

PARES Case Study of Engagement & Involvement for Resilience

Case Study Title/ID: Sierra Leone – Traditional-Biomedicine Tensions – Social Learning

Country/location: Sierra Leone, Kailahun District, Jawei Chiefdom

Crisis/challenge type: Traditional-Biomedicine tension

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PARES Domain illustrated by this case study:

Learning Capabilities: Traditional and biomedical practitioners have learned over time to be mutually complementary, building trust in all care providers.

Recommended Actions

For Communities: Seek bone setters who know how to refer to, and combine their skills with, community clinics.

Maintain traditional payment reserves (food, palm oil).

For Government: Hold regular trainings (workshops) in villages to improve the mutual knowledge of health professionals and key local medical practitioners such as bonesetters.

Engage community elders on how to encourage the integration of different kinds of health treatment in their communities.

For NGOs & health programme implementers: Train traditional as well as biomedical health practitioners in rural settings, focusing on complementarity, to avoid double treatments from both parties.

For Funders: Increase actions to fund healthcare locally e.g. creating loans schemes for treatment and engaging in collective actions (e.g. community farms) to support long-term disaster-preparedness and help address high medical bills in low-resource communities.

Undertake field visits to better understand how existing funds for health are raised and then design improvements.

Data for this case analysis

Primary data from observations (participant and non-participant), interviews, community gatherings and discussions and FGDs. Monitoring radio

programmes; survey of relevant literature.

Key Message

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 Summary

In many areas there remains a reliance on traditional healers or various kinds – because biomedical healthcare providers are not available or are too expensive. Practices of traditional healers are often portrayed as unsophisticated and dangerous. However, their role in the community is often better understood as a pivot in social health learning. Our study on this topic in rural Sierra Leone showed that there is gradient of widespread knowledge about herbal medicine among the people, more specialised knowledge of traditional healers and the health staff of peripheral health units (PHU). An example is the way bone fractures are treated. In case of a fracture, family members collect herbs and rub it over the painful spot. If severe pain continues, they will consult a local ‘bonesetter’ who can offer treatment for several types of fractures. Past experiences of bonesetters being unable to control infection means that today in case of severe fractures and open wounds, bonesetters will refer to PHU staff for further treatment or hospital referral. These incidences thus are reminders for people to maintain their knowledge of herbal medicine as well as learning about how the local health system operates, combining traditional treatment and formal health care. Cooperation, therefore, is based on mutual respect reflecting greater mutual knowledge of capabilities.

Detailed Explanation of engagement mechanisms

Context that provides the conditions in which the observed actions work

Practices of traditional healers are often portrayed as unsophisticated and dangerous. In the Ebola epidemic in Sierra Leone (2014-15) traditional healers were accused of spreading the disease and banned from practising. But field study showed that traditional practitioners were still at work. People find that they are knowledgeable and skilful, and rate them highly as healers. They are also less expensive than ‘formal’ practice – herbs can be gathered free in the forest, for example. In peasant farming communities, broken bones are

frequent due to the nature of the work but a potential existential crisis. For a farmer it is essential that the break is treated effectively. Amputation is to be avoided – no one makes a farm on one leg or with one arm. Failure to treat a broken limb effectively risks starvation and death. Community residents seek low cost but highly effective treatment and local bonesetters are highly valued because they do the work at low cost and well. Moreover, bonesetters are paid through traditional means such as gifting and ‘trust’, or credit (pay me when you can).

The actions (mechanisms) that were observed to lead to resilient outcomes

At first the traditional healers remained in the shadows. But during Covid 19 new cooperation began to emerge between healers and the nursing staff of Peripheral Health Unit in the study site.

Women trust the Traditional Birth Attendants (TBAs) because they are all members of the women’s society, Bundu. The TBAs accompany the pregnant women to the delivery ward and the Nurse Midwives show the TBAs respect because even the Midwives are members of Bundu. This respect is heightened when a TBA is able – as is often the case - to advise on, for example, herbal remedies that speed a delayed delivery.

A second example where heightened collaboration emerged is the way bone fractures are treated. In case of a fracture, family members will initially collect herbs and rub them over the painful spot. If severe pain continues, they will consult a local ‘bonesetter’ who can offer treatment for several types of fractures. Historically, however, bonesetters were not successful at curing open wounds and these often led to infections (e.g. Sepsis) or infestation of a wound by maggots. The frequent occurrence of these risks changed ideas among bonesetters in the study villages towards involving a health professional (nurse). Today in the case of severe fractures and open wounds, the bonesetters now know they can refer to PHU staff because they know further treatment, e.g. with antibiotics, is needed, and perhaps eventually hospital referral. Moreover, study participants reported that a collaborative practice has begun to emerge. Bonesetters call on nurses if the patient is unable to walk to the health centre, to treat open wounds to prevent infection. Nurses also send patients with simple fractures to bonesetters for treatments since the bonesetter’s manipulative skills are often better and their payment systems more affordable.

Cooperation, therefore, is based on mutual respect reflecting greater mutual

knowledge of capabilities. This confirms, or anticipates, government policy to incorporate options of local healing for patients who prefer that. We found no evidence that PHU staff knew about the new policy, so it suggests that cooperation is an emergent property of two systems of healing converging.

Traditional knowledge, including of bonesetters, is under threat however from family secrecy about traditional skills and knowledge. Secrecy was once a mechanism to guard important knowledge and to prevent it being abused and watered down. Now it is threatening local medical remedies that have important medical and social benefits with extinction.

Observed outcomes

Nurses referred patients to traditional bonesetters for bone setting, and bonesetters also referred patients to the clinic for antibiotic medication in the case of complex fractures with open wounds. Having the two systems working together the two sets of practitioners learned from each other. It was observed many times when there were compound fractures, the bonesetters and nurses called on each other to do their own part of treatment. Nurses help prevent infection; bonesetters have great skill in successfully setting bones. This has helped lots of people, as evidenced by many good testimonies to successful treatment.

Case Evidence

Vignette #2 in Sierra Leone – Traditional-Biomedicine tensions – Supporting Evidence document

Related case studies

Sierra Leone – Traditional-Biomedicine tensions – Knowledge systems alignment

Other relevant case studies

Sierra Leone

Sierra Leone – Water Security – Social learning

Sierra Leone – Lassa Fever – Social learning

Sierra Leone – Lassa Fever – Knowledge Systems Alignment

Sierra Leone – Lassa Fever – Institutional learning

Sierra Leone – Malaria-CHWs – Trusted leaders

Sierra Leone – Malaria-CHWs – Social Capital

Sierra Leone – Malaria-Science Shops – Universities as enablers