
Proceedings
of the
Second International Congress
of Somali Studies

University of Hamburg
August 1-6, 1983

edited by
Thomas Labahn

— VOLUME IV —

STUDIES
IN HUMANITIES
AND NATURAL SCIENCES

HELMUT BUSKE VERLAG HAMBURG

Hassan Ismail Yusuf / Abdulaziz Sharif Adan / Kassim Adan
Egal / Abdurahman Haji Omar / Maryam Mohammed Ibrahim /
Abdulahi Sheikh Elmi

TRADITIONAL MEDICAL PRACTICES IN SOME SOMALI COMMUNITIES

Introduction

Traditional healing has been practiced in Somalia since times immemorial. It has actually been the only medical system accessible to the vast majority living in the rural areas. Even in the bigger towns and cities, treatment is usually given by the traditional healer to whom many types of health problems are referred. In fact, a trained physician may be consulted if and only if the traditional healer fails in his performance.

Somali traditional medicine, as may well be the case elsewhere, has many branches to which different types of treatments are sought for different kinds of diseases. As has been shown elsewhere (Kloose et al. 1978), herbal medicine still remains one of the widely practiced branches of traditional medicine. Self-medication with herbal medicine is the order of the day among the Somalis, particularly in the rural areas. Traditional Somali orthopedians are well known for their skill and competence in reducing fractures. Likewise, the use of religious acts in the process of curing the sick is widespread. Quite many psycho-somatic disorders are taken care of by folk medicine treatments and special types of dances which yield good results. Similar experiences have been reported from Ethiopia by Rappaport (1979). In Somalia, as well as in many Asian and African countries (see Neumann et al. 1982; Jeffrey 1982; Bibeau 1982;

Slikkerveer 1982; Warren 1982) efforts are made to get a closer contact between the biomedical and ethno-medical traditions. A well-known Somali traditional healer is now employed by the Medical Faculty in Mogadishu, taking part in the training of the Somali medical students.

The traditional medicine is of great importance since much could be learnt, improved and later incorporated into the overall health care delivery of the developing countries. Few studies, however, have been made in the eastern part of Africa. Only 9 studies have been found in the medical literature from 1977 to 1982.

To contribute to the knowledge of such a practice and to train medical students in field research, the Department of Community Health of the Medical Faculty in Mogadishu conducted this study in some Somali communities from January to June 1981.

Aims of the Study

The traditional medical care system in Somalia coexists with the modern medical system forming sort of a plural health care system. Although the oldest and the most widespread, the former is the least understood by many of us. Therefore, within the framework of community health-based training of medical students, the study has been carried out with the following aims:

- to train third-year medical students in conducting surveys in rural as well as in urban areas;
- to demonstrate the extent to which people use traditional medical practices by: identifying the major groups of diseases that traditional healers take care of; examining the types of treatment that traditional healers give; assessing the knowledge, attitude and practice towards

communicable diseases;

- to assess the attitudes towards a mutual interaction between modern medicine and traditional health care.

Materials and Methods

The study area comprised four villages in Afgoy district of the Lower Shabelle region of southern Somalia and the Wadajir district of Mogadishu. Fairly similar socio-economic conditions prevailed in the villages as well as in Wadajir district. Beled Amin, Mareerey and Bagdad villages are situated 21, 8 and 19 kms from Afgoy town respectively, all along the Shabelle banks. The main occupation in these villages is farming. Lamadonka, on the other hand, is located in a semi-arid area, 10 kms from the nearest river bank and 13 kms from Afgoy town. Besides farming, people in Lamadonka also herd cattle, camels, sheep and goats.

The first group of respondents consisted of ten traditional healers, working in the villages and in the town.

The second group consisted of 185 adult individuals. A little more than 25% of them came from the villages while the remaining came from the Wadajir district in Mogadishu.

Table I. The study material

District	Male	Female	Total
Afgoy (rural)	26	21	47
Wadajir (urban)	53	85	138
Total	79	106	185

The data collection was essentially based on weekly interviews with people and traditional healers during four months.

The interviews were made in the morning, which implied that, in the city, more females than males were seen. The study sites were further subdivided into smaller units. Within each unit a house-to-house visiting starting from the centre of the unit was conducted. Those adults, present at the time of the visit, were interviewed. Two different questionnaires were used, one for the indigenous healers and the other for the people.

The symptoms or diseases were identified by the respondents by their traditional Somali names and translated, as closely as possible, into a modified WHO classification. Magic believes were referred to the group 'psychosomatic disorders'.

Results

The healers

The traditional healers who were interviewed in the villages and in Mogadishu had learnt the practice in two ways: either they had got it from an elderly traditional healer or inherited it from their fathers or grandfathers who used to be practitioners of traditional medicine. The teaching / learning methods varied slightly from one healer to another, but the major components in all cases were theoretical lessons and practical demonstrations on patients with different health problems and of varying ages. A constant and intimate interaction was said to have taken place between the teacher and the learner during the period of recruitment ranging from 2 to 27 years as stated by the respondents. The majority of the healers suggested that people, suffering from communicable diseases, should be isolated. The easy transmission to the healthy members of the family of some infectious diseases (tb, leprosy, smallpox, etc.) was

emphasized. Some of them did not agree or had no idea about it.

Most healers stressed that there were ways of preventing diseases and also confirmed that it was easier to prevent than to treat. Some of the healers put much emphasis on the importance of personal and food hygiene, of health education and even on early treatment of diseases. They added that preventive measures would be less effective where poverty and misery abound and therefore underlined the need for socio-economic improvement. Other respondents denied the need for any kind of preventive measures.

As for the diseases they treated, the healers listed the most common disorders for which they were often called to assist: psychosomatic disorders, sexually transmitted diseases, respiratory and digestive diseases, snake or other reptile bites. Each disease was recognized or diagnosed by specific signs and symptoms together with a present and past case history taken immediately after the healer's arrival.

The community survey

The majority of respondents (82%) had previous experience of treatment by a traditional healer. This was even more pronounced in the villages of Afgoy district. The respondents were asked to list the kind of disease they had been treated for. Problems, expressed as psychiatric or psychosomatic represented almost half of the diseases treated in the villages as compared to 20% in Mogadishu (table 2). Treatment of various organic symptoms was more frequent in the city than in the villages.

Table 2. Ailments previously treated by the traditional healer.

Disease classification	Per cent treated for:	
	in villages (n = 42)	in Mogadishu (n = 104)
Infections (including nose, gums, ears, eyes)	12	17
Psychiatric, psychosomatic symptoms	45	20
Chest symptoms	7	7
Abdominal symptoms	5	9
Uro-genital symptoms	7	2
Skin diseases	2	2
Other organic symptoms	14	34
Injuries	7	9
Total	100	100

Different treatment regimes were cited by the interviewees for different kinds of health problems. Treatment with religious acts represented almost half of all treatments in the city while the corresponding figure was less than 30% in the villages (table 3). Traditional dancing and herbal medicine were more practiced as treatment in the villages than in the city.

A little more than half of the respondents in both places had been isolated for diseases. Knowledge about isolation for common infections was higher in the city than in the villages. People in the city had more often experienced patients isolated for common infections than people living in the villages (table 4). Isolation for Tb and leprosy was recognized as proper by most respondents. This was especially so in the villages, where they had also experienced it to a greater extent. In the villages none of the interviewees

could recall that mentally insane people were isolated as a treatment. Some knowledge about it, however, existed in the city.

Table 3. Treatment experience

Treatment	Per cent treated with:	
	in villages (n = 43)	in Mogadishu (n = 108)
Religious acts	28	49
Dancing	28	6
Scarification	7	4
Herbs	21	17
Burning	11	15
Reduction of fractures	5	6
Operation	0	3
Total	100	100

Table 4. Experiences and knowledge about the isolation of diseases

Ailments and symptoms that persons are isolated for	Per cent with			
	experience: villages	Mogadishu	knowlegde: vill.	Mogad.
Infections incl. ENT, eyes	11	31	15	31
Tb, leprosy	94	75	100	79
Rashes, skin infections	16	53	46	68
Venereal diseases	5	5	0	3
Chest symptoms	0	0	0	4
Jaundice	5	2	0	5
Mental disorders	0	0	0	3

The main treatments experienced by the respondents from a traditional healer have also been studied. Religious acts were very often used for treating symptoms, mental disorders and magic beliefs. Thus, out of 40 treatments given for psychosomatic symptoms, almost half were religious acts. Traditional dancing was almost exclusively used for the treatment of mental disorders and magic believes. Chest and abdominal symptoms were mainly treated with herbal medicine.

An enquiry was also made to find out the main types of treatments that the study group would indicate for a given list of diseases. For mental and magic disorders, religious acts and herbal medicine were more known in the villages than in the city. The use of herbal products for snake bites was a more common practice in the villages. The only stated treatment for fractures was reduction of the fracture.

Attitudes towards the practices of the healer were also explored in the study. The results revealed that 96% of the respondents in the villages had positive attitudes towards the traditional healer while 72% was the corresponding figure in the city. Only a few of the interviewees in the villages classified the activities of the healer as useless while 13% of the city respondents thought it was useless and even dangerous.

Twelve per cent of all respondents thought the treatment given was "expensive". Three per cent in the villages and as many as 24% in the city reported that the treatment given had given adverse effects (table 5).

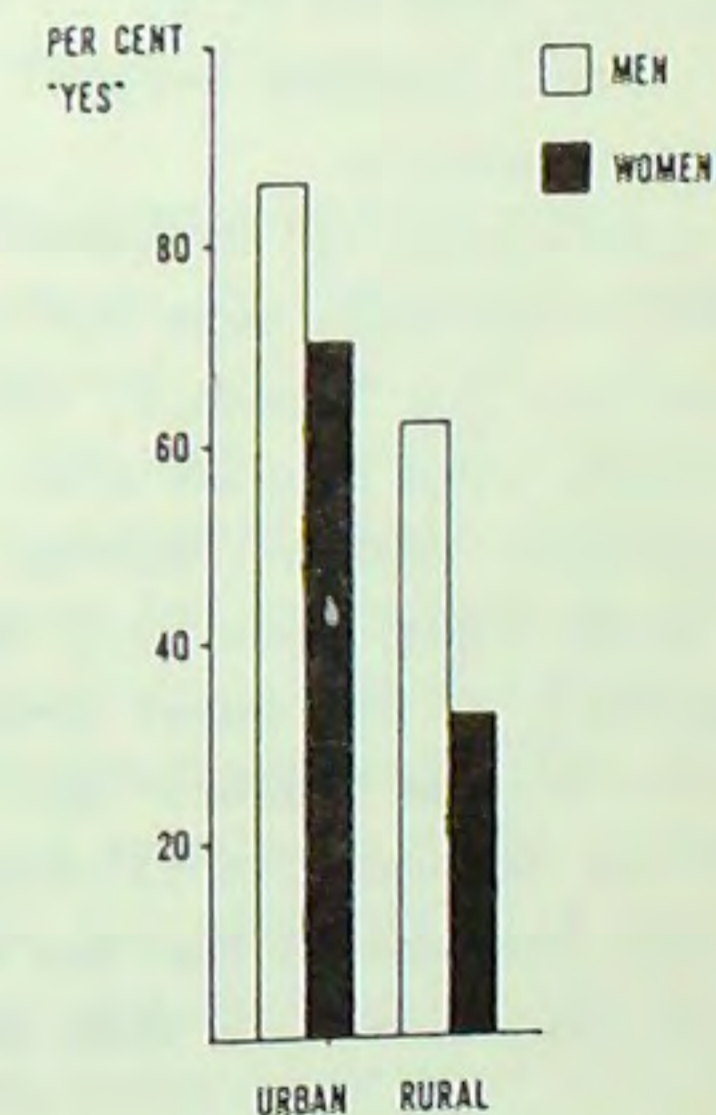
The attitudes towards a mutual interaction and benefit between traditional and modern medicine were also investigated. The results demonstrate that people in the villages

are less favourable for such a mutual benefit (figure I). The differences in attitude between males and females were more pronounced in the villages.

Table 5. Perceived problems related to traditional medical practice

Type of problem	Per cent indicating	
	in villages (n = 47)	in Mogadishu (n = 138)
No problem	85	59
Expensive	12	12
Adverse effects	3	23
Unscientific	0	6
Total	100	100

Figure I. Can traditional and modern medicine benefit from each other?



Discussion

In most developing countries two medical systems are in operation; one modelled on the modern Western medical practice, and the other based on indigenous medical traditions. Traditional healers are highly respected. Their competence and skills have been evaluated by the Ministry of Health and some have been granted certificates, thereby recognizing them as part of the national health care system.

The respondents in this study did not constitute a random sample from the studied rural or urban areas. Still, the most evident results are probably representative for the two areas.

This study has shown that traditional medicine is commonly practised in the study villages as well as in the city itself. This would indicate that traditional medical practices in these areas are more important than modern health care. It is imperative, therefore, that traditional medicine is given due consideration in the planning of health programs as it has a popular support rooted in cultural values of the Somali community.

The main groups of diseases treated by traditional healers in the study area were not the most common diseases in the community. For instance, respiratory diseases, common infections, skin disease etc. were less commonly treated by traditional healers. Mental disorders and magic beliefs, on the other hand, were very often handled by the healers, especially in the rural area. People in the city were often treated by the healers for other organic symptoms. This does not necessarily illustrate the true picture of the disease pattern in the two areas, but a probable explanation of the phenomenon is that people in the villages have

different concepts about these ailments than those in the city. A major contribution factor is the change in attitude and knowledge about ill-health when people move from the rural to the urban areas.

A partly contradicting result was reported recently from Kenya, where conditions, which the healer (mganga) was best qualified to treat, were ranked by respondents of the Kamba (Good 1980). Mental illness or madness got the highest rank, but abdominal pains, edemas and infantile gastroenteritis got almost as high ranks. 'Witchcraft' got the lowest rank. In that study, the healers regarded themselves best qualified to treat abdominal problems, deliveries and headache. They reported that Tb, surgical problems and malaria were the conditions most successfully treated by Western medicine.

Religious acts, traditional dancing and herbal medicine constituted the main and most commonly employed types of traditional treatments in our study. It is rather difficult to evaluate the effects of such treatments. Further studies would be needed to judge their healing effects and are actually being planned.

The results of the study highlight some concepts about isolation for communicable diseases (e.g. Tb, smallpox, leprosy, chickenpox, etc.) both in villages and in the city. The traditional healers actually had the same kind of knowledge about communicable diseases. Most probably, this knowledge and information had been transferred to the people by the traditional healers. This might have contributed towards the success of the smallpox eradication campaign (WHO 1979). However, patterns of experience and knowledge about communicable diseases were different in the city. This is most probably due to the socio-cultural and environmental changes of the people when moving into the cities and towns. Another

possible explanation would be that city dwellers lose the constant contact with traditional healers unlike people in the countryside.

Positive attitudes towards the traditional medical practice were more prevalent in the rural area. People in the city were less prone to be treated with traditional medicine.

Our results also demonstrate that the female population in the villages was more firmly believing in traditional practices than the males. In the city, the women's attitude is changing and was close to that of men in the rural area. This is in conformity with finding from the Kamba in Kenya, where healers were reported to treat women more frequently than men (Good 1980).

This study confirms that traditional healing practices are extensively used both in the rural and urban areas of Somalia. People have much experience and knowledge about the traditional healing procedures which constitute the cornerstone of their health care network. The less favourable attitude towards traditional medicine in the city is of course brought about by the new ideas and patterns of life in the city. It would be interesting to study whether more useful ideas and concepts about health problems and healing procedures are replacing the old traditional views.

REFERENCES

- Gibeau, G., 1982
New legal rules for an old art of healing. The case of Zairian healers' associations, in: Soc. Sci. Med., no. 16, p. 1843 - 1849
- Good, C. M., 1980
A comparison of rural and urban ethnomedicine among the Kamba of Kenya, in: P. R. Ulin / M. H. Segall (eds.), Traditional Health Care Delivery in Contemporary Africa (Syracuse/New York)
- Jeffery, R., 1982
Policies towards indigenous healers in independent India, in: Soc. Sci. Med., no. 16, p. 1835 - 1841
- Kloose, H. / Yohannes, L. W. / Yosef, A. / Lemma, A., 1978
Preliminary studies of traditional medical plants in nineteen markets in Ethiopia: use pattern and public health aspects, in: Ethiopian Medical Journal, no. 16, p. 33 - 43
- Neumann, A. K. / Lauro, P., 1982
Ethnomedicine and biomedicine linking, in: Soc. Sci. Med., no. 16, p. 1817 - 1824
- Rappaport, H. / Dent, L. H., 1979
An analysis of contemporary East African folk psychotherapy, in: British Journal Med. Psychol., no. 52, p. 149 - 154
- Slikkerveer, L. J., 1982
Rural health development in Ethiopia. Problems of utilization of traditional healers, in: Soc. Sci. Med., no. 16, p. 1859 - 1872
- Warren, D. M. et al., 1982
Ghanaian national policy towards indigenous healers (prhetih) program, in: Soc. Sci. Med., no. 16, p. 1873 - 1881
- WHO, 1979
Smallpox eradication in Somalia. Report to the international commission on the smallpox eradication programme in Somalia. Working document (Geneva)