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Why do people use traditional healers in mental health care in Zimbabwe

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Objectives: To explore why some people in Zimbabwe use traditional medicine for the treatment of mental disorders.

Materials & Methods: Forty-eight consenting participants were drawn from a community to the north-east of Harare. We conducted 30 interviews with patients from healing sites using convenience sampling and three focus-group discussions with 18 participants from the community recruited through three food distribution depots in the settlement.

Setting: Traditional healing sites and community halls in a community to the north-east of Harare, the capital city of Zimbabwe.

Study design: Non-experimental exploratory qualitative study using semi-structured key-informant one-on-one and focus-group interviews was used. Study was carried out by examining records of the Zimbabwe National Traditional Healers' Association (ZINATHA) to determine the names of all of the TMPs in Epworth and recruited those we could find into the study with the assistance of local community health workers. As a result, our sample provides nearly exhaustive coverage of the TMPs in Epworth. After locating the TMP, we requested permission from TMPs to let us recruit patient participants at matare (traditional healing shrines). To recruit eligible patients, we used a convenience sampling strategy as patients were leaving the healing shrine. Community members were recruited at food distribution depots (depots that distribute food parcels to the needy), again using a convenience sampling strategy as they were leaving the depot. Investigators explained the study objectives, procedures and obtained informed consent from the participants. Participants were excluded from the study if they did not speak the Shona language and if they were minors (under 18 years of age) or had severe cognitive impairment. Recruitment continued until theoretical saturation had been reached, the point at which no new concepts emerged from subsequent interviews. The study was approved by University of Zimbabwe and Parirenyatwa Joint Research Ethics Committee (JREC) and the Medical Research Council of Zimbabwe (MRCZ). Approval was also obtained from Kunaka District Hospital in Epworth and from Zimbabwe Traditional Medical Practitioners Council before the start of the study. Informed consent was obtained from all participants, including permission to audio-record the interviews.

Interventions & Outcome Measures Used: Parameters assessed for included participant demographics such as age and gender, the patient's views about traditional healing practices, what caused their illness, the treatment strategies used and the changes in health as a result of treatment. Focus group discussions focused on community's views on African traditional medicine practices, perceptions of the causes of illness and the reasons for using African traditional medicine rather than conventional psychotherapy.

Results: The main reason why patients use ATM was treatment specificity: They viewed mental illness as having a supernatural cause that could only be fixed by ATM. ATM provided holistic care was cheap and patients were avoiding problems they perceived as inherent in biomedical approaches.

Discussion: To address the global burden of mental health issues in low-income countries, the World Health Organization has called for the optimization of all available resources to bolster the delivery of mental health treatment in primary care. Efforts should be made to incorporate helpful aspects of TM into biomedical treatment and improve reciprocity between biomedical and TM practitioners to improve on health-service utilization.

Biography

Lazarus Kajawu has completed his MSc in Clinical Psychology at UZ in year 1998; BSc Hons Psychology at UZ in 1995 and BA Psychology & Economics at UNISA in 1994. His research interests include community mental health. He has various publications on depression and common mental disorders, Psychologist's role and Torture & post traumatic disorders.

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