Operational research on tuberculosis control in Malawi

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6. Local perceptions of tuberculosis in a rural district in Malawi

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SUMMARY

SETTING: Ntcheu district, Malawi.

OBJECTIVE: To determine 1) the number of patients treated by traditional healers, 2) the type of diseases managed by them, 3) the perceived causes of these diseases and 4) how both patients and healers looked at tuberculosis (TB).

DESIGN: In-depth interviews and structured questionnaires with traditional healers and focus group discussions with TB patients and their guardians.

RESULTS: Traditional healers recognized four main causes of disease, related to why the patient is sick rather than what the patient is suffering from. Two hundred and seventy-six traditional healers saw approximately 4600 patients a week, managing a variety of diseases, mainly of a chronic nature. Twenty-four per cent of patients seen by traditional healers had a cough, including patients with TB. Traditional healers believe they can cure TB, and have therefore been briefed on the infectious form of TB (smear-positive cases). The possibility of including traditional healers in early diagnosis has been explored.

CONCLUSION: There is a need to address local beliefs in health education and possibly find ways of involving healers in supervision of treatment.

INTRODUCTION

The strong association between the human immunodeficiency virus (HIV) and tuberculosis (TB) in sub-Saharan Africa has led to an upsurge of TB in many countries in the region. National TB Control Programmes (NTP) are having to cope with increased patient loads at all levels of the health care system. The World Health Organization (WHO) recommends that the first priority in a TB control programme is to achieve good cure rates, and that case finding activities should only be improved if cure rates approach an acceptable level [1]. The Malawi NTP has performed satisfactorily over the last few years, and although cure rates have not reached the 85% target recommended by the WHO mainly due to high mortality amongst patients, it was felt that more effort could be put into case finding activities in some pilot districts. The WHO recommends that health services collaborate with the traditional medicine sector [2]. In Malawi, it is known that many patients visit a traditional healer before they attend western medical services provided by government or missionary health institutions in the country; nearly 40% of smear-positive pulmonary TB patients receiving treatment at Queen Elizabeth Central Hospital, Blantyre, stated that they had seen a traditional healer before TB had been diagnosed [3]. However, there are few data on the number of patients seen by traditional healers, the reasons for which they are consulted, and whether they are specifically consulted for cough and possible
Furthermore, little is known about whether traditional healers in Malawi are familiar with TB as an illness and its western medicine treatment, and whether they would be prepared to refer cases to the health services.

We report from an initiative in a rural district to find out more about the number of patients and the pattern of complaints presented to traditional healers, perceptions about TB by traditional healers and patients, and the possibilities of involving healers in case finding.

METHODS

Ntcheu District is situated in the Central Region of Malawi and serves a rural population of approximately 483,000 people. The population is mainly from the Ngoni tribe. Although there is a National Traditional Healers Association in Ntcheu district in which 108 traditional healers are registered, the majority of traditional healers are not registered.

During November 1997, in-depth interviews were held with 10 traditional healers at their place of work by the district medical officer (DMO) and the district health education officer (DHEO). The healers had initially been contacted by the DHEO and agreed to the interview. Four focus group discussions were held with patients on TB treatment and their guardians by the DMO and the district TB office (DTO) staff. One month later, briefing sessions with small groups of about 10 traditional healers each (total 276 healers) were held by the DTO staff and the DHEO. Healers, both registered and non-registered, were contacted through village headmen and health surveillance assistants (health workers at community level), and quantitative data for each healer were entered into a structured questionnaire.

The objective of the interviews and data collection was to find out 1) the number of patients seen over a set period of time by traditional healers, 2) the types of disease being managed, 3) the perceived causes of these diseases within the context of traditional medicine, and 4) how cough and TB are viewed within this system.

RESULTS

Healers visited at their place of work for the in-depth interviews had been contacted earlier and spoke freely about their work. Unregistered healers contacted through the village headmen for briefing sessions and collection of quantitative data initially did not show up for fear of being reported to the police. These fears were soon dispelled after...
the village headmen were explained that this would not be the case.

In-depth interviews with traditional healers

Causes of disease

Traditional healers recognized four main causes of disease, which mainly answered the question why someone is sick rather than what he is suffering from. These four causes were:

1. Diseases caused by spirits (mizimu) such as ancestral spirits who have not been honoured or demonic spirits; these diseases are mainly epilepsy and psychiatric disorders.
2. Bewitchment (matsenga): there are many different forms of bewitchment and different categories of people performing witchcraft. Witchcraft is performed either to harm someone else of whom one is jealous, to protect oneself or to try to gain material wealth.
3. Careless sexual behaviour (chiwerewere/kudzadzisunga). This can involve either having sex with someone outside marriage (chigololo) or having sex in taboo situations, and might lead to different manifestations:
   a. Chinzonono: urethral discharge
   b. Chidoko: urethral ulcer
   c. Mabomo: bubo
   d. Traditional conditions such as tsempo, mphumu or mduulo, which cause cough, chest pain and weight loss either for the index patient or for a member of the family
4. Diseases inflicted upon someone by God or because of bad luck (kungobwera).

Diagnosis and treatment

All healers said they used a medium, after taking the patient's history, to make their diagnosis. The drugs used are mainly prepared from tree bark, leaves and roots. Many traditional healers claim the drug in itself is often not potent without an activating agent (chizimba), particularly in cases of bewitchment, but others do not use activating agents. The activating agent depends on the type of drug used and the type of disease, and can be of different origin such as soil, herbs, roots and parts of animals. The drug chosen can be taken orally, made into a tea, or inhaled from a steam bath. Other drugs are given as "vaccinations", i.e., they are rubbed into the skin after an incision has been made.
The drug chosen depends on the cause of the disease. A particular disease could have different origins and should therefore be treated according to its cause and not its signs and symptoms. Traditional healers feel that if a disease is caused by spirits or witchcraft, western drugs will not be effective. These drugs will only be effective if the disease has a natural cause.

**Tuberculosis within the Traditional Medical System**

Traditional healers mentioned several diseases that cause cough. TB is one of these, but there are several other conditions (such as tsempo, mphumu, AIDS and mdulo) that present with similar signs and symptoms such as chronic cough. People can acquire these diseases, including TB, after breaking sexual taboos or as a result of bewitchment, in which case the traditional healer feels that western medical treatment will not cure the patient because the actual cause is not being addressed. TB can, however, also be acquired due to bad luck or God's will, in which case western treatment is acceptable.

**From structured questionnaires**

Data were collected from a total of 276 traditional healers. The majority of traditional healers had been taught by another healer: 66 (24%) by a parent, 61 (22%) by another traditional healer, 49 (18%) by another relative (in most cases grandparents). Ninety-nine (36%) said to have been visited directly by a spirit that instructed them.

A total of 1716 children, 1128 adult male patients and 1755 adult female patients were seen in one week by the 276 traditional healers, i.e., 4600 patients a week, or roughly 20,700 patients a month. The Table shows the 10 most common problems managed by traditional healers. Twenty-four per cent of all patients seen had a cough, either a simple cough (11%), tsempo (10%) or mphumu (3%). More than 75% of the problems were chronic illnesses. As regards cause of disease, 55% were due to bad luck or God's will, 23% were caused by bewitchment, 13% were caused by breaking sexual taboos, and 9% by spirits.

**From focus group discussions**

Patients and guardians complained of being stigmatized by their communities, mainly because TB and AIDS were seen as equivalent within the community. Other beliefs were that TB can be transmitted sexually (this was related to the fact that HIV was transmitted sexually), that sexual intercourse reduces the effectiveness of the drugs and that sexual intercourse makes one weaker. Though it was believed that HIV was
transmitted sexually, there was also a general belief that there was a disease resembling AIDS caused by witchcraft.

**DISCUSSION**

Early case identification and adherence to treatment are the main strategies for successful TB control. Early diagnosis of tuberculosis depends on recognition of symptoms and health seeking behaviour. To better understand whether these symptoms are recognised it is important to know how people classify TB-related symptoms and their causes within their own culture.

The in-depth interviews found that traditional healers work within a medical system wherein spirits, witchcraft and breaking of taboos are seen as major causes of disease next to the occurrence of disease due to bad luck or God's will. Further, the study shows that as a group of practitioners, a large number of patients are seen. In one month, approximately 20,700 patients were seen by traditional healers compared to 31,000 patients seen per month at the district hospital and its outlying health centres (Annual Report 1997, Ntcheu District, Ministry of Health, Malawi). However, a number of traditional healers may not have been interviewed, in which case the number of patients seen by these practitioners will be higher. In our study, traditional healers mainly saw patients with chronic conditions, many of whom had a chronic cough. Traditional healers will treat these patients as they feel they do have a cure to offer according to the cause established by them.

Although traditional healers are not a homogeneous group and their practices might

**Table** Health problems managed by traditional healers

<table>
<thead>
<tr>
<th>Problem</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhoea</td>
<td>18</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
</tr>
<tr>
<td>Headache</td>
<td>17</td>
</tr>
<tr>
<td>Cough</td>
<td>11</td>
</tr>
<tr>
<td>Tsempo*</td>
<td>10</td>
</tr>
<tr>
<td>Abdominal Pains</td>
<td>7</td>
</tr>
<tr>
<td>Psychiatric Manifestations</td>
<td>6</td>
</tr>
<tr>
<td>Oedema</td>
<td>5</td>
</tr>
<tr>
<td>Chest pains</td>
<td>4</td>
</tr>
<tr>
<td>Mphumu*</td>
<td>3</td>
</tr>
</tbody>
</table>

*See text for explanation*
differ, they are often the first people contacted for health care. As patients in Africa belief they can be cured by healers [4-6], they could be used as an intermediary step to reduce delays in referrals [7]. It is therefore important to discuss the infectious form of TB with them (smear-positive cases) so that such patients are referred to health centres for sputum examination. It will also bring the patient into contact with medical services earlier. In Ntcheu, during briefing sessions the healers were given relevant information on TB, its transmission, diagnosis and treatment. They were encouraged, besides continuing their own management, to refer any patient with a cough of more than 3 weeks to the nearest health centre, using referral letters in the local language. If the smear result is positive, both patients and traditional healer will be informed that the illness is infectious and the patient should be treated in hospital. In this way the hospital will be able to measure the impact of the briefings with the traditional healers.

As 29 % of the traditional healers were not of the main tribe of Ntcheu District (results not presented), and as the Ngonis migrated from South Africa to Malawi during the last century, we feel there might be many similarities in the way traditional healers approach disease and TB within the Southern African region. While our findings show that some sexual diseases clearly relate to those in biomedicine, other diseases are related to sexual taboos, e.g., tsempo. In Botswana the Tswana healer classifies diseases as “European diseases” (imported diseases) and “Tswana diseases” which are culturally specific and incomprehensible to biomedicine. TB is a European disease, tibamo (clinically similar to TB but caused by adultery) a Tswana disease, only curable by a Tswana healer. The consequences of this classification are that a patient might fully reject clinic treatment in his health seeking process [8]. In Kenya, patients were not worried about persistent cough and did not ascribe it to TB unless there was weight loss, spitting blood and fever. Bewitchment was believed to be one of the causes [4].

Due to congestion in hospitals, increased caseload and lack of resources there is a need to identify other people who can become involved in TB treatment [9]. Strong social support [10] and adherence after one month of therapy [11] have been associated with adherence to treatment. Addressing these issues, a community-based TB treatment programme has been implemented in Ntcheu district using guardian-based supervision [12].

Traditional healers are willing to incorporate biomedical knowledge into their system of thought, if they see that patients are cured [8,13,14]. Patients also take a pragmatic view, making use of any medical system they feel will benefit them. Reinterpreting traditional beliefs to facilitate the introduction of new interventions has
recently been the focus of some researchers [15,16], and success in working with healers in condom promotion has been reported from Zaire. Therefore, co-operation with traditional healers as supervisors for community-based treatment could increase the quality and accessibility of the programme and should be attempted.

The fact that patients in Malawi feel that TB has become synonymous with HIV/AIDS is worrisome. This increases the problem of stigmatisation for TB patients, as AIDS is often seen as a disease of shame. The fear that other members of the family might be infected and that it might spread to the community makes it difficult for the community to associate with infected individuals or even their families. It may also lead to family members terminating or denying relationships with the infected. This fear of ostracism may prevent patients from seeking conventional health care and social services, with the result that they might prefer to go to a healer with more privacy [17], or, at the worst, be in denial [6].

CONCLUSION

For NTPs that want to increase their case finding, involvement with traditional healers could be beneficial. Co-operation and mutual respect between traditional healers and western health workers should be encouraged. How healers can be involved in supervising treatment in Malawi still needs to be explored. As NTPs should try to address the beliefs and needs of patients, local surveys of knowledge and attitudes will be of great benefit in the planning and implementation of control programmes, particularly their health education element, by addressing popular beliefs and misconceptions [6,18]. Ethnographic work is important here. There is therefore a clear need for a social scientist to be part of the NTP to explore health seeking behaviour, to develop appropriate health education, and to explore ways of involving traditional healers in referring patients for diagnosis and supervision of treatment.

Acknowledgement

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References


Local perceptions of tuberculosis