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How to Plan a Birthday Party: An Allopathy Enthusiast's Guide to Integrating the Values of Traditional Medicine into Childbirth

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How to Plan a Birthday Party:

*An Allopathy Enthusiast's Guide to Integrating the Values of Traditional Medicine into
Childbirth*

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Abstract

Unbiased literature regarding the strengths of traditional birth attendants is lacking. While many international organizations have published data regarding the improving success rates of allopathic interventions, there has been no acknowledgement or discussion of the qualities that keep traditional birth attendants in practice. This study has aimed to identify the distinct values of traditional medicine that contrast most allopathic healthcare practices. Through informal interviews with three traditional birth attendants and one allopathic provider in the rural region of Andasibe, Madagascar, the researcher unearthed some of the key differences between these practices' patient care before, during, and after childbirth. Results suggest that traditional birth attendants distinctly succeed in three main areas: a spiritual dimension to their skills, a highly personalized provision of care, and the embodiment of the cultural emphasis on reciprocity. With further research on these distinct values of traditional birth attendants, there may exist an opportunity to educate allopathic providers on the elements that their practices are lacking. Moreover, the development of a balanced body of knowledge of the different strengths of allopathic and traditional medicine practice may in turn lead to a stronger, more integrated healthcare system.

I. Introduction

Traditional medicine is far from primitive. While some allopathic lenses denote traditional medicine as outdated or even dangerous, others recognize the distinct value in traditional practices. Well-versed allopathic providers recognize that the services they offer are in fact more impactful when complemented with traditional medicine. In fewer words, they appreciate the unparalleled results of an integrated system (Steenkamp, 2008).

For many allopathic medicine enthusiasts, however, there exists a lack of understanding of traditional medicine. One area in which medical 'experts' are particularly undereducated is in traditional medicine's role with regards to childbirth. This introduction will outline existing literature on both general traditional medicine practice and traditional birth attendants, and will then explore the key gaps that exist in this literature. Through this introduction, it will be evident that further research on the distinct values of traditional birth attendants is both justified and necessary.

A. Background Research on Traditional Medicine Practice at Large

One must first have an understanding of existing knowledge surrounding traditional medicine at large. The World Health Organization (WHO) defines traditional medicine as “the sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve, or treat physical and mental illnesses” (Unite for Sight, 2006).

According to Unite for Sight, traditional medicine is often viewed in contrast with Western "biochemical theories of illness" (although we know this is not entirely true). Traditional medicine can include -- but is not limited to -- plant- and animal-based medicine, massage therapy, light therapy, and other spiritual healing techniques (Unite for Sight, 2006).

It is important to recognize that literature does indeed exist to explain the survival of traditional medicine in modern times. In many developing countries, particularly in Africa, there exist more traditional healers than allopathic ones, the latter of which are highly concentrated in urban areas. This creates a clear geographical barrier to allopathic care for rural patients. For example, in Uganda, "the ratio of biomedical practitioners to the population is approximately 1:20,000, while the ratio of traditional healers to the population can be as low as 1:200" (Unite for Sight, 2006). Furthermore, because Uganda has record of at least one traditional healer per village, more than 80% of the population seeks treatment from a traditional provider before seeking an allopathic one (Unite for Sight, 2006). Finally, countless sources report that many traditional healers consider themselves called to serve populations without demanding monetary payment (Unite for Sight, 2006). Thus, low-income patients who find allopathic care financially infeasible are likely to take advantage of traditional services, even in the modern age. It is vital to note that these arguments for traditional medicine's survival do not in any way override the clear argument of traditional medicine's cultural rootedness and importance.

When a patient visits a traditional healer, the procedure followed can vary greatly. Some traditional healers can sense the reason for the visit, while others discuss symptoms and medical history with the patient and his/her relatives. The healer's method of diagnosis relies upon what type of spirit the healer considers present, and the extent to which the healer looks to the spirit(s) for guidance (World Health Organization, 2013). Healers also use different means to communicate with spirits, such as light, mirror, or even temperature. (World Health Organization, 2013).

Once diagnosis occurs, traditional healers also use a variety of methods to treat patients and to prevent future illness. For example, some will provide herbal remedies, while others will include behavioral or spiritual recommendations. Many sources argue that one

strength of traditional healers in contrast to allopathic providers is their willingness to participate in the various dimensions of patient recovery. Traditional medicine providers rarely hand over a one-time-only prescription and send the patient out the door. Instead, traditional healers believe that "satisfactory healing involves not merely recovery from physical symptoms, but also the social and psychological re-integration of the patient into his/her community" (World Health Organization, 2013).

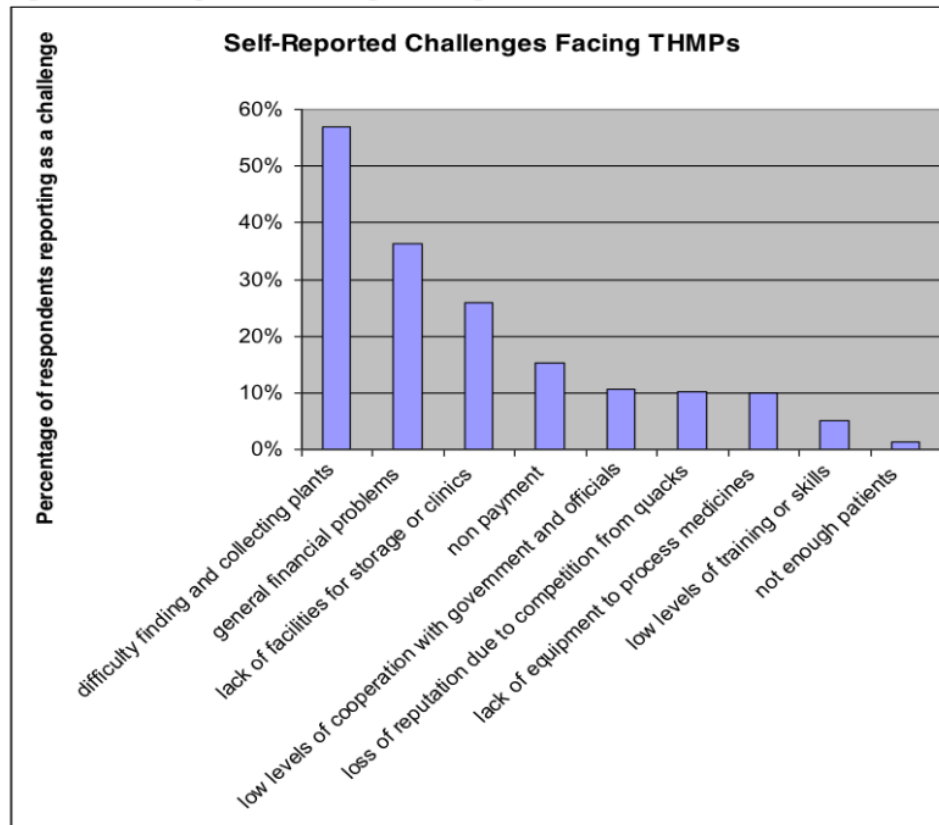
Finally, in addition to understanding the survival, diagnosis procedure, and treatment elements of traditional medicine, exploration of existing literature on the challenges facing traditional medicine is needed. Unfortunately, not a great deal of data is available about worldwide challenges to traditional medicine. Figure 1 below, developed by the World Bank, is among the most comprehensive survey of its kind. This data helps demonstrate some of the key issues facing traditional healers in Kenya. Based on this self-reported data, it is evident that traditional healers in Kenya face both technical and financial difficulties during their time in practice (World Bank, 2011). These hardships have only been made worse by the increasing role of allopathic medicine in society, as without integration of practices, the two providers will remain fierce competitors.

(Figure 1 Source: World Bank. The Contribution of Traditional Medicine Herbal

Practitioners to Kenyan Health Care Delivery, 2011. Accessed online 20 June 2014.

<<http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/KenyaContributionTradHealthMedFINAL.pdf>>)

Figure 1. Self-Reported Challenges Facing Healers



B. Background Research on Traditional Medicine Practice With Regard To Childbirth

Traditional caregivers during childbirth are most often referred to as traditional birth attendants. Like traditional healers, these providers come from a variety of backgrounds and levels of training. Some are general traditional healers in addition to being traditional birth attendants. Others have grown up learning the skills of traditional birth attendance from their mothers or grandmothers (Steenkamp, 2008). Depending on the style of traditional birth attendance, some providers care for women and children well before, during, and after birth, while others only provide care on the day of the birth (Steenkamp, 2008). As part of traditional medicine practice, a great deal of traditional birth attendants' work involves a spiritual dimension that is not seen in allopathic care.

There is truly a lack of depth in any of the information surrounding these birth attendants in the literature, evidence that very few international actors wholeheartedly

support traditional medicine. In contrast to the small group of Western doctors who value traditional medicine's qualities, barely any positive words are published surrounding traditional birth attendants. For example, UNICEF published a report about the risks of traditional birth attendants, and urged other actors to join in on the educational training of these attendants for the sake of women's lives. In the report, UNICEF outlined its own efforts to re-educate the birth attendants in a pilot program, and in doing so, portrayed the traditional birth attendant community as stubborn (UNICEF, 2003). The report read, "Despite the reluctance of TBAs to promote or use the individual home birth kit, the kit has some important benefits including the active participation of women in planning for their delivery and ensuring it is as clean as possible. The kit also guarantees that each mother will have her own disposable gloves and plastic sheets. The kit should be continued to be promoted at village level" (UNICEF, 2003). While these kits have indeed been proven beneficial to health, the tone of UNICEF's publication hardly encouraged the Western world to support the traditional birth attendants mentioned.

Similarly, a whole host of commentary websites and blogs have published articles bashing the practices of these attendants. (While blogs and opinion articles are not reliable sources of research, they have been vital to my review, as they demonstrate the type of faulty information that is reaching the public.) For example, one post reads, "Throughout African history, traditional birth attendants (TBA's) have provided maternity care for women despite having no formal training ... In the majority of cases the women are illiterate and have learnt their skills from other TBAs or just through the course of their lives. They may consider themselves to be like private health practitioners, but can they spot complications or cope with problems any better than you or I? The answer is, they cannot" (Work the World, 2011). The article goes on to list maternal mortality rates in traditionally attended populations as

compared to developed countries, and urges African governments to ban traditional birth attendance.

This research is not presented to argue that UNICEF or other mentioned sources are at fault for their concern for the risks of using uneducated childbirth attendants. Instead, it is presented to highlight their publications and to point out that some of the only literature available to the general public -- and to allopathic providers -- is negative in tone and intent. Almost no literature exists to fairly examine the beliefs and practices of traditional healers, so it is not surprising that Western providers do not understand nor condone traditional practices. The clear lack of published material on traditional birth attendance (and its values) are a cause for great concern.

C. Justification of Research

Evidently, there are several extremely large gaps in the unbiased literature regarding traditional medicine's role in childbirth. These gaps are particularly dangerous because, without support from international implementers like UNICEF, traditional birth attendants will also be stigmatized by related funders, advocacy groups, and even research organizations. Over time, in the public health realm, a lack of support from such influential bodies could lead to the extinction of this culturally and medically valuable practice.

In order to combat this danger, quantitative research on the unique values of traditional birth attendants is necessary. An increased pool of unbiased quantitative research would balance the amount of information available about allopathic and traditional medicine, and could lead to a healthier understanding of how the two could better integrate in the future. Thus, research on the distinct values of traditional birth attendants--as they differ from those of allopathic medicine practice--is both justified and necessary to the survival of traditional birth attendants.

II. Methodology

The methodology of background research focused review of print and online materials concerning traditional medicine and traditional birth attendants, as cited among references. It also specifically focused on the tone and intent of publications by international organizations, private researchers, and members of the general public, as also cited among references. Much of the researcher's overall understanding of traditional medicine practices, prior to conducting this study, was gained through lectures of the program SIT Madagascar: Traditional Medicine and Healthcare Systems.

The methodology of conducting primary research included a series of informal interviews. The researcher conducted three informal interviews with *reninjaza* (traditional birth attendants) in the city of Andasibe, all of whom will remain anonymous for their own privacy. (These will be referred to as Reninjaza 1, Reninjaza 2, and Reninjaza 3 hereafter.) Each of the three *reninjaza* were interviewed with regard to antenatal care, birthing techniques, spiritual beliefs, and perspective on allopathic medicine practice. Also note that data collection took place while other researchers were present to study separate elements of the traditional birth attendants' practices.

Finally, the researcher also conducted one informal interview with an allopathic provider in the same community of Andasibe, who will also be kept anonymous. (This individual will be referred to as Allopathic Provider 1.) The purpose of this interview was to collect information on the allopathic provider's perception of traditional birth attendants, and also to gather data on differences between patient care in the contrasting settings.

III. Results

A. *Reninjaza* Interview Results

Interview Topics	Reninjaza 1*	Reninjaza 2*	Reninjaza 3*
Source of Power	Not inherited. Prayed to God to be able to heal her own children, and was given healing power in the hands.	Grandmother passed gift along to her; Ancestral spirit of grandmother still assists with difficult diagnosis; also transferred power on to daughter through blessed water	Grandmother transferred it while she was 11-14 years old; grandmother still assists with difficult diagnosis through a vision; note that she also practices traditional healing (bone-setting, etc.)
Relationship with Patients	Personal friends or referred by personal friends	Friends and family in community; sometimes patients from farther away	Personal friends or referred by personal friends; "even those who do not appreciate will return to me"
Antenatal Services	Emotional support, massaging	Can touch uterus and predict exact day of delivery accurately (9 months minus 1 week); gives specific herbal drink depending on medical history of the patient (i.e. to prevent passing on jaundice, etc); dreams truth if patient has been untrue about medical history	Emotional support, massaging; herbal drinks
Frequency of Antenatal Care	3-4 times if woman lives far; very frequent if woman lives locally	"Very Frequent"; every few weeks	"Very Frequent"; every few weeks
Birthing Services	Gives certain herbs to woman in a drink; delivers; massages mother and baby; keeps both warm	Has given birth to 300 babies; herbal drink and massage	Gives certain herbs to woman in a drink; delivers; massages mother and baby; keeps both warm
Birthing Location	Privately in Reninjaza's home	Privately in Reninjaza's home	Privately in Reninjaza's home
Length of Care	From start of pregnancy through first week of life	From start of pregnancy through first week of life	From start of pregnancy through first week of life
Reduction in Childbirth Complication and Pain	Personalized massaging; places key in water and turns it, saying "Open the Gate!" before woman drinks water	Bathing in cold water leading up to birth; places house or wardrobe key in water and turns it, saying "Open the Gate!" before woman drinks water	Massage is the only pain reliever
Prevention of Postpartum Complication	"harshly" keeps women warm during childbirth and in the following weeks to prevent complication due to coldness	massages and warmth to prevent complication due to coldness	Massages and warmth to prevent complication due to coldness

Interview Topics	Reninjaza 1*	Reninjaza 2*	Reninjaza 3*
Service Payment	Usually 20 ariary, if patient can afford	Whatever is possible; for example, a chicken or hen in return	5,000 francs for massage only, 10,000 total for including herbal remedies, if patient can pay
Still Practicing	Prenatal care, but no childbirth	Currently passing on to daughter	Yes, will pass on to granddaughter
Perspective on Allopathic Healing	"No objections or criticisms" but doesn't practice birth due to their regulations	Sometimes refers patients to allopathic, and vice versa	Sometimes refers patients to allopathic, and vice versa

*(See References for citations of results.)

B. Allopathic Provider Interview Results

A variety of information was gathered from the allopathic provider with regards to prenatal services, family planning services, and the hospital functions. However, most relevant to the traditional birth attendants research are the following comments from the allopathic provider:

1. Four traditional healers total are registered with the hospital and are used for referral. One is also traditional birth attendant (Allopathic Provider, 2014).
2. If bones are broken, sometimes the hospital recommends the patient see a traditional healer for bone-setting instead because "they have a gift." They do not ever refer to a traditional birth attendant for actual childbirth (Allopathic Provider, 2014).
3. Traditional birth attendants and traditional healers "are not an equal" to allopathic care (Allopathic Provider, 2014).
4. At the hospital, a normal stay for childbirth is three days. Women are admitted when the birth is ready to occur. This is because the hospital does not have the capacity to hold them for a full week (Allopathic Provider, 2014).

IV. Discussion

As a result of this data collection, several conclusions can be synthesized regarding the distinct values of traditional birth attendance. These can be described in three categories: Spiritual Dimension to Skills, Personalized Dimension to Care, and Cultural Dimension to Reciprocity.

A. Spiritual Dimension to Skills

All three *reninjaza* expressed a spiritual dimension to their skills. One *reninjaza* described receiving her skills directly from God (Reninjaza 1, 2014). According to her account, she prayed to God for the ability to heal her own children in order to avoid bringing them to the hospital. As a result of her prayers, she received a power in her hands to heal people and to assist them during childbirth. This *reninjaza* also mentioned that she knew of another *reninjaza* in a nearby city who also received healing power in her hands from God, but did not release the name (Reninjaza 1, 2014).

Aside from this *reninjaza*, the other two *reninjaza* described an inheritance of the power to heal from a grandmother. Each told stories of how the power was passed on to them from their relative, and emphasized that they were chosen for the role, rather than choosing their own career path. Each also commented that the ancestral spirit was still present to assist in difficult diagnosis, whether through a vision or a dream (*Pers. Obs.*).

Based on these interviews, it is evident that there exists a set of spiritual beliefs that are very unique to the skills of traditional birth attendants. This is a distinct value that sets traditional birth attendants apart from allopathic providers because it inherently incorporates the mind and soul into the body's ability to heal and be healed.

B. Personalized Dimension to Care

Reninjaza evidently provide a personalized birthing experience for their patients. Two of the three *reninjaza* cited emotional support as part of their role during the pregnancy period, and all of them have discussed the use of massaging to bring both mental and physical comfort to their patients before and during childbirth (*Pers. Obs.*). *Reninjaza* also provide a personalized dimension to care by focusing on prevention of complication, either before, during, or after birth. One *reninjaza* described taking each patient's medical history into account before deciding which herbal remedies to administer (Reninjaza 2, 2014). She described the fact that if a patient is dishonest about medical history, she dreams a personalized dream for that patient that instructs her to investigate further on the patient's history (Reninjaza 2, 2014). All three of the *reninjaza* describe giving personalized instructions to prevent complication in each patient, whether by instructing her on cold bathing before the birth or on how to remain warm for several weeks following the birth (*Pers. Obs.*). It is also important to note that *reninjaza* provide a personalized dimension to care through attention and privacy. Each *reninjaza* identically described the length of care to last from the beginning of pregnancy (or before) through the first week of life (*Pers. Obs.*). This contrasts the information gathered from the allopathic provider, who described a 3-day stay beginning at the time of birth (Allopathic Provider, 2014). Furthermore, all three also disclosed that they always birth the child in private within the *reninjaza's* home, which is in direct contrast to many public rooms in hospitals (*Pers. Obs.*).

Through these examples of emotional support, individualized instruction, length of care, attention, and privacy, it is evident that traditional birth attendants are marked by a personal dimension to care. Such individualized care in direct contrast to many allopathic

medicine practices, and is a set of values from which allopathic providers could learn a great deal.

C. Cultural Dimension to Reciprocity

The flexibility of *reninjaza* in their service costs is a major cultural value. As evident in the table, each *reninjaza* described charging a small amount of money for services, and also mentioned that they still treat patients who are unable to pay the fee (*Pers. Obs.*). One *reninjaza* also mentioned that payment is a symbol of reciprocity, so when she provides this essential service to a family, they return the favor in the form of something essential, such as a chicken to eat or a small amount of money to use for clothing (Reninjaza 2, 2014). These styles of payment are very distinct from allopathic providers' fixed price systems, but embodies the Malagasy value of mutual benefit in a personal relationships.

IV. Conclusion

The most commonly quoted definition of health was given by the WHO more than 50 years ago. It refers to health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 2013). This definition is vital to our understanding of traditional birth attendance, a unique form of health care that addresses the natural life process of childbirth, rather than addressing an ailment. It is hoped that, through this study, light will be shed upon the unique values of traditional birth attendants' role, the potentials of an integrated care system, and ultimately, the childbirth process as healthy element of the human experience.

Though this study succeeded in highlighting the values of *reninjaza*, there is a great deal of research that is yet to be completed. An engaged allopathic audience would require more quantitative data collection in a much larger population. Future research should also include a systematic survey of women who have used the services of *reninjaza*, as well as a larger number of allopathic interviewees. If this further research were to be carried out, there would exist an increased body of unbiased knowledge on the role of traditional medicine practice in childbirth. There would also exist a useful resource for allopathic providers to learn more about how they can appreciate and integrate the unique qualities of traditional medicine. In the words of Dr. Nat Quansah, "It is in listening that we hear, in hearing that we know, and in knowing that we understand" (Quansah, 2001). With a new and unbiased understanding of traditional medicine, such allopathic providers would be more willing to work together to "plan a birthday party" in a highly functional and integrated system.

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