Operational research on tuberculosis control in Malawi
Banerjee, A.

Citation for published version (APA):
Banerjee, A. (2003). Operational research on tuberculosis control in Malawi
7. Traditional healers and their practices in Malawi

AD Harries¹, A Banerjee¹, F Gausi¹, TE Nyirenda¹, MJ Boeree¹,², J Kwanjana¹, FM Salaniponi¹

¹ National Tuberculosis Control Programme
Community Health Science Unit,
Ministry of Health and Population

² Department of Medicine, College of Medicine,
Private Bag 360, Chichiri, Blantyre 3, Malawi

Published in:
Tropical Doctor, 2002; Vol. 32, pp. 32-33
INTRODUCTION

It is likely that most villages in Malawi have at least one traditional healer, and traditional healer consultation appears to be very common. Forty-three per cent of in-patients at Queen Elizabeth Central Hospital (QECH), Blantyre, admitted a prior consultation with a traditional healer (Seke and Maher, personal communication), and nearly 40% of smear-positive pulmonary tuberculosis (PTB) patients receiving treatment at QECH stated that they had seen a traditional healer before TB had been diagnosed [1]. However, little has been written about the number of patients seen by traditional healers or about traditional healer beliefs in Malawi.

METHODS

During 1998, briefing sessions were conducted with traditional healers in five districts in Malawi as part of the National Tuberculosis Control Programme's initiative in collaborating with traditional healers and informing them about tuberculosis and its management. In each district (Blantyre, Lilongwe, Ntcheu, Mzimba and Mangochi) registered traditional healers were contacted through the district traditional healer chairmen and village group headmen. Meetings were held throughout the district at health centres and were organised by the district TB officer (DTO), district health education officer (DHEO) and health centre personnel. For each traditional healer who attended a briefing session, a health care worker completed a structured questionnaire. Questions related to how the traditional healer had learnt his craft, the number of patients seen each week, the type of illnesses seen and treated, the management of patients suspected of having TB and perceived causes of disease and illness. Not all the questions in each questionnaire were answered. Data were entered into a software package (EPI-INFO, version 6.0)

RESULTS

Of the 1573 questionnaires returned, 674 were from Lilongwe, 260 from Ntcheu, 228 from Mzimba, 215 from Blantyre and 196 from Mangochi. The gender of the traditional healer was recorded in 1536 cases: there were 1026 men and 510 women with a combined mean age of 49 years. The principal tribes to which traditional healers belonged were Chewa (561), Ngoni (340), Yao (307) and Tumbuka (103).

In 1565 questionnaires information was given about how the traditional healer had learnt his craft. In 912 (58%) cases the traditional healer had been visited by a spirit and learnt his trade through the medium of a spirit. Traditional healers had been taught
by parents or relatives in 443 (28%) cases, fellow-traditional healers in 154 (10%) cases and by miscellaneous means in the remainder.

1566 traditional healers saw a total of 44,109 patients per week (average 28 patients per week). Of their patients 62% were adults and 38% were children. Fifty-seven percent of their patients were women and 43% were men. The main diseases or symptom complexes seen, and the contribution of each of these to the total disease burden, are shown in Table 1. The causes of these diseases or symptom complexes were: (i) natural diseases inflicted upon the patient by God or by bad luck (35%); (ii) bewitchment (30%); (iii) diseases caused by spirits such as ancestral spirits which have not been honoured or demonic spirits (18%); and (iv) breaking sexual taboos (17%).

Table 1 Main diseases or symptom complexes seen by traditional healers

<table>
<thead>
<tr>
<th>Disease or illness</th>
<th>Proportion of total disease burden (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional conditions*</td>
<td>20</td>
</tr>
<tr>
<td>(tsempo, mdulo, mphumu)</td>
<td></td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>13</td>
</tr>
<tr>
<td>&quot;Malaria&quot;</td>
<td>12</td>
</tr>
<tr>
<td>Abdominal pains</td>
<td>10</td>
</tr>
<tr>
<td>Chest pains</td>
<td>9</td>
</tr>
<tr>
<td>Headaches</td>
<td>9</td>
</tr>
<tr>
<td>Body swelling</td>
<td>5</td>
</tr>
<tr>
<td>&quot;Tuberculosis&quot;</td>
<td>5</td>
</tr>
<tr>
<td>Wasting</td>
<td>4</td>
</tr>
<tr>
<td>Mental illness</td>
<td>4</td>
</tr>
<tr>
<td>&quot;AIDS&quot;</td>
<td>3</td>
</tr>
<tr>
<td>Other illness</td>
<td>6</td>
</tr>
</tbody>
</table>

* Traditional conditions such as tsempo, mdulo and mphumu are associated with cough, chest pain and weight loss either in the index patient or a member of the family.

There were 1450 questionnaires answered in relation to the management of patients thought to be suffering from TB. In 942 (65%) cases the traditional healer stated that the patient would be referred to hospital for further investigation. In 359 (25%) cases
the patient would be treated by either herbal drinks, herbal baths, a herbal solution mixed into porridge or root powder applied to the tongue. In 149 (10%) cases the traditional healer stated he/she would not treat the patient but did not elaborate further.

DISCUSSION

This study in five districts in Malawi shows that there are a large number of patients seen on a weekly basis by registered traditional healers. We have no information about the proportion of registered traditional healers in each district who attended the briefing sessions nor of those who practice without being registered. Thus we are unable to assess the total number of traditional healers who may work in a district or the total number of patients in a district who may be seen by a traditional healer each week.

The most common symptom complex seen was one of the traditional conditions, all of which are associated with cough, chest pain and weight loss. If TB, wasting and AIDS are added to this symptom complex, we conclude that almost one-third of patients seen by traditional healers have an illness suggestive of AIDS/TB. Although natural diseases were thought by traditional healers to account for one-third of the illnesses seen in the remainder the illness was due to bewitchment, spirits and breaking sexual taboos. In such cases, the administration of traditional medicine would seem appropriate from a socio-cultural viewpoint. We were pleased to see that most patients suspected of having TB would be referred to orthodox medical care. However, we do not know whether this answer was given in response to the briefing carried out by the healthcare team.

There are obviously many important questions which still need to be answered in relation to traditional healer beliefs, and this study merely scratches the surface. Traditional healers are, and will for a long time to come be, an integral part of the healthcare sought by patients in resource-poor countries in Africa where doctors, nurses and paramedical officers are in short supply. Access to traditional healers is often easy and convenient, any charges made are usually modest [1], and many traditional prescriptions will work because the placebo effect plays as big a part in traditional practice as it does in western societies. Efforts at collaboration between orthodox medical care and traditional healers in Africa have so far not been that successful [2], but new or continued dialogue is essential. Traditional healers should be taught to recognise illnesses, for example TB or eye diseases [3], which they cannot and should not treat, and at the same time they should be encouraged to administer safe treatments for conditions more amenable to their type of practice. At the briefing sessions with traditional healers in the 5 districts, traditional healers were given referral
slips (written in the local language) for patients with a chronic cough so that the patients can report at health centres for sputum submission. These referral slips are kept by the health care workers in boxes or empty Coca-Cola bottles. During routine district visits, it is heartening to see Coca-Cola bottles half filled with slips of paper!

Acknowledgements
We thank the district TB officers, DHEOs, health centre staff and traditional healers who participated in this study. We thank the Department for International Development, UK, for financial support. The study received ethical approval from the National Health Science Research Committee.

References
