Traditional healers and cancer prevention .....

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Abstract

The increase in the incidence of cancer in South Africa necessitates the expansion of preventative efforts. This study shows that traditional healers in Atteridgeville are consulted by a range of people in their communities, have a basic knowledge of cancer, provide health education to their patients and are willing to participate in cancer preventative strategies. They are therefore ideally suited to augment the services of westernized health care workers. The issue of professionalization is explored and a procedure is suggested whereby the training of traditional healers can be enhanced so as to facilitate their professionalization and their collaboration with other health care workers in the prevention of cancer.

Abstrak

Die toename in die voorkoms van kanker in Suid-Afrika noodsaak die uitbreiding van voorkomingsaksies. Hierdie studie toon aan dat tradisionele helers in Atteridgeville deur 'n verskeidenheid mense in hul gemeenskappe geraadpleeg word, en dat hul oor basiese kennis van kanker beskik, gesondheidsopvoeding aan hul pasiënte verskaf en bereid is om deel te neem aan kankervoorkomingstrategieë. Hulle is daarom goed geplaas om die dienste van westerse gesondheidsorgwerkers aan te vul. Die kwessie van professionalisering word ondersoek en 'n prosedure word voorgestel waarvolgens die opleiding van tradisionele helers verbeter kan word met die oog op die bevordering van hul professionalisering en hul samewerking met ander gesondheidsorgwerkers in die voorkoming van kanker.

"Despite prevention programmes, educational efforts and advances in the treatment of the disease, cancer is on the increase in South Africa."

Introduction and problem statement

Despite prevention programmes, educational efforts and advances in the treatment of the disease, cancer is on the increase in South Africa. Adjusting for underreporting, the lifetime risk for cancer is currently estimated to be 1 in 5 for females and 1 in 4 for males (Sitas *et al.*, 1997). Furthermore, cancer of the cervix, breast, oesophagus, lung, colon and bladder are among the major public health problems (Sitas *et al.*, 1996). These and other cancers are largely preventable by following a healthy lifestyle (by avoiding, for example, risk factors such as smoking tobacco, a high fat and low fibre diet, sexual intercourse at an early age and multiple sexual partners). In addition, these cancers are curable if detected early. However, people commonly engage too late in western medical treatment. Indeed, Hacking, Gudgeon and Lubelwana (1988: 59-61) found that Xhosa women with breast cancer, although they did not necessarily delay seeking health care, sought health care from a traditional healer first.

The need to make preventative strategies available to everybody in society is evident. To this end and in view of the shortage of westernized health care workers and facilities it is essential that the assistance of traditional healers be considered.

There is a world-wide interest in co-operation between westernized and indigenous health care systems. For example, in recent years much has been written on the preservation of indigenous (traditional) beliefs (Jilek, 1994; Blackett, 1997; Rankin & Kappy, 1993; Applewhite, 1995) and on health care pluralism, i.e. the use of both biomedical and non-biomedical systems by the same person (Hammond-Tooke, 1989; Green, 1992; Rankin & Kappy, 1993; Jilek, 1994; Applewhite, 1995; Booyens, 1991; Pretorius, 1989). Indeed, people seldom make use of one kind of health care only but use services as they see fit.

Despite some unresolved issues pertaining, amongst others, to registration and standardization, there is increasing co-operation between the westernized and the indigenous systems in South Africa. For instance, co-operation has been achieved in the training of traditional healers in AIDS prevention (Green *et al.*, (1995)).

In view of the serious public health problem presented by cancer and the availability of traditional healers in especially black communities, there is a need to investigate the possibility of enlisting the help of traditional healers in the prevention and early detection of cancer.

Aim and objectives

This study was aimed at exploring the possibility of incorporating traditional healers in Atteridgeville (a suburb of Pretoria) into westernized medical efforts to combat cancer. The specific objectives included the investigation of:

- traditional healers' access to the community
- which conditions they treated
- traditional healers' perceptions of the causes, signs and symptoms, diagnosis, prevention and treatment of cancer
- their perceptions of westernized treatment of cancer
- their perceptions of traditional healers' role in health education

Research design and methodology

A qualitative research approach was used because it was deemed more effective than a quantitative approach in providing an understanding of traditional healers' cancer-related perceptions and practices. Random sampling was used to select traditional healers for individual interviews. These were conducted by interviewers resident in the community and conversant with the languages spoken by the participants. The interviewers received thorough orientation regarding the study and the research instruments.

Survey group

Known traditional healers in Atteridgeville were listed with the help of two health promotion advisers who also conducted the interviews. Of the 117 names, 40 were randomly selected. Substitutes for unavailable traditional healers were randomly drawn from the rest. In keeping with qualitative research methods the responses were continuously checked for trends as the questionnaires were received. When no new data were revealed the interviewing was discontinued (N=30).

Data collection and analysis

The interview schedule was designed in co-operation with an oncologist. Most of the questions were open-ended as such questions provide the opportunity to give opinions freely. Some closed questions were included in the expectation that participants might overlook pertinent aspects in answering the open-ended questions.

Two health promotion advisers, resident and working in Atteridgeville and conversant with the languages spoken there, were trained to conduct in-depth individual interviews with the traditional healers at their respective homes. They were chosen for their insight into the culture and language of the traditional healers and their experience in dealing with them in a training situation previously.

Because of the qualitative nature of the study the interpretation and reporting of the data will be mainly descriptive. Some responses are quoted here because they highlight important issues. (It must be borne in mind that the quotations are translations by the interviewers from the languages used by the interviewees.)

Realization of the sample and biographical profile of participants

The realized survey group in Atteridgeville (N=30) consisted mainly of females (22). Education levels varied from no schooling to 10 years. Tswana, Pedi and Zulu were the home languages most frequently stated. Age ranged from 26 to 76 years and duration of practice varied from three to 60 years. Some participants described themselves as *sangomas*. However, the negative connotation ascribed to this term caused a reluctance to use it. Participants generally preferred the term "traditional healer". During the interviews it became clear that most of them were diviners guided by their *amadlozi* (ancestors). All but four were members of traditional healers' organizations. About half of the participants had reportedly attended primary health care (PHC) courses presented by the medical team of the University of Pretoria and/or a few talks on cancer presented by an oncologist during the year prior to this study.

Findings

Access to the community

The traditional healers were consulted by people of all ages, both genders and with varying levels of education. As one participant put it, "by everybody, black and white".

Conditions treated by traditional healers

Generally, traditional healers stated that they could treat any disease - some said any disease if the ancestors consented. There was a tendency to mention baby/infant illnesses, sexually transmitted diseases (STDs) and infertility and, to a lesser extent, home problems, bewitched persons, mental illness, hypertension, swollen legs, *sefola* and *sesepedi* (terms used to describe cancer), *imbeleko, sifulane, tinyawa* and *tlhogwana* (depression of the fontanelle).[1] There was no essential difference between conditions which participants were able to treat and those in which they specialized.

Perceptions of cancer

The nature of cancer

Terms used by the traditional healers to refer to cancer included *sefola*, *sesepidi*, *umdlavuza*, *lethala*, *thosola, seso, nyamakazi, fokozani, emfokozane, umhlavosi, imvelase* and *thlagala*. (The language of origin of each term was not established.)

The most common descriptions of cancer related to signs and symptoms. A growth/lump or sore which does not heal featured most often. This was followed by references to an unusual discharge, pus or bleeding, especially from the vagina. Hoarseness, difficulty in breathing, loss of weight, loss of energy, pains in the body, and difficulty in urinating (men) were also mentioned. Diarrhoea and blood in stools were mentioned less frequently.

Some responses indicated that the participants had attended lectures: "From slides we saw cancer is a disease that causes deformity and damage to any part of the body or organ e.g. sores on any part of the body that does not heal"; "From the knowledge gained through training ... cancer could be related to a lump in the breast, though some lumps are not cancerous, and bleeding or discharge from vagina and sores that don't heal. Any part of the body can be affected and will not heal".

All participants were aware that there were different types of cancer. For instance, it was believed that "any organ in the body can be affected", and most participants named a few types of cancer, for example cancer of the cervix, male genitals, oesophagus, skin, breast, bones, eye, mouth, head and blood.

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1. For some expressions translations could not be found.

Even those participants who otherwise felt that they knew little about cancer, had views on its progression. Cancer was generally described as a sore or lump which became bigger, formed pus, started bleeding later, did not heal and eventually became painful. There was also reference to the spread of cancer throughout the body if the cancer was not detected early. Some participants defined cancer as incurable while others defined it as curable if detected early.

Causes of cancer
Most traditional healers named combinations of lifestyle causes of cancer: cigarette smoke, alcohol, early involvement in sexual activity, many sexual partners, dietary factors such as food additives, and lack of self-care. Genetic predisposition was mentioned to a lesser extent. Many responses were qualified with phrases indicating that the traditional healers were not quite convinced about the causes of cancer, for example: "Don't really know, we learn ..."; "I've been taught ..."; and "Nobody knows what causes cancer".

Other causes mentioned were witchcraft, the ancestors, "germs like the bites which are left untreated", "a person can be born with cancer", medication, poisons, and contraceptives used by women, especially pills.

Some participants appeared to find the causes confusing, for example: "Too many sexual partners and early involvement in sexual acts, hence the sore. How the internal organs are affected depends on what we eat and drink. But it is not known what causes cancer. We learn and hear that [the abovementioned] could be possibilities. Cancer of the head, neck, eye, nose, etc. are not associated with sex thus the real cause of cancer is still unknown."

Diagnosis of cancer
Some participants did not know about the diagnosis of cancer, others would look for the signs already mentioned, and yet others said that the diagnosis would have to be made by medical personnel. Some traditional healers appeared to be mainly concerned with the cure, and the diagnosis was secondary, for example: "My biggest concern is can I cure this disease, what are the best herbs to use? With regards to the diagnosis this often comes last" and "The term cancer wouldn't be used by my *idlozi* (ancestor) but what I'm certain about is that I will be told what to do or use to cure the disease and that is usually my greatest concern".

Those traditional healers who have diagnosed cancer, have generally done so infrequently, for example: "During the past ten years I have not diagnosed one" and "I only diagnose cancer once in a while."

Participants who relied on the throwing of bones to make a diagnosis, said for example: "When I look at my bones and spiritually I see that the patient has cancer I also feel that the patient has cancer." The throwing of bones appears to precede the taking of the medical history and the physical examination, for example: "I first find out from the bones. The bones will tell me that there is a certain swollen place in the body and I ask the patient, the patient will explain about the swollen part."

Some participants felt that due to knowledge gained through training (PHC/oncology), they would become more confident in making diagnoses, for example: "I will ... be able to diagnose. In the past years my concern was to cure the disease with the assistance of my ancestor."

Treatment of cancer
Although some participants said they had never treated a person with cancer and others said that they referred patients to a hospital after diagnosis, most described how they would go about treatment. The following were typical treatment methods:

- The traditional healer was guided by the *idlozi* during the throwing of the bones with regard to the type of herbs to use or mix. Sometimes they were guided to go and dig in the veld for the ingredients. A traditional healer received guidance for each person specifically and uniquely. Sometimes treatment was not indicated, for example: "If it is not going to be possible to heal the patient, the bones will show all that, so as not to waste the patient's time." It was also difficult to describe the treatment to outsiders. Permission would have to be obtained from the ancestors to divulge the names of the herbs used.
- Treatment depended on the location of the cancer. Reference was made to medicine to drink (for example, "I try to kill cancer of the blood before I can treat a specific cancer") and steam treatments and lotions to apply to sores. A few specific herbs were mentioned, such as *ndzere* and *mbuponono* (both used for sores, lumps, infection and various diseases). A boiled mixture of roots of *mokgalo, sekanama, mathuba difalo, marokulu-pudi* and *majana* (rooi stroom) was mentioned as a general treatment for cancers. On the whole, participants were not keen to name specific treatments, *inter alia* because if people knew what was used they would use the herbs indiscriminately without consulting the traditional healers.

Participants felt that their treatment was effective (e.g. "the treatment for any illness is effective as long as the patient comes in the early stages").

Prevention of cancer
Some participants felt that the individual person could do nothing to prevent cancer: "A person cannot prevent cancer because he cannot prevent bewitchment and he cannot prevent the ancestor's will." There was also the opinion that traditional healers could do nothing to prevent cancer, for example: "We can only treat it when the condition is already there." However, some traditional healers used preventive medicines, for example: "There is a medicine that we boil and give to people when they are not ill to clean their blood which we call *imbiza*."

That prevention was possible through knowledge of the social environment and through health education was, however, a predominant opinion, for example: "Traditional healers can't do anything to prevent cancer except to encourage self-respect and self-discipline, especially among youths."

Specific cancers
Participants were asked to describe the signs and symptoms associated with various types of cancer as well as their treatment of each type. Responses to some of the most prevalent cancers are discussed below. In each case several participants expressed their explicit faith in guidance by the *amadlozi* when throwing the bones. Others referred vaguely to "the relevant" medicines and herbs, preferring not to be specific. A few did describe specific treatments.

■ **Cancer of the breast**
Almost all participants knew about breast cancer (the second most common cancer in women in South Africa [Sitas *et al.*, 1997]) and the most frequently mentioned sign was a lump. Bleeding, discharge or pus from the nipples was often mentioned. A few participants mentioned pain (piercing/burning pain), especially at a later stage, and swelling. Fever, fatigue, weakness, loss of appetite and swelling of the arm were also mentioned. Two types of specific treatment were given, sometimes simultaneously and sometimes consecutively.
□ Application on the affected area, for example:

- leaves of *mokgalo*, or *mokhura* put on the breast to draw the lump out
- herbs, *matholadigale, ndzere, mbuponono, mathuba-difa, ndolwane,*

padipe root, hlahlabadimo

- washing the breast with hot medicine until the sore shows, then applying medicine on the sore

☐ Systemic medicine, for example:

- a mixture of *mathuba-difa, ndolwane, padipe root, hlahlabadimo*
- medicine with fresh milk
- a mixture to clean the blood
- medicine to kill the pain

■ Cervical cancer

On the whole, participants were keen to talk about cervical cancer (the most common cancer in South African women [Sitas *et al.*, 1997]). Irregular bleeding was frequently mentioned as a sign. Many participants also indicated bleeding after sexual intercourse, and unusual discharge. Abdominal pain, sores on the cervix, fever, lower abdominal pain, "feels as if the womb is moving", offensive discharge, continuous urinating and fatigue were mentioned now and again. Local treatments included:

☐ a mixture of *mpabani* (blue stone), *stima-mollo* and water, applied to the sore with cottonwool

☐ mixing *lekoni sekgalaka*, forming it into a ball and inserting it into the vagina

☐ steaming with medicine while the patient is covered with a blanket

Systemic medicine was given to stop bleeding.

■ Lung cancer

Traditional healers generally knew about lung cancer. Persistent coughing, shortness of breath and coughing up blood were mentioned most often. Random combinations of the following were mentioned: pain, fever, fatigue, repeated treatment without improvement, sores or abscesses and weight loss. Evidence of training by the PHC team/oncologist also emerged, for example: "The medical doctor says the lung is full of holes." Some specific treatments were mentioned, for example: "I give cough medicine to ease coughing in the meantime and to heal the wound" and "There is a medicine which I burn to take out smoke and I let the patient inhale it, in the meantime I give medicine to drink".

■ Oesophageal cancer

There was less awareness of oesophageal cancer. Difficulty in swallowing and hoarseness were the signs mentioned most often. Pain, loss of appetite, swelling of the neck, vomiting and weight loss were mentioned to a lesser extent. Bleeding, difficulty and pain with breathing, persistent cough and thick offensive sputum were mentioned now and again. Treatment was similar to that of the other cancers. Systemic medicines were given *inter alia* "to unblock it and so that he can breath well" and "until the patient can swallow without pain". Another treatment mentioned was to "inhale dry medicine through the nostrils because it goes down the throat". A mixture was also used for gurgling.

■ Colon cancer

There was uncertainty about colon cancer. This is evident from the following response: "If the patient was not treated well with STD, the sores develop on the bowel and we treat the sores. I don't know of cancer of the bowel." The sign most often mentioned (often qualified with "don't know") was blood in the stools. Changes in bowel activity (constipation, diarrhoea and irregularity) and abdominal pain were mentioned fairly frequently, and changes in skin colour, offensive stools, fever, a sore/lump and pus occasionally. Specific treatment included medicine to stop constipation/diarrhoea and pain, and to heal the wounds in the bowel, and the administration of dry medicine into the rectum.

■ Cancer of the bladder

Participants were less aware of cancer of the bladder than they were of the other cancers. Two signs were mentioned frequently: blood in the urine and burning urine. Colour changes of and pus in the urine, pain on micturition, a burning pain in the bladder, sores and a rash were mentioned occasionally. One participant said: "I don't take it as cancer, it falls under the STDs. I treat STDs." Specific treatments included "steaming underneath with medicine and for women also blowing dry medicine with a thin reed" and the administration of systemic medicine, for example "giving the relevant medicine to stop blood when urinating and to heal that cancer".

Perceptions of western treatment of cancer

On the subject of **surgery** the views were mainly positive, for example: "I know of a person whose breast has been cut, she is now much better" and "I prefer it to radiation. People who have been cut live longer". Negative views included: "I don't like the cutting because I think after cutting it is going to develop somewhere else in the body"; "I don't think it's a good thing because by cutting they are not healing"; and "Sometimes we feel that doctors cut too soon. They should refer the patients to the traditional healer. Our herbs have not undergone a synthetic process and are thus very effective".

Participants were less informed about **radiotherapy.** Some participants confused radiotherapy with the taking of x-rays. Some felt that if the doctor suggested it, or surgery was impossible, it was quite acceptable. Those who did not like radiotherapy said that it worsened the condition; the patient did not live longer; it changed the complexion; it damaged other parts of the body next to the lump and it caused a swollen, burnt-out and sometimes disfigured surface.

Those who were in favour of **chemotherapy** (pills and injections), said it was the best method and the pace of healing was fast. However, many viewed chemotherapy as treatment which controlled pain only and did not cure cancer. It was suggested that chemotherapy should not be used alone but rather in combination with traditional medicine.

Participants generally felt that they would like to know more about surgery, radiotherapy and chemotherapy, *inter alia* to refer their patients to the medical doctor with confidence. They would also send their patients for medical treatment especially if the patient so wished. In the case of chemotherapy they would do so mainly because it would lessen patients' pain.

Participants were generally positive about the role of western medicine in addressing the cancer problem in Atteridgeville, *inter alia* for the following reasons: it has proved to be effective, especially when cancer is detected early; it provides education about signs and symptoms and the importance of early detection; it uses modern equipment, tests (e.g. x-rays, biopsies) and different treatments; and knowledge gained from experiments/research is used to improve the quality of western medicine.

Perceptions of traditional healers about complementarity between traditional healers and westernized medicine

Traditional healers expressed the following needs pertaining to complementarity:

☐ **Training and information for traditional healers**

- Interpersonal training by health advisers and doctors

- Pictures, pamphlets, magazines and other material that are "simple to understand" and "suit my level of education"

☐ **Infrastructure, equipment and material**

The main need was for illustrated pamphlets, brochures and magazines in a black language. All information should be brief, factual and straightforward. Some traditional healers would give printed material to their literate clients, although they themselves were illiterate. Some participants felt that they needed to discuss the issue with other traditional healers and with planners because they would not like to commit themselves to providing cancer information and later find that they have no time to use the relevant media or infrastructure.

☐ **Co-operation**

With the exception of a few participants (because they were too old or the *idlozi* was opposed to co-operation), the traditional healers generally thought that co-operation between traditional and western health care was a good idea and suggested that leaders of the two systems should exchange information and that the medical team should teach the traditional healers.

☐ **Professionalization (registration, standardization of training)**

Some participants felt that this was not necessary. Others felt that it would have to be discussed among the traditional healers. It was pointed out that traditional healers received individual training and that their methods could therefore not be standardized (because of the *idlozi*). It was also pointed out that most of them were already registered at organizations for traditional healers.

Traditional healers' role in health education and cancer-related activities

On the whole, participants felt that health education was a good idea and that people should learn to talk openly about cancer. Suggested venues for health education included churches, schools and places of employment. The mass media was the most preferred means of education. Most participants were of the opinion that people in Atteridgeville were aware of health education initiatives. Many of the traditional healers themselves had attended talks organized by health advisers during which an oncologist taught them about signs and symptoms of cancer.

With the exception of a few participants (who lacked time, concentrated on healing only or had never learnt about health education), all participants said that they provided health education to some extent at their own homes on a one-to-one basis, mainly because their patients consulted them individually. A few mentioned using magazines for this purpose, or pamphlets obtained from health advisers. Some health education was also provided when traditional healers gathered for discussions. Health education topics included:

- Personal and environmental hygiene;
- Maternal and child care, e.g. attending antenatal clinics, immunization of babies, breastfeeding, bottle hygiene and the making of rehydration solution;
- STDs, especially focusing on youth and the avoidance of early sexual activity and multiple sexual partners, the use of condoms, the relationship between STDs and infertility;
- Abstinence from smoking and excessive drinking;
- Early detection of cancer (e.g. periodic breast examinations);
- The prevention of infectious diseases such as TB and diarrhoea;
- Nutrition-related subjects: vegetable gardening and healthy foods.

To enable young people to avoid getting cancer, participants would mainly advise them on the following:

- The cultivation of self-respect (in order to refrain from harmful conduct);
- Warning signs and seeking advice early;
- Becoming well informed about cancer, e.g. by reading pamphlets and listening to advice by nurses, advisers, parents and the mass media;
- Sexuality, focusing on the dangers of early sexual activity and multiple sexual partners, responsibility towards sexual partners, avoidance of STDs, abortion and sexual activity with older people, and the advantages of using condoms;
- The disadvantages of smoking and drinking alcohol at an early age;
- Other lifestyle issues such as hygiene and nutrition.

Most participants felt that they could play a role in cancer-related health education, cancer prevention and the dissemination of information on health issues and cancer.

Discussion

The study shows that the traditional healers in Atteridgeville were consulted by people from every stratum in the community regardless of age, education or race, and for all kinds of ailments. It can be argued that traditional healers have access to many people who may otherwise be overlooked in the formal, and overloaded, health care system. They are also, by their own account, providing health education on a wide range of PHC topics.

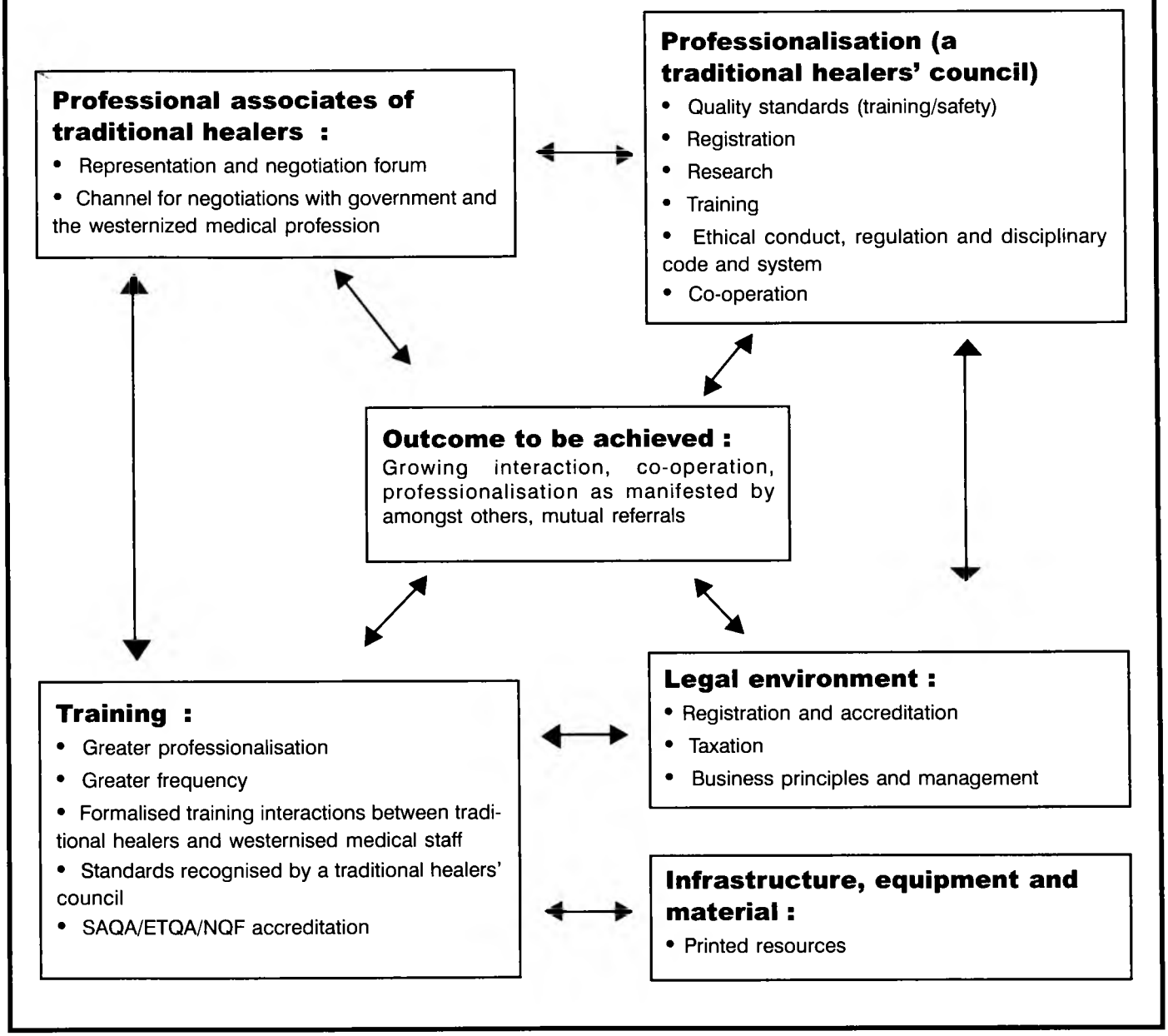
Added to this, the traditional healers have some knowledge of cancer despite certain misconceptions and their apparent limited experience of diagnosis and treatment. Although there was no one term commonly used to refer to cancer, most of the traditional healers were aware of the basic facts about cancer, for example the general signs and symptoms, that cancer is curable when detected early, that there are different types of cancer and that lifestyle factors contribute to its development. Their knowledge can at least partially be attributed to many of them having attended PHC courses or talks by an oncologist. Their attendance of these courses also indicates their willingness to participate in co-operative actions.

It could be to the benefit of the general public if the efforts of the currently overextended formal health care system could be augmented by the co-operation of traditional healers. Indeed, their basic knowledge, their keenness to learn more about cancer and their willingness to provide health education enhance prospects for empowering traditional healers to take an active role in cancer prevention, early detection and early referral.

Co-ordinating the services of traditional healers and westernized medicine

Although the discussion will focus in particular on the role of traditional healers in health education and cancer-related activities, the broad context of the relationship between traditional healing and westernized medicine first needs to be highlighted. If greater co-operation is to be achieved, a number of components co-determining the current problems, and their amelioration, need to be addressed. These are, amongst others, the role of traditional healer associations (or their possible future extension or promotion), the issue of greater professionalization, the crucial role of training, the legal environment in which the interaction will take place and matters concerning infrastructure, equipment and material. Figure 1 tries to present these components and suggests that a variety of interactions need to take place between these compo-

Figure 1: Interaction between westernized medicine and traditional healers: components of a workable degree of complementarity



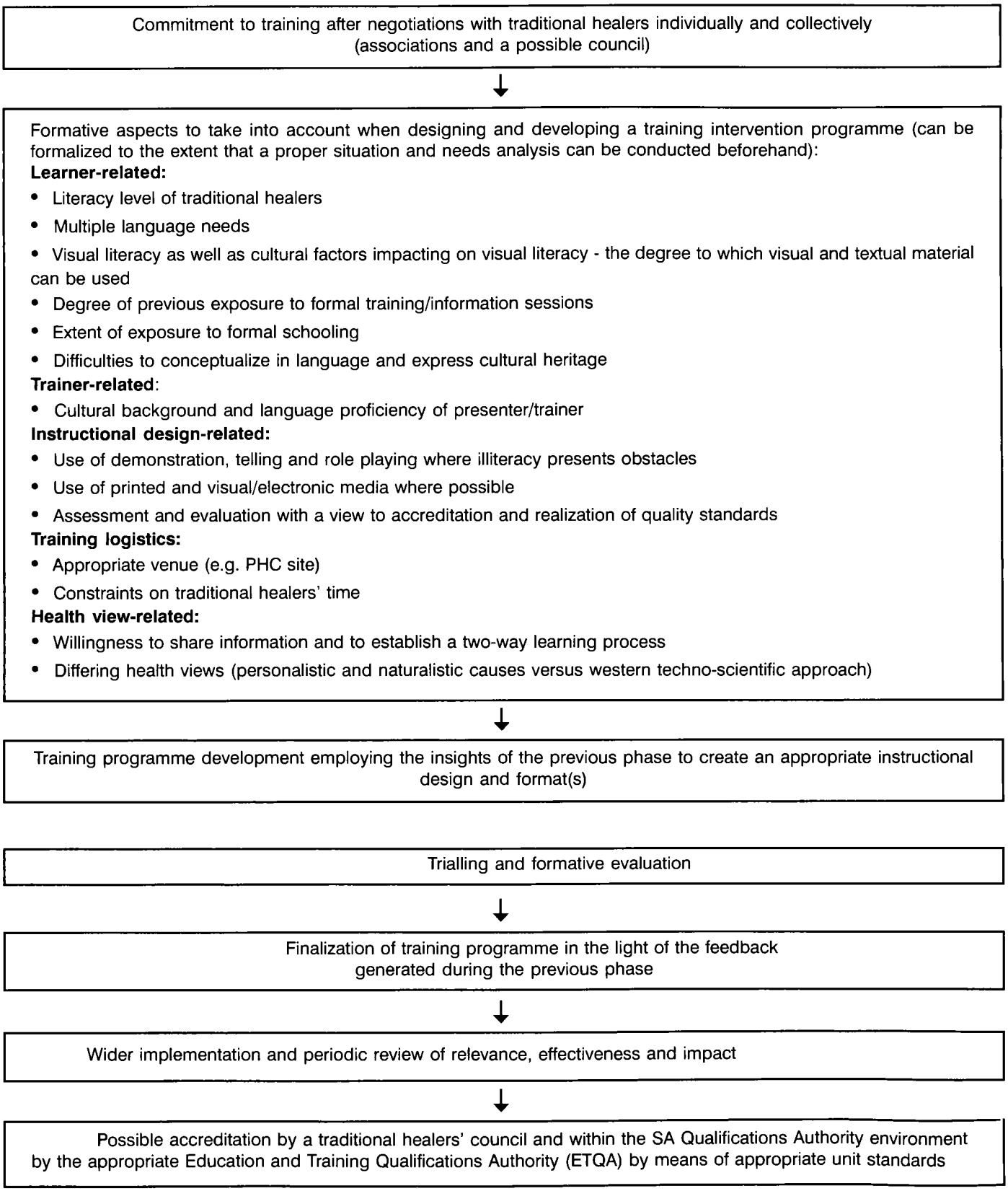
nents if the end result is to be achieved. From a patient's point of view, there is growing interaction and co-operation between western-trained health care personnel and traditional healers, and therefore greater professionalization of traditional healing. One such manifestation of the greater professionalization of traditional healing would be the frequent occurrence of mutual referrals between western-trained health care staff and traditional healers. It is clear that greater professionalization will require greater emphasis on training, which is a cornerstone of the complementarity that is being sought. If the potential contribution of traditional healers to cancer-related education is to materialize, their services must be professionalized simultaneously.

Training of traditional healers

The participants' role in cancer-related health education, as identified by themselves, poses a question as to how training is to be conceptualized and how it is to get underway. As illustrated in Figure 1, training is one of the most important cornerstones of professionalization and therefore the role of training is well interrelated with other components that will facilitate the full recognition of traditional healers within the range of personnel in the health care professions. Significantly, if the quality of the training is sufficient, accreditation of training by the structures within the SA Qualifications Framework and recognition in terms of the National Qualifications Framework is possible. Such training can become a pre-condition for accreditation of traditional healers by a traditional healer council yet to be formed.

Professional health care workers who know the languages spoken in the community and are sensitive to the culture, especially the health culture, in which the ancestors play a significant role, should assume the training. The differences in indigenous and westernized health cultures are for example evident in the beliefs about causation. The apparent inability of western medicine to clearly identify the causes of some cancers which are not obviously the result of lifestyle factors seems to have diminished (at least for some of the traditional healers) the credibility of western explanations. African traditional cultures differentiate between naturalistic causes (such as infection and organic deterio-

Figure 2: Training model



ration which can be treated symptomatically) and personalistic causes (purposeful intervention of an agent such as a superhuman being) (Pretorius 1994; Craffert, 1997).

Training should focus on the understanding of the disease and dealing with it beyond its visual manifestations. Topics for the training of traditional healers should include:

- Causes, signs and symptoms of the most prevalent cancers in their communities
- Lifestyle factors in the prevention of cancer
- Early warning signs of cancer and early detection
- Differentiation between cancer and other diseases (such as colon and bladder cancer and STDs)
- Westernized treatment to enable traditional healers to refer their patients with confidence
- Referral systems to encourage early referral to the formal health services

An essential part of such a co-operative

venture is the establishment of a relationship between health care workers and traditional healers based on mutual trust and respect. It is important that training should not become a one-way provision of information to traditional healers but rather a unique learning experience for all involved. Health care workers should bear in mind that the traditional healers have their own practices based on indigenous knowledge and that they treat each patient as a unique individual.

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