand... We should find a way of working together.”

-Male Traditional Healer, 38 yrs

Discussion & Conclusions



- ❑ **Closed channels of communication between TH and Health Professionals**
 - ❑ Miscommunication and mistrust
 - ❑ Negative beliefs force TH to operate in secret and hiding
 - ❑ Lack of integration delay care seeking decisions
 - ❑ Informal referral system

Discussion & Conclusions (con't)



- TH are well positioned in Rwandan society, have unique access to communities, and serve as first line providers for many rural Rwandans.
 - ▣ can be allies in working towards the SDG's
 - ▣ Continue dragging down the mortality rates

Challenges to Collaboration

- **Barriers to formalization of an informal sector**
 - **Inclusion/exclusion criteria**
 - **Fear of retribution**
 - **TH are not de facto CHW**
 - **Literacy and education issues impede training**
 - **Resource limitations: competing priorities**

Recommendations

- **Self-regulating structures of Traditional Healers**
- **Formal Government accreditation processes**
- **Cross-traditions training in identification and treatment of illness, especially women's pathologies**
 - Add traditional healing rotation to medical school curriculum(
 - Offer In-depth trainings in social medicine and medical anthropology
 - Education campaigns promoting respectful and trustful cooperation between the 2 traditions
- **Appropriate policy enforcement drawing clear line of communication and exchanges**
- **Formalize referral procedures and integrate TH into the MNCH service utilization mapping network, with standardized reporting**
- **Incentivize collaboration**
 - Offer compensation for referrals made to CHW/health center/hospital
 - Offer incentive for biomedical staff to meet with or lead trainings with traditional healers
 - Improve quality of services offered at health facilities

Thank You / Murakoze

“I want to make progress. I want to develop our Rwanda which has nurtured us. No conflicts anymore. I would like to be able to approach two persons who are in conflicts and mediate between them to reach peace between them. I would teach them that we should live together in harmony with our neighbors. If it is a woman who has conflicts with her husband, I would tell her to live peacefully with him, to live a peaceful life in our Rwanda. We are not in the dark like before; now we are in a new, modern Rwanda.”

-Female Traditional Healer, Burera, 70 years old

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