Traditional healers and provision of mental health services in cosmopolitan informal settlements in Nairobi, Kenya

AW Mbwayo[1], DM Ndetei[1,2], V Mutiso[1], LI Khasakhala[1,2]
[1]Africa Mental Health Foundation, Nairobi, Kenya
[2]Department of Psychiatry, University of Nairobi, Nairobi, Kenya

Abstract
Objective: The study aimed to investigate the types of mental illnesses treated by traditional healers, and their methods of identifying and treating mental illnesses in their patients. **Method:** In urban informal settlements of Kibera, Kangemi and Kawangware in Nairobi, Kenya, we used opportunistic sampling until the required number of traditional healers was reached, trying as much as possible to represent the different communities of Kenya. Focus group discussions were held with traditional healers in each site and later an in-depth interview was conducted with each traditional healer. An in-depth interview with each patient of the traditional healer was conducted and thereafter the MINIPLUS was administered to check the mental illness diagnoses arrived at or missed by the traditional healers. Quantitative analysis was performed using SPSS while focus group discussions and in-depth interviews were analysed for emerging themes. **Results:** Traditional healers are consulted for mental disorders by members of the community. They are able to recognize some mental disorders, particularly those relating to psychosis. However, they are limited especially for common mental disorders. **Conclusion:** There is a need to educate healers on how to recognize different types of mental disorders and make referrals when patients are not responding to their treatments.

Keywords: Traditional Healers; Mental illness; Informal settlements; Kenya

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Introduction

According to WHO[1], traditional medicine is the sum total of the knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health; as well as in the prevention, diagnosis, improvement or treatment of physical and mental illnesses. The diagnosis and treatment of an illness using traditional medicine is in most cases culture-specific.[2] This means that based on beliefs in the community, healers interpret the type of illness and prescribe how it will be treated. This same illness could be interpreted differently in another culture and hence treatment modality will also be different.

In developing countries, up to 80% of the population depends on traditional medicines to help meet their healthcare needs.[1] Traditional healers are an important source of psychiatric support in many parts of the world, including Africa. They offer a parallel system of belief to conventional medicine regarding the origins, and hence the appropriate treatment of, mental health problems.[3] This was recognized in Kenya by Dr Otsyula, who reported in 1973[4] that patients went to hospital only to look for the cure of their illness, whereas they went to see traditional doctors for both the cure and explanation of the cause of their illness.

Research statistics from Kenya and Uganda suggest that 25–40% of all people seeking medical care at primary health care level have problems purely related to mental health; while another 25–40% have a combination of both mental

Correspondence
Prof DM Ndetei,
P.O. Box 48423-00100, Nairobi, Kenya
email: dmndetei@uonbi.ac.ke ; dmndetei@amhf.or.ke

health problems and physical problems.[5] At the same time the distribution of modern medical personnel is uneven, with most being found in urban centres as opposed to the rural areas, and few being found in informal settlements, especially in relation to mental health.[6] Traditional healers are the first to be contacted for mental illness in many parts of Africa.[7,8] This is because they are not only available and accessible in the community, but they form part of the community's cultural belief system, making them an integral part of the community.[9] This makes them acceptable to the community.

However, in Kenya, there has not been a systematic study of the kinds of psychiatric conditions diagnosed by traditional healers and how they treat them. This study was intended to gather this information with a view towards informing policy about their practices.

Traditional medicine therapies

The African traditional medicine therapies for treating mental illness include the use of medication which can be from herbs, for example Rauwolfia, (which is rich in reserpine and was used in the treatment of psychotic conditions as far back as 1925[10]) or from animal parts. Non medication therapies are also used and are varied in different parts of the world, for example, divination and psychotherapies practiced widely in Africa. For example, Rappoport & Dent[11] noted that psychotherapy as practiced in Tanzania was as effective if not more effective as psychotherapy as practiced in the West. The same observation was made by Ndetei.[3] Surgery to treat mental illness was also practiced. A classic example of this intervention is craniotomy as practiced by the Kisii, related to diseases thought to be located inside the skull.[12] This is, however, not practiced today. Spiritual therapy attempts to bring peace and harmony between the living and the spiritual world, especially spirits of the ancestors, which are believed to live on after death and continue to influence events in the living world. This is a very real concept in many African communities.

The current studies objectives were:

1) To document the various types of mental illness seen and treated by the traditional healers.
2) To determine the validity of the mental disorder diagnoses made by the traditional healers.
3) To document the treatment modalities for mental illness offered by the traditional healers.

Methods

Sites

Three urban informal settlements were included in this study based on three considerations: -

a) Primarily because of the rich multi-ethnic backgrounds of their populations, consisting of nearly all ethnic groups in Kenya who continue to identify with their ethnic practices.
b) They represent some of the poorest neighbourhoods with limited access to formal health services mainly because of affordability. Most inhabitants live on less than a dollar a day.
c) At the time of the study, there were no community based psychiatry services in these areas.

These three urban informal settlements are: (1) Kibera (reputed to be the biggest urban slum in Africa) is 6 kilometres south west of the Nairobi city centre. (2) Kawangware, 12 kilometres to the west of the city centre and (3) Kangemi, also west of Nairobi city centre.

Study design

This was a cross-sectional study involving consenting adult (18+) traditional healers and their patients residing in the selected research sites.

Study participants

With the help of the community health workers, all the traditional healers from different ethnic (tribal) backgrounds living in the 3 study sites were identified. In order to represent all ethnic backgrounds of traditional healers, all the traditional healers from one ethnic background were listed, and two names were then randomly selected to represent that particular ethnic group. Healers were asked for permission to access their current patients, including those with physical illness, mental illness or both. The socio-demographic characteristics of both the healers and their patients were recorded using researcher designed questionnaires. The patients were interviewed for independent psychiatric diagnoses using the Mini-Plus – this was administered by trained lay interviewers.

Focus group discussions and in-depth interviews were conducted for the traditional healers, while in-depth interviews only were conducted for the patients to generate qualitative information on the following:

Traditional healers

a) How traditional healers make diagnoses of a mental illness
b) How the traditional healers treat mental illness
c) Referral of patients by traditional healers
d) Causes of mental illness according to the traditional healers
e) The training of the traditional healers

Patients

a) Why patients seek treatment from the traditional healers instead of going to the formal care centre for treatment
b) The patients' satisfaction with the services offered by the traditional healers
c) Combining traditional healing with modern (formal) medicine
d) Moving from one traditional healer to another
e) How patients pay the traditional healer
f) Comparing the affordability of the services of the traditional healers to those provided at the formal government health facilities
g) Accessibility of the traditional healer

Ethics

The study was reviewed and approved by the Kenyatta National/University of Nairobi Research and Ethics Committee to ensure informed consent with the right to withdraw anytime without any loss of benefits,

Table I: The social demographic characteristic of the traditional healers (N.I=Not Indicated)							
Gender n=59	N.I	Male	Female				
	1 (1.69)	33 (55.93%)	25(42.37%)				
Age n=59	N.I	18-20	21-30	31-40	41-50	51-60	61-70
	4 (6.77%)	1 (1.69%)	3 (5.08%)	10 (16.94%)	27 (45.76%)	7 (11.86%)	7 (11.86%)
Level of education n=59	N.I	No schooling	Primary school	Secondary school	College		
	3 (5.08%)	7 (11.86%)	33 (55.93%)	15 (25.42%)	1(1.69%)		
Years of practice n=59	N.I	< 10	10-19	20-29	30-40		
	1 (1.69%)	13 (22.03%)	23 (38.98%)	13 (22.03%)	9 (15.25%)		

confidentiality and minimal risks (this being only the possibility of emotional trauma in narrating emotional painful experiences.)

Instruments

Four tools were used for collecting the data

a) Researcher designed social-demographic questionnaires for the traditional healers and the patients.
b) MINI-PLUS – The MINI-International Neuropsychiatry Interview (MINI (-Plus) is a structured diagnostic interview, which was developed by Sheen et al in 1998 to assess the diagnosis of psychiatric conditions according to DSM-IV and ICD-10 criteria.[13] It takes 20-30 minutes to complete it and assess 23 disorders. It has acceptable high validity and reliability. It can be used by lay interviewers after training. It has been translated into 40 languages.
c) Focus Group Discussion guides
d) Researcher designed In-depth Interviews for the traditional healers and the patients

Training

The data collectors were University of Nairobi, BSc nursing students on their vacation. They were trained by one of the co-investigators (LK) on the administration and scoring of the MINI-PLUS; and on community entry and engagement techniques by two other investigators (AM & VM), who also trained them on ethical considerations, consent explanation and consenting process.

Results

Quantitative data

A total of 59 traditional healers were enrolled in the study and they were distributed as follows: Kangemi n=16 (27%), Kawangware n=21 (36%) and Kibera n=22 (37%).

Table I summarizes the social-demographic characteristics of the traditional healers.

There were more male than female traditional healers. The majority of the healers (83%) were over 40 year of age and 62% had practiced for more than 10 years.

A total of 305 patients of the traditional healers accepted to participate in the study. Table II summarizes the

Table II: Social demographic characteristic of the patients of the traditional healers						
Gender = n 305	Male	Female				
	50 (16.45%)	255 (83.6%)				
Age n=305	18-20	21-30	31-40	41-50	51-60	61+
	8 (2.6%)	104 (34.1%)	97 (31.8%)	67 (22.0%)	19 (6.2%)	10 (3.3%)
Level of education n=305	No schooling	Primary school	Secondary school	College/university		
	12 (3.9%)	159 (52.1%)	112 (36.7%)	22 (7.2%)		
Marital status N=305	Single	Married	Divorced/Separated	Deceased/Widow	Not Indicated	
	111 (36.39%)	157 (51.47%)	29 (9.50%)	5 (1.63%)	3 (0.98%)	

Note: Primary school education = 1- 8 years of formal education; secondary school – 1-4 years post primary education; tertiary = vocational training after primary or secondary education

characteristics these patients. Fifty-four per cent of the patients were currently married. The patients tended to be better educated than their traditional healers. Most patients were not in gainful employment.

The traditional healers gave a variety of diagnoses to the patients that visited them. This is summarized in Table III below.

Out of a total of 305 patients, the traditional healers made diagnoses of mental illness in 30 (9.83%) patients. The mental illnesses diagnoses given by the traditional healers are specified in Table IV below.

A total of 305 patients completed the MINI PLUS to establish the types of mental illness that they were suffering from. The prevalence of mental illness of these 305 patients according to the MINI PLUS was 64.3% (n=196); while those without any mental illness according to MINI PLUS were 109 (35.7%). Many patients had a diagnosis of more than one mental disorder as highlighted in Table V. This is suggestive of high co-morbidity of mental illnesses and between mental illness and physical illness.

The MINI PLUS identified mental disorders as shown in Table VI below with depression having the highest prevalence.

Table III: The diagnosis given by the traditional healers

Type of illness	*frequencies*	*%*
Physical illness	236	77.37
Mental illness	27	8.85
Epilepsy	5	1.63
Spirit/Demonic possession	2	0.65
Witch craft	13	4.26
Physical and Mental illness	3	0.98
Physical illness and Epilepsy	3	0.98
Physical symptoms due to mental illness (somatisation)	5	1.63
Not told	11	3.60
Total	305	100

Table IV: The mental illness diagnoses given by the traditional healers

Types of mental illness seen by the TH	*Frequencies*	*%*
Madness/psychosis	9	30
Depression	5	16.66
Thinking too much	7	23.33
General mental illness	9	30
Total	30	100

Table V: Prevalence of co-morbidity of mental disorder using the MINI PLUS

Number of mental disorder	*Frequency*	*Percentage (%)*
None	109	35.7
1	101	33.1
2	57	18.7
3	27	8.9
4	7	2.3
5	4	1.3
Total	305	100.0

TABLE VI: Frequency and DSM-IV disorder types of mental illness by the Mini Plus

	Frequencies	*%*
Current Major Depressive Disorder	62	20.3
Current suicide behaviour	56	18.4
Current bipolar 1 mood disorder	13	4.3
Schizophrenia	23	7.5
Generalised Anxiety Disorder (GAD)	32	10.5
Anti social personality Disorder	9	3.0
Alcohol abuse and dependence	27	8.9
PTSD	47	15.4
Panic Disorder	7	2.3
Social phobia	10	3.3
Agoraphobia	8	2.6
Obsessive disorder	10	3.3
Compulsive disorder	16	5.2
OCD	2	.7
Total	322	105.7

196 patients with a DSM-IV diagnosis had 322 DSM-IV diagnoses, given an average of 1.6 DSM-IV diagnoses per person. This shows that is there was high psychiatric co-morbidity

Qualitative data

How traditional healers make a diagnosis

During the focus group discussions it emerged that the traditional healers arrive at a diagnosis of mental illness through the following ways:

a) Examining the patient
b) Observing his/her behaviour and mode of talking
c) Getting the history of the patient
d) Some traditional healers use the mirror to arrive at a diagnosis (spiritual 'imaging')
e) Others pray to get revelations from spirits (divination)
f) Some beat a drum to get revelation (kupiga ramri)

How the traditional healers treat mental illnesses
From the in-depth interview, the traditional healers mentioned different methods that they use to treat mental illnesses. According to them, the methods used for treatment depended on: the severity of the disease, the cause of the illness, the age of the patient, the gender and the weight. They included:
a) Counselling- this was the most popular method of treatment
b) Use of different types of herbs which are used differently, for example, taking orally, others used for washing by the patient, while others are inhaled.
c) Combining herbal treatment with counselling.
d) Consulting the spirit world including the ancestors who then give instructions on how the patient should be treated.
e) Other traditional healers will move to the patient's home to help him/her remove certain items which the traditional healer claims had been used to bewitch the patient.

Referral of their patients to hospital facilities
From the focus group discussion, it emerged that many traditional healers refer their patients to other more experienced healers. They only refer the patient to hospital if the patient is not getting better. They said that though they refer their patients to the hospitals, the doctors do not reciprocate. This makes them feel that the doctors do not recognise them.

Causes of mental illness according to the traditional healers
The traditional healers' belief that mental illnesses have a variety of causes: possession by the evil spirits; being bewitched (Kurogua, kutupiwa); can be within the family/inherited; substance and alcohol abuse; displeasing the ancestors; being cursed; or even being involved in an accident.

The training of the traditional healers
Forty nine (83%) of the 59 traditional healers said that they had been trained. Seven of those not trained said that they had inherited their treating methods from their grandparents or parents; one said that the healing came to him naturally; while 2 said that they observed as other traditional healers treated and in the process learnt the skills.

Why patients seek treatment from the traditional healers instead of going to the health centres for treatment
From the in-depth interview the patients gave the following reasons for seeking treatment from the traditional healers instead of attending the government health centres near them:

a) Many reported that they would not get well despite visiting the hospital. This was common irrespective of the illness.
b) They also said that the traditional healers had more time for them and talked to them in a kind manner as opposed to the hospital settings.
c) Others said that the health centres did not have medicine and all they got were pain killers.
d) The fact that the traditional healer could let them pay later was a major attraction to the patient. No traditional healer sent the patient away due to lack of money.
e) The traditional healers' services were not necessarily less expensive than health facilities; for example, payment by chicken which would have a market value of 500Kshs (6.25 USD), as opposed to 20 Kshs (25US cents) user fee at a health centre. However the fact that one could pay in instalment and in kind made the people visit them (flexibility in mode of payment).
f) However, of more significance is that pre payment was not a condition for treatment as there was allowance for payment after one got better; there was also fear of spiritual punishment or recurrence of the illness should one fail to honour an oral undertaking to pay.
g) Traditional healers also operate a waiver system strictly on the ability to pay. If the traditional healer sends a patient away on the basis of genuine inability to pay, the TH will be punished by his/her spiritual mentors.

Satisfaction with traditional healers' services
Only 15 (4.9%) of the patients responded that they were not satisfied with the traditional healers' services. The rest (95.1) responded that they were satisfied with the traditional healers' services.

Combining traditional healing and modern medicine
Less than 20 (6.55%) patients combine traditional medicine with modern medicine. Some of the patients who combine treatments claim that they only take pain killers when they have sudden headaches; while others said that they go to hospital for investigations and then tell the traditional healer who then treats them. One or two patients said that they would go to the hospital when they have money.

Moving from one traditional healer to another
Many patients stick to one traditional healer. Those who consult another traditional healer claim that they do so when they are not getting well or they have moved upcountry and get sick and so they consult the nearest traditional healer.

How patients pay the traditional healer
The payment to the traditional healer is both in cash and kind. Some combine both cash and in kind. It was also reported that many could pay in instalment with those without anything being treated free of charge. It was also noted that patients could pay when they got well.

Comparing the affordability of the traditional healer to the health facilities
Asked whether the traditional healer were more affordable compared to the hospitals, many patients responded yes,

but it depends on where one was seeking treatment. A number responded that though the traditional healers were expensive, the fact that they got well meant that the cost did not matter. Also those who felt that the traditional healers were expensive said that they could pay in instalments.

Accessibility of the traditional healer

On the question of accessibility of the traditional healers, almost everybody said that they are easily accessible with some making home visits. However, when they travel to look for their herbs, they can take a while.

Discussion

That traditional healers were relatively older than their patients is a reflection of the longer times spent in the practice of traditional medicine. Their lower level of formal education than the patients is generally in conformity with trends indicating that younger Kenyans have a better chance of formal education than the relatively older generation.

Traditional healers were able to recognize certain mental disorders with psychosis being the most easily recognised. These findings were similar to those in Uganda.[14] It is possible that the patients given the diagnosis of ''thinking too much'' or ''stressed'' by the traditional healers could have been suffering from depression. From the focus group discussion, the traditional healers mentioned patients who think too much, however few had a concept of depression. These findings are similar to those found by Sorsdahl et al.[15] At the same time, in our African context, there was no name for depression. The only obvious mental illness was ''madness'' which could be easily detected from the behaviour of the patient.

The prevalence of mental illness in this group according to MINI PLUS was 64.3% (n=196), similar to findings in Uganda.[14] The explanation of this high prevalence could be that these are people seeking treatment from traditional healers ostensibly for physical conditions, but with underlying psychiatric aetiology. This contrasts with the prevalence of mental disorders as identified by the traditional healers at 9.8%.

The high prevalence of co-morbidity of more than one mental disorder, with an average of 1.6 disorders, is similar to what was found in Uganda.[14]

The results of the MINI PLUS indicate that many patients with mental illnesses were not given a diagnosis of mental illness by the traditional healers. A number of explanations are possible:

1. Those who had been diagnosed as having been bewitched were not given any type of mental illness diagnosis.
2. Many of these patients were presenting to the traditional healers with physical illnesses. It is known that a number of physical diseases co-occur with mental illnesses and that mental illnesses may manifest with physical symptomatology.
3. However, the most plausible explanation is that they did not have the appropriate knowledge on how to diagnose those conditions; a familiar story amongst general doctors in general hospital facilities.[16]

It is noted from the in-depth interviews that some patients who consulted traditional healers had at one time consulted the health centres but were not satisfied and hence sought services from the traditional healers. The same was found by Ovuga in Uganda.[17] In the African context where the cause of mental illness is understood in a variety of ways, (including possession by spirits), people may move between health centres and traditional healers seeking different types of treatment depending on their causal understanding. In Kenya, the cost-sharing concept introduced by the government in medical facilities means that individuals cannot be treated until they pay a certain amount of money, which varies with the level of the health institution. Drugs are also to be purchased. The traditional healer does not fail to treat a patient even without money and hence the poor are able consult them and pay later.

Many traditional healers have inherited the skill from their parents or grandparents and this is a common phenomenon as reported by Nwoko.[18]

Failure to recognize the traditional healers' role in the provision of medical care in the community is not unique in Kenya. It is a similar story in Zimbabwe where many people still seek help from healers (both the poor and the rich) because of their varied explanation of the cause of disease.[2,19]

Conclusion

Traditional healers are consulted by members of the community for various illnesses including mental illnesses. A number of key points emerge from the current study:

1. Traditional healers recognise mental illnesses though in a limited way. This would suggest that there is need to improve their skills in the recognition of mental illnesses as there is high co-morbidity between physical and mental illnesses among the patients that consult them.
2. Traditional healers are extensively patronised and have a large clientele and therefore cannot be ignored. Instead they should be engaged constructively to promote better understanding of mental illnesses, diagnosis, and possible referral, while at the same time discouraging harmful practices.
3. Traditional healers offer counselling as a form of treatment. These services are not offered at the health services due to the huge number of patients to be seen and hence lack of time. This close contact with patients makes the patients go back to them as they feel appreciated.
4. To ensure safety of the treatment modalities when herbs are used for treatment by the traditional healers, the traditional healers need to be educated on the importance of having their herbs tested in a reputable laboratory like Kenya Medical Research Institute, which conducts such tests in Kenya. .
5. Traditional healers are not averse to cooperation with formal health facilities and therefore are willing to, and do in fact, refer. Efforts should be made to create a channel of increased referrals between healers and the health services. Healers should be empowered through constructive and positive engagement as well as supportive supervision through continuous education on the various psychiatric disorders and their manifestations.

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