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CASE STUDY

Bringing together traditional health practices and health-related rehabilitation in the Pacific: can this be done?

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This paper outlines the situation of health-related rehabilitation and traditional health practices in the Pacific Islands. Rehabilitation is a health strategy for improving the lives of people with disabilities through improving function and addressing environmental barriers. The World Report on Disability states that current health-related rehabilitation services are deeply inadequate for meeting need. The World Health Organization (WHO) has called on governments to increase and strengthen rehabilitation systems with the WHO Global Disability Action Plan 2014-2020. At the same time WHO have a long history of promoting the value of traditional health systems and their contribution to health and well-being. WHO support and encourage governments to strengthen quality of traditional health practises and integrate them in to their health systems. Yet the possibility of health-related rehabilitation and traditional health practices integrating and coordinating care is largely unexplored. Research investigating this knowledge gap is underway in the Solomon Islands

Keywords: disability; rehabilitation; traditional health practices; Pacific Islands; Solomon Islands

Introduction

Rehabilitation is a key health strategy for improving the lives of people with disabilities through improving function and addressing environmental barriers (WHO and World Bank 2011). Although Article 26 of the Convention on the Rights of Persons with Disabilities states access to rehabilitation as a fundamental right (UN 2006) this is not yet realised in the Pacific Islands.

The *World Report on Disability* states that available health-related rehabilitation services are deeply inadequate for meeting need (WHO 2011). The WHO Collaborating Centre for Health Workforce Development in Rehabilitation and Long Term Care based at the University of

Sydney has conducted regional surveys and investigated the health rehabilitation workforce in the countries of the Pacific Islands Forum (Llewellyn, Gargett and Short 2012). Our study of rehabilitation services in the Pacific demonstrated that where health-related rehabilitation services exist these are concentrated in a tertiary hospital in an urban area (Llewellyn et.al 2012). Services to rural communities and outer islands are almost non-existent. There are limited rehabilitation services in the community and referral systems between the tertiary and community settings are not reliable. Most people who could benefit from health-related rehabilitation are unlikely to have contact with a health rehabilitation worker. An example comes from Papua New Guinea where a review on the management of meningitis in children highlighted that despite the neurological impairments that can follow this infection only a small percentage of children are referred for follow up with physiotherapy and community-based rehabilitation (Karthikeyan and Ramalingam 2012). The *World Health Organization Global Disability Action Plan 2014 – 2021*[1](WHO 2014) is a call to governments, international agencies and partners to work together to address the factors that limit equal access to health for people with disabilities. The second objective in this Action Plan is 'to strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation' (para 12). With this plan the World Health Organization (WHO) have outlined a path for addressing the gap between the need for and provision of health-related rehabilitation.

The WHO also has a long history of calling on governments to support and develop traditional health practices. The first WHO document publically available that is dedicated to this topic is *The promotion and development of traditional medicine: The report of a WHO meeting.* (WHO 1978). In this document WHO acknowledged the value of traditional health systems for health and well-being. The more recent *WHO Traditional Medicine Strategy 2014-2023* (WHO 2014) builds on this perspective of traditional health systems and recognizes the growing demand for traditional medicine and associated practices. In some countries up to 80% of the population access traditional medicine systems (WHO 2014). Traditional medicine is defined by WHO as "the sum total of the knowledge, skill, 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 illness" (WHO 2014). For the purposes of this paper the phrase 'traditional health practices' is used to reflect the broader application of health practices over and above medications. The WHO strategy calls on governments to recognize the importance of traditional approaches in their health services by building knowledge about traditional health practices, strengthening quality through education and skill development and integrating traditional health practices into their health services.

This call to action for governments is particularly relevant to the Pacific Islands where cultural beliefs and perceptions of health and illness are often linked to maintaining social

order and/or spiritual beliefs (Capstick, Norris, Sopoaga and Tobata, 2009). Capstick et al. (2009) suggest it is the holistic nature of traditional health practices that means these continue to have meaning and relevance for many Pacific Islanders. Studies report figures ranging from 50-68% of people in the Pacific Islands using traditional health practices first and/or alongside 'Western' based health services (Pande, Finau, & Roberts, 2004; World Health Organization, 2002). The WHO Western Pacific Regional Office developed *The Regional Strategy for Traditional Medicine in the Western Pacific 2011-2020* (WHO 2012) which calls on Pacific national governments to take a further step and include traditional health practices in their public health systems.

Strengthening health-related rehabilitation in the Pacific region

The Western Pacific Region of WHO is leading initiatives to strengthen health-related rehabilitation in the Pacific. Since 2012 the Western Pacific Regional Office has provided technical assistance to Pacific nations and brought nations together in regional forums to build capacity in health-related rehabilitation and community-based rehabilitation. The *Pacific Community-Based Rehabilitation Plan of Action 2012-2014* (WHO et al. 2012) was produced from one such forum and follow up forums have addressed implementation. Traditional health practices were not included in this document. Traditional health practices are also largely absent from the disability and health rehabilitation literature from the region (Lewis-Gargett et al. 2016) Yet, we know from our work in the Pacific Islands that people with disabilities in this region do use traditional health practices (Llewellyn et al. 2012). Examples include traditional splinting for club foot in Kiribati, traditional massage with hot leaves for children with mobility limitations in the Solomon Islands and the use of banana leaves to prevent bed sores in Tonga[2]. The question to be addressed is: Why not bring these two approaches to health together, both endorsed by the WHO, and both of interest and relevance to people with disabilities? What are the barriers to doing so? And, what would facilitate collaborative and coordinated integration of health-related rehabilitation and traditional health practices for health and wellbeing of people with disabilities? The health and well-being of people with disabilities may be realised better when traditional health practices and health-related rehabilitation become known to each other and integrate their care approaches.

This concept of integrating traditional health practices and health-related rehabilitation has been explored in other parts of the world. Writing about the African context, Mpofu and Harley (2002) suggest that because traditional health practitioners have an intimate understanding of the cultural and spiritual models and conceptions of disability within a community, their recommendations are often more relevant than those of Western influenced health services. These authors suggest potential for this traditional knowledge and understanding to enhance 'modern' medicine practices. Several authors suggest that

traditional health practitioners are often the first 'port of call' for people seeking assistance for health conditions (Mpofu & Harley 2002; Puckree, Mkhize, Mgobhozi, and Lin 2002). As these authors suggest effective and efficient referral pathways between traditional health practitioners and health-related rehabilitation would advance client interests, and in turn contribute to better health and participation of people with disabilities.

It is now well recognised that understandings of disability vary across cultures because reactions to impairment and consequent disability are culturally determined (Ingstad and Reynolds 1995, Bickenbach 2009, Lewis-Gargett et al. 2015). This is clearly demonstrated in research studies from the Pacific Islands. For example, surveys in regional areas of PNG have found that many in the population attribute disability to a supernatural cause. (Byford and Veenstra 2004). Research with the Yupno people in Papua New Guinea revealed their ideas and understandings of personhood are complex and layered with several 'phases' of personhood. These understandings interact to present people with disability in a particular place in society (Keck 1999). Lastly, in the Solomon Islands an exploration of community perceptions of mental health by Blignault and colleagues found that people accessed their 'kastom medicine' when they believed the cause for the illness to be supernatural (Blignault et al. 2009).

Culturally specific understandings of disability influence the decisions individuals make in response to disability. Powell, for example has shown in an audit of physiotherapy provided in the Mt Hagen hospital in PNG that cultural beliefs and shame were contributing factors for patients not returning to hospital for outpatient therapy (Powell 2001). Culverwell and Tapping (2009) report similar findings from a study of *talipes equinovarus* management in Papua New Guinea. In their study, local health workers were asked about why families chose not to seek assistance for their child with club foot from a hospital or clinic. 'Cultural beliefs' was the third most common reason after the time needed for travel and the costs associated with travel to use the health service.

One Pacific study undertaken in Tonga explored coordinating the care of traditional and formal health services (Vaka, Stewart, Foliaki andTu'itahi 2009). The authors interviewed ward staff from the psychiatric service at the national hospital and also traditional healers about their understandings of psychiatric and mental health conditions. They found that traditional healers attributed the cause of illness to a spiritual or social cause while the ward staff ascribed biomedical causes. However, the ward staff expressed acceptance of traditional beliefs and some reported assisting clients to access services from traditional healers in the community as they believed this would be beneficial for the client's outcomes. This study suggests that at an informal level there is already integration between traditional health practices and health-related rehabilitation. Accordingly, the authors advocate for an open

dialogue between traditional healers and mental health staff about how to work in a respectful and collaborative model of care with the best outcomes for clients as the common goal.

The way forward

What is missing from the literature on health care in the Pacific is an understanding of the perspectives on traditional health practices of peoples with disabilities and those involved in their care. These perspectives are essential to knowing how disability is understood and how people with disabilities and their families respond to disability. This knowledge gap is regrettable when considered in light of the worldwide movement to include the perspectives and the voices of people with disabilities. Indeed, the Preamble and Article 4 of the United Nations Convention on the Rights of Persons with Disabilities requires this to be so (UN 2006). Questions waiting to be addressed include: What value do traditional health practices have for people with disabilities in the Pacific region? When and how are they used and for what purpose? How is rehabilitation perceived and responded to? Answering these questions is imperative to explore if traditional health practices and health-related rehabilitation can be integrated to achieve better health outcomes for people with disabilities.

This paper on the current situation in relation to traditional health practices and health-related rehabilitation in the Pacific is the first in a programme of research examining the complementarity and intersection of traditional health practices and health-related rehabilitation in the context of impairment and disability. The first study in this research programme addresses the place of traditional health practices and health-related rehabilitation in the daily lives of families of children with disabilities in the Pacific. The field research is underway in the Solomon Islands, a country in which health-related rehabilitation has been known for some 30 years (Twible and Henley 1993, Llewellyn et al. 2012) and where traditional health practices continue (Maclaren et al. 2009).

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[1] http://www.who.int/disabilities/actionplan/en/

[2] Personal communication, discussions with participants during Pacific Island Forum 2012, AusAID funded Australian Leadership Awards Fellowship programme titled *Community-based Rehabilitation Programmes for People with Disabilities: Building capacity for monitoring and sustainability* 2013