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## Medicine in The Gambia: Where Technology Meets Tradition

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### Introduction

I have always had an interest in traveling and have been to most parts of the United States, but I had never been out of the country before my trip to West Africa. When I learned of the study tour to The Gambia, I was mainly intrigued by the travel opportunity and not so much by the anthropology credits I would earn by writing this paper. But, it was a package deal, so when I got to The Gambia, I had to find a research topic. I am a student of chemistry but did not want a project that would put me in a laboratory; I didn't cross the Atlantic Ocean to research a topic that I could do at home. Medical research is my primary interest, and when our group started touring hospitals and learning about the dual health system of The Gambia, traditional medicine presented itself as an intriguing field that was a combination of my interests in medicine as well as African culture.

The field presented itself at the Serrekunda market in the person of a deaf mute, who wanted to sell me a bag of powder that he claimed would enhance my sexual performance. In front of the other students, I bashfully refused the small powder-filled bag, which had on it a most descriptive drawing of the powder's effects.



*Ryan with herbalist at Serrekunda market*



*Advertisement for traditional medicine at Serrekunda market*

Along with peddling virility, the healer had dozens of other herbal treatments for various ailments. He advertised his cures with a large sheet on which he had painted the symptoms of numerous endemic ailments, including sexually transmitted diseases, tuberculosis, jaundice, asthma, and many others. This encounter with a healer made me very interested in both the field of traditional medicine as well as the people who practice it.

I was initially very skeptical of traditional medicine because many Gambian healers employ supernatural techniques in the form of prayers, charms, and incantations in their approach to diagnose and cure their patients. As a scientist influenced greatly by western culture, I remain doubtful about the efficacy of supernatural forces without well-documented empirical evidence. Traditional medicine, however, is common throughout the world and is the precursor of modern medicine. Such universality and importance in the development of modern medicine indicate that traditional medicine must be at least partially based on evidence that certain treatments relieve symptoms or cure diseases. But, when I began researching this topic, I was quickly convinced that many Gambians view traditional medicine as being every bit as

effective as modern medicine. Practically every time I told someone that I was studying traditional medicine, he/she would tell me anecdotes about *marabouts* (people with spiritual powers) healing people whom doctors could not. Then they would tell me about the traditional remedies they knew. One evening, I came back to the hotel with three bundles of sticks that I had bought from an herbalist in the Serrekunda market. A Gambian saw what I had and told me how to use them to cure a long list of ailments (his directions were identical to those I got from the herbalist) and then asked if he could have some of the concoction because he wanted to be more powerful.

After having researched the field more extensively, I have found that traditional medicine is common all over the world. For thousands of years, cultures everywhere have been developing their own unique health care, employing the supernatural as well as the natural world that surrounds them. While I was in



*Stone circles at Wassu*

The Gambia, I studied the full spectrum of traditional medicine and healers, but as a chemist I am most interested in herbalism, the field of traditional medicine that employs the use of plants and plant products to treat medical conditions. The reason for this is that I am interested in medicinal chemistry, and plants are the foundation of modern medicine; plant chemicals and synthetic mimics are the active ingredients of one-fourth of all prescription drugs in the U.S. (Plotkin 1993:7).

I set out to study traditional medicine, specifically, how it contributes to health care in The Gambia, what obstacles have prevented the integration of modern and traditional health care sectors in The Gambia, and how these obstacles might be overcome so that health care can be optimized. The goals of this paper are to contribute to the discussion about what changes can be implemented to better the health care system and

to provide non-Gambians with educational information about Gambian health care, culture, and current health issues.

### **Traditional Medicine**

Like many aspects of society in The Gambia, the health care system has two primary influences: African culture and European culture. The African culture has been developing since humans originated. It has been affected by such movements as the westward migration of Islam across northern Africa and the dominance of the Malian Empire in the thirteenth century. Western or European culture did not make its entrance in the area until relatively recently, only a few hundred years ago, when the Portuguese first colonized the coastal area in 1455. In the late seventeenth century, the Portuguese sold trading rights to the British and the French, and in 1783, the British took sole trading rights. The Gambia was a British colony until it gained its independence in 1965, but after hundreds of years of occupation by foreign countries, numerous aspects of European culture are prominent but clearly distinct from the native Gambian ways.

On the roads in the cities, German-made Mercedes Benz taxis speed past hand-made donkey carts; most Gambians speak the mother language of their ethnic group (e.g.



*Horse-drawn cart*

Mandinka, Wolof, Fula, Jola and Serahulie), but the national official language is English. In the hospitals, people take x-rays for broken bones or chloroquine for malaria, yet right down the street from the hospital, one may go to a traditional healer such as a bone setter to mend a broken limb. Many people wear *jujus*, a protective charm prepared by a *marabout*, to keep away evil spirits, bad luck, and even contagious diseases such as malaria.

This co-existence of divergent cultural traditions is exemplified in The Gambia's health care system.

There are two distinct systems of health care in The Gambia: modern or westernized medicine and traditional medicine. Traditional medicine refers to the health care system that is based on a set of beliefs and associated practices, incorporated to heal the sick and injured, that each generation adopts from the previous generation. This system has been developing in The Gambia ever since people first inhabited the region. Most of my exposure to traditional medicine was through meetings with people on the street at the markets in Banjul and Serrekunda. In these areas, the population is large enough that it can support the job of healing as a full-time profession.

Most of the healers I saw were herbalists who sat on the side of the street displaying their collections of sticks, barks, roots, and leaves, which had medicinal purposes. I was never able to find one who spoke English, but Dr. Roberts and the occasional friendly passer-by were able to help me when I wanted to speak with these healers. I would describe symptoms of some diseases for which I wanted cures, and they would gather different bundles of herbs and explain to me exactly what I had to do with them in order to cure the described illnesses.

Some of the other healers I saw at the markets were marabouts, who have spiritual powers to heal as well as to perform other services. One afternoon in Serrekunda, I had a marabout tell me my future. Marabouts say prayers or make jujus for people to wear for protection from harm or disease or to help them find a job or a spouse. They also use these powers to heal the sick.

Most of the healers I met in the Kombo area were full-time healers, but the majority of healers live in more rural areas, where there are not enough patients to necessitate full-time healers. In the small towns and villages, healers usually had a primary profession, such as farming or serving as the village chief. Medicine men are often highly respected members of the community because of their supernatural powers and often have many more responsibilities than just healing the ill.

Traditional medicine is not really organized as a system; there are no records or patient histories, no technology or collaboration of health care workers. When people get sick or have broken bones, they consult a local healer. In some communities there may only be a single healer, so healers have to be trained to handle many types of health problems. However, most healers have a specialty, such as the ability to cure malaria or broken bones, dysentery, or tuberculosis. If these healers are good enough, their reputations spread among neighboring villages, and when people have ailments in the specialties of a

nearby healer, they may seek out that healer to cure them. The best healers have reputations spanning hundreds of miles, throughout The Gambia and into Senegal and Mali; patients sometimes travel for days to find a certain healer.

Healers work in a variety of ways. Some are able to take care of in-patients for a few days, others treat only on an out-patient basis. Patients often go to the healers, and sometimes healers will travel to their patients. How they work depends on a variety of factors: how many patients need them, what kind of healer they are, where they live, how busy the healers may be with their other jobs, and other variables as well. They all have different specialties and remedies, were trained differently, get their powers from different sources, and will pass on their knowledge in a unique way.

One of the healers I interviewed lived in the village of Njaba Kunda, near Farafenni. Daouda Joof, of the North Bank Divisional Health Team (DHT), took me to the healer's home. I sat down in the shade with the healer and a couple of Mr. Joof's co-workers, who served as translators. I had not prepared interview questions, so I just got basic information about the healer.

He told me that he inherited his powers and skills from his father and has been working as a healer for over thirty years, but he is also a farmer. He sometimes treats more than ten patients a day and can keep a small number of patients in his home while he heals them. His son recently started learning the trade but will not work alone until his father can no longer work. I have found this to be a common method of passing down these skills. Many believe that the descendants of those with supernatural powers will possess the same gift. This method insures that the number of healers remains constant and that this respected profession stays in the family. This healer is the fifth generation of healers in his family; the profession is passed from father to son.

I wanted to know if healers ever worked together: collaborate to cure people or share knowledge to make each other better healers. My informant had worked with other healers, and sometimes doctors of modern medicine, to heal people, but he never shared his knowledge or learned from other healers. He told me that all healers have confidential practices and keep it that way to protect their family tradition.

I also asked him a few questions about his herb-collecting techniques. He explained that he had gathered and stored a variety of medicinal herbs and could give them to patients immediately upon diagnosis, but he often had to go out and find the plants that patients needed after he diagnosed them. A major problem currently facing The Gambia is the

over-harvesting of vegetation.

Deforestation and the loss of both plant and animal species in the area have all greatly increased over the



*Deforestation is partially due to clearing more land for farm fields, as with this rice field.*

past thirty years as a result of both climatic variables and the population explosion. He told me that some plants have become very difficult to find and that he often has to travel farther and farther to find the plants he needs. Sometimes he has to contact people in towns hundreds of miles away and have them send him plants.

With all my questions answered, I asked if he had any questions for me. He wanted to know my opinion of traditional medicine. I told him that my culture had very different views of spirituality and the non-physical world and that I approached the field with a skeptical, but open mind. After we adjourned the interview, we all sat on the ground and ate lunch from a communal bowl. I felt honored that I was given one of the three spoons.

### **Modern Medicine**

The modern medical system is composed of people who are professionally trained in modern medical techniques and concepts, advanced facilities and equipment, and commercially prepared drugs. The high cost of these components drastically limits the availability and accessibility of modern health care. Due to national poverty, health facilities can afford only basic equipment to provide limited services, and the sparsely scattered facilities are understaffed. Because household incomes are so low, even these

relatively inexpensive services are unattainable for many Gambians. Both the health care quality and coverage are severely compromised because of the limited funds, personnel, and resources. The system, however, has been organized to provide the best health care possible under the given conditions.

The modern medical system has three levels of facilities. At the primary level are village-based health services, which are usually centered in villages with more than four hundred people. Daouda Joof, of the North Bank Divisional Health Team, stated that there are currently 396 primary health care villages in which 67% of the Gambian population lives.

Village health workers provide the community with basic services: curing minor ailments, dispensing medicines. Because there are so many of them, these facilities are only minimally staffed. At the secondary level are facility-based Basic Health Services, which operate in conjunction with the village health workers. The secondary facilities are staffed with nurses and doctors who provide more advanced care, perform some surgeries, labor and delivery procedures, and maternal and child health care. They include medication dispensaries. Non-Governmental Organizations (NGOs), like Worldview International Organization and multinational organizations like the



*Community drug store*

World Health Organization and UNICEF, help provide care at this level. At the top of the pyramid is the tertiary level: the two referral hospitals, Royal Victoria Hospital in Banjul and Bansang Hospital (a third, in Farafenni, hopefully will be operational in the fall of 1998). These hospitals offer the most advanced services and procedures that are not available elsewhere; they handle all the cases that have been referred from the health clinics, such as major trauma and complicated deliveries requiring surgery. They are staffed with doctors, nurses, pharmacists, and



*The new hospital at Farafenni is not yet operational.*

laboratory specialists (Grant 1998:1-3).

My first exposure to modern health care in The Gambia was a tour of Royal Victoria Hospital (RVH) in Banjul. This is the larger of two hospitals in the country. As we walked through the various wards, I was struck by the conditions; there was a thick smell of blood in every room, a few screen doors were falling off their hinges, and the heat was stifling. The adult wards consisted of single rooms, in which twenty to thirty beds were lined up side by side, scarcely with room for a single visitor. The children's ward was even more crowded. Into small, windowless, poorly ventilated rooms were crammed dozens of mothers with children in their arms. Most sat or lay on the small beds; they looked exhausted from the heat, the waiting, and the anxiety that accompanies illness.

The main cause for such conditions seems to be a lack of resources. RVH is the largest hospital in the country, but it is one of only two, which means it must service more than half the country. The facilities are simply not large enough to accommodate all the patients. The beds are packed into the wards as tightly as possible, and there are still too few of them. The health facilities are severely understaffed; there are not enough trained personnel to take care of everyone. One reason for this is that The Gambia does not have any institutions for training doctors. Of the dozen or so doctors I met, not one of them was native to The Gambia. Most come from Nigeria, Cuba, England, and the U.S.A.

The health care system is also in desperate need of funds. Medical services are heavily subsidized by the government, and patients are charged to pay for a small portion of the costs. The patient's cost for staying in a bed in RVH for a week, including any services rendered and medications, is fifty dalasis (D50 = \$5 U.S.). The government cannot afford to continue to pay the ever-increasing costs of health care; Daouda Joof said that patients are being charged increasing amounts for medical care in efforts to recover costs. Unfortunately, many Gambians have a

difficult time paying for medical care, even at the previously lower rates, and cost-recovery attempts are reducing the number of people who can afford modern medical attention.

### **Problems with Modern Medicine**

There are many inherent problems with modern medicine in The Gambia that prevent it from completely replacing traditional medicine. Along with the prohibitively high costs of care that were described above, there are several other factors making care inaccessible to much of the population. Due to the very limited funds, personnel, and facilities, those that are available are scattered quite sparingly across the country. With only two hospitals in the country, most of the population must travel substantial distances to get to these tertiary health facilities. Someone can travel a hundred miles in the U.S. in less than two hours, but for Gambians, such a trip may take days. Not everyone owns a car or a motorcycle, and very few of the roads are paved.

Unfortunately, those who need to get to a hospital are usually suffering from the most severe illnesses, which may only be complicated by traveling. The end result is that the hospitals are not an option for a great many Gambians.

Coupled with the low availability of modern medicine is the inability to provide the best care possible. While many Gambians never get to the hospitals, a very large number still do. The limited space cannot always accommodate all the patients. People often have to wait for beds, and they may have to wait to get medical attention because the hospitals are understaffed. This shortage of personnel is the result of very few people getting the training necessary to function in hospitals. The few who are qualified are often drastically over-worked but still only earn meager salaries because of the limited funds for health care. These factors cause a great many professionals to quit their government jobs and open private practices or work for NGOs, where they will work fewer hours and earn better salaries. Those who do stay must be admired for their devotion to caring for their fellow Gambians. Coupled with the scarcity of personnel is the shortage of equipment and supplies. Many patients may not get the medications, operations or other services they need because of these shortages caused by a lack of funding. All of these shortcomings equate to an unreliable medical system; even if patients travel to the facilities and pay the increasingly high costs of service, there is still a good chance that they will not receive the care they need.

With all these problems, it should come as no

surprise that Gambians more often than not choose the alternative: traditional medicine. During my stay in Bakau, I was out walking one night and cut my hand on the broken glass that looms atop many compound fences as a security measure. The cut was very deep, and Dr. Roberts suggested that he take me to RVH for stitches. Even though this is the best health facility in the country, and stitches are a relatively simple procedure, I was still very reticent to go to the hospital that night. I was paranoid of getting diseases from dirty equipment, a painful surgery due to a lack of anesthetic, a scarred finger from an incompetent doctor. I probably would have been fine to go to the hospital, but these fears were very real at the time. I chose to dress the wound myself, partly due to the lack of severity, but largely due to my lack of confidence in the facilities.

### **Predominance of Traditional Medicine**

After centuries of scientific research contributions from around the world toward the advancement of modern medicine, it seems clear that it has the potential for being a highly effective system. Despite the superiority of modern medicine, traditional medicine is the prevailing system in The Gambia; Mr. Sarr, from the School of Nursing, estimated that sixty percent of Gambians will go to a traditional healer before a modern health facility. Modern medicine has failed to replace traditional medicine for several reasons, not only because of the limitations with modern medicine in The Gambia, but also because certain characteristics of traditional medicine preclude its extinction from the area.

There are many qualities of traditional medicine that contribute to its continued popularity in The Gambia. It is much more accessible, both financially and in terms of convenience. When people need to see a healer, they need only to walk down the street or maybe travel to the next village to find one. In certain circumstances, people with severe or unusual cases may need to go farther, but these situations are relatively rare. Also, the cost of traditional medicine is quite low compared to that of modern medicine, and because the government is charging more for treatment to recover costs, traditional medicine is becoming even more relatively inexpensive. The fees that healers charge are usually reasonable. Since healers oftentimes have other means of income, they do not rely on their patients for a steady income; healing practices may not even be profitable. Healers are rarely paid with money, but rather they are given food— chickens, bags of rice— or promised services as payment for their work.

There are also cultural influences that help

maintain traditional medicine in West African society. There are still Americans who believe in supernatural powers, but spiritualism in the U.S. has, for the most part, been put to death by the hand of modern science. While the scientific method is the new religion of western cultures, it has not yet thoroughly infiltrated West Africa. Most Gambians are religious and do believe in supernatural powers. For example, many Gambians believe that evil spirits can make a person ill, and some healers have mystical powers of prayers, charms, and special plants that can drive away the spirits that bring sickness. Traditional healers employ methods that address what the patients believe to be the cause of sickness; modern doctors address what modern science dictates the causes to be. Those Gambians who have not been educated about germ theory hold perceptions of diseases that are largely shared by traditional healers. Such people may disagree with doctors' explanations for disease and will be much more likely to seek out traditional healers. Even after years of public health education, many Gambians are unaware of germ theory and explanations of contagion.

Not only is the Gambian culture very spiritual, but it is also traditional. Through all the foreign influences— colonialism, imperialism, slave trading, religious missionaries— Gambians have strongly held and perpetuated their indigenous traditions. Traditional medicine is a prime example of this. Healers, who are usually male, pass down their knowledge and skills to a single apprentice, usually the healer's son. The strong family bond that exists in The Gambia leads to generation after generation of healers in the same family. A healer will take care of a certain region or village, and when he is too old to work, his apprentice takes over his patients. The healing practice is passed down to the next generation, and patients and their children continue



*Remains of famous slave factory/fortress on James Island*

to seek out the same practice and get care from the new healer. This cycle makes it very difficult for modern medicine to gain acceptance.

This concept of tradition was very apparent in the villages I visited. I had the opportunity to observe village life and the role of healers in the community when I traveled up-country. Since the village communities are small, everyone is close. The healers are highly respected and trusted members of the village, and people have faith in their powers. It would be an insult not to go to the local healer.

#### Week 4

During the fourth week of the trip, all the students went their separate ways to work on our projects. On Monday morning, I took a taxi to the Serrekunda taxi park and found the van that was to take me to Farafenni at some time that day. I waited during the hottest part of the day in a van that had twenty other people in it. My water had to last me all day, so I took small sips to keep from getting dehydrated. There was a metal bar in my seat back that was making its way through my spine and a gas jug at my feet making me dizzy from the fumes. There were children crying next to me or crawling over me to get to their seats while vendors milled around outside the van and pestered me through the window. Most of the people were just looking at me and wondering, I suppose, what a tubab was doing on a bus by himself headed half way up the country. I wondered the same thing.

After driving for six hours and waiting another hour for the ferry to cross the river, I arrived in Farafenni late that evening. I began wandering around the taxi park asking if anyone spoke English. Eventually I found where the DHT was located and walked there to find Daouda Joof. I was extremely relieved when I finally found him because it meant I had arrived where I had set out to go. I got cleaned up in the room that Mr. Joof gave me and then had dinner and watched a World Cup game with a group of people who lived at the DHT.

That night I walked around Farafenni to get a late snack and some water. As I walked back to the DHT that night, I was amazed at how dark and quiet the town was. The night sky was perfectly clear, and I could not hear a sound until I was startled by a dog fight that erupted thirty feet from me. Disturbed by what I could make out of the fight with my flashlight, I quickly walked back to my room.

In the morning I interviewed Mr. Joof about health care in The Gambia, and then we drove to some neighboring villages to drop off health supplies. Later, we drove to Njaba Kunda, where I conducted an interview with a healer, which I already described.



*Kids watching the World Cup in the compound at Farafenni*

In the afternoon, I walked around the DHT to see what went on there. I ate dinner and watched the World Cup with Mr. Joof again and then went to bed very early, as I was exhausted from the heat and the traveling.

I got a ride in a DHT vehicle to Kerewan the next day. I was to meet Momodou Conteh (the Information, Communication and Education Officer for Worldview Vision) there, but he had not yet gotten back from Banjul, so his colleague, Haruna Kuyateh, showed me around and found a room for me. I got cleaned up in the room, which was as nice as any other place I stayed the whole month. I went to bed having no idea I was in for a long night. The electricity shut off around midnight, and the fan, providing a refreshingly cool breeze in which I slept, stopped. When I had gone to sleep, I thought that the absence of a mosquito net would not be a problem because of the fan. The breeze no longer protected me from the mosquitoes, and I awoke, shortly thereafter, in a cold sweat to the roar of hungry mosquitoes swarming around me. I spent the next six hours huddled beneath my sheet clutching my bottle of 95% DEET mosquito repellent. Every few minutes I would peek out from under my sweat- and DEET-soaked sheet at the window, hoping for a glimpse of sunlight, indicating that the night would soon end.

I had breakfast with Mr. Kuyateh, and then we drove to a few nearby villages. He had to distribute educational supplies. Then we met with the traditional healer Ma Lagi Conteh whom Mr. Kuyateh had arranged for me to interview. He led us into his compound, and we all sat down. Mr. Kuyateh introduced me in Mandinka and explained the nature of our visit to the healer.

Ma Lagi Conteh had been a village herbalist for the past fifteen years. He told me about his gift as a



healer; by looking into a patient's eye or by holding the patient's hand, he can tell what disease the patient has. After diagnosing a patient, Ma Lagi goes into the bush looking for plant remedies. He says that plants are like people, that they have different states of mind, sometimes sleeping or relaxing, and he must wake them up so he can communicate with them. He says that a plant will tell him if it will help the patient and if the patient can be treated at all.

These powers were a gift that he learned to use with the help of his father. Ma Lagi did not have an apprentice at the time of the interview, but his son often accompanies him when he collects plants. He only has space in his house for one patient at a time and often takes care of patients for several days. I asked him about the number of patients he has treated, and he pulled out a small booklet that had all his records. He had figures on how many people he had treated from his village, nearby Farafenni and Kerewan, the Kombo area, and southern Senegal. Most of his patients had come to him, but he said he took regular trips around the country to treat people.

I was curious about his opinion of modern medicine. He explained that modern medicine is often better than traditional medicine but that many people, especially in villages, go to healers just because it is easier. He also said that traditional medicine was faster and more effective for certain diseases. He did, however, express confidence in modern medicine; when he is unable to treat patients, he refers them to modern health facilities because he recognizes that they have the capacity to treat a larger number of ailments.

After I had asked all my questions, I thanked him profusely for taking time away from his fields to speak with me. We exchanged addresses because he wanted to keep in contact with me so that we could maintain a collaborative relationship between healers. He wanted to teach me more and wanted to learn more about western methods of healing. He said that the next time I was in The Gambia, he would take me into the bush and show me how he communicated with the plants and found the right ones.

On the ride back to Kerewan, the bike that Mr. Kuyateh and I were on ran out of gas, and we walked about three miles back to town. After the walk in the sweltering afternoon heat, I was ready for my daily afternoon nap, which I grew to rely on to replenish my strength, especially up-country where the heat is unrelenting. I left for Banjul later that afternoon. Mr. Kuyateh took me to the taxi park, and I boarded a van headed for Barra. The travel was slow for the first hour because the road was not paved, but we finally got to the paved section. I got to Barra right as the ferry to Banjul was pulling out, so I had to wait two

hours for the next one. I walked around town and met some people. A local showed me around Fort Bullen and introduced me to a man who had been living in a



*Out of gas on the Kerewan road*

tree for the past three decades. I also met some children who were very eager to get my address and to give me theirs so we could stay in contact.

I boarded the ferry as the sun was setting. I didn't have any warm clothes with me, so I shivered as the temperature dropped and the ocean wind blew. I was happy to be a little cold after being in the desert heat for the past several days. We finally docked in Banjul, and I caught a taxi to Bakau. By the time I got back to the hotel, it was nighttime, and I was exhausted. As I look back, this was my favorite week of the trip, but at the time, I was happy to be back in Bakau and with the rest of the group again.

### **Initiative to Integrate the Medical Systems**

Currently the two systems of health care function relatively independently of one another, each with its own advantages as well as disadvantages. There has been a trend in some of Gambia's neighboring West African countries to combine these two systems so that the advantages of each are preserved and the shortcomings of each are eliminated by the presence of the other. Mr. Joof told me that both Ghana and Niger have worked toward this integration and, as a result, have two of the best health care systems in West Africa. Very little has been done in The Gambia to combine the two systems, but, given the current health care needs of a rapidly growing population, integration may be a difficult but essential step to improving health care.

Though complete integration is a distant goal, The



Gambia has made efforts with certain programs to combine traditional and modern medicine. The Traditional Birth Attendant (TBA) program is an example of such attempts. TBAs are usually local village women who help other village women to deliver their babies at home. They are nominated for the program by the other villagers and are trained by modern health educators for six to eight weeks to deliver babies in a rural setting and to dispense certain medications. Aseptic techniques, a pillar of modern medicine, are also an integral part of the training; many Gambians are not familiar with modern germ theory, and it is very important to teach TBAs how to avoid infections, which are a significant cause of death in The Gambia. TBAs are also trained to refer patients to modern health facilities in the event of complications during deliveries. Since the TBAs are villagers, they usually have close relationships with their patients and have their trust and confidence. The reasoning behind the TBA program is that they have enough training to handle most deliveries and reduce the number of infections, which often lead to complications or death, and there are sufficient numbers of TBAs who are spread across the country that most Gambians have access to their services.

By establishing TBAs as one of the links between villagers and health services, health coverage has improved through education, communication, and information efforts (Use of Village... 1975:78). The TBA program has met with much success; Daouda Joof gave me some statistics on the improvement of health care over the past twenty years. Infant mortality has dropped from 267 to 93 per 1000 live births. Deaths of children under five years old have dropped from 365 to 123 per 1000. Maternal mortality has dropped from 30 to 10 per 1000 births since the installation of the TBA program and decentralization from the hospitals to the primary and secondary health services.

This system is a very good example of how the limited resources available for health care can be delegated effectively. Since neither the funding nor the personnel is available to construct health facilities in every village, there must be compromises, and the TBA program, where the modern medical system has been able to reach out to virtually every village, has been a success. TBAs are serving as a model whereby the health care providers who are already in place, traditional healers, are trained by modern medical educators on how to provide the best care in the rural setting.

### Three-Day Workshop

While our group was in Bansang, we visited

the Divisional Health Team based there and met with Margaret Grant, a Peace Corps volunteer stationed there. When she found out that I was researching traditional medicine, she invited me to attend a workshop for traditional healers organized by members of the DHT. I went to the workshop the following day, which was the third and final day of this UNICEF-sponsored event. Eleven healers from all over the Central River Division had come to this workshop, which focussed on the rapid diagnosis and treatment of malaria, acute respiratory infection (ARI), and diarrhea.

The session started at 10:00 a.m. as healers slowly came into the classroom. There were two instructors in charge. I sat beside one who had offered to translate for me. There was no single common language among the eleven healers at the conference, so the instructors spoke in Mandinka and then repeated themselves in Wolof and Fula.

The goal of the conference was to provide healers with the information that modern health practitioners use to diagnose and treat these diseases, three of the most common in The Gambia. The ability of healers to diagnose these diseases is a key step to treating them. There are no effective traditional cures for malaria and ARI, so it is imperative that healers refer patients who present the symptoms of these diseases to modern health services. Diarrhea is more complex; the difficulty is not in diagnosing it but rather determining how severe the case is and treating it accordingly. Severe diarrhea can be fatal, especially for children, because the body becomes dehydrated very quickly, especially in the tropics. Healers are trained to diagnose cases as either mild or severe and treat mild cases with an oral rehydration mixture of sugar, salt and water. Because this treatment is ineffective with severe diarrhea, healers are told to refer these cases

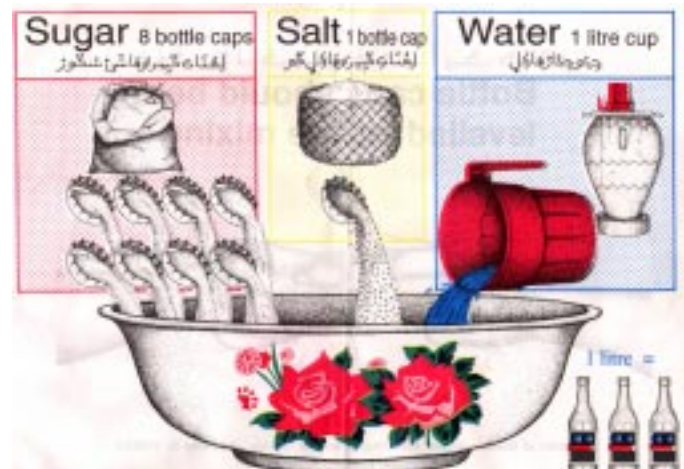


Figure 4.1 Home recipe for oral rehydration solution to treat diarrhea

to health facilities immediately.

After two hours of teaching, there was a question and answer session. The healers were getting restless, explaining to the instructors that they had been at the conference for three days and had to get back to their villages. All had families to care for, many had fields to work in, and others had civic duties because they were village leaders.

Training programs such as this one are very difficult to organize. Community health educators have a hard time getting healers to attend such programs. Those who do participate are forced to neglect other responsibilities to their families and communities. Funding from UNICEF paid for transportation to and from the workshop, food and lodging for three days for all the healers, instructors' salaries, and materials used. Since resources were limited, the most famous and respected healers were solicited for the workshop. The reasoning behind this was that these healers would most likely treat the greatest number of patients. Also, other healers, who are lesser known, may follow the lead of these healers and become more receptive to future opportunities for similar training. By finding these prominent individuals, the health educators can hopefully maximize the benefits derived from training this small number of healers.

Not only is it difficult to convince healers to participate, but it is a major task just to find them. There is no licensing or registration of traditional healers, so organizers cannot thumb through the yellow pages to find all the healers in a certain region. They often have to travel to the villages and find healers personally, which is a task complicated by the fact that many healers are hesitant to come forward to health officials.

Educators must realize that many healers may see



*Traditional healer who participated in the UNICEF workshop in Bansang*

no personal benefits to modernizing. The majority of Gambians, including those who work in the modern medical health sector, already go to traditional healers first, and many people have faith in the curative powers of healers, so they will not think a healer incompetent if he fails to cure a disease. Healers must be driven by the knowledge that working with modern health services is in the best interest of their patients.

### **Conclusion**

With continued efforts, The Gambia can further the integration of modern and traditional medicine. Programs like the training workshop in Bansang are aimed at spreading modern medical techniques and information across the country to all health care providers. There are still many barriers to disseminating such information. As discussed above, finding healers who are willing to learn is often difficult. Many healers are very reluctant to let outsiders alter healing practices that have been passed down through the generations. Also, because healers have traditional views about disease being caused by spirits or other supernatural powers, they may be skeptical that modern techniques are more effective than their family practices. Even the people who attended the conference in Bansang may decide not to get involved in the system and not follow any of the instructions they received. Unfortunately, without follow-up monitoring, which requires additional resources and personnel, there is no way of knowing how beneficial the efforts have been.

To remedy this attitude barrier and bridge the gap, the government must take the initiative. Health educators must stress that healers will not be replaced, that the two systems will work together, with each doing its part. The modern health system can provide the training, resources, and technical support for local healers. Funding, which is already scarce, will be needed for such increased efforts. Depending on the success of health system reformations, they may prove to be cost effective. Preventive health care and education must increase because avoiding diseases is much cheaper than treating them.

Overcoming barriers created by different attitudes, traditional ideologies, and severe funding shortages will be very difficult. Gambians strongly cling to their traditions, but if they are to improve their health care, this transformation must be everyone's priority. While these obstacles exist, The Gambia may look to neighboring countries for guidance. The health systems in Ghana, Niger, and Nigeria had the same obstacles but underwent similar changes and have met with great success.

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*The mosque is a central symbol for the country's spiritual life.*

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*Some of Ryan's friends at a drumming session in Bakau*



*Mural of President Yahya Jammeh at Wassu museum*



*Women's museum on Goree Island, Senegal*