



## A community survey of knowledge, perceptions, and practice with respect to epilepsy among traditional healers in the Batibo Health District, Cameroon

Alfred K. Njamnshi<sup>a,b,\*</sup>, Anne-Cécile Zoung-Kanyi Bissek<sup>c</sup>, Faustin N. Yepnjo<sup>b,d</sup>, Earnest N. Tabah<sup>b,e</sup>, Samuel A. Angwafor<sup>b,f</sup>, Callixte T. Kuate<sup>a</sup>, Fidèle Déma<sup>b,g</sup>, Julius Y. Fonsah<sup>b</sup>, Alphonse Acho<sup>b</sup>, Marie-Noelle Z-K Kepeden<sup>h</sup>, Yumo H. Azinwi<sup>f</sup>, Pius B. Kuwuh<sup>f</sup>, Fru F. Angwafor III<sup>c,i</sup>, Walinjom F.T. Muna<sup>c</sup>

<sup>a</sup>Neurology Unit, Department of Internal Medicine and Specialties, Faculty of Medicine and Biomedical Sciences, University of Yaounde I, Yaounde, Cameroon

<sup>b</sup>Neurology Department, Central Hospital Yaounde, Yaounde, Cameroon

<sup>c</sup>Department of Internal Medicine and Specialties, Faculty of Medicine and Biomedical Sciences, University of Yaounde I, Yaounde, Cameroon

<sup>d</sup>Fann University Hospital Centre, Dakar, Senegal

<sup>e</sup>National Leprosy and Buruli Ulcer Control Programme, Department of Disease Control, Ministry of Public Health, Yaounde, Cameroon

<sup>f</sup>Batibo District Hospital, North West Region, Cameroon

<sup>g</sup>Sa'a District Hospital, Centre Region, Cameroon

<sup>h</sup>Medical Imaging Department, Essos Hospital Centre, Yaounde, Cameroon

<sup>i</sup>Ministry of Public Health, Yaounde, Cameroon

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### ABSTRACT

**Objective:** The purpose of this study was to gain an understanding of the approach of traditional healers to epilepsy care, in order to develop a community-based epilepsy care program in Batibo Health District. **Methods:** With an 18-item questionnaire, interviews were carried out with 102 traditional healers randomly selected from two associations of traditional healers in the Batibo Health District.

**Results:** Most traditional healers had heard about epilepsy (98.0%), knew someone with epilepsy (97.8%), or had witnessed a seizure (92.2%). About 40% would object to their children associating with people with epilepsy (PWE), 46.1% would object to their children marrying PWE, and 51% linked the disease to insanity. Though 61.8% of the traditional healers could not offer any treatment for epilepsy, most of them thought it was treatable (74.5%) and would readily refer a patient to the hospital (95.1%). The independent predictors of attitudes were: middle age (30–49 years),  $P = 0.00003$ ; female gender,  $P = 0.007$ ; correct knowledge of the cause(s) of epilepsy,  $P = 0.001$ ; and the misconceptions that epilepsy is contagious and that epilepsy is a form of insanity,  $P = 0.003$  and  $0.019$ , respectively.

**Conclusion:** Traditional healers constituted the focus group studied so far in Cameroon that is most familiar with epilepsy. Although they still have some negative practices, the attitudes of traditional healers toward PWE in Batibo Health District are satisfactory, compared with those of the general public and students in the same community. These findings provide evidence for the first time in Cameroon suggesting that collaboration between the modern and traditional health systems with the view of bridging the epilepsy treatment gap is possible. There is a need to train traditional healers in epilepsy care in our context.

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### 1. Introduction

Epilepsy is an ubiquitous disease that affects about 40 million people worldwide. About 80% of people with epilepsy (PWE) live in the developing world and fewer than 20% of them are on treatment [1]. In Cameroon, epilepsy is a serious public health problem. There is a reported area of high epilepsy endemicity with prevalence rates between 49 and 60‰ in the Mbam Valley [2,3] and suspected high-prevalence areas like Batibo Health District and the

Kupe mountain region. Recent studies carried out in Batibo Health District in the northwest region of Cameroon have suggested that the high awareness of epilepsy could reflect a high-prevalence of the disease in this area and that traditional beliefs appear to be responsible for the high rate of discrimination against PWE [4,5]. Although many etiological and risk factors for epilepsy have been demonstrated in Cameroon [6,7], traditional indigenous medicine still play an important role in epilepsy management in our setting, as up to 25% of patients seek traditional treatment [8]. The current study was designed to contribute to the development of a project aimed at reducing the epilepsy treatment gap in Batibo Health District through a community-based approach that integrates conventional and traditional medicine in epilepsy management.

\* Corresponding author. Address: Neurology Department, Central Hospital Yaounde, P.O. Box 25625, Yaounde, Cameroon.

E-mail address: [aknjamnshi@yahoo.co.uk](mailto:aknjamnshi@yahoo.co.uk) (A.K. Njamnshi).



A recent study of traditional healers in Zambia found that they have many positive practices and resulted in the development of a more collaborative approach between physicians and traditional healers in the management of PWE [9]. According to the World Health Organization, efforts at integrating Western and traditional models in the treatment of epilepsy can prove to be very useful in the management of PWE. The psychological benefit obtained from the traditional model has made this necessary and complementary to Western style treatment [1].

## 2. Methods

### 2.1. Respondents

From the two officially recognized associations of traditional healers in the Batibo Health District, we invited all the 200 traditional healers who were registered members to participate in two separate interview sessions that were organized in the Batibo and Widikum subdivisions. We excluded all those with previous or current seizures and those who were not registered members of any of the associations of traditional healers within the health district.

### 2.2. Survey setting

This survey was carried out within Batibo Health District in the northwest region of Cameroon. Created in 1990, the district has an estimated total population of 93,226 inhabitants and includes two administrative subdivisions: Batibo and Widikum. The surface area is 587 km<sup>2</sup>. Most of the villages in Batibo subdivision are linked by motor vehicle-accessible earth roads. Widikum subdivision, on the other hand, is enclave, making accessibility to health facilities very difficult. Batibo Health District is divided into 13 health areas and has 18 health facilities (15 public and 3 mission health centers). The number of traditional healers practicing in Batibo Health District is unknown. However, there are two associations of about 200 traditional healers in the Batibo and Widikum subdivisions. As in most of rural Cameroon, traditional medicine plays an important role in the health system of Batibo Health District as evidenced by the large number of traditional healers practicing within this district.

### 2.3. Survey questionnaire

The survey instrument was an 18-item questionnaire in English designed to evaluate knowledge, attitudes, and practices (KAP) with respect to epilepsy. We adapted our questionnaire from a 12-item questionnaire that has been used by our research group in previous published studies in Batibo Health District [4,5]. After administering the original 12-item questionnaire to 10 traditional healers (pilot phase), we then modified it to include six additional questions (Q2b, Q4, Q13–Q18). The following questions were included:

- Q1: Have you ever heard or read about the disease called “epilepsy” or convulsive seizure?
- Q2a: Do you know anyone who has or had epilepsy?
- Q2b: Do you know anyone in your own family who has or had epilepsy?
- Q3: Have you ever seen anyone who was having a seizure?
- Q4: What would you do if you noticed someone having a seizure?
- Q5: Would you object to your children associating with people who sometimes had seizures?
- Q6: Would you object if your son or your daughter wanted to marry a person who sometimes had seizures?

- Q7: Do you think people with epilepsy should be employed in jobs like other people?
- Q8: Do you think epilepsy is a form of insanity?
- Q9: What do you think is the cause of epilepsy?
- Q10: What do you think an epileptic attack is?
- Q11: Do you think epilepsy is a contagious disease?
- Q12: If you think that epilepsy is contagious, how is it transmitted?
- Q13: Do you think epilepsy is treatable?
- Q14: What kind of treatment do you offer for epilepsy?
- Q15: What are the reasons for treatment failure (generally)?
- Q16: What do you do with the patients who have treatment failure?
- Q17: Would you refer a patient with epilepsy to the hospital?
- Q18: If yes, for what reason(s)?

### 2.4. Survey interviews

Traditional healers belonging to the association in Batibo subdivision were invited for interviews on a single day at Batibo District hospital. Those in Widikum subdivision were invited for interviews on another day at Widikum Health Center. The list of registered traditional healers was obtained from the presidents of both associations and written invitations were sent to all of them, indicating the date, venue, and reason for the invitation. The venues for the interviews were recommended by the presidents of the associations of traditional healers in Batibo and Widikum subdivisions. Face-to-face interviews were carried out by one of the co-investigators (S.A.A.), assisted by two Batibo language interpreters. The interpreters had received prior training on using the questionnaire.

### 2.5. Ethical considerations

Ethical clearance was obtained from the National Ethics Committee, and this series of studies was mandated by the Ministry of Public Health. All participants gave informed verbal consent.

### 2.6. Data analysis

Data were analyzed for statistical significance using SPSS Version 15.0 software.  $\chi^2$  tests were used to examine the association between responses and each demographic variable in a univariate analysis. The level of significance was set at  $P < 0.05$ . A binary logistic regression analysis was performed to determine independent predictors of attitudes toward epilepsy.

## 3. Results

One hundred and two (102) of the 200 traditional healers invited, participated in the study, yielding a response rate of 51%. The mean age of participants was  $52.1 \pm 15.9$  years. Most of them were males (90%) and had at least primary education (73.5%). The mean duration of practice of traditional medicine was  $22.4 \pm 15.0$  years.

### 3.1. Familiarity with epilepsy

Most of the traditional healers interviewed had heard about epilepsy (98.0%), knew someone with epilepsy (96.1%), and had witnessed a seizure (92.2%). Approximately 60% knew a family member with epilepsy. Female respondents were more likely than male respondents to know a family member with epilepsy ( $P = 0.035$ ). Those with less than 10 years of practice of traditional medicine were least likely to know someone with epilepsy ( $P = 0.025$ ) (Table 1).



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