

Traditional healers and pulmonary tuberculosis in Malawi

N.J.M. Claessens, F.F. Gausi, S. Meijnen, M.M. Weismuller, F.M. Salaniponi, A.D. Harries

ABSTRACT

A country-wide study was conducted to determine the proportion of patients with pulmonary tuberculosis (PTB) who visited a traditional healer prior to diagnosis and who were referred for sputum smear examination by the traditional healer. Patients with smear-positive PTB, who were receiving treatment in hospital, were interviewed in 44 district, mission and central hospitals. There were 770 patients, of whom 248 (32%) had visited a traditional healer before diagnosis of PTB. Those with new TB and those who had a farming occupation were significantly more likely to visit a traditional healer. Of 248 patients who visited a traditional healer, 15 (6%) had been referred to health facilities for sputum smear examination. The TB Control Programme needs to maintain its link and continue training with this group of health care providers.

Introduction

Traditional healers play an important role in health delivery in Malawi, as in other sub-Saharan African countries. Previous studies in 5 hospitals in Malawi showed that a substantial proportion of smear-positive pulmonary tuberculosis (PTB) patients had prior consultation with a traditional healer^{1,2,3}. In the Blantyre study³ there had been no referral of patients by traditional healers to regular medical services.

As a result of these findings, the National Tuberculosis Control Programme (NTP) invested in training traditional healers country-wide about symptoms of TB, and encouraged traditional healers to refer patients with a chronic cough to the allopathic health sector for sputum smear examination. Altogether, between 1997 and 2000, 5890 traditional healers from all districts in Malawi received training sessions conducted by district tuberculosis and district educational officers (source= National TB Control Programme). The NTP also invested in informing the general public about TB, encouraging those with a productive cough to present early at health facilities for sputum smear examination. We carried out a country-wide study to determine the number and proportion of pulmonary tuberculosis (PTB) patients who i) visited a traditional healer before diagnosis and ii) were referred for sputum smear examination by the traditional healer.

Methods

All 44 district, mission and central hospitals in Malawi where TB registration and treatment takes place were visited between April and June 2001. All adult patients with smear-positive PTB who were receiving TB treatment in hospital at the time of the visit were interviewed. TB treatment cards were examined to collect basic TB and demographic data, and TB patients were interviewed in their local language about schooling, employment, type of housing, cash income, whether they visited a traditional healer before diagnosis and whether they had been referred by the traditional healer to health facilities for sputum smear examination. Data were analyzed using EPI-INFO 6.04 software. Categorical variables related to traditional

healer visits were compared using χ^2 test and χ^2 for trend, with differences at the 5% level being regarded as significant. Odds ratios (OR) and 95% confidence intervals (95%CI) were calculated where appropriate.

Results

There were 770 patients registered with smear-positive PTB, 374 men and 396 women with a mean age (SD) of 35 (12) years. 617 (80%) were registered as new patients, 145 (19%) as having recurrent disease, and in 8 cases (1%) no information on TB category was obtained. 248 (32%) patients had visited a traditional healer before diagnosis of PTB. Demographic and clinical characteristics in relation to traditional healer visits are shown in the Table. Significantly more patients visited traditional healers who had new compared with recurrent TB, and who were farmers compared with those who were businessmen or students. There was a non-significant trend of increased visits to traditional healers in those with less education and less cash income. The median length of stay with a traditional healer was 2 weeks (range 1 - 104 weeks), and this was unrelated to demographic and clinical variables. Of 248 patients who visited a traditional healer, 15 (6%) had been referred to health facilities for sputum smear examination.

Variables	Number of patients	Number visiting TH (%)	Statistical analysis Odds Ratio (95% CI)
Gender:			
Male	374	121 (32.4%)	1.0
Female	396	127 (32.1%)	1.01 (0.74 - 1.39)
Housing:			
Traditional (mud)	283	88 (31.1%)	1.0
Improved (brick)	483	158 (32.7%)	1.08 (0.78 - 1.50)
TB-category:			
Recurrent TB	145	30 (20.7%)	1.0
New TB	617	217 (35.2%)	2.08 (1.32 - 3.30)
Occupation:			
Business	85	19 (22.4%)	1.0
Farmer	347	130 (37.5%)	2.08 (1.16 - 3.77)
Occupation:			
Student	43	8 (18.6%)	1.0
Farmer	347	130 (37.5%)	2.62 (1.12-6.33)

Discussion

This study was country-wide, involving a large number of patients, and we believe is representative of the current situation in Malawi. However, it is possible that we have underestimated the frequency of traditional healer visits because in a busy medical/TB ward patients may be reluctant to disclose the fact that they have visited a traditional healer. Despite education by the NTP to the general public about cough and TB, a substantial proportion of patients still visit the traditional healer. As long as Malawi has shortages of doctors, nurses and paramedical officers, and while traditional healers are easily accessible for

the population, especially in rural areas, the practice of visiting traditional healers will continue. A few traditional healers have started to refer patients to the medical services for sputum examination, but the numbers are still low despite our attempts to encourage this practice. Traditional healer visits undoubtedly play a part in diagnostic delay in PTB patients in Malawi^{1,2,3}, as in other countries in sub-Saharan Africa^{4,5}. Diagnostic delay of smear-positive PTB may result in further transmission of infection within households and the community⁶, and there is evidence that such delay may also compromise the chances of individual cure⁷.

It is likely that many patients will keep visiting the traditional healer as one of their first points of call. The NTP needs therefore to i) maintain a link with the traditional sector, ii) conduct regular training sessions and iii) continue encouraging traditional healers to refer patients with a chronic cough for sputum smear examination.

Acknowledgements

We thank all the TB officers and nurses from around the country who assisted with interviews of patients. We also thank the Department for International Development (DFID), UK, the Norwegian Agency for Development for Development Cooperation (NORAD) and the Royal Dutch Tuberculosis Association (KNCV) for financial support. The study received the support of the TB Programme Steering Group and ethical approval from the Malawi Health Science Research Committee.

NJM Claessens¹, FF Gausi²,
S Meijnen¹, MM Weismuller¹,
FM Salaniponi², AD Harries²
1. University of Amsterdam, Amsterdam,
The Netherlands

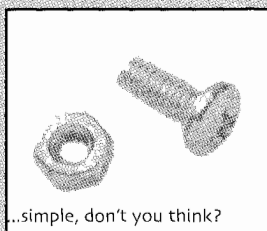
2. National Tuberculosis Control Programme,
Ministry of Health, Malawi

Address for Correspondence:

Professor AD Harries,
c/o British High Commission
PO Box 30042, Lilongwe 3, Malawi
Fax: (265) 772 657
email: adharries@malawi.net

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