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Perceptions of Nigerian Ophthalmologists about traditional eye care practice in Nigeria

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Summary

This study was designed to determine perceptions of Nigerian ophthalmologists about traditional eye care practice in Nigeria. A semi-structured questionnaire was used to capture relevant information on TECP from some Nigerian ophthalmologists that attended their 32nd annual professional congress in Enugu, Nigeria, from the 4th to 8th September, 2007. One hundred and one ophthalmologists comprising of 41 consultants, 6 diplomates and 54 resident doctors gave their consent and participated in the study by returning their filled questionnaires. Majority of the respondents (66%) reported a significant degree of community acceptance of TECP within their various localities. Most of the respondents (57.6%) were against collaboration with traditional healers. Despite acknowledging a significant degree of community acceptance for TECP, majority of the respondents were against an integration of TECP into the health system, even at the primary eye care level. We recommend that the government, in collaboration with ophthalmologists, evolves a multi-disciplinary agency to 1) regulate and monitor TECP; 2) identify and encourage the useful components of TECP, while at the same time, identify and discourage the harmful aspects including all forms of surgery and couching of the lens; 3) training and retraining of TECP practitioners to enable them become useful members of the primary eye care team.

Key words: *Ophthalmologists, traditional healers, collaboration, Nigeria.*

Résumé

Cette étude était faite pour déterminer la perception des ophtalmologues Nigeria á propos du pratique traditionnelle des soins des yeux au nigeria. Un questionnaire semi structure était utilisé pour obtenir des informations importantes en PTSY de certains nigérien Ophtalmologues qui ont attend le 32ième

congrès professionnel annuel a Enugu au Nigeria, du 4 au 8 septembre 2007. Cent un ophtalmologues y compris 41 consultants, 6 diplomates et 54 docteurs résidents Ont donne leurs consentement et ont participe a l'étude en rendant leur Questionnaire remplis. La majorité de ceux qui ont répondu (66 %) ont signale un degré important d'acceptation de la communauté au PTSY a l'intérieur de leur localité variées la plupart de ceux qui ont répondu (57,6%) était contre la collaboration avec les praticiens traditionnels. Malgré la reconnaissance de l'acceptation d'un degré important de la communauté pour le PTSY, la majorité de ceux qui ont répondu était contre l'intégration de la PTSY dans le système de santé au niveau des soins primaire des yeux. Nous recommandons que le gouvernement en collaboration avec les ophtalmologues élaborent une agence multidisciplinaire pour : réguler et contrôler la PTSY, identifier et encourager les éléments utile de la PTSY bien que identifier et décourager les aspects nuisibles y compris toutes formes d'opérations et d'expression de la lentille, Former et reformer les personnels de la PTSY pour qu'ils deviennent des membres utile de l'équipe de soins primaire des yeux.

Introduction

Traditional medicine is a rather vague term used to indicate ancient and culture-bound health care practices that existed before the application of science to health matters [1]. Other terms frequently used as synonyms are "indigenous", "unorthodox", "alternative", "folk", "ethno", "fringe", and "unofficial" medicine or healing [1].

Every community has evolved ways of preventing and managing diseases through its own understanding of the causes of illness [2]. Inhabitants of a community have to make a choice amongst the services available for their eye care. Health care is provided at many levels by many different groups of people [2]. These include family members, traditional practitioners, private, and public health workers. The contact between people and health workers through an equitable health system can lead to better understanding of the choices available to the people in addressing health needs. People's use of health services generally is influenced by a range of psychological, social, cultural, and economic factors

and eye care services are no exception [3]. The problem of scarcity of ophthalmologists in Nigeria is further compounded by their uneven distribution, as many ophthalmologists in Nigeria live and practice in only the cities. In Africa there are relatively few eye trained nurses or assistants [4]. General practitioners and nurses have little time for patients with eye problems and have inadequate knowledge in eye diseases. A wide range of eye medications are often not available in health facilities and are expensive in private pharmacies [4].

Orthodox eye care is not readily accessible to the majority of Africans. This is further demonstrated by the fact that less than one in every ten-cataract blind in Africa actually ever receives cataract surgery [4]. It is therefore not surprising that people choose to go to the traditional healers when they have eye problems. With an estimated healer per population ratio of 1:350, there are traditional healers in almost every village in Africa [5]. Traditional health practitioners enjoy high patronage at the grass root level due to their relatively large numbers compared to orthodox medical practitioners, and they are relatively more accessible [6]. Increasing the trust and respect between health staff and healers could assist in reducing preventable blindness [7]. It is important that modern health care planners cooperate with traditional healers to meet the needs of rural population [8]. Traditional medicine still remains the only source of care for many people in the developing countries, and for them "primary health care" is synonymous with traditional medicine [1].

The art and science of modern medicine might contrast sharply with traditional medicine; there is however still the need for appraisal of the latter, since it remains an important means of health care to the communities [9]. Hence orthodox health professionals including the eye care physicians have to be fully aware of the work of traditional practitioners and of their place in society [1]. Indeed previous researchers on this issue had always strongly recommended for some form of collaboration between the traditional and orthodox eye care practitioners [10,11,12]. While there are reports of evidence of tentative willingness on the part of traditional practitioners to offer some form of collaboration [10,11] the enthusiasm for such collaboration on the part of their orthodox counterparts has not been well documented. Since the orthodox practitioners enjoy formal recognition by the governments of developing countries including Nigeria coupled with the fact that they are the custodians of the scientific paraphernalia of appraising traditional

practice, their knowledge and perceptions on the issue are necessarily crucial to any move to address the issue of collaboration between the two forms of practice. We therefore aim in this study to determine perceptions of Nigerian Ophthalmologists about traditional eye care practice in Nigeria with a view of identifying possible areas of collaboration between the two set of practitioners.

Materials and methods

A qualitative assessment of various aspects of traditional eye care practices (TECP) in Nigeria as perceived by a cross-section of Nigerian ophthalmologists (fellows, diplomates and residents) attending an annual professional congress in Enugu, Nigeria, was conducted from the 4th to 8th September, 2007.

The data collection instrument was by means of a semi-structured questionnaire given to each participant who agreed to complete the questionnaire. The information sought from the respondents was in six sections. The first section related to the background information on the respondent (age, gender, ophthalmic status, place of practice, ethnicity, and religion). The second section explored the respondents' knowledge of the status of official recognition and degree of community acceptance within their locality of practice. The third section captured the respondents' knowledge of the various components and items in use by TECP practitioners. The fourth section explored the respondents' disposition to collaboration between the two forms of practices and the identification of possible barriers. The fifth section explored the respondents' knowledge of any possible benefit of TECP especially within primary eye care network. The last section sought the recommendations on the way forward for TECP in Nigeria.

The data obtained with the aid of the questionnaire was collated and analyzed using SPSS statistical software version 12.0.1. Where necessary Chi-square test was used to determine any significant difference and a *p* value of < 0.05 was taken as significant.

Results

One hundred and one ophthalmologists comprising of forty one consultants, six diplomates and fifty four resident doctors were interviewed. Their ages ranged from 28 years to 60 years with a mean age of 39.5 years. There were 86 (85.1%) Christians and 15 (14.9%) Muslims. Their distribution by ethnicity was as follows: 36 (35.6%) were Yorubas, 36 (35.6%) Ibos and 9 (8.9%) Hausas. The remaining twenty others (19.8%) belonged to other ethnic groups.

As shown in table 1 thirty five (34.65%) respondents labeled traditional eye care practice (TECP) as “alternative” care while sixty two (61.39%) labeled it as quackery. Eleven respondents (10.89%) reported the degree of acceptability of TECP in their locality as being “widely accepted”, fifty five (54.46%) reported it as being “fairly accepted” and thirty four (33.66%) not accepted at all. There was one (0.99%) non responder to this question.

Table 1 : Respondents’ perception of traditional eye care

Respondents’ perception	Frequency	Percentage(%)
Alternative care	35	34.65
Quackery	62	61.39
Non responder	4	3.96
Total	101	100

As for the components of traditional eye practice in their locality 75 (74.26%) of the respondents said couching, spiritual healing and traditional medication were being practiced in combination within their locality. Sixteen (15.84%) reported the use of only traditional eye medication within their locality. Only one (0.99%) said incantation alone was in use in his/her locality of practice. There were nine (8.91%) non responders to this question.

On the issue of collaboration between ophthalmologists and traditional healers a majority 57 (56.44%) of the respondents were against any form of collaboration while the remaining 42 (41.58%) respondents were in support of collaboration with traditional healers. There were two(1.98%) non responders to this question. Analyses of several potentially moderating variables on this response such as age categories ($p = 0.76$), gender ($p = 0.774$), religion ($p = 0.625$), ethnicity ($p = 0.31$), and cadre (fellows, diplomates or resident) ($p = 0.720$) did not prove significant. As shown in figure 1 majority (52%) of the respondents were against incorporation of traditional healers into primary eye care. Some respondents, 40 (39.6%) were of the opinion that TECP was generally beneficial while forty eight (47.5%) of the respondents felt that it was not. Eight respondents to this question (8.2%) did not know whether TECP was beneficial or not, while the remaining 5(4.95%) did not indicate any response.

As for the opinion of the respondents on their recommendations for the way forward, a few (27.7%) of the respondents advocated for an outright legislative ban on traditional healers, 58.4% advocated

for a regulation of healers’ practice. Dialogue between ophthalmologists and traditional healers was advocated for by 51.5% of the respondents.

The identified barriers to collaboration between traditional healers and ophthalmologists included the lack of scientific basis for healers’ practice (72.2%); secrecy on the part of healers (60.4%); lack of definite format for healers’ practice (53.5%); non regulation of healers’ practices (60.4%); and un-healthy rivalry amongst healers (38.6%).

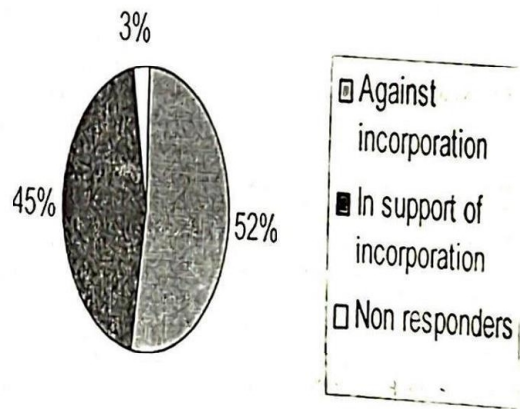


Fig. 1: Respondents’ views on incorporation of traditional healers into primary eye care.

Discussion

Majority of our respondents were against any form of collaboration with traditional healers. Orthodox practitioners generally try to avoid situations that might be misconstrued to inadvertently confer legitimacy on healers’ practice. To a large extent orthodox health workers keep having experiences with the disastrous outcomes of traditional medicine and are often unaware of healers’ successes in the communities [5]. Even though rural communities have strong faith and respect for traditional healers, it is apparent that healers don’t enjoy such respect amongst medical practitioners. In a previous study carried out by one of the authors (COO) [13] in Afon a rural community in Kwara State, Nigeria, 77% of the respondents were in support of collaboration between ophthalmologists and traditional healers.

Some patients actually present to traditional healer as a result of ignorance and poverty. Adefule-Ositelu reported that some patients were unaware of proper treatment thus they self medicate or approach the unqualified [14]. The same author also reported the level of patronage of traditional healers in her study carried out in Lagos as being 15%. Ophthalmologists fear about harmful consequences of healers' practices is genuine. Many traditional eye medications are quite harmless while others are known to cause serious damage to the eyes [15]. Harmful eye practices may involve the application of substances, mechanical or thermal devices to ocular surfaces and adnexae [11]. In a study carried out in Benin, Nigeria, on 1,739 eye patients seen between February and August 1994, 30 out of these (1.72%) presented with ocular complications arising from the use of traditional eye medication [16]. A one year prospective study on the aetiology of corneal ulceration in 103 patients attending Mvumi hospital, Tanzania showed 25% of ulcers to be associated with the use of traditional eye medicines within the previous 7 days [17]. Of the 26 cornea ulcers in traditional eye medicine users 58% had no identified cause of ulceration apart from traditional medicine use [17]. McMoli *et al* [18] reported that eleven patients seen with epidemic acute haemorrhagic conjunctivitis in Lagos had treated themselves or used traditional eye medication. Five of these patients ended up with corneal scarring [18]. Use of African traditional medicine is associated with presence of cornea disease, delay in presentation and vision loss [19].

The Alma-Ata declaration (1978) opened the door for dialogue between traditional and modern health care providers on the understanding that unsafe practices should be eliminated and that only what is both safe and effective should be promoted [20]. To this end W.H.O. collaborates with member states on the nature and extent of use of traditional medicine [21]. Collaboration with traditional healers in Zimbabwe and Malawi had been successful with an increase in cataract surgery uptake and a decrease in the incidence of blinding corneal ulcers due to harmful traditional eye medicines. It is desirable for Nigerian ophthalmologists to constructively engage traditional healers in the overall interest of our patients. The fact that majority of Nigerian ophthalmologists interviewed in this study were interested in dialogue with traditional healers could be a good starting point to working with traditional healers. Majority of our respondents also advocated regulation of healers' practice; this will indeed help in the elimination of harmful healers practice. One

of the barriers identified by the respondents to collaboration with traditional healers included lack of scientific basis for healers' practice. This finding is understandable in view of the fact that orthodox practice is solely science-based. It is interesting to discover that only few of our respondents advocated an outright ban on TECP. This may actually indicate a softening of the stance of orthodox eye care providers. Majority of our respondents were against incorporation of traditional healers into primary eye care. However we advocate for a training and retraining program for traditional healers in order to re-orient them into a more hygienic approach to delivering eye care and imparting new skills to turn them into useful members of the primary eye care team. Such a move would make qualitative eye care accessible to the underserved rural populace in Nigeria who probably out of sheer necessity, have always been patronising them.

Legal barriers, though adjudged to be outside the scope of this study, exist as well in any move to integrate traditional practice into the state-sanctioned official health system [22]. Though section 15(6) of the Nigerian Medical and Dental Practitioners Act explicitly confers recognition on traditional medicine, the integration of traditional medicine into the health care delivery system, however, poses legal and constitutional questions [22].

Conclusion and Recommendations

Despite acknowledging a significant degree of community acceptance for TECP, a majority of orthodox eye care physicians in this study were against an integration of TECP into the official ophthalmic health care, even at the primary eye care level. The scarcity of ophthalmic personnel coupled with inadequate ophthalmic infrastructures particularly in the rural parts of Nigeria where majority of the populace reside will continue to favour a high patronage of TECP. We therefore recommend that the government, in collaboration with ophthalmologists evolves a multi-disciplinary agency to (1) professionally regulate and monitor TECP; 2) identify and encourage the useful components of TECP while at the same time, identify and discourage the harmful aspects including all forms of surgery and couching of the lens; 3) training and training of TECP practitioners to become useful members of the primary eye care team.

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