



## Tuberculosis and traditional healers in Vanuatu

### Purpose

The purpose of this information note is to:

- provide an update on the outcomes of the study: Knowledge, attitudes and practices of traditional healers and tuberculosis (TB) patients towards TB in Vanuatu; and
- discuss how the findings of the study might be applied in Vanuatu, in an evidence-based and culturally acceptable way.

This study represented a collaboration between the Vanuatu Ministry of Health, the Secretariat of the Pacific Community, the World Health Organization (Division of Pacific Technical Support) and a Consultant Medical Anthropologist.

### Key messages

- In our study, we found that traditional healers treat a range of illnesses, including lung diseases.
- Traditional healers believe TB to be caused by physical and spiritual causes, including breaking sexual taboos.
- We also found that TB patients believe TB to be caused by food, sharing utensils, kava and alcohol consumption, smoking and other physical and spiritual causes.
- TB patients frequently access care from traditional healers prior to accessing the government-funded health care services, and this can result in delays to diagnosis.
- Traditional healers in Vanuatu are open to collaboration with the national TB programme.

### Background

Vanuatu reports approximately 110 cases of tuberculosis each year, and is a medium burden TB country in the Pacific context.

In 2011 the Vanuatu Ministry of Health, in partnership with the Secretariat of the Pacific Community, the World Health Organization (Pacific Division of Technical Support) and a consultant medical anthropologist developed a study protocol to assess the knowledge, attitudes and practices of traditional healers and TB patients towards TB in Vanuatu, as the contribution of traditional healers to TB care in Vanuatu was unknown.

This protocol was submitted to the World Health Organization –Western Pacific Region Office, under their operational research grant funding stream, and was subsequently approved and funded. The overarching aim of the study was to ascertain the knowledge, attitudes and practices relating to TB of traditional healers and TB patients in Vanuatu. The specific objectives were to:

- determine the knowledge, attitudes and practices of traditional healers towards tuberculosis in Vanuatu;
- gain a better understanding of the extent of involvement of traditional healers in TB control so that future interventions with traditional healers can be planned;
- identify opportunities and willingness to engage traditional healers in the public health system in support of the national TB control programme in Vanuatu;
- assess TB patients' knowledge, attitudes and practices towards tuberculosis in Vanuatu;
- assess TB patients' health care seeking behaviours (i.e. use of traditional healers and primary health care) to determine the extent of traditional healer involvement in the diagnosis and management of TB from the patients' perspective.

We used a structured questionnaire to interview both traditional healers and TB patients, one on one, and TB nurses were the interviewers. The study commenced in October 2011 and recruitment of participants concluded in February 2012.



TB nurse from Santo interviewing female traditional healer from Port Vila, Efate Province, Vanuatu.

## Results

A total of 19 traditional healers and 35 TB patients from Port Vila, Tanna, Epi and Santo were interviewed (see Table 1). Eighteen of the traditional healers and 22 of the TB patients were male. Most of the traditional healers were 40 or more years old, while half of the patients were aged less than 40. Most of the TB patients had pulmonary TB and just over half were currently taking TB treatment (the remaining TB patients had finished TB treatment a year before the study).

**Table 1: Number of traditional healers and TB patients interviewed, by interview location.**

Location	Traditional healers	TB patients
Epi	3	5
Port Vila	5	10
Santo	4	10
Tanna	7	10
<b>Total</b>	<b>19</b>	<b>35</b>

## TB patients

The TB patients described a variety of symptoms that are typically associated with TB. Cough, fever and weight loss were the most frequently reported symptoms. The patients attributed TB to a range of causes including food, sharing of eating utensils, kava and alcohol consumption, smoking, hard work and a range of other physical and spiritual causes. Most patients were not aware that their TB had been caused by a bacterium. When asked about local beliefs about TB, the patients said that the local belief was that TB is caused by smoking, food and eating utensils, kava and alcohol consumption and kastom causes:

*'Yes, I have heard that belief that sharing of food and eating utensils may also spread the disease. But things like chewing of kava make it more badly especially our preparation of kava on Tanna.'* (Interview with male TB patient, TB4)

Nearly all the patients thought that TB was best treated at a hospital and most agreed that it was curable. Nearly everyone thought that western medicine (i.e. antibiotics) were the best treatment for TB, although a few thought that it was best to combine western medicine and kastom medicine. Nearly everyone was aware that, left untreated, TB could kill.

The TB patients were asked about who they normally consult for a general illnesses and who they consulted when they were sick with TB. Over half of the participants (54%) reported that they would usually seek health care from a traditional healer first for general illnesses (Table 2):

*'I go to a traditional healer because if I go to see him he'll make me better but if it doesn't work I'll go to the hospital.'* (Interview with female TB patient, TB18)

The main reasons for first consulting a traditional healer were cost and ease of access (Table 2):

*'Yes, money is a common issue at my place because they pay for the transport and hospital charges.'* (Interview with male TB patient, TB2)

**Table 2: Reported health seeking practices of 35 TB patients in Vanuatu**

Health seeking practice	Number	Percentage
Who does the patient first consult for general illnesses (i.e. not limited to TB)		
Health service	14	40
Traditional healer	19	54
Depends	2	6
Who do villagers first consult for general illnesses (i.e. not limited to TB)		
Health service	3	9
Traditional healer	21	21
Depends	11	11
Is cost a factor (n=22)		
Yes	17	77
No	5	23

For their TB diagnosis, however, just over half reported that they first consulted the hospital, while a third first consulted a traditional healer. Of those who first consulted a traditional healer, the time between seeing a healer and going to the hospital was two weeks. The patients described many problems related to their TB disease; these were mostly physical but they also reported neglect of regular duties, isolation from family due to hospitalisation and the effects of TB-related stigma:

*'The problems I had with TB were that I coughed too much and I had shortness of breath and body aches.'* (Interview with male TB patient, TB 19)

However, most patients were very hopeful that, once cured, their lives would improve.

## Traditional healers

Many of the healers said they could treat 'lots of illnesses' or 'everything' while others described a range of illnesses and symptoms that they routinely treated. Three of the healers said they treated TB, another said he would collaborate with the hospital on TB and another stated that he treated 'unclean lungs'. Two healers said they treated coughing, and four said that they would not treat TB.

The traditional healers were asked if they treated 'short wind' (an expression used to describe lung diseases and breathing problems). Many of the healers thought that short wind was asthma and most said that they treated it; they thought it was caused by food, alcohol, smoking and pollution from menstrual blood.

Just over half of the healers said that they would treat TB with leaves or kastom medicine, while others said that they would treat it with massage, water and prayer (Table 3).



**Table 3: Reported practice of treatment of tuberculosis by traditional healers in Vanuatu**

Description of practice §	Number	Percentage
<b>Treatment of TB# (n=19)</b>		
Kastom medicine*	4	21
Leaf medicine^	6	32
Massage	2	11
Water	1	5
Don't treat	2	11
Send to hospital	2	11
Other treatment	2	11
<b>Treatment of strong wet cough# (n=19)</b>		
Kastom medicine	4	21
Leaf medicine	6	32
Massage	1	5
Water	2	11
Don't treat	4	21
Send to hospital	1	5
Other treatment	1	5
<b>Referral practices (n = 16)</b>		
Refer patients for wet cough	12	75
Refer patients to health clinic	11	69
<b>Work practices</b>		
Work with health clinic (n=15)	9	60
Willingness to work with NTP (n=18)	18	100
<b>Conditions for working with NTP (n=7)</b>		
No conditions required	2	28.6
Money	2	28.6
Token of appreciation	2	28.6
House	1	14.2

§ n=number of valid responses. All percentages were calculated as a proportion of the number of valid responses, which are indicated in brackets.

#The healers were asked to provide the single most important response to these questions.

\*Kastom medicine: Kastom is the word that people in Vanuatu use to characterise their own knowledge and practice, as distinct from everything they identify as having come from outside their place. Kastom medicine is used to denote traditional medical practice in Vanuatu.

^Leaf medicine: Traditional medicine used by traditional healers (klevas) in Vanuatu, comprising various leaves and other ingredients, which are ingested, chewed, or rubbed or placed on the body.

While most healers responded that they would treat a wet cough with leaf medicine, four said that they could not treat a strong wet cough but would refer these patients to the hospital (Table 3). Three quarters of the healers had referred someone to a hospital for

a strong wet cough (Table 3). Further, just over half of the healers reported a previous collaboration with the government health care system, while six had never collaborated. All the healers said that they would be willing to collaborate with the national TB programme and, for many, no compensation was needed, although two stated that they would like to be paid and another two said that a token of appreciation would be sufficient for payment.

## Conclusions

TB patients and traditional healers require information about the cause of TB in order to correct misconceptions about the disease.

Traditional healers play an important role in health care in Vanuatu. They are frequently consulted by the community, including people who have symptoms of TB. Traditional healers in Vanuatu treat lung diseases, including TB. Many have previously collaborated with the government-funded health care system, and almost all of them indicated a willingness to collaborate with the national TB programme. The engagement of traditional healers in TB management should be considered, using an evidence-based and culturally sensitive approach.

## How can we apply these findings

One of the main points of interest when undertaking this research was whether traditional healers would be willing to collaborate with the national TB programme, and under what conditions. Based on our findings, we know that the healers are willing to collaborate with the national TB programme. We now need to ask IF we should engage traditional healers in TB care in Vanuatu and if the answer to this question is yes, HOW do we engage traditional healers in TB care. In other countries, traditional healers have been engaged in TB care with good outcomes, but each country needs to consider carefully the pros and cons of such an approach.

The fundamental question is whether to involve traditional healers in TB care. Once this has been answered, there are several questions that would also need to be discussed such as:

- how would we select traditional healers for this intervention?
- who would train them and oversee their work?
- would the traditional healers receive any payment, incentive or benefit if they were involved in TB care and if so where would the funds be available for this?
- would traditional healers treat illnesses other than TB?
- what would the traditional healers do (i.e. refer patients, supervise medication taking)?
- are there any risks associated with such an intervention and how do we mitigate against these?

## Further reading

### TB patients

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### Traditional healers

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## Technical assistance

For further information on TB in Vanuatu, please contact the National TB Programme Manager, Mr Markleen Tagaro at: [mtagaro@vanuatu.gov.vu](mailto:mtagaro@vanuatu.gov.vu).

For advice on the programmatic management of TB in the Pacific, please contact the TB Adviser at SPC, Ms Kerri Viney at: [kerriv@spc.int](mailto:kerriv@spc.int).



TB nurse from Port Vila interviewing male traditional healer on Nguna Island, Efate Province, Vanuatu



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