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# A pilot study of cancer patients' use of traditional healers in the Radiotherapy Department, University College Hospital, Ibadan, Nigeria

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## Abstract

***Objective*: This descriptive cross-sectional study assessed cancer patients' use of traditional healers, the association between delay in coming to this clinic and patients' use of traditional healers, reasons cancer patients use western medicine after trying traditional treatment and the cost of obtaining traditional treatment.**
***Methods*: Participants were made of 400 consecutive and consenting new patients in the Department of Radiotherapy, University College Hospital (UCH), Ibadan. A validated interviewer-administered semi-structured questionnaire was used for data collection. Data was analyzed using descriptive and inferential statistics. Focus group discussions were held with some of the clients as well as the traditional healers.**
***Results*: It showed that 34.5% of the patients patronized traditional healers, while 65.5% used only hospitals. The most common reason given among patients who patronized traditional healers for doing so was their desire to be healed and to be rid of pains (45.9%), while the most common reason they opt for western medicine afterwards was lack of improvement in their health condition (70.1%). The cost of traditional treatment for cancer ranged between no cost to N5,000 (that is approximately $31.25 @ $1 = N160) to be treated. The cost of orthodox care would range from a minimum of N40,000 to several millions of naira.**
***Conclusions*: Patients patronize traditional healers to be rid of pains; hence physicians should endeavor to control cancer-related symptoms, especially pains as the patients await diagnosis. Also, the low cost of obtaining traditional treatment, regular assurance of cure and other assistances given to them, could be an enticing factor in its use.**


## Introduction

Traditional (non-western hospital) healers in Nigeria play a major role in the healthcare industry. The motivation behind the patronage of these very questionable and non-scientific health practitioners, by the majority of the public, irrespective of educational attainment and literacy level, still need to be adequately understood. Observations show that many cancer patients visit these health practitioners before as well as after coming to the conventional health clinics, especially on receiving what to them, is an unpleasant diagnosis of cancer and an unpalatable treatment regime. Some do not even bother coming to the hospital at all until the situation has really become desperate. In the pre-industrial era of the history of man, different communities had developed different methods to meet their health needs [1–3]. Among the Yoruba of South-Western Nigeria, the perception of illness or disease centers on three etiological factors of natural, supernatural and mystical. These often influence the people's belief and attitude about the effectiveness of a particular health care and invariably the choice of a particular healthcare service [1]. In spite of the various traditional beliefs as to the causation of illness among the African people, it is generally believed that culture and belief system have great impact on the utilization of the varied modern, traditional, and spiritual healthcare services. The Yoruba people of southwestern Nigeria, for instance, commonly believe that everyone has at least an adversary who wishes one evil and could cause one to experience varying degrees of mishap [4]. Hence, when tragedy strikes in the form of a strange illness or other unexplainable negative life events, the traditional medicine man or a faith-based healer is often consulted to explain the reason for the occurrence and to provide a remedy.

Traditional medicine encompasses all knowledge and practices, explicable or otherwise, employed in diagnosing, preventing and eliminating physical, mental, or

societal imbalance, which are passed down from one generation to another in oral or written forms [5]. In general, traditional healers are of two sorts; those that perform the task of diviner-diagnostician and those who act as healers (or herbalists) [6]. The diviner provides a diagnosis usually through spiritual means and often prescribes sacrifices and related remedies (which may still include herbal medicines), while the herbalist makes his diagnosis usually without divination and then chooses and applies relevant herbal remedies [7].

The average African is not careless with his health. This is attested to by the result of a survey in Guinea where it was reported that the chief concern, ahead of family (48%) and job security (33%), is health (75%) [8]. Hence, in a time of health-related crisis, the African would not hesitate to search for available, accessible, affordable, and acceptable help [9,10]. That the help is available connotes that the help exists and the patients are aware of its existence. While most aspects of western medicine is acceptable to the majority and found to be effective, comprehensive health facilities where cancer can be treated are very few and far apart; and accessing these facilities often involve more traveling as well as the extra cost to be incurred on accommodation, not to mention the exorbitant cost of treatment. Navigating the healthcare system without help may also be a daunting task for illiterates and those not so familiar with the healthcare system.

Compared with western healthcare system, traditional healthcare system has spiritual elements that are little understood outside of the cultural contexts that create them, while the western medicine system fail to fully accept this spiritual element [11]. Cancer as a disease is not mostly well understood, and a diagnosis of the disease often causes many to seek second opinion in non-western hospital settings as there is often the belief that it may be a 'spiritual attack'. This seeking of second opinion may cause some patients to suspend western medicine treatment or discard it altogether due to anxiety over surgery or fear of complications from treatment side effects. The rate of herbal medicine use among Nigerian adults with cancer in Enugu (a different cultural setting from Ibadan) has been reported to be 51.9% [12]. This rate may be due to the erroneous belief by many that traditional medicines are safer because they are natural [11]. There are reported cases of herbal medicine being contaminated with heavy metals [13,14], as well as microbial contamination and the possibility of harmful interaction effect with western medicines [15]. The metastatic nature of cancer however makes treatment delay or suspension of (the evidence based) western treatment dangerous and often fatal.

The current study seeks to

1. Determine the prevalence of use of traditional healers amongst cancer patients referred to the radiotherapy clinic of the University College Hospital in Ibadan.
2. Find out if the use of traditional healers has led to delay in patients going to the clinic.
3. Identify the reasons why cancer patients accept traditional treatments and then use western medicine afterwards.
4. Find out the cost of obtaining traditional treatment.

## Methods

### Sampling technique

Ethical approval was obtained from the Joint University of Ibadan/University College Hospital Institutional Ethical Review Board to carry out this descriptive cross-sectional study of the use of traditional healers amongst cancer patients. Recruitment of participants took place in the Department of Radiotherapy, University College Hospital (UCH), Ibadan, by trained research assistants. All the consecutive and consenting new patients at the clinic were recruited and interviewed until the determined sample size of 400 was achieved. The patients in the radiotherapy department are normally referred from other clinics of the hospital where other treatment modalities (surgery and chemotherapy) except radiotherapy take place. Thus, patients who come here are mostly at advanced or terminal stages of their illnesses and may have used one or more levels of the western medical care facilities before finally being referred to this clinic. Sample size was determined using sample size formula for estimating a proportion $[n = pq(Z_{a/2}/d)^2]$, which gave a minimum sample size of 384 rounded up to 400. Data collection took place from April 2011 to March 2012.

### Instrumentation

An interviewer-administered semi-structured questionnaire was used to collect data from all consenting new patients. The questionnaire was translated into the local Yoruba language, back translated by an independent translator for consistency with the original meaning. Construct validity was sought by pretest in a limited number of similar oncology clients outside the study group to ensure validity and reliability of the instruments.

### Focus group discussion with the clients and alternative healers

A focus group discussion with some of the cancer patients as well as the alternative healers as volunteered by some of the clients was performed, for the triangulation of some of the soft facts obtained from the empirical survey.

### Data analysis

The patients' responses to items on the questionnaire were entered into SPSS statistical software version 17 and analyzed using descriptive and inferential statistics such as





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frequency counts and percentages as well as pie chart and chi-square, respectively. The focus group discussion was analyzed thematically along the lines of some of the claims of the clients. Two research assistants carried out verbatim transcription of the interviews, coded them and developed themes from the codes. Reliability of codes was assured by comparing the independently developed codes for similarities or differences. Consensus among the research assistants was used in arriving at the validity codes as recommended by Padgett [16].

## Results

All the 409 consecutive patients (except for 5 who were very ill at their first time of presentation and 4 who refused to participate in the study) accepted to take part in the study. Out of the 400 respondents, 305 (76.2%) were women. They had an age range of 18–94 with a mean of 50.9 ± 14.6 years. Because the research was domiciled in southwest Nigeria, majority of the respondents were Yorubas (54.8%) followed by the Igbos (28.0%), and the remaining (17.2%) is from other Nigerian tribes of over 150. Most of the respondents (56.8%) had at least a secondary school education. The most common type of cancer among the respondents was breast cancer (33.5%) followed by cervical cancer (32.3%), and the vast majority of the patients had advanced disease stage 3b and 4. Figure 1 shows that 34.5% of the patients indicated ever patronizing traditional (i.e., other than orthodox hospital-based) healers, while 65.5% have used only hospitals. Table 1 shows that there is no significant association in the duration of illness at presentation in this (virtually terminal) clinic between those who have reported to traditional healers and those that did not ($X^2_{Cal}$ 3.805 < $X^2_{Crit}$ 5.991; $p > 0.05$).

Table 2 shows that among those who indicated ever patronizing traditional healers, the most common reason why they visited traditional healers was their desire to be completely healed as often promised by these healers and also to be rid of their pains (45.9%), while the most common reason they opt for western medicine afterwards was that there was no improvement in their health condition (70.1%). Table 3a and b shows that majority of the patients (33.3%) had breast cancer, followed closely by cervical cancer and the vast majority of them were in the late stages (39.3% for stage 4 and 34.3% for stage 3) of their cancer illness. In relation with fees paid by the patients for their alternative healers, Table 4 shows that the largest percentage of patients (39.0%) received the care for free. Of those who paid money, only one person paid over one hundred thousand naira (N100,000=), which is a very far cry from the fees at the orthodox health facilities.

Two focus group discussions of six persons each were conducted with the patients following the questionnaire study. The revelations from the patients regarding the preference of the alternative healers in many cases include the following:

1. The fact that all diagnosis of cancer in the western medical services, such as we give, are announced to them as hopeless incurable sickness and so, very bad news, which was usually never the case with the alternative healers. Hence, their ready preference.

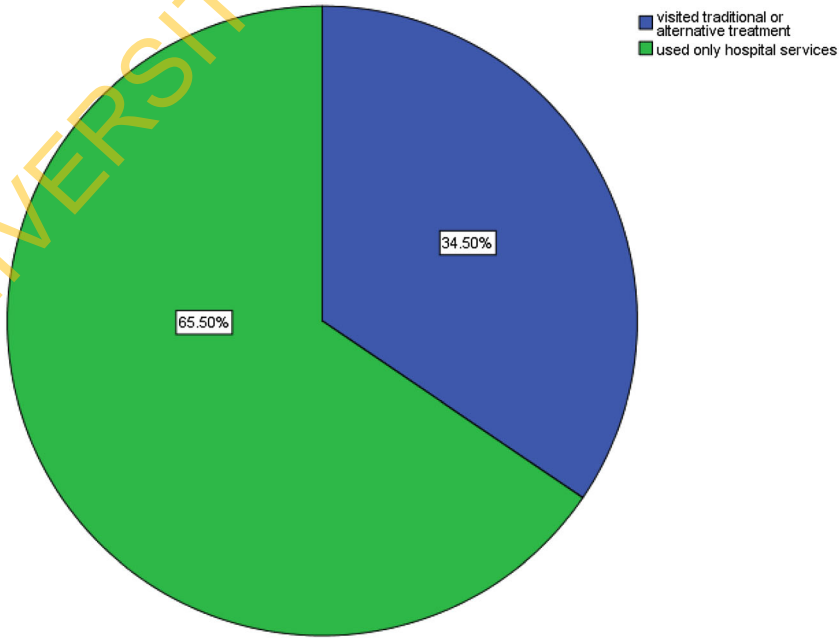


**Figure 1.** The frequency of use of traditional healers among cancer patients






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**Table 1.** Cross-tabulation and chi-square analysis of duration of illness before visit to hospital and use or non-use of traditional treatment

| Duration of illness before visit to the hospital | Used alternative treatments | Used only hospital | Total | $X^2_{Cal}$ | $X^2_{Crit}$ | DF | *P*-value | Remark |
|---|---|---|---|---|---|---|---|---|
| Less than 1 month | 2 | 7 | 9 | 3.805 | 5.991 | 2 | .149 | $p > 0.05$ Not significant |
| 1–11 months | 76 | 163 | 239 | | | | | |
| Over a year | 56 | 81 | 137 | | | | | |

DF, Degree of Freedom.

**Table 2.** Reasons cancer patients visit traditional healers and why they come to the hospital afterwards

| Why patients visited traditional healers | Frequency (%) | Why patients use western medicine after using traditional treatment | Frequency (%) |
|---|---|---|---|
| Desire for healing and to be rid of the pains | 28 (45.9%) | Not satisfied with the traditional treatment | 3 (3.9%) |
| Recommendations from friends and relatives | 17 (27.9%) | No improvement with alternative care | 54 (70.1%) |
| Thought it was an attack/spiritual problem | 3 (4.9%) | To acquire proper care | 5 (6.5%) |
| Ignorance about the disease | 7 (11.5%) | When all else failed | 6 (7.8%) |
| Advertisement from the mass media | 1 (1.6%) | The situation became worse | 5 (6.5%) |
| Afraid of surgery | 2 (3.3%) | Children's suggestions | 3 (3.9%) |
| Financial constraint | 3 (4.9%) | The traditional healer stopped treatment | 1 (1.3%) |
| Total | 61 (100.0%) | Total | 77 (100.0%) |

Percentages are based on the total response.

**Table 3.** Other characteristics of the patients at the radiotherapy clinic, University College Ibadan (UCH)

| a) Cancer types | |
|---|---|
| **Type** | **Frequency (%)** |
| Breast | 133 (33.3%) |
| Cervical | 128 (32.0%) |
| Head and neck | 39 (9.7%) |
| Prostate | 19 (4.7%) |
| Others | 81 (20.3%) |
| Total | 400 |
| b) Stages of cancer | |
| Cancer stage | Frequency (%) |
| Stage 1 | 70 (17.5%) |
| Stage 2 | 36 (9.0%) |
| Stage 3 | 137 (34.3%) |
| Stage 4 | 157 (39.35%) |
| Total | 400 (100.0%) |

**Table 4.** Cost of traditional treatment to patients

| Cost of alternative treatment | Frequency (%) |
|---|---|
| At no cost | 30 (39.0%) |
| Don't know because the cost was paid by others | 7 (9.1%) |
| < ₦500 (< $3.13) | 5 (6.5%) |
| ₦500 to ₦ 1,000 ($3.13 to $6.25) | 7 (9.1%) |
| ₦1,001 to ₦ 5,000 ($6.26 to $31.25) | 18 (23.4%) |
| ₦5,001 to ₦ 10,000 ($31.27 to $62.5) | 2 (2.6%) |
| > ₦10,000 < ₦100,000 ($62.5 < $625) | 7 (9.1%) |
| = ₦100,000 ($625) | 1 (1.2%) |
| Total | 77 (100.0%) |

Percentages are based on the total response.

2. That the cost of these western healthcare services for cancer in the face of the associated poor prognosis are excessive and that there are no allowances to pay later or only as the money may be available to the patients – as most of the alternative healers services usually do.
3. That the western healthcare givers display apparent denial or lack of faith in God or its communication to the patients; and usually fail to refer them to those who may be able to provide such hope or succor for the illness within those services; viz, properly functioning hospital chaplaincies.
4. Lack of other provisions as free accommodation, and so on, as may be needed by the patients and their relatives, while treatment is going on.
5. Lack of active relief of pain and distress as important components of their care in these western healthcare facilities.
6. Frequent health workers strikes and breakdown of radiotherapy machines with prolonged time of no such services also meant the patronage of these facilities is sometimes impossible even if the clients would like to come to it for their care.

## Focus group discussions with the alternative healers

This was held in two groups of five and seven healers, respectively, and corroborated many of the things that the patients complained about, namely

1. That many of cancer cases are due to evil spirits that western healthcare services are incapable of curing but which they themselves are able to cast out (a brand of thinking very much in keeping with the traditional faith belief systems here).
2. That the cost of western health care is by far out of reach of most of the people, which is not the case with them, necessitating them to start treating the patients





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at once, while they can pay later and/or as they are able to afford. (Compare the cost of these services which may range from 'free' to N500 only in the vast majority of the cases and the N40,000 minimum to several millions of naira for one episode of treatment for western health care.)

3. That they provide accommodation, and sometime even feeding, to the patients as may be needed until they are able to pay or come for thanksgiving to them whenever they are cured or relieved of their symptoms.
4. That western health care for cancer does not usually inspire hope of recovery or cure; which they usually give or at least hope and trust God for, for these cases.
5. Finally, the alternative healers will accept to partner with western healthcare givers for screening and other services, which will be mutually re-enforcing for the patients' maximum benefit than is currently happening.

## Discussion

The current study shows that 34.5% of the cancer patients indicated ever patronizing traditional or alternative healers for treating cancer, while 65.5% have used only hospitals. Resorting to patent medicine shops, herbs, and prayer camps indicate that patients have deeply held beliefs that prompt their consulting these other measures in their time of vulnerability [17]. The finding of our study is a reverse of that found among cancer patients in the culturally different Enugu in which 65.0% reported having used one form of traditional medicine or the other at some point during their cancer illness, while 35.0% of the patients reported having not used any form of traditional medicine [12]. This difference could be due to the unwillingness with which the Ibadan patients admit their use of traditional healers as seen in their non response to some items related to their use of traditional healers despite the promise of anonymity. Peltzer and his colleagues observed that HIV patients in South Africa refrain from telling their doctors about traditional medicine consumption for fear of stigmatization [18]. This may have happened more in this Ibadan study than at the Enugu study referenced previously.

A non-significant association was found in the duration of illness at presentation in clinic between those who indicated using the services of traditional healers and those who indicated using only hospitals. A possible explanation for this could be only a few of those who used these alternatives actually admitted it because of their perceived negative response they would attain from the orthodox care givers if they accepted to have performed so, and thus distorting the results. The other reason may be that the radiotherapy clinic is not the first port of call for western medical care by cancer patients but virtually the point of later or terminal referral of cancer patients who could not be managed by surgery or chemotherapy or both or who will need radiotherapy as adjunct treatment for their (usually already advanced) cancer illness. Because the date of onset of this illness had been long for many of the patients, estimation of time was rather loose. Hence, in the future exploration of the relationship of use of traditional healers by cancer patients and delay in reporting for western health care, the study should move to points of primary diagnosis of cancers as the General Outpatients Clinic of the University College Hospital or such other GOPD settings.

The cause of the lack of association between traditional healer patronage and delay in going to the radiotherapy clinic could also be that, because almost all the patients may have performed so, the other reasons for the abandonment of these traditional services – viz, progression of the disease to pain and other distressing ends, and so on – was the greater reason for coming earlier to western care rather than any delays from such use. On the whole, the contrastingly huge cost of hospital care, ignorance of the extremely low cost and possible cure at early detection, lack of knowledge of the signs and symptoms of the disease, and lack of access to them otherwise would seem to be the greater cause of delay than the near routine patronage of these preliminary alternative care services. Thus, the specific contribution of these alternative healers to the overall delay comes to little effect. Delaying treatment-seeking from professionals as observed by Meyer-Weitz *et al*. [19] is thought to be common for those who have firstly tried self-treatment,but is also the result of a lack of basic knowledge and education in handling symptoms. Moreover, two-thirds of patients seen at the radiotherapy clinic appear at advanced stages 3 and 4 and more than two-third of these present with metastatic disease with very poor prognosis. This late presentation and the poor prognosis thereafter is the basis of the mistaken lack of trust in the western healthcare system for such cures as patients still desire, even after coming so late. Adequate enlightenment and provision of effective grassroots screening and early referral for possible cures will change this apparent fact in the minds of the patients.

The most common reasons given by patients for their visit to alternative healers are the desire to be well and be rid of pains (45.9%), recommendation from friends and relatives (27.1%) and ignorance about the disease (11.5%). All these indicate that the clients do not begin to seek care until the disease is advanced. In a similar study, patients reported that the most common reason for using traditional treatment was a desire to feel hopeful (73.0%) and the expectation that it will relieve symptoms (44.0%) [20]. Fatigue, nausea, and pain are among the most common cancer-related symptoms [21]. Of these symptoms, pain is one of the most familiar, problematic,





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and major cause of concern for patients [22] especially as patients are often at risk for under-treatment of pain [23,24]. Studies also suggest that persistent unrelieved pain leads patients to seek alternative therapies [25]. The influence of friends and relatives in health seeking behavior and utilization of assorted health services has been reported in literature [26–28]. When a patient is sick in African settings, it is a common practice for friends and relatives to rally around the sick person with various suggestions and prescriptions to help the patient regain the lost good health. The patient sometimes reluctantly accepts the prescriptions for fear of appearing ungrateful to the friends and relatives for the help and care, if they refuse. Also, several studies have reported on the ignorance of most cancer patients about the nature and symptoms of cancer [27,29] as a common reason for presenting for diagnosis late. This same reason accounts for why some seek the help of traditional healers before going to the hospital.

Among the least reasons, patients patronize traditional healers are influence of advertisement (1.6%), fear of surgery (3.3%), thinking it was a spiritual attack (4.9%) and due to financial constraints (4.9%). Ironically, only a few of the patients indicated financial constraints as a reason for patronizing traditional healers, which is at variance with logic if we consider most of the patients as indigent, being citizens of a developing country experiencing a high rate of unemployment. With the cost of these alternative cares ranging from 'free' to about only 500 naira compared with 40,000 to several millions of naira in a country with hardly implemented national minimum monthly wage of 18,000 naira and unemployment rate at 25–35% even of tertiary institutional graduates, to talk less of the others, the role of financial constraints would appear so obvious that the patients assume everybody to know it. Moreover, in the cultural climate here, it is not accepted 'to confess negatively'. Hence, only those who are so frustrated with the cost issue that they are able to act against the cultural milieu would accept to admit it as such. For example, it is not unusual for a worker to be absent from work and his boss calls him on the phone to find out why he is not at work and did not send any word to that effect to hear the worker declare to his boss that 'I am strong', to indicate that he is sick but 'professing/confessing positively' as some sub-cultures here would do.

Although financial constraint may not be a reason for the patronage of traditional healers by majority of the patients in this study, 39.0% of the patients who received traditional treatment did so at no cost at all, while most of those (23.4%) who did pay some amount for their treatment spent between \$6.25 to \$31.25 (@ \$1 = N160) to be treated. This is a far cry from the average cost of receiving western treatment for cancer. If the traditional options were found effective in relieving pains and other symptoms, it is most probable that the patients would not have patronized western medicine, given the wide margin in the cost of obtaining both forms of healthcare services. In most African societies, the payment for a traditional treatment often depends on its efficacy or treatment outcome [30], and traditional healers are known to provide different payment contracts based on ability of patients to pay [31]. This is unlike what obtains in the practice of western medicine in which patients are required to pay for health service before they are able to assess its effectiveness.

The many other reasons why patients and their relatives and alternative healers would not readily advise them to come for western healthcare services are revealed more intensely in the focus group discussions. These points provide challenges as well as opportunities for us to use in re-organizing our orthodox health services – more community/preventive health services and the public education thereof; better attitude of health workers; and the improved, efficient and effective hospital chaplaincies would seem to be the most easily achievable in these regards.

### Implication for psycho-oncology

A common factor in all the patients in this study (those who used traditional healers and those who did not) is that their diseases in most cases were advanced and often metastatic as at the time they are seen at the radiotherapy clinic. A most likely explanation is that patients generally delayed seeking help due to ignorance of the symptoms and severity of a cancer disease; hence, making the prior use of the traditional healers in the bid to be well and be rid of pains before ending up in the hospitals not to be a significant addition to the main delay. The field of psycho-oncology thus needs to emphasize a population-based cancer education to enlighten people about cancer symptoms and the need to go for regular screening even before symptoms appear. Even as patients report to hospitals, physicians should endeavor to control cancer-related symptoms, especially pains as the patients await diagnosis to reduce the likelihood of patients seeking the help of traditional healers. The treatment of cancer could be made more pocket friendly by encouraging insurance companies especially the national health insurance scheme to cover regular health screening or the treatment of cancer in their scheme, which is not currently the case.

## Conclusions

Regular screening and early diagnosis and treatment for cancer are the best approach to reducing patients' distress and mortality from cancer. However, the cost of screening is such that only a few Nigerians can afford to pay for it especially when they are not actually experiencing symptoms of any ailment. Moreover, cancer screening





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centres in the country are very few and sparsely distributed. There is thus a need for the government to establish more cancer screening centres and to highly subsidize the cost of cancer screening so as to encourage the utilization of screening services. Also, the practice of leaving cancer patients' pain and other distressing symptoms unattended to during diagnostic workups should be reviewed as most patients seek help elsewhere in order to beget rid of the pains.

Given the interest of traditional healers to partner with western medicine in the management of patients, there is an urgent need to consolidate on this collaborative effort, thereby enhancing pain and symptom managements as well as improve traditional healers' ability to recognize the signs and symptoms of cancer and the need for early referrals. Hospital chaplaincies should also be improved with chaplains covering all the local faith-bases and referrals of patients made to them as would necessary for each patient.

Finally, a more precise, robust, and accurate research to answer the question whether the use of traditional (and alternative) healers delays cancer patients' patronage of western health services should be conducted at general outpatient clinics where these patients call for care in the first instance, and not even at the secondary referral clinics (medical and surgical) nor at the truly third or higher level referral points such as the radiotherapy clinics. To understand these relationships more adequately, use of these healers before coming as well as between the suspected or actual diagnosis of cancer and reporting at the first referral clinic will be good also to look at.

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