

# disease & disability

communicating international development research

## Treating diabetes in Ghana

### A role for traditional medicine?

**D** diabetes is a major cause of death and disability among adults in Ghana. Factors blamed include high medical costs, lack of drugs, and poorly financed diabetes services, as well as the inappropriate use of traditional medicine, in particular the practice of 'healer shopping'.

Current research suggests that healer shopping (going from one healer to another without referral) is the first and most common response to chronic illness in Africa. It is driven by a belief in the spiritual causes of chronic illness (such as witchcraft and sorcery), the need for cures, and faith in the powers of traditional religious healers. These beliefs can lead people to abandon modern medicine and search for spiritual cures.

Researchers have concluded that inappropriate use of traditional medicine is undermining health care goals for the management of diabetes, including patients' self-care. However, a study presents contradictory evidence, derived from an analysis of health care seeking behaviour among people with diabetes in Ghana. This analysis involved individual and group interviews and ethnographies conducted in two urban towns (Accra and Tema) and two

rural towns (Nkoranza and Kintampo).

The analysis identified four kinds of treatment choices: biomedical treatment of diabetes through drug and dietary management and changes to lifestyle; spiritual action in response to the disease, including traditional religious healing, Christian faith healing and Christian prayer; cure seeking, both intermittent and persistent, the latter often driven by strong Christian faith; and medical inaction (passive withdrawal from drug and dietary management). Findings suggest that:

- Healer shopping is a secondary practice in Ghana, co-existing with biomedical management, spiritual action and medical inaction.
- Belief in the spiritual causes of chronic conditions is secondary to belief in biological and lifestyle causes.
- Wealthy urban people prefer to buy traditional drugs which have been scientifically approved.
- People on low incomes are unable to afford prescribed drugs and recommended foods, and consult traditional healers for cheaper medicines.
- Low income rural and urban groups are more likely to use unregulated services.
- There is a lack of psychosocial support for people with diabetes, especially those on low incomes in both urban and rural areas.
- People draw heavily on their Christian faith to cope with diabetes and broader

life circumstances.

The study concludes that in order to minimise inappropriate healer shopping, policymakers need to focus on providing affordable drugs, including scientifically approved traditional drugs, and improving access to recommended foods for those on low incomes. They also need to prioritise social support, and regulate faith healing practices. Recommendations include:

- using the recently implemented national health insurance scheme to help those who can afford the premiums
- expanding the use of scientifically approved traditional drugs, combined with tighter regulation
- working with the agriculture and food export sectors to make recommended foods more affordable
- establishing self-help groups for people with diabetes, especially those on low incomes
- giving more attention to Christian faith healing practices in policy discussions and research, focusing on faith healers as providers of health care and psychosocial and spiritual support.

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## Improving respiratory care in South African clinics

**O**ne third of walk-in patients at public clinics in South Africa have respiratory symptoms. Asthma is under-treated, antibiotics are over-prescribed and tuberculosis (TB) is under-diagnosed at these clinics. In-service training of nurse practitioners can improve respiratory care and detection of TB.

About two thirds of people with TB are never diagnosed as having the disease. They cannot benefit from treatment and the epidemic rages on despite increasing coverage by treatment programmes. Better detection of cases by alert primary care clinicians is crucial to the control of TB.

Researchers from several South African universities developed and tested an educational outreach programme for the integrated symptomatic case management

of priority respiratory diseases. Nurse practitioners at 20 primary care clinics received between 2 and 6 educational outreach sessions from health department trainers. Twenty control clinics received no training.

The researchers looked at outcomes for 1,999 patients aged 15 or over with cough or breathing difficulty (1,000 in test clinics and 999 in control clinics). As a result of the training intervention, which was randomised, test sites, compared with control clinics, had:

- similar proportions of patients tested for TB, but higher TB case detection rates (6.4 versus 3.8 percent)
- more prescriptions for inhaled steroids (13.7 versus 7.7 percent), but similar numbers of antibiotic prescriptions
- comparable rates for counselling on smoking cessation
- similar proportions of patients given voluntary HIV counselling and testing and, among those with TB, prescribed co-trimoxazole
- more referrals of severely ill patients to doctors.

The Free State and other provinces are adapting educational outreach for HIV and AIDS and implementing it widely. These results show that combining educational outreach with integrated case management can improve quality of care and control of respiratory diseases, without extra staff, in resource poor settings.

The researchers conclude that equipping middle managers as outreach trainers is feasible within existing staff constraints in many lower and middle income countries where non-physicians staff primary clinics and could improve quality of care.

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## Treating anaemia in the era of HIV

### Evidence from Malawi

**Severe anaemia is common among non-pregnant adults admitted to hospital in Malawi. Few diagnostic tools are available, so standard practice for many years has been treatment for iron deficiency, worms and malaria. But now that more than half of adults admitted to medical wards have HIV, is this practice still valid?**

Anaemia in people with HIV is usually the result of a number of factors including nutritional deficiencies and infections. Researchers working at the Queen Elizabeth Central Hospital in Blantyre, Malawi, investigated 105 severely anaemic patients for parasitic, infectious and nutritional causes of anaemia. They aimed to give hospital clinicians an idea of likely treatable causes when facing this common life-threatening problem with limited diagnostic tools.

They found that:

- 83 patients (79 percent) were HIV-positive and 56 were defined as having AIDS.
- One third of patients had TB and these were more likely than others to be HIV-positive.
- Bacterial blood stream infections – most commonly non-typhi salmonella – were found in 21 percent of patients.
- Iron deficiency, hookworm infection and malaria were not common in HIV-positive anaemic adults.
- However, iron deficiency was more common in HIV-negative patients and heavy hookworm infections were found in 27 percent of the 22 HIV-negative anaemic adults.

Overall more than half of these patients had a potentially treatable infection that could cause anaemia. TB was the most common, followed by bacterial bloodstream infection. A significant number of these cases showed no symptoms of the infection or had symptoms which could be confused with other diseases, such as malaria. In a few cases diagnosis of TB was only made on bone marrow culture.

The researchers conclude that:

- In settings with high prevalence of HIV and infectious disease, current treatment for malaria, hookworm and iron deficiency is unlikely to be effective against anaemia.
- Instead, clinicians should investigate patients for TB and consider giving antibiotics effective against intestinal bacteria such as salmonella.
- A trial of TB treatment may occasionally be justified in HIV-positive severely anaemic patients when other causes of anaemia have been ruled out.

They point out that further studies will be needed to prove that treating these infections reduces anaemia and to investigate causes of anaemia at the community level, which may well be different.

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## Screening for oral cancer in India

**In 2002 there were more than a quarter of a million new cases and almost 150,000 deaths due to oral cancer worldwide. Two-thirds of these were in developing countries. Could some of these deaths be prevented by screening for oral cancer?**

Many cases of oral cancer are caused by the use of tobacco and alcohol. Oral cancer is the most common form of cancer amongst men in India: the disease causes 46,000 deaths each year. This high number is linked to the popularity of chewing tobacco. The International Agency for Research on Cancer, France, together with the Regional Cancer Centre, Trivandrum, India, carried out a study to discover whether many of these deaths could be prevented by regular oral screening.

Over 96,500 randomised healthy participants aged 35 and over from the Trivandrum district of Kerala were split into seven groups. They received mouth inspections on three occasions at three year intervals between 1996 and 2004. Those who tested positive were referred for clinical examination. A further six groups totalling over 95,000 people were used as controls. They received standard public health information about the harmful effects of tobacco and alcohol use.

The study found that:

- Around 70 percent of the men who took part in the study smoked or chewed tobacco or drank alcohol.
- Smoking and drinking were very rare amongst women: less than 30 percent chewed tobacco.
- 26 percent of the 3,218 people who were screen positive and who had further tests had lesions which were benign; 70 percent had pre-cancerous lesions and four percent had oral cancer.
- 205 oral cancer cases and 77 oral cancer deaths were recorded in the intervention group compared with 158 cases and 87 deaths in the control group.

It is straightforward for health workers to carry out oral inspections and to spot early signs of cancer or patches in the mouth which are pre-cancerous. If mouth cancer is detected at an early stage, the patient is more likely to respond well to treatment.

Regular mouth checks could prevent 37,000 deaths worldwide each year from oral cancer. The study suggests:

- regular mouth screening of high risk groups should be part of routine health services in India and in other countries with high levels of oral cancer
- universal oral checks would probably be a waste of money as oral cancer is very rare in people who do not use tobacco or drink alcohol
- investment in education campaigns to discourage people from using tobacco and alcohol.

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