
The traditional medicine practitioners (TMPs) and attitudes of the rural community of Bulamogi County (Uganda) towards traditional medicine: preliminary findings

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Introduction

Traditional medicine (TM) is very important for primary health care delivery and its use is widespread in developing countries; in Africa up to 80% of the population use TM (WHO, 2002). Traditional medicine owes its popularity to its accessibility, affordability and its firm embedment within the belief systems of the people (WHO, 2002). Because of TM's importance for the provision of primary health care, it needs to be developed, promoted and integrated into national health care systems (WHO, 1978). In Uganda, important steps have been taken to recognize and promote TM and a draft bill for a law to recognize, coordinate and regulate the practice of TM in Uganda is under preparation (Ministry of Health, 2000).

For the successful integration of the TM and orthodox medicine (OM) systems it is necessary to have empirical information about the traditional medicine practitioners (TMPs) and the attitudes of the people towards TM. In this study a profile of the TMPs and the local peoples attitudes to TM are presented.

Methods

Study area

Bulamogi County is found in Kamuli district *c.* 200 km north-east of Kampala, the capital of Uganda. It lies between 33°20'–33°38'E and 0°58'–1°18'N (Uganda Government, 1963). The OM system of Bulamogi is

underdeveloped; the county has only six health centres, one government doctor, and about 50 paramedical staff (THETA, 2000) for an estimated population of 150,000 (see Statistics Department, 1992).

Data collection

This study was carried out from June 2000 to June 2001 and employed semi-structured interviews using a checklist of questions, guided interviews using questionnaires and direct observations (Martin, 1995). It was preceded by a pilot study that lasted three weeks. During the pilot study an inventory of the TMPs was carried out and the questionnaires refined. Semi-structured interviews were conducted with 23 key informants during the pilot study.

Forty-seven TMPs and 126 household respondents were interviewed using a mixture of open- and close-ended questionnaires in face-to-face interviews. Data was analysed qualitatively and quantitatively; responses from open-ended questions were grouped into classes that expressed similar ideas while percentages, based on valid responses only, were calculated from the close-ended questions.

Results and discussion

A total of 340 TMPs were recorded in the county. Men, the majority of whom are aged more than 50 years, dominate TM. The TMPs are educated up to primary level and can read and write. Most of them have more than 10 years experience (71%, $n = 45$). The majority are registered with Uganda ne dagala lye kinansi a TM healers association, and pay membership fees of U Shs 50,000 (~USD 30), and an annual tax to their respective sub-counties, of U Shs 12,000 (~USD 7). Traditional medical

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practitioners mainly use plants to treat their patients, but animal and other material are also used.

The many TMPs operating in Bulamogi are a ready source of manpower, which could be employed to provide basic primary health care (PHC) services to the community, and complement the services of the OM system, which appear to be inadequately staffed. Before the services of the TMPs can be integrated in the mainstream PHC system, however, TMPs would need to undergo retraining and be orientated about modern concepts of healthcare delivery (WHO, 1978; Sofowora, 1993; WHO, 1995; WHO, 2002). Government would also need to establish a monitoring body to monitor the practice of TMPs and enforce codes of practice. The fact that the TMPs are organized in a healers association means that they may be easy to monitor and regulate, but a stricter approach than the current one may need to be adopted. To date there appears to be no harmonized system of overseeing the practice of TMPs in the country and no comprehensive policy on TM either. But efforts to formulate a law to recognize, coordinate and regulate the practice of TMPs are underway.

Traditional medical practitioners are apprenticed to senior TMPs who are usually relatives, and all but two of the TMPs had apprenticed under an expert TMPs. Traditional medicine practitioners also learn from fellow practitioners and readily share knowledge about medicinal plants amongst themselves. Because healing is a source of income to practising TMPs, few are willing to divulge information of their concoctions to strangers, however, some are more open. This sort of secretiveness may result in loss of the traditional knowledge (TK) related to TM. Conservation of TK is important and the WHO has as part of its strategy of 2002–05, planned for the increased recording and preservation of TK related to TM (WHO, 2002).

The majority of the people (69%, $n = 87$) are ready to exploit both traditional and orthodox medicine depending on their illness, but 29% ($n = 87$) of the local community want to use only OM. People frequently consult TMPs for reproductive health conditions, chronic and psychosomatic medical conditions.

People frequent OM practitioners (OMPs) more than TMPs. The proportion of people who had visited OMPs in the year preceding this study was 87% ($n = 69$) compared with only 10% ($n = 69$) who sought services of TMPs. The main reasons given for visiting OMPs rather than TMPs

were that: OM is more effective than TM; OMPs make better diagnoses of illnesses; the people are more familiar with OM; OM is cheaper than TM; and some charlatans charge a lot of money to cure simple ailments.

The attitude of the people though favourable towards TM appears to contradict their health seeking behaviour, because, they employ OM more than TM. But this discrepancy may be explained by understanding that the treatment employed is determined by the ailment one is suffering from. For easily diagnosed ailments and for those with well-established cures, e.g. malaria, they go to OMPs, but for difficult to diagnose and chronic illnesses they seek the services of TMPs.

Acknowledgements

This project was supported by funds from NORAD and NUFU. The encouragement and advice of Professors, R. Bukunya-Ziraba, K. A. Lye, and S. S. Dhillion is acknowledged.

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