Sierra Leone: Supporting Evidence for Traditional-Biomedicine Tensions case studies

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Case study manuscripts

A manuscript is in preparation based on the case studies summarised in this (and accompanying) document(s).

Data Collected

Household census survey in selected villages of Jawei Chiefdom Kailahun District. Primary data from observations (participant and non-participant), interviews, community gatherings and discussions and FGDs. Monitoring radio programmes; survey of relevant literature.

Identified mechanisms by which community engagement & involvement can build resilience

Case Study 1: Sierra Leone – Traditional-Biomedicine Tensions - Social Learning

Experience and social acceptability have shaped opportunities for biomedical practitioners to work with traditional healers, including bone setters and herbalists. A joint training system is needed to support the complementarity of different roles.

Case Study 2: Sierra Leone – Traditional-Biomedicine Tensions – Knowledge Systems Alignment

Inclusive approaches that enable traditional healing skills and biomedicine to mutually complement each other lead to greater trust in all types of healthcare providers and improves confidence of people to seek care.

Vignettes Case Evidence

Vignette #1: Sierra Leone – Traditional-Biomedicine Tensions – Knowledge Systems Alignment

One of the chiefs in N G explained how after the detrimental experiences of the Ebola response which sidelined traditional healers, the two healthcare systems (traditional and biomedical) had been brought closer together: *"After what was experienced during Ebola, the tension between health professionals and herbalists was reduced during the Covid-19 era".*

Another stakeholder noted how *"The community people trust more their own people; that is why we always involve them in any of our activities. Community people listen more to herbalists and their village stakeholders".*

A nursing mother in N G described how the two systems work together today: *''The nurses always call on the TBAs when there is a difficulty in labour. The TBAs have herbal medicines that they use in the labour room to help the child to be delivered without operation".*

A chief from G during a FGD mentioned also that*: "Herbal medicines have helped us a lot and have been part of us for long time, working effectively from before the introduction of modern medicines. Even a majority of those in the professional health sector today were born at the time when herbal medicine was the only treatment available. Also, there are sicknesses that modern cannot cure".*

Other respondents noted that there was a risk that trusted traditional knowledge was lost and that traditional healers still needed greater respect.

The Lavali (Town Speaker) in N G said: *"Government should really help us to retain what has been there for over decades; we don't want to lose all the valuable knowledge about herbal medicine (the preparations and their uses). Knowledge about herbal medicine (preparations and their uses) should be part of us. Teaching and training will help to keep this always*".

A villager in N G stated: *"Herbalists will work better and will be more accountable to patients if they are given more respect by other medical professionals".*

Vignette #2: Sierra Leone – Traditional-Biomedicine Tensions – Social Learning

A bonesetter explained how they had learned through observations: *"I was a small girl when I noticed that my father was curing people with fractured bones. Compound fractured bones were taking a longer time to heal as he was doing both treatments with herbal medicines. This was causing the wound to get rotten. When I grew up I decided to have joint treatment whenever it involves a compound fracture and this has been working so well. No infections, no maggots coming out of wounds and also pain is not much when given modern treatment".*

Others learned from experience. A student from ETU- SL said this: *"My father works in the under-fives ward in Kenema hospital. He refused to allow a bonesetter to treat me. He paid twenty-five thousand Leones for my surgery in Freetown. Even with that I am still not fully well".*

Learning in the communities, by observation – which changed practice among younger bonesetters – and through experience which was shared, led to changing perceptions and practices over time in which a dual-practice model emerged. A woman in NG said: *"I got my wrist broken and I was treated both herbal and modern. This helped me to recovered faster and now I can my domestic work. You are just seeing me laundry today but I do go to farms also". A woman in NG said this.*

A Nurse from NG health centre noted that *"Bone setters request for only small amounts of money when compared to modern treatment. Bone setters can take three months to cure a broken bone, but health centre treatment takes longer, expensive and they can resort to amputation easily when they lack the skill to bring back the broken bones to normal, especially when the bone is largely broken like above 5cm".* Nurses in these villages were therefore more willing to refer uncomplicated fractures to traditional bonesetters, to achieve better outcomes which also reflected well on themselves.