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TRADITIONAL HEALERS AND TUBERCULOSIS CONTROL IN SOUTHERN NIGERIA*

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ABSTRACT

Traditional healers (THs) co-exist with orthodox medicine and offer options for the sick, especially cases with perceived supernatural causes. This study examined the role and capability of THs in the national tuberculosis control effort. Seventeen community leaders (CLs) and 20 THs were interviewed. Prolonged cough constituted one of the common health problems taken to THs in the communities studied. The THs manage such cases with herbs and are not inclined to referring cases to the orthodox health care facility because of the confidence in their ability to handle the cases which result from supernatural causes. The CLs attest to the acceptability of the THs in the communities, which they attribute to the efficacy of the traditional healing, uncomplicated treatment process, cause of the prolonged cough, as well as cost and secrecy. THs can be educated to make prompt referral of cases to Directly Observed Treatment Short-course (DOTS) clinics for prompt diagnosis and appropriate treatment.

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INTRODUCTION

Tuberculosis is one of the major public health challenges facing Nigeria. It is a leading cause of death worldwide, killing nearly two million people each year (Frieden, Sterling, Munsiff, Watt, & Dye, 2003) and comes a close second only to malaria. It is, today, a problem of global importance. In the past decade, the sub-Saharan African countries have experienced an upsurge of tuberculosis (TB) cases, which is partly attributable to the spread of human immunodeficiency virus (HIV) (Grange, 1999).

In Nigeria, tuberculosis is common and some studies put its prevalence and case fatality rate at 9.2% and 12% respectively (Salami & Oluboyo, 2002; Salami & Oluboyo, 2003). The increasing burden of TB on public health is exacerbated by the HIV/AIDS pandemic. In developing countries, the major burden of TB disease and death is concentrated on the economically most productive age group (Harries et al., 1997), intensifying the economic and developmental implications of this curable disease (Okeibunor, Onyeneho, Chukwu, & Post, 2007a).

Control strategies for TB involve case finding and case holding (Auer, Sarol, Tanner, & Weiss, 2000). However, studies show that infected persons take a number of options before identifying with appropriate Directly Observed Treatment Short-course (DOTS) clinic for treatment (Auer et al., 2000; Okeibunor et al., 2007a, 2007b). Only those who come to health facilities are screened and diagnosed (Murray, 1994). Many people with tuberculosis first approach a private doctor, including patent medicine vendors and traditional healers before reporting to the DOTS clinics (Auer et al., 2000; Pathania et al., 1997). Delays in diagnosis and prompt treatment of TB lead to complications and multiple drug resistance to TB treatments.

Such delays in the diagnosis of TB and commencement of treatment are common in Nigeria, as they are in other countries (Auer et al., 2000; Demissie, Lindtjohn, & Berhane, 2002; Enwuru, Idigbe, Ezeobi, & Otegbeye, 2002; Lawn & Achaempong, 1999; Lawn, Afful, & Acheampong, 1998; Needham, Godfrey-Faussett, & Foster, 1998; Olumuyiwa, Odusanya, & Bebafemi, 2004; Salami & Oluboyo, 2002; Wandwalo & Morkue, 2000). These delays are attributable both to patients and healthcare providers. Delay in diagnosis may worsen the disease, increase the risk of death, and enhance tuberculosis transmission in the community. In Tanzania, 15% of patients were found to report to a health facility within 30 days of the onset of symptoms (Wandwalo et al., 2000). Enwuru et al. (2002) reported that 81% of patients delayed for more than 1 month before presentation at the chest clinics. The patients had visited local private medical facilities and traditional healers and had a low level of knowledge and awareness about the disease.

A recent study of three States in Southern Nigeria revealed that the time lag between the onset of symptoms and first presentation at a health facility among persons with tuberculosis in southern Nigeria is 92 days on the median, trying other options before turning up at the DOTS clinic for diagnosis and treatment. On the whole, modal number of days spent between the onset of disease and presentation to the DOTS centers was 30 days (Okeibunor et al., 2007a, 2007b). The study further revealed that Chemists/patent medicine vendors and traditional healers constituted the first port of call for 107 (48.4%) and 27 (12.2%) of persons with TB in the states studied (Okeibunor et al., 2007a). The number relying on the traditional healers increase as they evaluate the effectiveness of the first options and seek alternative options. They begin to report to the DOTS clinics as the fourth or last option. In Nigeria, the traditional care givers use herbal concoction as first treatment action in the management of ailments other than TB.

Nigeria is thus one of the few countries worldwide where TB control remains slow (Netto, Dye, & Raviglione, 1999), partly due to patient delays and the choice of traditional healers before coming to DOTS clinics. Unfortunately, the place of traditional healers in fast tracking tuberculosis control has not received adequate mention in literature. All the same Anthropological and Sociological theories in health seeking make allusions to the important place of traditional healers in different diseases conditions. For instance, the health belief model (HBM) was developed in response to the puzzle engendered by "the widespread failure of people to accept disease preventives or screening tests for the early detection of asymptomatic disease" (Rosenstock, 1974, p. 328). This model was, however, later applied to patients' responses to symptoms and to compliance with prescribed medical regimens (Becker, 1974; Kirscht, 1974) as well as behavior change therapy.

Culture bound theory is another effort to explain the health seeking behavior of infected persons within a culture. This theory came into existence with advancements in Transcultural Psychiatry and Medical Anthropology. Activities of scientists in the two sub-specialties increased awareness of the different interpretations which are given to health and disease in different cultures. According to the theory, "health and diseases are to some extent shaped by culture" (Erinosho, 1998, p. 18). The perception of Health and Normality is determined by sociocultural factors and it differs from society to society. While in some circumstances childhood fevers may be seen as serious health problems requiring prompt response with help seeking, in others a number of issues are considered before action is taken, if any, in response to childhood fevers.

Infected persons in some societies may view infections generally as dangerous. Some view such infections as "good" or "bad," depending on the duration and outcome of the infection. For instance, in the case of febrile illnesses, good fever

ushers in a positive change in the life of the child (Brieger, Nwankwo, Ezike, Sexton, Breman, Park, et al., 1996/97). The child walks, teethes, or increases in height, as the case may be. This type of childhood fever does not persist. On the other hand, the "bad" fever is persistent and is accompanied by negative outcomes. In societies with such beliefs, parents often wait to define the type before seeking help. Cough of any type may be classified in terms of its duration, which in itself is relative.

In the same vein, Okeibunor et al. (1994/1995) concluded that response to health condition is dictated by the causative theories about the health condition among the people. Those who hold scientific theories about the etiology of a disease seek scientific or orthodox medical care. On the other hand, those who hold spiritual explanations about the cause of a disease seek spiritual response to the disease. This latter group argues that spirit-driven diseases could not be managed in the hospitals.

Given the massive and complex challenges of case finding, prompt diagnosis and providing appropriate and quality treatment for persons with TB in the Nigerian context, it is important to better understand how the traditional healers involved in TB treatment actually work, and identify pathways of involving them in ensuring prompt diagnosis and appropriate treatment of TB cases. It follows, therefore, that if the control of tuberculosis must succeed, the traditional healer issues, one of the causes of delay by patients, should be investigated and minimized. This study was conducted to explore the possibility of involving traditional healers in the management of tuberculosis in Southern Nigeria.

STUDY DESIGN AND METHODOLOGY

Study Setting and Population

The study focused on the 14 States in the German Leprosy and TB Relief Association assisted DOTS program in Southern Nigeria. The States are Ekiti, Ondo, and Ogun States in the Southwestern zone. The others include Akwa Ibom, Bayelsa, Cross River, Delta, Edo, and Rivers States in the South-south geopolitical zone. The third zone, the Southeast geopolitical zone, is comprised of Abia, Anambra, Ebonyi, Enugu, and Imo States. The 2006 population census put the combined population of these States at over 64,978,686 million with an annual growth rate of 3.2%. The area is made up of people with very diverse cultural systems, belief, and health-seeking practices that are associated with the people's myths about existence as well as differences in the levels of Western education, urbanization, and access to modern health facilities and cultures.

Each State is made up of a number of local government areas (LGAs), which are made up of communities with indigenous leadership. With the promotion of the primary healthcare system in Nigeria, each community is linked to a primary healthcare unit that provides a number of community

health services to the people, including disease control and eradication. In these units, there are DOTS services for persons with tuberculosis. These services are also present in secondary and tertiary health institutions to which serious cases from the primary levels are referred. Along with these formal healthcare provisioning facilities are a plethora of PMVs, spiritualists, and traditional healing homes.

Okeibunor et al. (2007a) noted that here disease is socially and physically determined while health-seeking behavior is socio-culturally defined. A number of competing therapeutic alternatives, which include cosmopolitan medicine, traditional, and faith-based healing houses, exist in Nigeria. The orthodox medicine is further broken down into patent medicine vendors, pharmacies, and general and specialist hospitals among others. Some of the hospitals are either private profit oriented outfits or government-run and pro-poor set-ups, which offer services for both control and eradication of diseases and ill health. On the other hand, the traditional outfits, which include herbalists and diviners, co-exist with the orthodox medicine and offer options for the sick.

Furthermore, there is the faith healing, otherwise known as the prayer houses or charismatic group. Confounded with the persistence of disease like tuberculosis, some adherents and new converts resort to their services, especially when unforeseen forces are associated with the health problem. The leaders of these prayer houses claim possession of powers to heal, cure, and prevent diseases through prayers. Some condemn the use of chemotherapy of any type. All these competing, complimentary, and supplementary systems create grounds for diverse health seeking behaviors.

With these, one afflicted with tuberculosis is therefore left to make decisions, which are often influenced by a number of socio-cultural realities. Here decisions are taken not only by the sick but also by significant others or by lay referral groups. The factors that may guide the decisions to seek healthcare, where and when, may include accessibility, affordability, perceived efficacy, quality, and simplicity of care as well as attitude of healthcare provider. Others include the perceived etiology of the disease, and stigma as well as cultural beliefs and attitudes associated with the disease in any given community. Dissatisfaction manifested in these factors could engender barriers to utilization of any healthcare facilities and resort to the traditional healers. Consequently, the traditional healers constitute the primary focus of this study.

Study Design

This study was exploratory and adopted qualitative methods to learn about the level of involvement of traditional healers in the management of tuberculosis cases in southern Nigeria. The cross-sectional approach was adopted in collecting quantitative data from those registered with the DOTS program in three States in three geopolitical zones of Southern Nigeria.

METHODOLOGY

Sampling and Instruments

A total of 17 community leaders were purposively selected from 9 communities in the six LGAs selected for the study. A criterion for inclusion in the study was being a community leader who has lived in the community long enough (at least 5 years) to possess knowledge of the health seeking behavior of members of the community. The community leaders identified the first case of traditional healer in the community. The snowball sampling technique was used in getting other traditional healers known to manage TB cases in the community. On the whole, a total of 20 traditional healers were interviewed.

Two sets of in-depth interview (IDI) guides were employed in collecting information from the community leaders and traditional healers respectively. The two sets of IDI guides differed slightly in the sense that the IDI guide for traditional healers included information on actual practice in managing suspected TB cases as well as their attitude toward being involved in formal TB management system. The IDI guide for traditional healers dealt more with self-reported information of their practices.

The IDI guide with community leaders sought information on their perception of the common health problems in the community as well as where the people seek help for different health problems as well as the reasons for their choices. The IDI guide also sought information specifically on their perception of tuberculosis and the extent to which they consider it a problem in the community, as well as where perceived cases of TB were taken for management. Information on their attitudes to using traditional healers for the management of TB and the DOTS clinics were also collected using the IDI guide for community leaders.

The IDI guide for traditional healers collected information on the duration of the respondents' practice of traditional healing and the types of services rendered in the community, including TB management. Information on the modality of their management of TB and attitude toward their involvement in the formal systems of managing suspected TB cases, that is referral to DOTS clinics were also collected.

The instruments used in this study were pretested in a community (Ibagwa Aka) 7 km to Nsukka to be able to confirm their strength to capture the comprehensiveness of the questions, appropriateness of the sequence of the questions, appropriateness of the duration of the interview, and the potential logistic problems that may arise during the data collection. One pretest IDI each was conducted with a male and a female traditional healer. The lessons learned from the pretest were used to revise the interview guide and improve the skills of the interviewers.

Two sets of interview guide were employed in data collection. However, a similar scale to gauge the attitude of both community leaders and the traditional healers was built into both interview guides. Respondents were asked generally

what they thought about health problems in the communities and the health seeking behaviors of members of the communities. They were also asked questions about referring persons with tuberculosis and prolong cough to the DOTS clinics.

Data Management and Analysis

After review and correction, all interview transcripts were typed with a standard word processing package and converted into American Standard Code for Information Interchange Text files. These were coded and sorted using the Atlas.ti program. Analysis of the qualitative data placed emphasis on the interpretation, description, and recording/writing of what is actually said. The transcription was first done in the local language and translated into English. In going through the transcriptions, phrases with contextual or special connotations were noted and pulled out as illustrative quotes in complimenting the statistical data. To do this, relevant themes were developed for the coding and sorting of the qualitative data and Atlas.ti version 5.0 software was used in managing the qualitative data.

FINDINGS

A total of 37 in-depth interviews were conducted in the three States (see Table 1). Eighteen interviews were conducted in Akwa Ibom State. This was composed of 10 traditional healers and 8 community leaders. In Ogun State, a total of six community leaders and 6 traditional healers were interviewed while 3 and 4 community leaders and traditional healers, respectively, were interviewed in Enugu State.

Tuberculosis as a Health Problem in the Communities

The respondents were asked to list the common health problems in their communities. Tuberculosis featured prominently among the health problems confronting the people in the rural and urban communities alike, in response the

Table 1. Distribution of Study Participants by State and Category

	State			
Category	Akwa Ibom	Enugu	Ogun	Total
Community leader	8 (44.4%)	3 (42.9%)	6 (50.0%)	17 (45.9%)
Traditional healer	10 (55.6%)	4 (57.1%)	6 (50.0%)	20 (54.1%)
Total	18 (100.0%)	7 (100.0%)	12 (100.0%)	37 (100.0%)

question. The list of health problems is similar among the community leaders and traditional healers in all the states. A few typical quotes are presented to show the level of concern the respondents demonstrated about the problem of tuberculosis in their communities. According to a woman leader in Akwa Ibom State,

> . . . the health problems we see in this community include malaria, pile, eye problem and even cough. There are different forms of cough, some are prolonged and others are minor. . . .

Another female community leader in Uyo said that tuberculosis is common among the people in the communities. According to her, ". . . I have discovered that there is tuberculosis in this community, which disturbs and hinders many people . . . ." Earlier, while enumerating the health problems that confront people in the communities, without prompting she said,

> . . . I have seen many cases of asthma and also the disease called tuberculosis has killed up to 5 people as I have discovered in this community. . . . In one household it killed up to 3 people.

In Elere Adubi, in Ogun State, a community leader listed the common diseases as ". . . malaria, rheumatism, body pain, headache, cold and cough . . . ." Another community leader in Ifo local government area listed the common diseases as malaria, rheumatism, back ache, dizziness, stroke, yellow among others. Narrating further, he said,

> . . . tuberculosis is very common. There is also Asthma and it kills. It killed my younger brother just a fortnight ago. There are many cases of this in the community. . . . The person that has the cough becomes thinner and the person will be coughing persistently, day and night . . . .

A community leader in Wasimi community in Ogun said,

> . . . presently there is measles in this community and midwives in our maternity center here have taken the complain to the general hospital. Tuberculosis is also a problem here. It is spreading. Our people do not listen to the health education given to them by the health workers on how to avoid and prevent it. The health workers take clients to Obada to test their saliva if it contains TB. . . . It had extended to children because they share the same cups and plates with TB patients.

These are typical of all the communities studied and among the different study participants. However, the respondents hold different views on the causes of the health problems, which may influence their choice of solutions to the problems. For some, when they were asked the causes of the different health problems, some of the problems are related to the farm work. This category of problem includes back ache, rheumatism, and headache. On the other hand, other very serious problems are spiritually inflicted. For instance, a youth leader in Uquo said,

> . . . there are many types health problems especially among the youth. They have stroke which human enemies use to kill people, thunder which is spiritually invoked to hit and kill people. Mental retardation can be invoked on someone. Gonorrhea is spiritually invoked through contact such as needle gonorrhea and blood gonorrhea. . . . They are many diseases such as tuberculosis, stroke, HIV/AIDS . . . which are invoked upon these youth because they are not humble, negligent and careless so wicked people afflict them with these diseases.

Traditional Healers and Tuberculosis Management in Communities

Here, respondents were asked where help is usually sought for the different health problems listed. It was revealed that generally, when confronted with the different health problems, patients go to different facilities, including traditional healing homes for solutions. For instance, a community leader in Wasimi noted that community members seek health in the maternity center. According to him

> . . . they go to maternity center to complain to the health workers. The health workers also report serious cases to their head office from where people come to take action/appropriate treatment . . . because it is the only health facility we have in this community. . . . There is no general hospital. . . . Both Tb. Measles and childhood immunization are taken care of in that maternity center. . . .

Another community leader in Obadan noted that traditional healers are very prominent in the management of health problems. According to him,

> . . . many health problems, especially those feared to be caused by spiritual forces are taken to the traditional healers. Some of such problems that could be spiritually invoked included complicated cough and TB, stroke, asthma and the likes. . . .

In Uquo, in Akwa Ibom State, a community said,

> . . . most of these people in our community go to traditional healers who treat with herbs and roots and it works also. . . . In fact we have them. Some have died. . . . One is a young man along Asang road, here in Uquo. . . .

On their part, traditional healers claim capacity for managing all types of ailments including prolonged cough and tuberculosis. According to a traditional healer in Ihe Owerre community in Enugu State, "some go to Chemists, others visit hospitals but when their problems persist they start looking for us. You know it is not all types of health problems that English medicine could treat. . . ."

According to a traditional healer in Ifo, Ogun State,

> . . . I treat several ailments ranging from malaria, impotence, if someone is looking for baby, sexually transmitted diseases of different types and even HIV. . . . Tuberculosis is not very common in this community but

> occasionally I receive some people that have tuberculosis and I treated without any problem with herbs. . . .

Another traditional healer in Wasimi said that the

> . . . common problems are cough and pains in the leg of adults. Most people go to hospital for treatment of their health problems. . . . If the hospital workers cannot treat/cure the problem they would advise them to go back home and use native medicine. Some of such cases include people with complicated problems like stroke or tuberculosis. So they come to me and I treat them with herbs. . . .

In Ihe Owerre community, in Enugu State, a traditional healer equally listed a number of health problems, among them tuberculosis, he handles which the orthodox medicine fails to grapple with. According to him,

> . . . what I treat are numerous. I treat ulcer, infertility, STDs, tuberculosis, cough and many more. . . . Some of these people go to Chemist (PMVs) before coming to me. They come when the English people fail to treat the problems. I treat them with simple herbs. . . .

These are typical of the views of all the traditional healers interviewed irrespective of State and community. The community leaders also agreed with these views to a larger extent.

Referral Practices

With respect to their practice on tuberculosis, namely diagnosis, management, and referral, it was observed that generally, the traditional healer finds it is absurd to be expected to refer their cases either to the hospital or anywhere for that matter. For them, it is only people who failed to get solution to their problems from the orthodox health facilities that come to them. Ironically, the orthodox health facilities mentioned here are the patent medicine vendors. According to a traditional healer in Ihe Owerre, Nsukka Urban, in Enugu State, ". . . some of the doctors even refer patients to me. . . . When they try and see that this one is not what the orthodox medicine can handle they refer them to me. . . ."

In Ifo, a traditional healer said,

> . . . I don't refer. I thank God for that. . . . All problems brought to me were solved with one herb or the other. . . . I have never referred anyone to health facility before except if the person wants blood.

Still demonstrating the potentials of the traditional healers, a traditional healer in Uquo argued that

> . . . some that know go to the native doctor (traditional healers), who they know is knowledgeable in treatment. . . . As I am seated here there are health problems, that are taken to the hospital but a wise doctor will refer it back to me irrespective of any sickness. . . . An example is this tuberculosis

> which we are discussing now. They first go to Chemist and later return to me and I treat them. . . .

On diagnosis, a traditional healer in Uquo LGA, in Akwa Ibom, argued that he knows the different types of ailments. He illustrated with respiratory health problems. According to him,

> . . . I know four types of cough, namely asthma with difficulty in breathing; TB is a very hard and dry cough in which the person cannot bring out sputum; the heart destroying-cough in which the sputum comes out with blood and of course the spiritually imposed cough. . . . All these, I can cure. . . .

Another traditional healer in Enugu State, said,

> . . . if you see somebody with TB you will know. The person is always coughing very rapidly. The cough is always dry and the sputum, whenever it decides to come out comes with the person's blood. . . . The person always looks pale and thin.

However, some of the traditional healers do not see the need to conduct diagnosis. For example, a traditional healer in Ogun State, said ". . . I do not have anything to diagnose or test. . . ." For this category of traditional healers diagnosis is not necessary when using herbs. A typical expression of this class of traditional healers in seen in the statement of an Ifo traditional healer. According to him,

> . . . I don't need to diagnose it but to give treatment using herbs. . . . But if the person started coughing out blood I quite well that the person is having TB and I make herbs and at times with concoctions. . . .

All the same, one of the traditional healers in Uquo said,

> . . . how I can identify this cough (TB) include if the person coughs and cannot bring out sputum then it is TB you are talking of. . . . If it brings blood then I know it is heart destroying cough. If another sit like this, breathing fast then I know it is difficulty in breathing that is asthma. I have healed a cough that has persisted over one year. . . . The symptoms of TB include severe weight loss with a very drawn and pale face with a line mark on the chest; the tummy receding inwards. . . .

The same traditional healer argued that he sometimes refers clients to hospital. The reason for the referral is, however, linked to the willingness of the clients to part with money. According to him, ". . . I can cure all ailments but sometimes I refer to the hospital because people are prepared to spend money in the hospital than in the native doctors' place."

AWARENESS OF DIRECTLY OBSERVED TREATMENT SHORT-COURSE (DOTS) CLINICS

The study sought to collect information on the levels of awareness on the existence of DOTS clinics in the communities among the traditional healers and community leaders alike. The results revealed that awareness of the DOTS clinic is very low among the study participants. Of all the 20 traditional healers interviewed, only one from Ogun State indicated that they are aware of the existence of the DOTS clinics. The others merely talked of hospitals in the general sense. Others also refer to the patent medicine stores as the English way of handling TB, which is later referred to them to manage with herbs. According to one of the traditional healers who indicated awareness of the DOTS clinic, ". . . I know of DOTS clinic. . . . I have taken somebody there before for treatment. The person was asked to provide saliva for testing."

On the other hand, a typical case of those who lacked knowledge of DOTS clinic argued that they knew of places where they say TB patients go to. According to a traditional healer in Enugu State, ". . . no I do not know of such a place (DOTS clinic). But I know there is a place they use to take TB patients to in Abakaliki. . . ."

Another traditional healer in Uquo said, "I have not heard of such a place where someone takes the drug before them (health workers). . . . I have not heard before. . . ."

Attitude toward Involvement of Traditional Healers in TB Case Detection

The interview guides included an instrument to measure the attitude of community leaders and traditional healers toward the involvement of traditional healers in TB case detection and management. Respondents were asked to indicate agreement/disagreement with five different statements. The statements related to perceived cause of TB, ability of traditional healers to treat TB, threat of DOTS clinics to the business of the traditional healers, and referral of TB to DOTS clinics. The attitudinal scales simply focused on whether the respondent agrees or disagrees with each of the five statements. The reported agreements were accumulated over the number of respondents who agreed on each statement and presented in a frequency table. Tables 2 and 3 captured the data from the traditional healers and community leaders respectively. It is important to reiterate here, that while the traditional healers gave information about themselves, the community leaders were reporting the general perceptions of the traditional healers in the communities.

Table 2 revealed that 100% of the traditional healers, irrespective of State, agreed that traditional healers can treat all ailments and also feel that DOTS will kill their business. The traditional healers also agreed that traditional healers do not believe that tuberculosis is not spiritual. On the other hand, Table 3 revealed some difference among the community leaders with respect to the involvement of traditional healer in tuberculosis control.

Table 2. Attitude of Traditional Healers toward Their Involvement in TB Case Detection (% in Parentheses)

Attitude	Akwa Ibom	Enugu	Ogun
Traditional healers believe they can treat all ailments	10 (100.0)	4 (100.0)	6 (100.0)
Traditional healers will cooperate	10 (100.0)	3 (75.0)	4 (66.7)
Traditional healers will feel their business will be killed by DOTS	10 (100.0)	4 (100.0)	6 (100.0)
Traditional healers do not believe the problems are not spiritual	1 (10.0)	2 (50.0)	2 (33.3)
Traditional healers will think it is a waste of time referring their clients to DOTS clinic for testing	10 (100.0)	4 (100.0)	5 (83.3)

Table 3. Attitude of Community Leaders toward the Involvement of Traditional Healers in TB Case Detection (% in Parentheses)

Attitude	Akwa Ibom	Enugu	Ogun
Traditional healers believe they can treat all ailments	7 (87.5)	3 (100.0)	6 (100.0)
Traditional healers will cooperate	7 (87.5)	3 (100.0)	2 (33.3)
Traditional healers will feel their business will be killed by DOTS	8 (100.0)	3 (100.0)	5 (83.3)
Traditional healers do not believe the problems are not spiritual	7 (87.5)	2 (66.7)	5 (83.3)
Traditional healers will think it is a waste of time referring their clients to DOTS clinic for testing	4 (50.0)	1 (33.3)	1 (16.7)

DISCUSSION AND CONCLUSION

Tuberculosis is one of the common health problems suffered in the communities. Other health problems include malaria, rheumatism, back ache, asthma, and stroke. Responses to these health conditions are often dependent on the severity of the disease and the perceived cause of the ailment. Both the community leaders and traditional healers believe that some health problems are spiritually induced and such ailments are not successfully managed with orthodox healthcare. The traditional healers actually argued their ability to manage all health problems. For some, the orthodox healthcare personnel often refer cases of tuberculosis to them. They manage the health problems with herbs and concoctions.

Referral practices were poor. The traditional healers believe they could manage all ailments and do not see any reason to refer their clients to any hospital. They also argued that there was no need to send their clients for diagnosis because they could easily tell who has tuberculosis. Other studies show that traditional healers generally consider themselves capable to addressing the problem of tuberculosis in the society.

However, from research with patients of the Home Care Network it was apparent that traditional healers do not play a large role in initial care for TB patients. Traditional healers themselves confirm this. They say that patients most often come to see them after they have been to a doctor or a pharmacy. In most cases, traditional healers are asked to relieve side effects of the drugs. There is some evidence that patients may abandon Western medicine when side effects become too severe, and move to the traditional healer for relief. However, as was found with pharmacists, traditional healers do treat various forms of cough, some of which later turn out to be TB cough (Savy, 2009).

Our findings, as in the findings of similar studies outside Nigeria, suggest that traditional healers are a potentially important resource to integrate into TB control programs. In Hlabisa alone there are 290 traditional healers across the district. In Africa south of the Sahara the ratio of traditional healers to the population is approximately 1:500, in contrast to the doctor to population ratio of 1:40,000 (Abdool, Karim, Ziqubu-Page, & Arendse, 1994; Colvin, Gumede, Grimwade, & Wilkinson, 2001). In some states in Nigeria, the ratio is far worse (Okeibunor, Onyeneho, & Okonofua, 2010). Perhaps the greatest benefit to leverage from any partnership between the TB control programs and traditional healers is the opportunity of overcoming the hurdle that comes with the level of distrust that still exists between some members of the two groups. This has remained a sour point which still concerns even the researchers. There is substantial reluctance to accept the idea of working with traditional healers. Studies such as this that demonstrate the scientific rationale for better cooperation may help to overcome what may be prejudice (Colvin et al., 2001).

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