

**AFRICAN JOURNAL OF
MEDICINE
and medical sciences**

VOLUME 31, NUMBER 1 MARCH 2002



**EDITOR:
B. O. OSOTIMEHIN**

**ASSISTANT EDITOR:
A. O. UWAIFO**

ISSN 1116 — 4077

descended from a common ancestor. The men are predominantly subsistence farmers while the women are petty traders dealing in foodstuffs and household provisions.

The in-depth interview

The study population is the traditional healers in Foko. We conducted an in-depth interview for five traditional healers in the area. We first enumerated all the healers in Foko. Out of the eleven found, five were selected randomly and interviewed in-depth. The interview was conducted by one of the investigators (AL) in Yoruba, the language widely spoken in the study area. The items covered in the interview were types of ENT-related conditions they treat, the terminologies used, beliefs about the cause of each type of condition, their signs and symptoms and perceived outcome of treatment given to the clients. Each interview was recorded on audiotape and was later transcribed. The transcribed data were then subjected to content analysis to determine themes. Each interview was conducted in the homes of the healers at a time that they considered convenient. Prior to each interview, each healer was informed about the purpose of the study, the need to record interviews on audiotape and that their participation in the study was voluntary. All the healers approached agreed to participate in the study. The data from the in-depth interview was used to plan the next phase of the study, namely, focus group discussion.

Focus group discussion

In order to gain further insights into the local perceptions of ENT-related disorders we conducted four focus group discussions (FGD) for men and women in the study area. Based on the findings from the in-depth interview of healers we developed an FGD guide that consisted of eight questions that covered the broad areas explored with the healers. The questions were first drawn in English and later translated into Yoruba, so that participants can comprehend them. Six persons participated in each group discussion. As suggested by Kruger [9] a purposive sampling procedure was adopted for recruiting discussants. Thus, four homogeneous groups were set up. Two of these groups consisted of old men aged 60 years and above while the remaining two groups consisted of women of childbearing age. Old men were recruited because of our assumption that they were more likely than younger men to be informed about the causes and local terminologies used to describe ENT-related conditions in the community. Women of childbearing age were selected because many of the ENT conditions we see in our clinics are in childhood and being the major care providers for children they were better placed to discuss about the signs and symptoms of these conditions.

Potential discussants were approached, the purpose of the discussion was explained and they were invited to participate. In an unobtrusive manner, the names, age and sex all those identified were written down and these were later matched for age and sex. The potential participants were then invited to the venue of the discussion. One of the investigators moderated the group sessions. Each session was recorded on audiotape after which it was transcribed. The content of the data were then analyzed.

The combination of these two data collection methods led to triangulation of methods which has deepened our understanding of the perceptions of residents of Foko to ENT-related disorders.

Findings

The healers listed seven ENT-related conditions they had treated in the past. The local terminologies and their English translation

and their perceived causes are presented in Table one.

"Oyun eti", "eti didun" (Suppurative ear disease)

The majority (90%) of the informants perceived that ear diseases were more common in children than adults. Informants identified four causes of ear diseases. First, there is the belief of spiritual attack which is aimed at 'punishing the mother' of the affected baby. Secondly, the position adopted by a nursing mother when she is breast-feeding is another perceived cause. As one informant put it, "breast feeding of a baby in a lying down position may cause the breast milk to enter the ear through the hole connecting the back of the nose with the ear and then the ear will start discharging." Informants also believed that ear discharge may be caused by dirt and inadequate care as well as "ile tutu" (cold earth).

The FGD discussants held similar perceptions as the healers concerning causes of ear diseases. The majority (80%) believed that ear discharge is caused when a woman breastfeeds a child while lying down. Participants also perceived that an assault on the ear of the mother during pregnancy causes ear disease. As one participant stated, "a child will develop ear problem like this if the mother is slapped in the ears during pregnancy or she eats something which is forbidden in the family of the husband". Other causes identified by the participants were spiritual attacks and a belief that it is an act of God or boil in the ear.

Concerning treatment for ear condition, informants said they cared for it by putting cold red oil, locally called 'adi', honey and steaming hot red oil that is poured into the affected ear. According to one informant what he does is to "pour plenty of very hot red oil into the ear until the ear is filled up, this will kill the disease". Another common treatment method mentioned is the use of "the fat from a lizard" which is believed to be very effective. Other treatment modalities used are fluid from the intestine of a cockroach and alcoholic beverage including Schinapps and "ogogoro". Finally, a concoction of "ori" (cher butter) and red oil and egg and "agbo" (herbal extract), may be given to the sufferer to bath, drink and as ear drop. This concoction is also used to treat the other ear even if it is not affected because it is believed that the disease may spread to the other ear.

The majority (80%) of the discussants agreed to using cold red oil or honey or 'adi' (ear drop) as treatment. A few (10%) discussants said that they use the fluid expressed from the intestine of cockroach for treatment.

The informants and the discussants also preferred that should the problem persists, after applying these materials, then incantation and ritual sacrifices should be used for the treatment.

Odi (Deafness)

Informants believe that this condition is a supernatural disease caused by enemies of victims. Another cause of the disease is 'if the mother steals 'ito' (a running plant like melon) or 'eyin' (palm kernel) during pregnancy or she eats 'ewo' (a tabooed food in the family of the husband) during pregnancy'. As one informant put, "I have seen a woman who stole 'ito' during pregnancy and all the four children she had (one after the other) were deaf until she confessed and a sacrifice was made and the fifth child was of normal hearing. Many informants (40%) believe it could be due to 'Igbona' (fever).

On the other hand, the majority (90%) of the discussants believed that this condition is typically due to spiritual attack by the enemies of the affected person or the mother steals 'ito' (a running plant like melon) during the pregnancy.

Beliefs and perceptions of ear, nose and throat-related conditions among residents of a traditional community in Ibadan, Nigeria.

*AO Lasisi and AJ Ajuwon

**Department of Otorhinolaryngology and African Regional Health Education Centre, Department of Health Promotion and Education, College of Medicine, University of Ibadan, Ibadan, Nigeria.*

Summary

ENT-related conditions constitute a major burden of disease in Nigeria. The bulk of the available studies on these conditions are derived from hospital-based studies that underestimate the extent of the problem. Few studies have explored the perceptions of community residents on the causes and treatment of these conditions. This article describes findings of a qualitative study that explored the perception of residents of Foko, a traditional community in Ibadan, Nigeria. Five traditional healers were interviewed in-depth while four focus group discussions were conducted for men and women to determine perception of types, causation and treatment modalities for ENT-related conditions. The healers mentioned seven ENT-related conditions including ear discharge, deafness, epistaxis, nasal catarrh, sore throat, neck swelling and hoarseness. Informants and discussants attributed mainly spiritual attack as the cause of many of these conditions. Many of the treatment remedies used are topical, including use of effirin leaf (*Occimum gratissium*) for nose bleeding and using cold red oil or honey to treat ear discharge. These procedures are dangerous and could aggravate the conditions. We discuss the implications of these findings for further research and clinical practice.

Keywords: *Traditional community, perceptions, beliefs, ear, nose and throat diseases.*

Résumé

Les conditions liées à l'ENT constituent un problème majeur de maladie au Nigeria. La majeure partie des études sur ces conditions dérivent des études basées sur les rapports des hôpitaux, qui sous-estime la gravité du problème. Très peu d'études ont exploré la perception des communautés sur les causes et traitement de ces conditions. Cet article décrit les résultats d'une étude qualitative qui explore la perception des résidents de Foko. Une communauté traditionnelle d'Ibadan au Nigeria. Cinq guérisseurs traditionnels ont été interviewés profondément alors que des discussions avec quatre groupes focaux ont été entreprises pour les hommes et femmes dans le but de déterminer les types de perceptions, causes et modalités de traitement des conditions liées à l'ENT. Les guérisseurs ont mentionné 7 conditions liées à l'ENT englobant l'écoulement de l'oreille, la surdité, englobant l'écoulement de l'oreille, la surdité, l'épistaxis, le rhume, mal de gorge, gonflement du nez et l'enrouement. Quant à la plupart des autres membres du groupe, ils ont attribué la majeure partie des causes de cette maladie à des attaques spirituelles. Un grand nombre des méthodes de traitement sont tropicales, comprennent l'usage des feuilles de l'effirine (*occimum gratissium*) pour les hémorragies nasales et la mise de l'huile de palme humide ou du miel pour traiter l'écoulement de l'oreille. Ces procédures sont dangereuses et peuvent aggraver les conditions du patient. Nous discutons les implications de ces résultats dans le cadre de la recherche future et les pratiques cliniques.

Introduction

The ear, nose and throat (ENT) infections are a group of diseases affecting the anatomical area of the ear, nose, paranasal sinuses, the throat and the neck [1]. The pathology could be due to infection, trauma and cancer [1,2]

ENT-related infections pose a major burden of disease in Nigeria. For example, clinical experiences at the University College Hospital (UCH), Ibadan, Nigeria, show that chronic ear infections are the most prevalent of these infections, accounting for about 20% of patient attendance at the Otorhinolaryngology (ORL) Clinic during the last five years (1996-2000). At the University of Nigeria Teaching Hospital, Enugu, Southeastern Nigeria, the prevalence of chronic ear infections was 53% [3]. Twenty-eight percent prevalence was also found among primary school pupil in Lagos [4]. In Sierra Leone, Seely et al⁵ found the community prevalence of hearing loss to be 9.1% and identified chronic untreated or undiagnosed ear infections as the most strongly associated risk factors. Other investigators^{3,5} identified socioeconomic factors, race, environmental and geographic factors as the risk factors for these infections. The prevalence of chronic sinusitis in the UCH Ibadan was found to be 9 cases per year over a ten-year period and the lower socioeconomic class was the most commonly affected [6]. In a 3-year study (1982-1985) of the head and neck cancers at the Jos University Teaching Hospital, in Northern Nigeria, Bhatia [7] found the prevalence of the neck cancers to be 32%, nose and sinuses 24.7%, salivary glands 12.3%, nasopharynx 10.9%, oropharynx 5.5% and larynx 5.5%.

While these data give an indication of the burden of ENT-related infections, they were fraught with several limitations. First, all the studies are hospital-based indicating only a tip of the iceberg since many patients infected by these conditions do not present at the facilities. Consequently, the prevalence may have underestimated the real extent of the problem in the community. Second, our clinical experience in Ibadan, and those of others [3-5] from the West African sub-region show that many of the ENT patients present to the hospital at an advanced stage of the disease with threatening complications. Several factors including local beliefs and the fact that the patients have previously consulted alternative sources of care are responsible for this late presentation.

This article presents the qualitative findings of the perceptions and practices of the residents of Foko, a traditional community within Ibadan.

Methods

The setting

Ibadan is the capital of Oyo State as well as of the former Western Region, thus with a metropolitan population of about 3 million it serves as a regional economic, cultural and educational centre in Southwestern Nigeria [8]. Foko is a predominantly Yoruba community, located in the inner core area of Ibadan. It is characterised by dense population, congested cement-plastered mud housing, unpaved road, lack of safe water supply and inadequate social amenities. The estimated population of the area is 20,000 [8]. The basic housing unit is the extended family consisting of a cluster of houses occupied by residents who

healers may actually cause more harm than benefits to patients. For example, the use of emollients and oil for treating ear-related conditions are risky and in fact can be an aetiological factor in the causation of ear infections due to burns of the skin of the external ear. It is interesting that 'Occimum gratissimum' was widely used for treating nose bleeding. Some investigators have found that this leaf contains coagulant and bacterial properties [10,11]. Further investigation is required to confirm the chemical properties of this leaf and the potential role it could play in treating epistaxis.

The methodological implication of our study is that the foundation has been laid for conducting a community-based survey to determine the prevalence of ENT-related conditions in the study area. The perceived types of ENT-related conditions identified by the healers and discussants would be used to develop culturally appropriate instruments for the survey. The data from this study will also aid interpretation of the survey data.

Herein lies the value of application of qualitative approach for the study of health conditions such as guinea worm and onchocerciasis [12]. The study has also confirmed the need for interventions to influence some of the risky practices of the healers. This will require application of health belief synthesis, a process whereby health workers collaborate with front line health workers like traditional healers by understanding local concepts and finding a meeting ground between modern and traditional. Such an approach discourages harmful practices, reinforces healthy practices and disregards neutral ones. The result will not only aid traditional healer comprehension but will also provide them with a format for easy communication of new ideas with his community residents [12].

We acknowledge the limitations of our study. The findings may not be generalisable to the other communities in the inner core areas of Ibadan, nor to the Yoruba race.

Table 1: List of ENT-related conditions treated by traditional healers in Foko, Ibadan, Nigeria.

No	Condition	English translation	Perceived causes
1.	Oyun eti, eti didun	Suppurative ear	Spiritual attach, breast feeding, microbes, cold earth.
2.	Odi	Deafness	Enemies of victims, eating tabooed food during pregnancy, igbona
3.	Amurun	Epistaxis	Spiritual attach, trauma, cold earth, yellow fever, high blood pressure.
4.	Ofinkin, Osin	Nasal catarh	Inadequate rest and disease of the brain
5.	Belu-belu, ofun didun	Sore throat	Stepping on someone else's saliva
6.	Gbegbe, ese	Neck swelling	Spiritual attach to destroy a woman's beauty
7.	Ohun hiha	Hoarseness of voice	Excessive talking, use of alcohol, cigarette smoking, enemy

References

- Ludman H. Complications of suppurative otitis media. In: Scott-Brown's Otolaryngology (Ed. Booth JB), 1997: 1- 29.
- Martinson FD. Cancer of the Naso-pharynx in Nigeria. *J Laryngol. Otol.* 1968, 82 1119-1128.
- Okafor BC. The chronic discharging ear in Nigeria. *J. Laryngol. Otol.* 1984, 98, 113-119
- Akinwale O, Nwawolo CC and Okeowo PA. Tympanometric screening for otitis media with effusion (OME) in Nigerian children aged 2-7 years. *Nig. Qt. J. Hosp. Med.* 1998, 8, 44-46
- Seely DR, Gloyd SS, Wright ADO and Norton SJ. Hearing loss prevalence and risk factors among Sierra-Leonean children. *Arch. Otolaryngol.* 1995, 121, 853-858
- Ogunleye AO, Nwaorgu OGB, Lasisi OA and Ijaduola GTA Trends of sinusitis in Ibadan, Nigeria. *West Afr. Med. J.* 1999, 18: 298-302
- Bhatia PL. Head and neck cancer in Plateau state of Nigeria. *West Afr. Med. J.* 1990, 9: 304-310.
- National Primary Health Care Development Agency of Federal Ministry of Health, B Zonal Office, Ibadan. 1996 B Health Zone State/LGA- specific baseline data: Chapter 7. Demographic data.
- Kruger RA. Focus groups: A practical guide for applied research. Sage publications, Newbury Park, California USA, 1988.
- Eyetsemitan WT, Ijaduola GTA, Anyiwo CE and Thomas OO. Occimum gratissimum and blood coagulation. *J. Res. In Ethno Med*, 1986, 1: 19-26
- Anyiwo CE, Ijaduola GTA, Uzoma KC and Eyetsemitan WT. The antibacterial effects of the essential oil of Occimum gratissimum. *J. Res. In EthnoMed.* 1986, 1, 10-12.
- Briger WR, Ramakrishna J, Adeniyi JD and Kale O. Health education interventions to control Onchocerciasis in the context of primary health care. In: Primary Health Care: The African Experience (Ed. Carlaw RW and War WB). Third Party Publishing company, Oakland California, 1988.

though a few disagreed with the stealing of palm kernel as a cause of deafness. Many (50%) of the discussants believed that it could be due to "Ile tutu" (cold earth), "Igbona" (fever) or small pox.

Informants claimed that they treated this condition in various ways including preparation of a special soup made from herbs and some "eran abami" (strange meat) given to the person to eat, bath or combined with putting drops of oil and honey in the ear. However, rituals and incantation are the last resort if the problem persists. Discussants agreed that in general, they do not practice self-medication for this condition. Instead, they will take the child to a traditional healer who is believed to have the ability to treat it. When asked if they think that use of some types of drugs by a woman during pregnancy or prolonged labour could cause deafness all the discussants agreed that this was not possible. On the contrary, discussants claimed that deafness is caused by "aye or omo eniyan" perceived enemies of affected person.

Ohun hiha" (Hoarseness)

Majority (80%) of the informants perceived the hoarseness as it is not usually a disease per se, it is usually caused by excessive noise or excessive talking. Few (20%) however, added that it could also be due to "Igbona" (fever), smallpox, cough or excess alcohol drinking or cigarette smoking. It may also be due to 'the enemies can seize the voice of a person thus cause hoarseness'. On the other hand, the majority (80%) of the discussants believed that it is usually due to spiritual attack from the enemies 'the enemies can seize a person's voice so as to punish him, a few believed it is caused by "igbona" (fever) or cough. Informations mentioned many modalities for treatment the condition. This includes drinking lime or orange by affected person and sucking the secretion from snail. The majority (90%) of the discussants also believe in the use of lime or orange and then taking the sufferer to an herbalist.

Ofun didun (Sore throat)

All the participants said it was a minor ailment that is believed to be caused if a person spits on the floor and another person steps on the saliva but a few (20%) informants added that it could be due to spiritual attack by the enemies. The treatment according to all the participants is the drinking of lime or orange.

The majority (90%) of the discussants say 'once a sufferer drinks lime or orange, the condition will subside but some (40%) of the discussants disagreed saying that ritual sacrifice may be necessary to appease the enemies in rare cases, although some disagreed with this opinion.

(Amurun) Epistaxis

Informants said that the main symptom of this condition is bleeding from the nose. The perceived causes are spiritual attack, trauma, having yellow eyes, "Igbona" (fever) and "Ile tutu" (cold earth). They however also believed that it could happen spontaneously without any particular cause in which case the bleeding was usually small. The majority (90%) of the discussants believed that it is commonly spontaneous without a particular cause and many (50%) attributed it to spiritual attack from the enemies. Some (30%) said 'it is due to excess blood in the body which is trying to force itself out of the body in order to normalize'. A few (10%) attributed it to "Igbona" (fever), "Ile tutu" (cold earth) and yellow fever. One discussant said it is a disease of the brain and not the nose but the rest disagreed with this belief.

With regard to treatment, all the healers agreed that "effrin" leaf ("Occimum gratissimum") was typically used in various forms to treat this condition. While some (40%) used the leaf to block the nostril affected, others crushed it and put the paste into the nose. Another mode of treatment was to squeeze the fluid from the leaf and put same into the nose. Finally, the leaf may be boiled and drunk by affected person. Informants added that rituals and incantation could also be utilized to treat the condition. As one informant stated 'I use incantation to call out the cause of the bleeding.

All the discussants identified "effrin" (Occimum gratissimum) leaf as the material used for treating nose bleeding. However, a few (10%) of them also mentioned two other leaves namely, "Oja ikoko" (Cochlospermum planchonii) and "Imu esu" (Ageratum conyzoides). The rest (90%) did not disagree but expressed that they were not aware of the use of these leaves.

Ofinkin (Nasal catarrh)

The majority (80%) of the informants believe that cold weather or ile tutu or igbona usually causes it. One informant said 'it is usually a disease of the brain that only uses the noses as the outlet though the rest did not agree with it. Many (50%) of the female discussants expressed that nasal catarrh is not a disease per se, but ailment of the elite and the educated people, but even if it occurs it usually stops after the application of the hot fermentation'. Some (40%) of the discussants attributed it to stress and inadequate rest. A few (20%) said it could be the handiwork of the enemies though some (40%) did not share this belief. The treatment according to the majority (90%) of the participants is adequate rest and hot water fermentation, some say mentholatum should be added but a few said it was not necessary.

"Gbegbe" (Goiter)

Informants referred to the central neck swelling as "gbegbe" and termed swelling on the side as "ese" or "Awoka" or "Ile dudu". The most predominant (90%) belief held by the informants about "gbegbe" was that the victim possesses a sign of a supernatural power. By contrast, many (50%) discussants believed it could be due to spiritual attack by the enemies to destroy the beauty of a woman. As one discussant put it 'this is the reason why it is more common in women than men.' The condition may also be caused "if a person eats from the same pot or plate or pan with a duck".

A common mode of treatment used by the informant was making scarification and incantation on the swelling. Other less commonly used method is the use of "agbo" (herbal extract). The majority (90%) of the discussants believed in the use of scarification marks and incantation for the treatment. According to one of the discussant 'I have seen it before when incantations were made and the content of the swelling emptied out and the swelling regressed immediately'.

Discussion

This study has both substantive and methodological implications. One substantive implication is that the findings have deepened our understanding of the local perceptions of ENT-related conditions treated by traditional healers in the study area. This understanding would be helpful in history taking and overall management of the Patient in the ENT clinic.

Secondly, a common cause attributed to the ENT-related conditions identified in the study is spiritual attack. This may be a contributory factor to delay in presentation of patient at the clinic. Thirdly, many of the treatment modalities used by the