



Ghanaian traditional and faith healers' explanatory models for epilepsy

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ABSTRACT

Epilepsy is the most common neurological condition in sub-Saharan Africa. A significant number of people with epilepsy in low- and middle-income countries do not receive formal biomedical care. They utilize the services of various traditional and alternative medicine practitioners. However, there is relatively little information about the beliefs and methods of alternative healthcare providers about epilepsy in many African countries. Using explanatory models of illness framework, we interviewed thirty-six traditional and faith healers in Ghana on their beliefs and perceptions about epilepsy, as well as how they would treat epilepsy. The healers' beliefs about the nature of epilepsy were reflected in the labels they assigned to the condition. These indicated a belief in the influence of the moon in epilepsy. Furthermore, the participants held multiple, simultaneous explanatory models of causes for epilepsy, including biological, social, and supernatural causes. Epilepsy was also considered to have serious social implications for patients, especially for women. Finally, their treatment methods involved a range of herbal and spiritual practices. These varied based on the identified cause of the condition, as well as the orientation of the healer. We discuss these findings with reference to their implications for potential collaboration between biomedical and alternative healthcare systems.

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1. Introduction

In sub-Saharan Africa, epilepsy is the most common neurological condition, with approximately 80% of people with epilepsy (PWE) originating from countries in this region [1–3]. Despite the high prevalence of epilepsy in less developed countries [4], it is estimated that about 75% of PWE in low- and middle-income countries (LMICs) do not receive formal biomedical care [2,5]. Some of the reasons accounting for this wide treatment gap include the limited availability and access to primary care facilities or neurologists, as well as cultural explanations for epilepsy and the stigma associated with such a condition [6].

These reasons, among others, may explain the preference of some PWE to seek treatment from traditional/faith healers [7], as is the case for other conditions and disorders. Traditional and faith healing systems are built on the beliefs, values, and customs of specific communities [8]. Thus, traditional and alternative health practitioners' explanations about epilepsy are typically based on the cultural understandings and experiences of epilepsy. Given their positioning within communities, such explanations may influence how PWE are treated [9,10].

In light of the wide biomedical treatment gap for epilepsy in many African countries, the use of traditional and alternative medicine (TAM) is common [9]. Given this widespread use, it is important to understand the perceptions and beliefs of traditional and alternative

healers about epilepsy. One way of achieving this understanding of their beliefs about epilepsy is by examining their explanatory models (EMs) [11].

The concept of EMs of illness allows a deeper exploration of people's beliefs about a condition. It enables the assessment of their perceptions of the cause of the illness, its course, and what effects the condition is perceived to have on the individual [11,12]. The models also explore preferred treatments for the condition. Despite the high patronage of TAM by PWE in African countries, there is limited documented information about the explanatory frameworks that the healers possess, and which inadvertently influence their treatment for epilepsy. By exploring EMs of traditional healers for a condition such as epilepsy, we can achieve a clearer understanding of how they explain and treat the illness, and the outcomes they expect. Furthermore, because of TAM healers' positions within the community, their beliefs about epilepsy are likely to be congruent with those of their patients. Such knowledge provides further avenues for facilitating collaboration dialogs between biomedical and TAM systems of healthcare.

Previous research has been conducted on the beliefs and attitudes of laypeople in different African countries about epilepsy. In these generally small-scale studies, epilepsy was typically reported to be believed to be caused by curses or witchcraft, and a punishment for sin [13–16], although there was also some recognition of biomedical factors such as brain injury and perinatal conditions [9,17]. The attitudes of communities towards epilepsy were also generally negative. Epilepsy was viewed as a contagious disease in some studies, with PWE experiencing stigma and discrimination [1,13,18,19]. Some exploration of gender differences has also been studied, with Ae-Ngibise et al. [20]

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reporting a high prevalence of active convulsive epilepsy (ACE) among males in the Kintampo district of Ghana.

These studies have generally been conducted among community members. However, there have been other studies which examined the perceptions of traditional healers about epilepsy and the methods that they used to treat it (e.g., in Zambia [21]; in South Africa [9,10]; in Kenya [22]; in Burkina Faso [23]; and in Tanzania [24]). Some of the treatments that have been reported include cleansings, scarification, and various herbal methods. According to Adjei et al. [1], traditional healing often involved restoring social balance following some wrongdoing. Thus, the methods were thought to work at righting a wrong.

Although some studies have been conducted on epilepsy in Ghana (exploring lay beliefs [25,26], biomedical care for epilepsy [27], and examining attitudes towards PWE [1,19]), to our knowledge, there is no documented study which has reported on the beliefs of Ghanaian traditional and faith healers about epilepsy. In this study, we examined the EMs of epilepsy as held by TAM practitioners in Ghana.

2. Methods

2.1. Research design

This study used an exploratory qualitative design to examine the EMs of epilepsy that were held by different categories of traditional and faith healers in Ghana. We made use of the explanatory models of illness framework through a case vignette to elicit participants' views and explanations of epilepsy.

2.2. Research setting and participants

This paper reports findings which form part of a larger study on traditional and faith healing in Ghana. It was set in the Greater Accra Region of Ghana. In order to gain access to different categories of TAM practitioners, we liaised with the Ghana Federation of Traditional Medicine Practitioners' Associations (GHAFTRAM), which is a body that organizes and oversees the practice of different categories of traditional healers in the country. Their membership includes herbalists, Muslim healers, as well as traditional medicine men/shrine priests.¹ In addition to the GHAFTRAM members, we also contacted the Ghana Pentecostal/Charismatic Council (GPCC) to identify potential Christian faith healers. Additional participants were recruited through snowballing. The inclusion criteria that was used to select participants included the healer living or working in the Greater Accra Region, having practiced for at least five years, and being able to speak English, Twi, and/or Ga (these are the predominant languages spoken in Accra).

Thus, our participants were organized into four different categories of healers: we spoke with traditional herbalists, traditional medicine men (also called shrine/fetish priests or devotees), Muslim clerics/healers, and Pentecostal/charismatic Christian pastors/healers. In total, thirty-six healers were interviewed for this study, comprising ten pastors, eight traditional medicine men, ten Muslim healers (locally called *mallams*), and eight traditional herbalists. In Table 1 below, a summary of the demographic characteristics of the respondents is provided.

2.3. Procedure

Ethics approval for this study was provided by Stellenbosch University Humanities Research Ethics Committee, as well as from the Ghana Health Service Ethics Review Committee. We also obtained permission from the Ghana Traditional Medicine Practitioners' Council, GHAFTRAM, and the GPCC before any data were collected. Once potential participants were identified, the purpose of the study was explained to them. They were also informed about their rights as participants and

Table 1

Summary of demographic characteristics of participants.

Characteristic	Number (%)
Gender	
Female	5 (13.9%)
Male	31 (86.1%)
Type of healer	
Herbalist (H)	8 (22.2%)
Shrine priest (F)	8 (22.2%)
Mallam (M)	10 (27.8%)
Pastor (P)	10 (27.8%)
Mean age	54.6 years
Mean years of practice	28.1 years

about what to expect from the interview process. Verbal and/or written consent was obtained from all participants before any data were collected.

Given the stigma that is culturally associated with epilepsy, in order to begin the conversation on epilepsy, we elected to use the vignette method to conduct the interviews. The vignette method is useful for facilitating discussions on sensitive topics because of its use of the third-person approach; thus enabling the participants to speak more comfortably on the subject [28]. The following case vignette was presented to the participants:

Etornam is an 18-year-old boy with a history of convulsions since he was six months of age. Although these were infrequent in his early childhood, they increased to three to four seizures per day when he reached puberty. When describing the onset of an episode, he said that the initial feeling was usually a tightness in his head and chest, followed by sweaty palms, and then he would briefly lose consciousness. His family reported that sometimes when Etornam had an episode, he would smack his lips, and was generally unresponsive to those around him. During the seizure, he is unable to talk but he says he can hear, although he cannot fully process information.

Once this vignette was read aloud to each participant, semistructured interview questions were used to examine individual healers' beliefs about epilepsy. The interview questions were based on the eight EM questions as developed by Kleinman [11] and the methods used by Keikelame and Swartz [9]. The interview included questions such as 'What do you think caused the illness?', 'What do you think the illness does to the patient? How does it work?', and 'How severe do you think this illness is?' The questions were asked to assess the healers' explanations of the nature and cause of epilepsy, as well as their views on treatment and prognosis.

The interviews were conducted in English, or in one of the local languages, Ga or Twi. In most cases, however, a combination of English and local languages was used, depending on which the participant was most comfortable with. The first author is a native Ghanaian, fluent in all three languages, and familiar with code-switching linguistic practices in the area. All the interviews were audio-recorded with the consent of the participants and lasted an average of 43 min.

2.4. Data analysis

All interviews were transcribed verbatim and, where necessary, translated into English then back translated into the local language by a linguist to ensure accuracy and consistency. The data were analyzed through thematic analyses using ATLAS.ti qualitative data analysis software (v.8). We utilized Braun and Clarke's [29] recommended six-step process of thematic analysis. The data were classified to highlight the participants' beliefs about the nature, causes, effects, and treatment of epilepsy as broad thematic areas. These broad thematic areas were drawn from the categories outlined by the EM framework.

¹ These categories reflect the organized groups within GHAFTRAM. For ease of access, we made use of these preestablished categories.

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