



Attitude of community members towards the use of traditional medicine in Tanzania

Kayombo Edmund John¹, Uiso Febronia C², Mahunnah Rogassian LA³

¹⁻³ Institute of Traditional Medicine, Muhimbili University of Health and Allied Sciences, Tanzania

Abstract

Background: The use of traditional medicine for various ailments suffered by human being is noted worldwide both in developed and developing countries. Nonetheless limited studies that have attempted to evaluate attitude of the people towards use of TM.

Objective: To establish attitude of community members towards use of TM in both rural and urban areas in Tanzania.

Methodology: A qualitative research method using in-depth was used to collect data in seven administrative regions in Tanzania. Community members were interviewed by in-depth interview with questions on; attitude, ill health conditions managed better by TM practitioners.

Results: The analyses of the findings have shown 34% among interviewed had positive attitude towards TM. Use of TM was not only due inadequacy of health facilities, drugs and medical personnel but also there were ill health conditions and social wellbeing that could be managed by TM practitioners. All respondents had positive attitude towards Act because it was expected to control quacks.

Conclusion: The governments should promote TM by supporting financial studies of herbal remedies by focusing on safety and efficacy and the discovery of new herbal remedies that can address ill health conditions that are not managed by conventional medicine.

Keywords: Tanzania, traditional medicine, community members, ill health conditions

Introduction

The use of traditional medicine (TM) for various ailments suffered by human being is noted worldwide both in developed and developing countries^[1, 2]. However the use of TM is higher in developing countries where 80% of its population visit practitioners of TM^[1]. It is being argued that conventional health facilities and practitioners are inadequate especially in rural areas^[3, 4]; and thus people use TM as an alternative. What is interesting is that even in urban centres where conventional health facilities both public and private are available studies show that people use TM for various ailments^[5, 6, 7]. This implies that not because of inadequate of health facilities and practitioners of conventional health practitioners that explain why people are using TM^[4, 3, 8].

Similar observation is noted in developed countries where technology of health care is advanced, health facilities and qualified medical personnel are accessible, yet literature show there is an increasing number of people who are using TM, complementary and alternative medicine^[1, 2, 9]. The increasing number of people using TM worldwide for managing various health problems affecting human being has raised concern from allopathic practitioners and some scientists^[10-14]. These allopathic practitioners and medical experts are arguing that TM might have serious side effects which may not be noticed at present, but in future might raise serious health problems^[10, 12, 13]. Not only the fore mentioned but also medical personnel and scientists claim traditional health practitioners (THPs) especially traditional birth attendants (TBAs) are causing the noticed maternal and infant mortality in developing countries^[15, 16, 17]. The concern of allopathic and some scientists are valid. It is being acknowledged that many commonly used medications interact with herbs^[18]. Herbs may amplify the effect of the

medication, as in the case of sedatives, anesthetics, and blood thinners^[18, 19]. Others may block the drug from working. This can lead to dangerous consequences^[12, 19]. Hence detail studies need to be carried to ensure validity and safety to end users.

Notwithstanding there is no medicine which is value free from side effects. As argued by Wikipedia^[13] Health A to Z^[19], and Grunnet^[20] all medical treatments, whether ancient or modern, are associated with a certain degree of risk for adverse effects, often called side effects. The chemotherapy and radiation therapy, for example, in the treatment of cancer cause a number of adverse effects to the patients^[13]. Moreover, despite the great advances in surgical techniques, persons undergoing any major surgery often experience the problem of blood stasis, the direct result of cutting through numerous vessels^[12]. Surgical interventions are somewhat like injuries, like a stab-wound, though far less traumatic due to the finely-honed knives, the skill of the surgeons, and the specific aim of not causing harm^[12, 13]. Thus the blame should not only be traditional medicine but also to conventional medicine and its practitioners.

All in all voices on the side effects of TM and its practitioners are being heard from medical personnel and scientists. However voices from the end users of TM is little or not heard at all to show their concerns and experience on the use of TM. It is not known whether they lack that platform to disclose their concerns and attitude towards the use of TM or had no comment on the use of TM because they have no other options. There is a need to explore to end users their attitude and views towards the use of TM.

Conceptual framework

Young^[21] distinguishes two lay man belief systems of the illness causations; and these are internalizing and

externalizing beliefs systems. In the internalizing beliefs systems the origin of the health problems are mainly located within the individual. The responsibility for the illness falls mainly on the patient, either due to incorrect behaviour or lack of social and economic resources or could be the result of personnel vulnerability. On externalizing belief system, on the other hand, causes of illness episodes are due to natural world (natural environment, climate, infection), social world (witchcraft, sorcery or evil eye) and supernatural world (gods, spirits and ancestors). The two health system postulated by Young [21] belief systems on causation of health problems can influence the attitude, decision on choice of healthcare between conventional and traditional healthcare. Thus it is not only inadequate health facilities, drugs, medical personnel which make people both in developing and developed countries but also there are other factors that are on play on the continual use of TM worldwide and in particular developing countries, Tanzania included and hence need to be weighed.

This article aims to use Young [21] frame work to assess attitude and views of the end users of traditional medicine by focusing on;

1. General use of TM; and specific health problems treated by TM
2. Attitude and views towards the use of TM
3. Attitude and views towards Legislation of TM and its practitioners w
4. General opinion and recommendation on the use of TM

Research Methodology

This study was carried in seven regions of Tanzania mainland namely Arusha, Coast, Dar-es-salaam, Iringa, Kilimanjaro, Morogoro and Tanga in the period 2004-2006, using mainly qualitative approach. The chosen regions have 42 districts and of these 14 (13% of total number of districts in the country) districts were chosen for this project. The total number of people living in chosen regions was 14,173, 740 and of these 51% were women [22]. The main socio-economic activities in chosen districts were peasant farming both food and cash crops; and as well livestock keeping especially in Arusha region. These regions and districts were purposively selected because of their proximity to Dar-es-Salaam, accessibility to the district headquarters and time allocated to the project.

The study population was community peoples both in urban and rural areas. Purposively sampling methods was used to select participants for in-depth interview. Only those who were well versed with knowledge on the use of TM with its practitioner and willing to participate in this study were sampled for the in-depth interview. The aim of using purposeful sampling technique was to get as much information from the end users of TM with its practitioners, which illnesses were best treated by traditional medicine

and any side effects noted on use of TM. Detailed structured open ended question for in-depth interview was prepared tested and used to collect data from the selected population. In some parts of the in-depth interview requested number or frequencies as a way of establishing a tentative status. Both qualitative and quantitative data were derived from the same questions administered to sampled populations.

The collected data were transcribed and screened for relevance for the study. Frequencies were also obtained from the same questions and were calculated manual using a calculator because there were few numbers and not sophisticated (see table 1-4). The transcribed qualitatively data were careful analyzed using sociological and anthropology methods by research team where codes were identified and opened as shown in Grounded Theory procedures and Techniques [23]. In the process of analyzing the information, axial coding was used. Data were put according to the identified categories and subcategories; and in this way making connection between the central idea of the research and categories and subcategories. The analyzed reports were re-screened several times for ensuring all important information of general use of TM, attitude to TM, regulations and other relevant information on the use of TM were taken on board. The results were summarized and are presented below.

Results

Socio-demographic characteristics of respondents

A total of 21 community members aged between 25-60 years were interviewed, and of these 33% were females. Twenty-five percent (25%) of the respondents were from urban centers and 75% were from rural areas.

Use of Traditional Medicine and specific health problems being managed by TM and its practitioners

The community members were asked if they had ever used TM and for what diseases/conditions. The analysis of the findings showed 80% of the respondents had knowledge of traditional medicine and have ever used it for different ill health conditions. The findings further revealed TM were used for diarrhea and dysentery, colic, typhoid fertility, and undefined infants ill health problems. As expressed by one of the respondents,

“We have effective herbal remedies for diarrhea and dysentery. Only when the traditional remedies do not respond to the health problem then we go to health facilities.”

The rest of respondents did not use traditional medicine because either they were not used to it or availability of modern health services were within a close reach.

Table 1: Diseases/health conditional which Community Members use Traditional Medicine

List of disease/conditions	Use of TM	
	Number of responses N=37	Percent (%)
Abdominal problems including diarrhea and dysentery, colic and typhoid	8	21.5
Undefined infant health problems and pregnancy cases	8	21.5
General body pain, back ache, body weakness and limb pains	4	10.8
Wounds	4	10.8
Dental problems / tooth ache	2	5.4
Skin conditions, fungus specifically ring worms	2	5.4
Cough and bronchial asthma	2	5.4

Hypertension, stroke, migraine	2	5.4
Fever and/or Malaria		5.4
Hernia	2	5.4
HIV/AIDS, STDs	-	-
Diabetes	-	-
Dislocation/sprains, inflammation and bone fractures	-	-
Epileptic and other febrile convulsions	-	-
Mental illness, psychosis	-	-
Others	1	3

Note: Other include: ear ache, jaundice, heart diseases, cancer, elephantiasis

The research team explored from the respondents health conditions that were believed to be better managed by traditional medicine than in conventional medicine. The findings showed infants and pregnancy cases, abdominal health problems that included diarrhea, dysentery, coli and typhoid ranked first (21.5%), followed hypertension, stroke and migraine and then the list of others. (See Table 2) were better managed by TM practitioners. Besides the number

given other respondents during the interview said,

“There are pregnant cases and infants health problems are not well treated in the health facilities. Pregnant women either consult experienced traditional birth attendants or traditional healers. So is to the infant ill health a condition. We are African. We know our life style where we live”

Table 2: Illnesses/conditioned believed to be better managed by traditional health practitioners

List of disease/conditions	Diseases that can be managed by THs	
	Number of responses	Percent (%)
Abdominal problems including diarrhea and dysentery, colic and typhoid	8	15.5
Hypertension, stroke, migraine	6	11.5
Fever and/or Malaria	6	11.5
HIV/AIDS	4	7.8
Wounds	3	5.8
Cough and bronchial asthma	3	5.8
Mental illness, psychosis	3	5.8
Diabetes	3	5.8
Skin conditions fungus especially worms	2	3.8
General body pain, back ache, body weakness and limb pains	2	3.8
Skin conditions, fungus specifically ring worms	2	3.8
Hernia	2	3.8
Dislocation/sprains, inflammation and bone fractures	2	3.8
Epileptic and other febrile convulsions	2	3.8
Dental problems / tooth ache	1	1.9
Others	5	9.6
Total	52	100

Attitude towards the use of traditional medicine

The research team assessed attitudes towards the use TM. The Analysis of the findings showed two scenarios. First were the positive attitudes towards the use of TM as shown in Table 3. The respondents said TM was cheap (33.3%) and accessible (26.7%) when compared to conventional medicine and had no side effects as noted in conventional medicine especially drugs for treating malaria and cancer. As demonstrated by one of the respondent who was treated by ASP on Malaria

“My body swelled every part. I thought I was going to die”.

Another respondent who used family planning pills said,

I had prolonged breading. I do not like to hear anything about modern family planning methods.

Some of the elites who participated in this study showed traditional remedies were also food and immuno stimulants (6.6%).

Table 3: Elements that leads people to have positive attitude towards the use of traditional medicine

Merits	Number of responses	Percent (%)
Cheap	10	33.4
Accessible	8	26.7
Complements modern medicine	5	16.7
Some are food items and immuno-stimulants	2	6.6
Safe no side effects	2	6.6
Others	3	10.0
Total	30	100

Note: Multiple responses were allowed

Others include: Effective for non-biomedical conditions and degenerative diseases; treats conditions effectively and most used as first aid.

The second scenario was the negative attitudes towards the use of TM. The research h team explored elements that lead people to have negative attitude towards the use of TRM. The analysis of the findings showed imprecise diagnosis (32.2%), dosage (22.6%); and in recent years there has been

an increasing “quacks” (6.4%). As presented by one who frequently consult traditional health practitioners,

“Every suffering, most of the healers in their ramli (divination) they will say you are bewitched or you have a jinn or your ancestors are angry. These put me in doubt on the ill health condition diagnosis”

Nothing was reported as side effects on the use of TM

Table 4: Elements that leads people to have negative attitude towards the use Traditional Medicine

Demerits	Number of responses N=37	%
Imprecise diagnosis	10	27.1
Imprecise dosage	7	18.9
Poor hygienically working environment	6	16.2
Associated with witchcraft	6	16.2
Quality low	4	10.8
Full of quacks	2	5.4
Others	2	5.4

Note: Multiple responses were allowed

Attitudes towards Legislation on Traditional medicine

Tanzania has legalized the practice of traditional medicine by the ACT no. 23 of 2002. The research assessed attitude of the respondents towards government’s legislating traditional medicine and its practitioners in the healthcare. The analysis of the findings showed all respondents had positive attitudes towards the government on legislating traditional medicine and its practitioners. Many reasons were mention to why there should be a legislation of TM. The most outstanding reasons were to ascertain quality, hygiene and improve acceptability (30%) and to control quacks and malpractices (30%) (See Table 5).

In addition, during the interview it was learnt there was a need to strengthen TM with its practitioners and promote the practices. As argued by one of the respondent

This can be done through research to authenticate the practices of TM as special processing the herbal plant to herbal remedy for public use.

The findings further showed the processed herbal remedies should be assessed in terms of safety and efficacy, and be made in standardized dosage forms ready for public use. The government should give priority to TM and recognize traditional healthcare practitioners (THPs) as providers of health care. From time to time THPs should be provided with basic training on hygiene and good practice of healthcare in order to improve the practice. The other respondents commented,

“---- more money is given to conventional health facilities and do not assist TM with its practitioners. Bearing the importance of THPs in provision of health care to unreached places the government should assist to establish minimum standards for THPs working premises.”

It was also noted that Traditional and Alternative health Practices Council (TAHPC), the regulatory body of traditional and alternative medicine, should have a structure that will have an impact at all levels of the practice in the country to ensure transparency of the practices of the TM. Further, the council should disclose strategies that will help to protect THPs’ knowledge and proper rewarding system on the provision of healthcare and on research work. Traditional health practitioners’ associations and the government should work closely to curb unethical/malpractices such as witchcraft practices, killing of people with albinism, killing of old women, female genital mutilation. Registration of THPs should take on board ability, knowledge and experience of the THPs. Above all THPs should be involved in policy and decision making about conservation of biodiversity and their practice in traditional medicine.

Table 5: Reasons for Legislation on Traditional Medicine

Reasons for legislation	Number of responses	Percent %
To ascertain quality, hygiene and improve acceptability	6	30
To control quacks and malpractices	6	30
To increase accessibility and reduce healthcare costs	2	10
To increase research to improve the practice	1	05
To harmonize relationship among stakeholders	1	05
Recognition and add value to the practice	1	05
Traditional medicine will contribute to the economy through taxation	1	05
To protect patients on traditional medicine	1	05
To ascertain efficacy	1	05
Total	20	100

Discussion

The collected data have been analyzed and presented. The findings show that people in the community are using TM even today in the present modern medical technology both in urban and rural areas. Further the findings have revealed that 80% of the respondents had knowledge of TM and have ever used it. The mentioned health conditions shown in Table 1) believed to be caused by internalizing factors and external factors [21]. The use of TM on the named health conditions implies that there are incompetent medical personnel, drugs and other medical supplies in health facilities as frequently reported in many studies in Tanzania

and other developing countries [5, 24, 25]. This argument is echoed by Kayombo *et al.* [5], Kayombo [13], Rahman *et al.* [24] who have shown drugs and other medical supplies are available only on the first two weeks of the month. It appears therefore TM becomes as an only option for management of the health in Tanzania and other developing countries.

The other thought of why many people use TM in the present of conventional health facilities should be seen in the lens of Young [21]. There are some lay people who believe ill health condition can be caused by social world. African people are highly linked-up with their cultural and

traditional values which entrenches traditional medical system. In addition, the traditional medicine consumption is a central share of the traditional system and therefore permeates personal and socioeconomic attributes of the people. Similar thought is shown by Kayombo^[26] Kayombo *et al.*^[5], Gelfand *et al.*^[27] and Langwick^[28]. It is believed that a charm sent to cause illness to the target person is given specific instruction how the symptoms would manifest at surface level like diarrhoea or typhoid or HIV case or any other disease symptoms^[5]. In this study for example as shown by one of the respondents “*We are African. We know our life style where we live*”. A more similar observation was noted by Cosmisky^[29] one of her respondent who was a TBA argued that TBAs were the experts on their own right on maternal and family planning. These signal that some of the ill health conditions are believed to be caused by social world; and can be managed better by traditional health practitioners who are believed to be experts. These claims might be true, the problem however is to make a clear cut line in management of the ill health conditions believed to be caused by social and intangible world and those ill health caused by natural factors.

TM is holistic nature^[9], thus people in traditional setting people prefer to use TM because it can cure both illnesses caused by natural world and social/supernatural world. Again most of the herbs treat more than one health conditions. Furthermore it might due cultural habit and beliefs tied in TM that it works better when compared to conventional medicine^[6, 15, 28]. It is in this aspect on the causation of health problems, influences decision making on which healthcare system should be chosen for healthcare. These are some issues that need to be looked when trying to analyze why people use TM even in the places where health facilities, drugs and other medical supplies are available. The health conditioned managed by TM through its THPS are also underscored by other studies reviewed^[15, 28-30]. The major concern in the TM is the hygienically process of preparation of the remedies and dosage which is unknown. These are the major concerns of scientists and conventional medical practitioners.

The analysed findings from the respondents show that there is positive attitude towards use TM with its practitioners. The basis of the positive attitudes is its cheapness (33.4%), accessibility (26.3%) and fewer side effects when compared to conventional medicine. More or less similar findings have been reported by other studies^[5, 30, 33]. THPs with their TM are reducing the burden of conventional health facilities which are facing problem of shortage of drugs and medical supplies; and hence there is a need to empower them^[33, 34]. Degenerative health problems in Africa are on increase with increasing numbers who are aging. Most of degenerative health problems are managed by tradition medicine because people cannot afford the highly expensive drugs sold in the pharmacies^[36]. TM with its practitioners is the most trusted and accessible health care providers in our communities^[33, 37]. In addition it is being believed ill health conditions caused by socially world cannot be treated in conventional health facilities. However, there are some elements in TM practices which lead some people to have negative attitude towards TM. These include imprecise dosage (32.3%), diagnosis (22.6%) and associating any health problem with witchcraft (19.4%) and an increasing number of quacks who are making TM herbal remedies expensive mostly in urban

centres. The present study is underscoring the general claim of many scientists and researchers that TM is very weak on dosage, diagnosis and association of TM with witchcraft and in recent years the emergence of quacks and charlatans.

The analysed findings have also shown that positive attitude toward legislation of TRM with its practitioners. Three major concerns which have on the legislation of TRM and its practitioners; and this include to ascertain quality, hygiene and improve acceptability as well as to control quacks, charlatans and malpractices. Traditional health practitioners will be registered and will be known; and even how s/he became a practitioner. These should go hand in hand with training of THPs on basic hygiene in processing and dispensing the herbal remedies as refresher causes and at the same time cultivating trust, transparency and collaboration in the practice on improvement of healthcare^[28, 38]. Where necessary the government should assist the capable healers to open traditional medicine dispensaries/health centres. There are already some healers who have attempted to have dispensaries and pharmacies of TM^[33]. It is good beginning.

Conclusion

The study has attempted to present the voices of the end users of TM with its practitioners and what should to improve the practice. The findings have shown shortage of drugs and competent medical personal in rural areas to be one of the factors that make people use TM. Use TM in urban settings is raising question. It is not on the inadequacy of health facilities and medical personnel alone that can to explain why people use TM^[33-37]. TM is characterized by a holistic approach to the spirit–mind–body concept of health, embracing people, living and inanimate objects in an inseparable whole from which all beings derive their living and healing forces. It is through this lens some of ill health conditions are believed to be caused by social world that cannot be managed by conventional medicine. In addition the use of traditional medicine is subject to its potency, health-illness perception and the disease etiology, rather than where one lives

^[33-37]. All these explain why many people use TM than conventional medicine. The claims that TM has side effects; and the practices on maternal and reproductive issues lead to maternal and infant mortality have not been reported from the end users in this study. Nevertheless, they might be happening but THPs should not be rated as negligence nor poor practice. It has happened in the process of saving the live as it happens in the conventional health facilities. The sample size has been very small to bring the full big picture of the voices of the end users of TM with its practitioners.

References

1. WHO. Traditional Medicine Strategy 2002–2005, World Health Organization, Geneva, 2000.
2. White House Commission on Complementary and Alternative Medicine Policy. Final report, 2002. http://www.whccamp.hhs.gov/pdfs/fr2002_document.pdf
3. Press I. Urban folk medicine: A functional overview. *American Anthropologist*. 1978; 80:71-84.
4. Lasker J. Choosing among therapies: Illness behavior in the Ivory Coast. *Social Science and Medicine*. 1981; 15(A):157-168.
5. Kayombo EJ, Uiso FC, Mahunnah RLA. Experience on healthcare utilization in seven administrative Regions

- of Tanzania, *Journal of Ethnobiology and Ethnomedicine*. 2012; 8:5.
6. Kayombo EJ. Tambiko as Healing Therapy. In: *Psychotherapy in Africa. First Investigations*. Edited by Sylvester Ntomchukwu Madu, Peter Kakubeire Alfred Pritz, WCP, Vienna, 1996, 71-81.
 7. Tinde van Andel, Luísa Carvalheiro G. Why Urban Citizens in Developing Countries Use Traditional Medicines: The Case of Suriname, *Evidence-Based Complementary and Alternative Medicine* Volume. Article ID 687197, 2013.
 8. Waldram JB. Physician utilization and urban Native people in Saskatoon, Canada. *Social Science and Medicine*. 1990; 30(5):579-589.
 9. Amoah PA, Gyasi RM. Geography and Traditional Therapies Utilization: A Convergence of Health Behaviors in Rural and Urban Settings? *Altern Integr Med*. 2016; 4:207. doi:10.4172/2327-5162.100020
 10. WHO. WHO traditional medicine strategy: 2014-2023. World Health Organization, 2013, http://apps.who.int/iris/bitstream/10665/92455/1/9789241506090_eng.pdf
 11. WHO. General Guidelines for Methodologies on Research and Evaluation of Medicine, WHO, Geneva, 2000.
 12. WHO. National policy on traditional medicine and regulation of herbal medicines: Report of a WHO global survey, WHO, Geneva, 2005.
 13. Wikipedia Traditional African medicine, 2016, https://en.wikipedia.org/wiki/Traditional_African_medicine.
 14. Dharmananda, Subhuti. Countering the side effects of modern medical therapies with Chinese herbs, 1998: <http://www.itmonline.org/arts/sidefx.htm>
 15. Bent Stephen. Herbal Medicine in the United States: Review of Efficacy, Safety, and Regulation *J Gen Intern Med*. 2008, 23(6): 854-859. Published, online 2008 April 16. doi: 10.1007/s11606-008-0632-y
 16. WHO. Fact sheet no. 134: Traditional medicine". World Health Organization. 2008-12-01. Retrieved 2009-05-02
 17. Kayombo, EJ. Impact of Training traditional birth attendants on maternal mortality and morbidity in Sub-Saharan African countries, *Tanzania Journal of Health Research*, 2013, Vol 15, No 2
 18. WHO. Guideline for assessment of herbal medicine. Who technical Report series no 863WHO, Geneva 1996.
 19. Health A to Z. Overview of Medicinal Side Effects, 2014. <http://www.patientsmedical.com/healthaz/medicinalsideeffects/default.aspx>
 20. Grunnet J. Advantages and disadvantages of herbal medicine. Retrieved from 2015, http://herbs.lovetoknow.com/Advantages_and_Disadvantages_of_Herbal_Medicine
 21. Young. A relevance of traditional medical cultures on Primary health care social science and medicine. 1983, 17 (16): 1205-1211.
 22. The United Republic of Tanzania. National Bureau of Statistics Ministry of Finance Dar es Salaam. Government printers 2013.
 23. Barney G. Glaser, Anselm L. Strauss. *The Discovery of Grounded Theory. Strategies for Qualitative Research*. Chicago: Aldine Publishing, 1967.
 24. Rahman, SU and D K Smith. Deployment of Rural Health Facilities in Developing Countries, *Journal of Operational Research Society*, 1999, 50: 892-902.
 25. Chudi, Ibekwe Perpetus. Healthcare problems in developing countries, *Medical Practice and Reviews*, 2010, 1(1): 9-11
 26. Kayombo, EJ. Kupinga Tego in Southern Highlands of Tanzania: A case of one African Traditional Methods of Healing. In: *Psychotherapy in Africa, Third Issue* edited by Sylvester Ntomchukwu Madu, Peter Kakubeire Alfred Pritz, Pietersburg. Pp. 20-34, 1999
 27. Gelfand, M, S. Mavi, R.B. Drummond and B. Ndemera. *The Traditional Medical Practitioner in Zimbabwe, his principle of practice and pharmacopeia*. Mambos Press, 1985.
 28. Langwick Starcy. *Bodies, Politics and African Healing, the Matter of Maladies in Tanzania*. Indian University Press, 2011.
 29. Cosminsky S. Traditional Midwifery and Contraception. In : R. H. Bannerman, John Burton and Che'n Wen -Chieh (eds.) *Traditional Medicine and Health Care coverage*. WHO, Geneva, 1983.
 30. Kangwana Calorine and Rebeca Catron. *Traditional Healing and Western Medicine: Segregation or Integration?* <http://www.milligan.edu/academics/writing/pdfs/Kangwa.pdf>
 31. Stegall, YM. Benefits of Alternative Medicine Over Conventional Medicine, Yahoo! Contributor Network 2011, <http://voices.yahoo.com/benefits-alternative-medicine-over-conventional-3700602.html?cat=5>
 32. Wikipedia. Traditional Chinese medicine, 2013, https://en.wikipedia.org/wiki/Traditional_Chinese_medicine
 33. Kayombo EJ, Febronia Uiso C. Zacharia Mbwambo. Rogassian L. Mahunnah, Mainen J. Moshi and Yasin H. Mgonda. Experience in initiating collaboration of traditional healers in managing HIV/AIDS in Tanzania, *Journal of Ethnobiology and Ethnomedicine*, 2007, 3:6
 34. Offiong Daniel A. Traditional Healers in the Nigerian Health Care Delivery System and the Debate over Integrating Traditional and Scientific Medicine *Anthropological Quarterly* 1999, Vol. 72, No. 3, pp 118-130
 35. Sato A. Do Inequalities in Health Care Utilization in Developing Countries Change When We Take into Account Traditional Medicines? *World Development*, 2012, 40(11), 2275-2289.
 36. Gyasi RM, Siaw LP, Mensah CM. Prevalence and patterns of traditional medical therapies utilization in Kumasi Metropolis and Sekyere South District, Ghana. *J Ethnopharmacol*, 2015, 161: 138-46.
 37. Gyasi RM, Mensah CM, Siaw LP. (2015) Predictors of traditional medicines utilisation in the Ghanaian health care practice: interrogating the Ashanti Region, *J Community Health*. 2015, 40:314-25