



Views of Traditional Healers on Knowledge, Attitude and Treatment of Cervical Cancer among Women in a Rural Community in Northern Nigeria

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ABSTRACT

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The study was a community-based, cross-sectional, descriptive study of traditional birth attendants living in a rural community in Kaduna State, Nigeria. The study aimed at exploring the knowledge and practice of traditional healers towards cervical cancer detection and treatment. The population of the study include traditional healers in the State. Qualitative technique using in-depth interview was adopted for data collection. The study took place within the three Senatorial Zones of the State. The results were transcribed, themes and patterns emerged, systematically and critically analyzed and results presented verbatim in quotations. The findings demonstrated that the traditional health practitioners are aware about cervical cancer. This was demonstrated by them naming the disease, mentioning some symptoms of the disease and method of treatment. The findings further showed that traditional healers perform an indispensable role in the delivery of health care, especially in rural areas where access to biomedical care is limited. It was therefore recommended that the traditional healers be well educated about the disease condition, screening methods and collaboration between modern health-care practitioners and traditional healers. Increase knowledge and collaboration may assist in early detection and treatment of cervical cancer and reduce mortality among women due to the disease.

INTRODUCTION

Worldwide, cervical cancer is the fourth most common cancer affecting women, after breast, colorectal, and lung cancers, with an estimated 528,000 new cases and 266,000 deaths annually in women in 2012 (GLOBOCAN, 2012). According to Adewole (2010), every 10 minutes, two women die from cervical cancer worldwide. According to Abiodun (2014), Nigeria has a population of 40.43 million women aged 15 years or older who are at risk of developing cervical cancer. Ujah (2013) stated that, there are about 2 million cancer cases recorded in Nigeria with 100,000 new cases recorded annually of which about 25 percent are cancer of the cervix. Cervical cancer kills about 80,000 Nigerian women every year (Maliti, 2013). Zayyan (2013), asserts that, the more frightening part is the World Health Organisation's projection of 25 percent increased mortality in Nigeria in the next decade in the absence of widespread intervention. Although cervical cancer is preventable and curable if detected early, its morbidity and mortality continue to be on the increase in Nigeria. This is probably due to the low literacy level in the Northern part of Nigeria where this study is carried out.

Zayyan (2013) noted that, cancer of the cervix is the commonest malignancy among women in Kaduna State. This high percentage appears to be connected with some detrimental sociocultural practices, such as early onset of sexual activity. Due to its high prevalence in the State, traditional healers are involved in the treatment.

Unlike in the Western countries, majority of women in developing countries present with advanced stage of cervical cancer which is often beyond the scope of surgery and radiotherapy facilities and death is usually inevitable (Olusegun and Adepiti, 2012). Studies in Nigeria have showed low knowledge and treatment of cervical cancer among women. Women seek treatment from traditional healers first, before they consult health-care professionals.

Worldwide, the use of traditional medicines or alternative therapies has increased greatly in recent times especially among cancer patients (Elliott *et al.* 2008; Oh *et al.* 2010). In Australia, up to 61.5% of cancer patients used alternative and complementary medicines during their cancer treatment, and the independent predictors for use of alternative medicines included metastatic cancer, active religious practice and tertiary education (Klafke *et al.* 2012). In Turkey, the prevalence of traditional medicines use among cancer patients ranged from 54.5% to 61% (Nazik *et al.* 2012 and Yildiz *et al.* 2013), while in Taiwan, the prevalence of traditional medicines use among advanced cancer patients was 64–79% (Ku & Koo 2012).

Traditional healers view cancer as curable and treatment depends on the location of cancer (Steyn and Muller (2000). There is a growing global interest in the use of traditional medicine to treat ailments, including diseases like cancer; hence 80% of people living in

Africa today receive medical care from traditional healers (Mulaudzi, 2003; Tshabalala-Msimang, 2004).

In Zambia, a study by Ndubane and Höjer (1999) found that traditional healers operate close to the people and are indispensable health-care providers in many rural communities where modern medicine is not readily available. Some qualitative studies in South Africa and Ethiopia have reported lay people's preferences for traditional medicines in the treatment of cervical cancer (Birhanu *et al.* 2012). In Nigeria, up to 65% of 160 cancer patients used traditional medicines (Ezeome & Anarado 2007). According to Downey, Cody, McCloskey, Wilson, Arnott, Lister and Slevin (1994), another reason for the increased popularity and current success of traditional healing may be the failure of science and medicine to produce curative treatment for commonly occurring types of cancer.

Statement of Problem

The prevailing shortage of westernized health-care providers and facilities to communities for women to access necessitates the traditional healers being important in influencing cervical cancer screening. Traditional healers are often the first and last line of defense against the most contagious and debilitating diseases that plague the lives of African people. Although western medicine is generally accepted throughout Africa, it has not replaced but rather augmented indigenous health approaches. According to Vilakazi (2006), although it is well known that 80% of black patients visit traditional healers before visiting the medical doctor there are no records available to show how many people are seen or cured by traditional healers as it is not documented or proven scientifically. He therefore asserts that traditional medicine is proven by what he termed walking evidence. Campbell (1998) noted that, traditional healers are precious resources for the dissemination of basic health care, especially in rural areas where access to information is limited. They may serve as a backbone of dissemination of information on screening thus assisting in early detection of cancer of the cervix. Reasons for use of traditional medicines vary among cancer patients. Some cancer patients in the USA used alternative therapies to boost the immune system, improve the quality of life, prevent recurrence of cancer, and feel one is in control of their own lives (Nahleh & Tabbara 2003). It is therefore obvious that traditional healers play a great role in treatment of cervical cancer patients. Studies on cervical cancer in this area of study has not examined the knowledge the traditional healers have regarding the disease and treatment. This study was therefore carried out to determine the knowledge of traditional healers about cervical cancer and treatment. The knowledge of traditional healers about the disease condition will help in early referral of women for screening and timely management instituted.

MATERIALS AND METHOD

The Study Area

The study was carried out in Kaduna State in the North-West geopolitical zone of Nigeria. This was a community-based, cross-sectional survey on views of traditional healers on knowledge and treatment of Cervical Cancer in Kaduna State. The study covered the three Geopolitical Zones of the State, that is, Southern, Central and Northern Senatorial Zones. In-depth interviews were conducted with traditional healers. The population comprised traditional healers drawn from communities within the three senatorial zones of Kaduna state.

Inclusion criteria

Traditional healers who treat cervical cancer and were willing to participate in the study.

Exclusion criteria:

Traditional healers who do not treat cervical cancer.
Traditional healers who treat cervical cancer and not willing to participate in the study.

Data collection: A pre-designed interview guide was pretested to ascertain reliability of the instrument before final collection of data. The researcher designed a set of questions as tools, in line with the research objectives. The questions elicit information in order to achieve a holistic understanding of the interviewee's point of view/situation. Open ended and probing questions were employed to obtain any useful data related to the phenomenon studied. Notebook and audio tapes were used during the in-depth interviews.

Selection of Key Informants for In-depth Interviews:

The in-depth interviews were conducted with key informants (traditional healers) in the community. They were traditional healers, purposively selected based on the fact that they had relevant information on the subject matter. They provided information about cervical cancer cases coming to them for treatment. In total, twenty-four (24) key informants were selected for the IDIs, one (1) from each of the twenty-four rural communities. The reason for the selection in each of these communities was to get a diverse view of information on the topic of study.

All the facilitators who spoke Hausa (moderator, note taker and observer) were trained on the study objectives. Hints were given on the use of appropriate probes and prompts where necessary. The interviewees were mobilized by the community leaders and selected purposively. The interview were conducted at an appropriate place and time with consent from the community leaders. The interview was conducted in the language the interviewee best understood and recorded on notes and tape recorder. The interviewer then

translate and transcribe the notes into English. The sessions were immediately transcribed verbatim.

Quality Assurance of Data:

A review meeting was held with the research assistants after each day of data collection. This was to ensure consistency.

Data were collected in stages, starting with Kaduna South, Kaduna Central and Kaduna North.

Data Analysis and Presentation: The digitally recorded files were critically analyzed and presented verbatim in quotations.

Ethical Consideration: The Health Research Ethics Committee of Ahmadu Bello University Teaching Hospital was contacted to grant permission to conduct the study for which the research proposal was submitted for ethical review and approval. Formal permission was sought from the leaders in each community prior to initiation of the research. The respondents were briefed in detail about the research and allowed to decide on whether to participate or not in the study. This ensured the right of self-determination and autonomy.

RESULT AND DISCUSSION

Socio-demographics characteristics of respondents

The background demographic information was collected from each interviewee. There was a total of twenty-four (24) interviewees. All were Muslims. The mean age was 59 years, ranging from 45 – 78 years. The majority of the interviewees had some form of formal education (54%), all farmers and Hausa/Fulani by tribe.

Awareness about cervical cancer

A 74 years old interviewee who had been seeing many women with the cervical cancer for a very long time from Ba'awa in Mayere village of Makarfi Local Government Area, said:

I knew about this disease condition a long time ago. I have been seeing women with this condition for more than 13 years now and I have treated a lot of cases. There are some women with this condition who were diagnosed at the hospital. They started treatment and realized that they were not getting well and decided to come to me for treatment. When I prepared drugs and gave them, they went home, drank and became well.

Majority of the traditional healers were able to correctly identify cervical cancer as "Cutar Daji ta mahaifa". A few who were literate called it cancer. A traditional healer from Tsibiri, 68 years old said;

"I know about this disease condition. It is called "Cutar Daji ta mahaifa" in Hausa, meaning cervical cancer. Many women have come to me with this disease. I treated them and they got healed. When the women come to me, I ask them questions to know how they are feeling. By the time they finish telling me, I know it is the condition. At times for those that have stayed for too long, when they open their private part to show me, it will be very smelling. I give them drugs to go home and take. Some come back to thank me when they are well and some did not come back again so I cannot tell how they ended up. But most I have treated get well".

Knowledge on cause of cervical cancer

Majority of the interviewees said that, *"the disease is hereditary, caused by spirits and in some cases from mother to daughter who move about in the night".*

This result is similar to the findings from Focus group Discussions and In-depth interviews carried out among married men and women in the community by Mfuh et al (2016) which supported the poor knowledge of the cause of cervical cancer, with majority of the respondents attributing the disease to non-biomedical factors such as hereditary, spirits, mother to daughter transmission, carrying out activities in the night and abortion by young girls.

Knowledge on symptoms of Cervical Cancer and treatment

A traditional healer at Ba`awa in Mayere village of Makarfi Local Government Area said:

Women come and complain to me about severe bleeding, coloured watery discharge and painful urination, when I examine them, I discover that they are having cervical cancer. I have treated many cases of cervical cancer. I do not usually keep record of the number of cases I treat. I have been treating people for more than 13 years. I know I have treated more than 20 cases of cervical cancer. A Doctor from ABUTH Shika came to me with his wife. She had been to hospitals but could not be cured of cervical cancer. When she came to me and I treated her, she was healed.

Another traditional healer from Tsbiri in Giwa LGA said that, symptoms include;

..... severe vaginal bleeding, lower abdominal pain, difficulties in sleeping and discharge from the vagina. When a woman comes to me, opens the private part and shows me, I see that it has really eaten her up, then I refer her to the hospital. Almost every day, I give medicine to women with this condition. Most of the times, the women come to me from the hospital and always get well when I treat them.

The traditional healers from Sabon Peggi in Kaduna Central also mentioned vaginal bleeding and foul

smelling discharge as the commonest symptom. Similarly, vaginal bleeding was also the commonly mentioned symptom among study participants in Ilala Dar es Salaam by Chande and Kassim (2010) and James (2011). The findings from Focus Group discussions and In-depth interviews by Mfuh et al (2016) also showed poor knowledge of the symptoms of cervical cancer with majority of the interviewees and discussants attributing any symptom like bleeding after sexual intercourse, some between menstrual periods and in post-menopausal women to be due to cervical cancer. Irregular bleeding could be related to other physiological processes or diseases. Vaginal bleeding in postmenopausal women indicates a serious medical problem. It requires a visit to a doctor. In younger women, minor bleeding irregularities can be easy to ignore. Spotting between periods may mean normal ovulation. However, it can also be a sign of cervical cancer. This can be frightening to the woman especially if she is pregnant due to the fear of losing her baby.

Treatment of Cervical cancer

In Sabon Peggi in Kaduna Central, was found a family of traditional healers-with husband, wife and son all licensed as traditional healers. The household head 67 years of age said:

I have been practicing for more than 47 years and I have treated more than 150 cases of cervical cancer. Enter and see the medicines I use for treatment. These sticks and leaves you see are all medicines. I just came back from the bush with them. This one is used for treating cervical cancer. When I boil it, mix with other leaves that I am yet to go and get from the bush, I give the women to drink and it treats the condition. Not only cervical cancer do I treat but also many disease conditions. I am happy that you people have come to this our village. I have my license to practice together with my wife and son.

He said, "My wife also sees women with this condition". The wife acknowledged seeing women with cervical cancer as she said:

The women feel freer to discuss with me than with my husband and son because we are all females so they do not feel shy discussing with me. I usually give them medicines to go home and drink which after taking for some time, they came back and tell me that they are well. I have treated many of them as you can see them seated with me like this, they respect me. Ask them, they will tell you that I know my work.

Results from the Focus Group Discussions and In-depth interviews from a study conducted by Mfuh (2016) supported the poor knowledge of treatment of cervical cancer with majority of the interviewees and discussants relating the treatment of the disease to herbs from traditional medicine men and women as seen in these quotations.

Awareness of screening services

The findings also showed that none of the traditional healers knew about cervical cancer screening. This was also demonstrated by most of the informants and discussants in the State showing surprise hearing that there is screening for the disease as revealed by these quotations. A informant, 51 years of age, married to one wife, who had attended secondary school, resident at Bomo Village approximately 2km from Ahmadu Bello University Teaching Hospital in Sabon Gari LGA said:

You mean there is screening going on in Ahmadu Bello University Teaching Hospital for this disease? I do not know about this. My wife only goes for antenatal care whenever she is pregnant. She has never told me anything about this cervical cancer screening you are telling us about now. Which means they have never told her about it in the hospital. If I knew about it, I would have told my wife to go for the screening. In fact, I would have even taken her to the hospital myself for the screening. What you have just discussed with us now about the disease shows that it is better to do a check up on time before it is too late. You said the screening had been existing in Ahmadu Bello University Teaching Hospital for long, and we are just very close, about 21cm to the hospital yet we do not know about this.

This result was consistent with the result from Focus Group Discussion where all the men said: "walahi, da mun sani, matan mu za su tafi". Meaning that, if they had known, their wives would have gone for the screening. In a similar manner, men at Focus Group Discussion in other communities chorused; Now that we know about the disease condition and the screening, they would advise their wives to go for the screening. Among the Focus Group Discussion sessions held with women, very few knew of the screening (Pap smear) and FGDs with men also showed that, none of them knew about any of the screening methods for the disease.

During all the In-depth interviews, none of the interviewees knew about Visual Inspection using Acetic Acid (VIA) which is a test meant to be used in low resource settings such as the communities in this study. Women only visit the traditional healers for treatment. This test is easy to carry out and recommended for communities because it uses a simple technology. After carrying out (VIA) test by a health personnel, any cervical changes are referred to appropriate health institutions for confirmatory tests for necessary actions to be taken. The implication of this finding is that, more enlightenment about the screening techniques and its importance is necessary so that husbands can encourage their wives to attend the screening.

A Focus Group Discussant at Ba`awa in Makarfi Local Government Area in his response on the treatment for cervical cancer emphasized that:

Certain drugs are given by traditionalists with certain conditions like; the drugs should not be stored in the room but outside, and the drug should not be mixed with other drugs else they will go bad. Sometimes our Imams offer prayers for the women and they get healed of cervical cancer.

This result is similar to the findings by James (2011) which showed that majority of the respondents (51.6%) were not aware of cervical cancer screening. Another study by Claeys, Gonzalez, Gonzalez, Page, Bello and Temmerman (2002), also found lack of knowledge, negligence, absence of medical problems, fear, and economic reasons as the main reasons for not being screened. Similarly, a study by Ezem (2009) in Owerri identified lack of awareness (46.1%) as the major reason for respondents not going for screening. A study by Hyacinth, Oluwatoyosi, Joy and Tolulope (2012) in Jos, also identified lack of awareness and belief that cervical cancer is not preventable as a hindrance for screening. This is contrary to a study by Ojiyi and Dike (2008), where the most frequent reason given for not using Pap smear services was lack of physician referral. Other reasons include, no need for the test (12.5%) and fear of a bad result (11.6%). Also contrary to the result, is a study among female nurses working in Nnamdi, Azikiwe University Teaching Hospital, Nnewi center by Udigwe, (2006) who identified lack of physicians' referrals and ignorance about location of screening centres as the two most frequent reasons for failure to utilize screening services. Other respondents from various studies gave similar responses. For example, a study by Oyedunni and Opemipo (2012) at Ibadan found that, reasons for not utilizing screening services include; lack of time (46.5%), fear of the result (12.8%), cumbersome procedure (10.9%), lack of awareness of where the test could be done (8.8%), cost consideration (8.2%), not sexually active (6.4%) and not knowing about the test (6.4%).

Attitude towards cervical cancer screening in Kaduna state.

Results from In-depth Interviews supported the fact that cervical cancer is a real problem among women. This is evidenced from results of in-depth Interviews by traditional healers who consented to the fact that they had been seeing many women who come to them for treatment of cervical cancer. Most of the traditional healers stated that, the number of cervical cancer cases they have treated are too numerous to mention. These evidences are presented as follows;

A traditional healer at Sabon Peggi in Giwa Local Government Area who had been practicing for more than 47 years said: "I have treated more than 150 women for cervical cancer".

Another traditional healer at Ba`awa in Mayere of Makarfi Local Government Area who had been practicing for more than 10 years said that, "I cannot tell

you the exact number of women I have treated for cervical cancer, but I know that I have treated more than 20 cases". Similarly, a traditional healer at Bomo village in Sabon-Gari LGA said: "I cannot count the number of cases that I have treated, but I have treated lot of cases". A similar response was presented by traditional healers in Kachia and Jaba Local Government Areas. A traditional healer 71 years of age at Sakwai in Kachia Local Government Area said:

Since I started treating people, I have seen lot of women with this condition (Cutar Daji Ta Mahaifa). The problem is that I don't write down the number else I would have shown you. If I knew you will come to ask me, I would have been writing the numbers. I have been wondering why the condition is so common. I am seeing many cases these days than before. I don't understand what is happening.

The statement shows that cervical cancer is a real problem among women. Thus the need for an urgent action to tackle the situation.

A traditional healer 71 years of age from Makarfi Local Government Area said:

This disease used to make womens` reproductive part to be smelling with watery discharge. This is when the disease has reached an advanced stage. But this does not mean that women who have cervical cancer should be segregated from others.

This is similar to the result of a quantitative survey which showed that majority of the respondents felt that women with cervical cancer should not be segregated. Notwithstanding, a few women during Focus Group Discussions felt that women with cervical cancer need to be segregated. The notion of segregating women with cervical cancer need to be corrected in intervention programs. This is because it could lead to stigmatization and wrong labeling of those who are suffering from the disease as being promiscuous and could be a big barrier to women going for screening services.

Majority of the respondents (83.2%) refuted the allegation that traditional medicine is the best treatment for cervical cancer (Mfuh 2016). Findings from the Focus Group Discussions also showed that most discussants had an unfavourable feeling towards traditional medicine being the best treatment for cervical cancer. A discussant 23 years of age from Malali Low Cost in Kaduna North Local Government Area stated that:

The best place for one to have any treatment is in the hospital. The problem is that the way we were brought up, we are used to having home treatment from herbalist because it is easy for us to get and at low cost. This practice I know is not good because at times we end up not treating the disease well and it end up killinh us. In this our place, a traditionalist has been treating women

with this condition you are talking about. But as I said it is not the best.

A health personnel 35 years of age, at Dogorawa Primary health care clinic in Sabon-Gari LGA said:

The traditional healers say that they have been treating cervical cancer (Cutar Daji Ta Mahaifa). Even the one in this our place that you people are just coming from his house has said the same thing. It can be true since we were taught in school that drugs are produced from plants. But to me, hospital is the best place for treatment since you will have different options based on the stage of the cancer.

Although these statements tend to confirm the existence of a traditional healer for treating cervical cancer in the communities, majority of the discussants and interviewers also have a negative attitude towards traditionalists being the best people to treat cervical cancer. This findings is in agreement with that of a quantitative survey (Mfuh, 2016).

CONCLUSION AND RECOMMENDATION

This study revealed that cervical cancer is well known in the studied communities by traditional healers. The traditional healers were able to identify some of the symptoms of the disease. They have been treating many patients with cervical cancer. They showed lack of knowledge about cervical cancer screening. Improving the knowledge of traditional healers about cervical cancer screening therefore becomes imperative for improving utilization of cervical cancer screening among women in Kaduna State. There is therefore the need for Kaduna State Government to take drastic action towards ensuring that traditional healers are more knowledgeable about this disease condition towards improving screening among women.

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