

**A STUDY OF FACTORS CONTRIBUTING TO
COMMUNITY UTILIZATION OF TRADITIONAL
MEDICINE IN LUSAKA URBAN, ZAMBIA.**

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TABLE OF CONTENTS

| | PAGE |
|--|-------|
| LIST OF TABLES | (i) |
| DECLARATION | (ii) |
| STATEMENT | (iii) |
| ACKNOWLEDGEMENTS | (iv) |
| DEDICATION | (v) |
| ABSTRACT | (vii) |
| CHAPTER ONE | |
| 1.0 INTRODUCTION OF THE STUDY | 1 |
| 1.1 Background Information | 1 |
| 1.2 Statement of the Problem | 4 |
| CHAPTER TWO | |
| 2.0 LITERATURE REVIEW | 7 |
| CHAPTER THREE | |
| 3.0 OBJECTIVES | 22 |
| 3.1 General Objectives | 22 |
| 3.2 Specific Objectives | 22 |
| 3.3 Operations Definitions | 23 |
| 3.4 Variables, Indicators and Cut-off Points | 24 |
| CHAPTER FOUR | |
| 4.0 METHODOLOGY | 25 |
| 4.1 Research Design | 25 |
| 4.2 Research Setting | 25 |
| 4.3 Sample Selection and Approach | 26 |
| 4.3.1 Study Population | 26 |
| 4.3.2 Sample Size | 26 |
| 4.3.3 Sampling Method | 26 |
| 4.3.4 Data Collection | 26 |
| 4.4 Data Collection Technique | 27 |
| 4.5 Pilot Study | 27 |
| 4.6 Ethnical Consideration | 27 |
| 4.7 Major Limitations of the Study | 28 |
| CHAPTER FIVE | |
| 5.0 DATA ANALYSIS AND PRESENTATION OF FINDINGS | 29 |
| 5.1 Data Analysis | 29 |
| CHAPTER SIX | |
| 6.0 Discussion and Implications | 40 |
| 6.1 Discussion of Findings | 40 |
| 6.2 Implications | 45 |

CHAPTER SEVEN

| | |
|---|----|
| 7.0 CONCLUSION AND RECOMMENDATIONS | 46 |
| 7.1 Conclusion | 46 |
| 7.2 Recommendations | 47 |
| BIBLIOGRAPHY | 48 |
| APPENDICES | |
| i) Interview Schedule for Community | |
| ii) Interview Schedule for Traditional Healer | |
| iii) Request Permission LetterS..... | |
| iv) Response to Request LetterS..... | |

LIST OF TABLES

| | PAGE |
|--|------|
| TABLE 1:1 SOCIO-DEMOGRAPHIC DATA | 29 |
| TABLE 1.2 FREQUENCIES FOR INFLUENCE, REASONS FOR USING TRADITIONAL MEDICINE, TYPE OF ILLNESS, COST SHARING AND STAFF ATTITUDES | 32 |
| TABLE 2: AGE IN RELATION TO USE OF TRADITIONAL MEDICINE | 32 |
| TABLE 3: INCOME IN RELATION TO THE USE OF TRADITIONAL MEDICINE | 33 |
| TABLE 4: EDUCATIONAL LEVEL IN RELATION TO USE OF TRADITIONAL MEDICINE | 33 |
| TABLE 5: MARITAL STATUS IN RELATION TO USE OF TRADITIONAL MEDICINE | 34 |
| TABLE 6: RESIDENTIAL AREA IN RELATION TO UTILISATION OF TRADITIONAL MEDICINE | 34 |
| TABLE 7: SOCIO-DEMOGRAPHIC DATA ON TRADITIONAL HEALERS | 36 |
| TABLE 8: TRADITIONAL HEALER'S SPECIALITY IN RELATION TO NUMBER OF CLIENTS SEEN ON DAILY BASIS | 37 |
| TABLE 9: AREA OF SPECIALISATION IN RELATION TO COMMON AILMENTS TREATED | 37 |
| TABLE 10: SPECIALITY IN RELATION TO POSSIBLE CONDITIONS REFERRED TO HOSPITAL | 38 |

DECLARATION.

I hereby declare that this work presented in this study for the degree of bachelor of Science in Nursing has not been presented wholly or in part for any other degree or is not being currently submitted for any other degree.

Sign: Kanjata.
Candidate

Approved: Ali Adelle.

STATEMENT

I hereby certify that this study is entirely the result of my own independent investigation. The various sources to which I am indebted are clearly indicated in the paper and in the reference.

Signed: Kanjata.
Candidate

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DEDICATION.

This study is dedicated to my daughters Mufalo and Ikatindi, my brother Situmbeko and my sister Namukolo.

ABBREVIATIONS

| | |
|-----|-------------------------------|
| WHO | World Health Organisation |
| MoH | Ministry of Health |
| UTH | University Teaching Hospital |
| HIV | Human Immune Virus |
| STD | Sexually Transmitted Diseases |

ABSTRACT

This study of factors contributing to the use of traditional medicine was undertaken in Lusaka urban. 75 respondents consisting of 34 males and 41 females were sampled. 25 traditional healers were interviewed as well. The main objective of the study was to determine factors contributing to the use of traditional medicine in the capital city of Zambia.

Literature reviewed generally showed that mankind worldwide has been using traditional medicine as long as he has existed. Literature also reveals that during the pre-independence era, traditional medicines were prohibited by the colonialists but after gaining independence governments realised the importance traditional medicine played in the Primary Health Care of the people and encouraged its use.

The Study elicited the following findings:

1. Traditional medicine is used by the majority of people either partially or in totality.
2. That the factors contributing to the use of traditional medicines are the socio-economic status of an individual, his religious beliefs, cost sharing and the type of illness that an individual has all contributed to the choice of using the traditional medicine. The study revealed that distance did not prevent people from using a service of their choice.

CHAPTER 1

1.0 INTRODUCTION

1.1 BACKGROUND INFORMATION

Traditional Health Care has been in existence for as long as man himself, in all cultures communities have used traditional medicine to treat people and their animals. However, opinions differ about how best traditional medicines can be organised to promote health. It is widely believed that the provision of traditional medicine is a social expression of the community's concern for its health and well being. This has made traditional medicine to survive despite the introduction of orthodox medicine.

World Health Organisation (WHO) has estimated that 60-90% of all population in Africa use traditional medicine either partially or totally for their health care needs. (Radio International Deutsche Welle, 1993).

During the middle ages, southern Asia sub-continent flourished in traditional medicine, from Morocco and Spain to Indonesia and China, basic ideas were taken up from ancient Greece by scholars in the Muslim World (Radio International Deutsche Well, 1994).

A study done in Morocco (Van-Der-Geest, 1992) has revealed that in Africa during the pre-colonial days traditional medicine was used

and the Traditional Healers were professional specialists who had reputations beyond their family circles.

A co-production of Kenya Broadcasting Co-operation and Radio Deutsche Welle, (1993) has revealed that Traditional Birth Attendants have been using herbs to accelerate labour in order to reduce the hours a woman would be in labour (Mulenker and Stiebler, 1993).

Utilisation of traditional medicine has continued because before the missionary came traditional medicines were the only forms of treatment used. In an article (Bwino, 1993) they state that the people have confidence in traditional medicine because it has been proved that it is effective and that modern health units are not accessible by all the people in Zambia.

In Zambia the situation has not been different. Plants and animal products have been used by Traditional healers who were important and powerful because they did not disclose the source of knowledge and powers of their traditional medicine practices. (Bwino, March, 1993).

Generally families used herbs to treat diseases and other ailments in the family. Knowledge, practices and beliefs were passed on to selected members within the family from generation to generation, for example, boiled leaves of mango, orange and guava have been used for a long time as cough mixture while "kanjoka" or

"umunsokansoka" a herb with very powerful pitocin effects used to induce an abortion in early pregnancy if an overdose is taken. (National Workshop on traditional medicine and its role, Zambia - 1977).

During the colonial era, the missionaries discredited traditional healers and called them "Witch Doctors." People were discouraged from seeking help from Traditional Healers as they were thought to be evil. During this period Traditional Healers had to practice in secret for fear of being victimised. (Bwino, 1993). After Independence the Zambian Government realised the importance of Traditional Healers and these were included in the Primary Health Care strategies for achieving health for all Zambians by the year 2000 (Health by the People, 1980).

According to the president of traditional healer's Association, there were 2,000 registered Traditional Healers in 1991 but this number has increased to over 60,000 in 1994. The number of Traditional healers has been increasing and some of these healers are fake and pose a danger to the community members.

The disease being treated by Traditional Healers are varied, they include all kinds of illnesses, infertility, luck and love portion, devil portion and marital problems.

1.2 STATEMENT OF THE PROBLEM

"Traditional medicine is defined as the sum total of all the knowledge and practice used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practice experience and observation handed down from generation to generation" (Bwino, 1993).

World Health Organisation (WHO) states that 80% of Zambians use traditional medicine in order to meet their health needs. (Population Summit Report, 1993).

This implies that only 20% are using orthodox medicine. Health worker professional have been discouraging the use of traditional medicines in their health education but people have continued to use traditional medicine.

Observations and experience have shown that people prefer to go to the traditional healer despite decentralisation and improvement in the health care service being offered by the Movement for Multiparty Democracy through the Health Reforms. (Health Reforms, 1991).

A study carried out by Kara-Counselling research unit in Lusaka revealed that a lot of people in Lusaka were using traditional medicine for aids related symptoms, especially the affluent.

In Lusaka there are 22 Health Centres in the planned townships, several private hospitals, clinics and the University Teaching Hospital which is referral centre for the whole country. One assumes that the people in the capital city would make use of these services fully. On the centrally the number of traditional healers has been increasing in Lusaka. Some traditional healers have moved from their villages and have pitched tents in Lusaka. This shows that there is a market for their services. Some of these are not genuine, they are interested only in their own economic gain. Thus they have caused unnecessary deaths by giving herbs that lead to renal failure. Some have killed clients, for example, it was reported from Chinyawa that eleven (11) people died in one village as a result of drinking a concoction prepared by a traditional healer (Radio 2 News 7/2/1995).

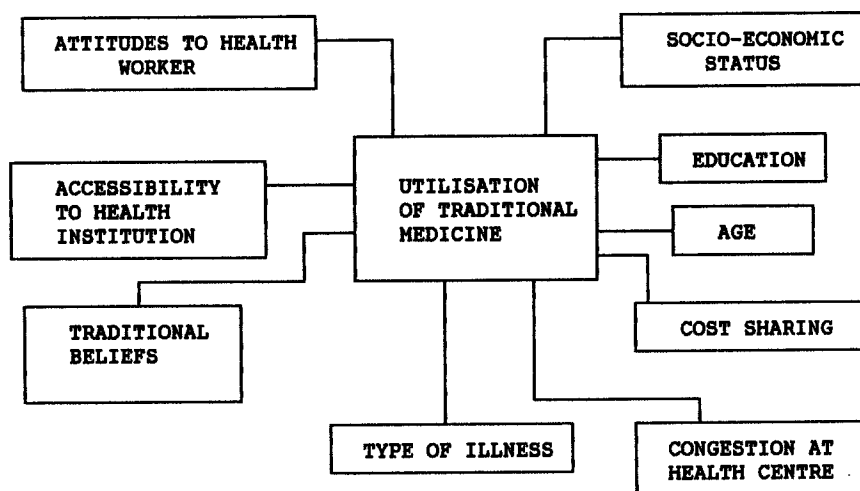
Utilisation of traditional medicine is related to many factors. These factors may influence the use of traditional medicine either positively or negatively. The researcher assumes that the following factors have a bearing on the use of traditional medicines:

- Types of illness
- Congestion at health centres
- cost sharing
- socio-economic status
- attitudes of health workers
- accessibility to health centres

- educational level
- age of a client

The researcher would therefore like to find out the actual reasons that contributed to the use of traditional medicine. Figure 1 shows the assumed contributing factors to current use of traditional medicine. This will add to the body of knowledge concerning traditional medicine and areas for further research will be identified. Recommendations will be made to relevant authorities such as Ministry of Health and Traditional Healers' Associations.

FIGURE 1: ANALYSIS DIAGRAM OF CONTRIBUTING FACTORS TO COMMUNITY UTILISATION OF TRADITIONAL MEDICINE



CHAPTER TWO

2.0 LITERATURE REVIEW

Traditional medicine is an ancient art of health care that has existed from time in immemorial before the advent of orthodox medicine, and has been passed on from one generation to another. Traditional medicine is being practised the world over, and the practice differs from country to country. The countries that commonly use traditional medicine are Asia, Southern America and Africa. (Bannerman, et al, 1983).

Traditional medicine has been defined as "the sum total of all knowledge and practice whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experience and observations handled down from generation to generation whether verbally, in writing or as an integral part of native culture." (Chitanda, 1993).

The 19th century saw the dawn of the introduction of orthodox medicine, although there was a noted reduction in outbreaks of communicable diseases and other conditions and general improvement in environmental hygiene communities continued to rely on and utilise traditional medicine. The 21st century has seen great strides in the development of modern scientific medicine. One

would expect that there would be a decrease in utilisation of traditional medicine in the world communities, on the contrary, many countries are now incorporating traditional medicine into orthodox medicine.

Traditional medicine has not been a domain of one country or continent but of many countries of the world. Traditional medicine can be traced as far back as the existence of man himself. It is a known fact that acupuncture and moxibustion are of Chinese origin but scientific research has shown that acupuncture needles made from stones were discovered in inner Mongolia. These were assumed to have been developed by the "nomadic" barbarians of Mongolia. It is also believed that moxibustion is of Mongolian origin because the herbs used in the treatment process are mainly grown in Mongolia. (Schmidt, 1994).

The Mongolians are today known to be the best physiotherapists because the nomadic tribes of Mongolia had early knowledge about the anatomy of their animals and the human being. In pre-historic times, they knew how to use the rich flora and fauna of their mountains, steppes and deserts for medicinal purposes.

The people of Mongolia believed that illness and death were sent to them by God or evil spirits. They had professional healers called Shamas who acted as mediators between themselves and the celestial powers to protect man and his livestock. (Dr. Tsembel, 1994).

In the late 16th century Tibetan Buddhism was introduced into Mongolia. These eventually replaced the Shamas. When Mongolia became a Socialist country in the 20th century, a tradition of more than 300 years was suddenly prohibited. The temples and monasteries were destroyed: Thousands of monks disappeared in the forced labour camps or they were immediately killed or forced to become ordinary workers. Some of them continued to practice traditional medicine in secrecy for the benefit of the sick people. When socialism came to an end. Traditional Mongolian medicine became alive again and is being supported by the government to date. The Mongolians have colleges where traditional healers train as lama Doctors before they graduate. (Radio Deutsche Welle, 1993).

The traditional Chinese medicine on the other hand has served to combat illness among the Chinese people for many centuries now. Recorded history of Chinese traditional medicine dates back as far as 1800 B.C. The traditional healers were specialised doctors in four Departments, namely: Nutrition, Internal Medicine, Surgery and Veterinary. (Bannerman, 1983).

The Traditional Chinese Healers were the first to introduce abdominal tapping for ascites. A thin needle was inserted 7.5 cm below the umbilicus and after removing the fluid up to a certain degree, an abdominal bandage was applied to avoid shock as a result of sudden change in the intra-abdominal pressure. This reflects the wisdom and the medical knowledge the ancient doctors had. (Bannerman, 1983).

In 1929 the Chinese Government passed a bill to ban the practice of traditional medicine in order to clear the way for the developing orthodox medicine but did not succeed in banning and replacing it because the people believed the traditional medicine yielded satisfactory results. It was also readily available at a low cost, it was convenient and simple to use. For these reasons traditional medicine has survived and has never been eliminated in spite of the persecution it suffered (Bannerman, 1983).

Since the inauguration of the people's republic of China, Government has attached great Chinese medicine and this has lead to improvement in the traditional healer's status, their hospital and training colleges. Traditional chinese medicine and pharmacology have had an important influence on the development of medical science in general (Bannerman, 1983).

In Europe the situation has not been different. Traditional medicine was the main system of healing during the pre-industrial era. In the 20th Century chemical drugs were introduced but there are to date people who still prefer to use traditional medicines than Orthodox Medicine. The use of traditional medicine is now mainly in the rural areas. Herbalism, use of mud and clay, clipping and bleeding and hydrotherapy are some of the types of traditional methods used in Europe. (Didcott, 1978).

In recent years Asian traditional medicine has gained ground in Britain. This is due to large numbers of immigrants from

Bangladesh, Pakistan and India. Traditional Healers from these countries have established themselves in the United Kingdom. Some traditional healers fly to Britain for temporally consultations. However, one traditional healer reported that two thirds of his patients are young whites who are dissatisfied with modern Western medicine, he also has patients with chronic diseases. (Bannerman, 1983).

Today there are training centres for herbalists in the United Kingdom and one tutorial school of herbal medicine in Kent. (Bannerman, 1983). A four year degree course for traditional medicine was started in the United Kingdom. This was as a result of quick recovery and also as a result of less side effects observed with the use of traditional medicine. General practitioners are referring patients to the herbalists and a small number of herbalists work in the hospital and clinics. (Radio 2, 9/7/95.

The situation in the African region has not been different from that of Asia or Europe as long as man has existed the use of traditional medicine has also been in existence.

In Nigeria the understanding of disease was and is still being attributed to many causes such as spirits, curses, features of natural environment and the "will of Allah."

There is an ancient baobab tree between the two flat topped hills which overlook the city of Kano in Nigeria. It is said to be full

of spirits and secrets and it is symbol of traditional medicine in Nigeria.

Ghana like any other country use traditional medicines both for people and for animals. Almost every plant, herbs, vegetable and some animal parts have medicinal purposes in Ghana. According to Professor Twumasi, traditional medicine was discouraged and looked down by the British colonialists. After independence in 1957, the Ghanaian government made efforts to review traditional medicine. This leads to the formation of a directorate of traditional medicine within the Ministry of Health. (Radio Deutsche Welle, 1993).

Today there is a centre for scientific research into plant medicine in Mampong, about 40 kilometres north of Accra, where traditional doctors and orthodox medicine, doctors sit side by side in the consulting rooms and after examining the patients prescribe either traditional or orthodox medicine. The centre has three Botanical gardens for rare and promising medicinal plants and carries out research into curative powers of plants submitted by herbalists.

In South Africa, the Apartheid system forbade the use of traditional medicine and a law was enacted to this effect in 1974, but this did not stop the practice of traditional medicine which has existed before the whites came to settle in South Africa. Although the practice of traditional medicine was forbidden, a number of associations were formed to look into the interests of

traditional healers of South Africa and now that the apartheid system has been abolished debates have been held as to whether traditional medicine should be fully integrated in the "Official" Health Care system or not (Der Geest, 1994).

In Zimbabwe, Traditional Healers were the only medical practitioners until the 20th century. Traditional healers enjoyed tremendous prestige in the past because they were regarded as medicine specialists and they were also expected to deal with a wide range of problems. They were in general religious consultants, legal and political advisors, marriage counsellors and social workers. (Chavundika, 1986).

The above status was lost during the colonial era due to advances in modern medical science and also due to the Western education. The colonialists and christian missionaries despised and discouraged the use of traditional medicine. They did not believe that traditional medicine was effective in curing many illness, they also believed that it encouraged witchcraft and it also encouraged people to worship their ancestor instead of worshipping God. In order to deal with all this, the colonialists tried to provide christian education which would eventually weaken their traditional religious ideas and their faith in traditional healers. The building of more mission and Government hospitals were all aimed at discouraging the people from practising their traditions and customs. (Chavundika, 1986).

The Medical Council of "Southern Rhodesia" also took part in this attempts to suppress the activities of traditional healers. The council did not allow doctors to work with traditional healers or allow them to transfer patients to them. Doctors and nurses disregarded patients who sought traditional healers help and later reported to the hospital. (Chavundika, 1986).

Despite the attempts made by early Missionaries and Government officials to suppress the activities of traditional healers, many people have continued to use their services. The choice of whether one should consult a modern practitioner or a traditional healer depends on a number of factors such as cost of each type of treatment, accessibility, knowledge of the probable effects of each kind of treatment and the type of illness by the affected individual and members of his social group.

In Zambia as in other African Countries, the traditional healer was an expert in healing. He was given societal legitimacy and recognition but under the British rule, during the colonial era, the use of traditional medicine was discredited and traditional healers were called "Witch Doctors" they had to practice in secrecy in fear of being victimised. After independence in 1964, the Government of Zambia recognised the importance traditional healers played in the health of the people. They were allowed to register and practice in their regions (Bwino, March, 1993).

After the 1978 Alma-Ata conference cooperation between traditional

healers and Government health services was encouraged but little has been achieved because the orthodox doctors and traditional healers have been suspicious of each other. Another reason for poor collaboration between Ministry of Health and Traditional Healers is the present organisation of Traditional medicine practice. Traditional medicine is handled by many sections of the community, such as the traditional chiefs and the department of cultural service. The Ministry of Health which is responsible for the Health of the people in the country has not effectively direct traditional medicine as the portfolio is under a different Ministry. (Bwino, March, 1993).

Traditional healers have formed a number of associations to look after their own interests and there are over 60,000 registered traditional healers in Zambia today. (Dr. Vongo, 1995).

When the movement for Multiparty came into power in November, 1991, traditional medicine was still regarded as important in Primary Health Care provision. Thus in January 1992, the Deputy Minister of Health met traditional healers in order to improve health care delivery. Since then Ministry of Health has organised seminars and workshops for traditional healers to help them understand how certain infections are transmitted from one person to the other and how communicable diseases such as AIDS, Cholera, Typhoid, Diarrhoea, Tuberculosis and Leprosy can be prevented.

The choice of whether one should consult a modern practitioner or

a traditional healer depends on a number of factors. In a study done in Botswana, 68.3% of the rural population visited the traditional healer while 30.9% of the Urban Population visited the traditional healer during the twelve month period preceding the interview. Utilisation of traditional health care was significantly higher in rural area than urban. And in urban areas, the squatter and low cost sites were higher than in the upper class. (Stangard, 1985). But a study done by Kara Counselling Research Unit in Lusaka, (1995) revealed that a lot of affluent people visited the traditional healer especially for the HIV/AIDS symptoms. Att-Ur-Rahaman, (1993), states that herbal medicine mainly comes in where Western treatment is inaccessible and unaffordable.

A study was carried out by Loppo, et al, in Bandiagara (Mali) in 1992 in which 179 households were included. The study sought to find out how the factors, educational services, their scholarisation, socio-economic and hygiene levels affected the type of illness, the type of therapy selected, decision process, time lapse between onset and remedial action, treatment undergone and its effects. The study revealed that traditional medicine was chosen even where Western Health services are available by people with a relatively high socio-economic, hygiene and educational levels. (Loppo, et al, 1992).

The selling of traditional medicine at Timber market in the capital

city Accra (Ghana), provides a living for many Ghanaians. The people of Ghana stick to the age old herbal preparations because of the high cost of Hospital fees and imported drugs. (Jack More and Osang, 1993). The situation is similar in Nigeria where Dr. Kabia (1993) states that the extent to which Hausa people can behave like intelligent medical consumers is largely determined by their economic circumstances. He carried out a study in 1993 in Kano city (Nigeria) to find out the community's utilisation of traditional medicine, he concluded that the choice depended on the family's resources. This is also confirmed by stangard (1985) who explains that while working in Botswana some of his patients had dilemmas. He gives an example of patient with tuberculosis who refused to go to the hospital for admission because it was during the planting season. Although he knew that he could die from the disease if he did not get the treatment, he feared his children would die of hunger the following year if he did not plough the land as a result of his admission. He thus continued using traditional medicine.

The introduction of fee paying in hospitals has contributed to the use of traditional medicine. A 1993 World Development Report reveals that user fees deter many rural patients (mother and child) from seeking health care. In this report Arthin states that income in rural Africa is very low and seasonal. The rural people have to wait for crops to mature, harvested and then sold for cash. This would take about six months and individuals requiring health services during this period find them inaccessible, thus they have

to depend on traditional medicine.

He further stated that in Africa, the introduction of fees has been followed by significant reduction in the utilisation of health service. This was revealed in a study carried out in Zaire, Swaziland and Lesotho where increment in user fees were followed by the low utilisation of hospital services. In Ghana clinics and hospitals attendances fell sharply in the rural areas and did not return to pre-increase levels even after several months but in urban areas utilisation did return to former levels.

Arthin (1993) also revealed that women reported that they had little access to cash and that they were not permitted to decide on their own to take the sick members of the family to health institutions without consulting the male household heads. This lead to delays in the timing and use of hospital facilities. As a result patients were treated with herbs and only reported to the hospital when he conditions was very serious which was often too late. He concluded that there was low demand for Western health insurance systems because the consumers prefer not to pay for the future benefits. They lack confidence that the future benefit would be made available when they would need it. This resulted in villagers in Gabun region of Guinea Bissau to prefer collective prepayments to fee for service. They used payments originally meant for pay for ceremonies for inputs for Primary Health Care.

People prefer to use traditional medicine because human quality

care has declined in the western type of health care system impersonal, inconsiderate health workers, inadequate explanations and concentration on pure aspects of health care have all contributed to people resorting to traditional medicine (Newman, 1992).

This is revealed in a study carried out by World Health Organisation (WHO) in Ecuador. The study revealed that women know the possible complications that may rise during pregnancy and child birth but they still prefer to deliver at home as a result of perceived low quality care of health institutions (WHO Progress Report, 1991-1992).

The use of traditional medicine on the other hand, involves the whole person, socially, psychologically and spiritually. The traditional practitioner has enormous patience, he is part of the community, knows the clients and their ancestors and provides answers to all questions including why and how, he never admits lack of knowledge. Clients may not be asked questions or subjected to complex physical diagnostic investigations. Patients are sometimes not required to tell the native doctor the history of their illness, he would know and tell the patient why he has come. The African patient would approach a western Doctor with the same expectation (Newman, 1992).

Most people tend to put illness into two broad categories. Illness

regarded as normal or natural and abnormal or unnatural illness, coughs, colds, fever, stomachaches and headaches are generally regarded by many people as normal since they occur from time to time in the life of individuals. But when an illness such as headache or stomachache persists over a long period of time it is considered abnormal illness, is it also believed to be sent by ancestral spirits, angered spirits, witches or sorcerers. Normal illness are treated with herbs or are referred to modern medicine practitioners. Abnormal illness are taken to traditional healers since they know that modern doctors are unable to attack the ultimate cause of abnormal illness such as jealous neighbours, co-workers or spirits (Chavundika, 1986).

This reviewed literature has revealed many factors contributing to the utilisation of traditional medicine. It is against this background that the researcher would like to determine the factors that contribute to the utilisation of traditional medicine in Lusaka urban.

CHAPTER 3

3.1 GENERAL OBJECTIVE

To determine the factors that contribute to utilization of traditional medicine in Lusaka Urban and to make recommendations to policy makers in the Ministry of Health, other ministries, Traditional healers Association and other Agencies interested in traditional medicine.

3.2 SPECIFIC OBJECTIVES

- 3.2.1 To determine whether the socio-economic status of clients contribute to the use of traditional medicines.
- 3.2.2. To determine whether the introduction of cost sharing in Health Institutions has contributed to the use of traditional medicines.
- 3.2.3 To determine whether distance to Health Centres contribute to the use of traditional medicine.
- 3.2.4 To establish whether congestion at Health Centres contributed to the use of traditional medicines.
- 3.2.5 To establish whether the type of illness has an influence on use of traditional medicines.
- 3.2.6 To determine whether health workers's attitude towards clients has contributed to the community's utilization of traditional medicines.
- 3.2.7 To utilize the study results to make recommendations to relevant authorities for action.
- 3.2.8 To identify areas for further research.

3.3 OPERATIONAL DEFINITION

- ACCESSIBILITY** - Ability of ill people to get to a health Institution without difficulties or costs.
- ATTITUDE** - A way of behaviour of health workers towards health consumers.
- DISTANCE** - Time taken to get to a health centre for treatment.
- MASHABE** - Possession by evil spirits.
- "UMUNSOKANSOKA"** A kind of medicine prescribed by traditional birth attendants to facilitate the process of labour.
- TRADITIONAL HEALER** - A person who uses vegetables, animals and mineral substance and any other methods based on social/cultural and religious background to treat diseases and other problems facing man and his animals.
- TRADITIONAL MEDICINE** - Vegetable, animal substances used to treat man and his animals passed on from generation to generation.
- SOCIO-ECONOMIC STATUS** - One's residential area, level of education and monetary earnings.

INDICATORS AND CUT OFF POINTS

VARIABLE

Dependent Variable

| | | |
|--|-----|--|
| Utilization of traditional medicine | 2 - | Uses traditional medicine |
| | 1 - | uses traditional medicine occassionally |
| | 0 - | Does not use Traditional medicine. |

INDEPENDENT VARIABLES

1. **DISTANCE** -Far - More than one hour,s walk to the health centre.
Near - Less than one hour's walk to the health centre.
2. **SOCIAL ECONOMIC STATUS** - High - Lives in a low density area.
- Medium - Lives in medium density area.
- low - Lives in a high density area.
3. **ATTITUDE OF HEALTH WORKER** - Positive - Patient feels welcome at the health centre.
- Negative - Patient does not feel welcome.
4. **CONGESTION AT THE HEALTH CENTRE** - Congestion - Patients spend more than 2 Hours to the Health Centre.
- Moderate Congestion - Patients spend 1 - 2 hrs in the Health Centre.
- No Congestion - Patients spend less than one hour in the Health Centre.

CHAPTER 4

4.0 METHODOLOGY

4.1 STUDY DESIGN

The study was a descriptive and explanatory research design with both qualitative and quantitative components in that it was aimed at establishing current contributing factors to utilization of traditional medicine in Lusaka Urban.

This study design was chosen because it sought to discover facts and establish cause effect relationships between dependant and independent variables.

In the study the dependent variable was "utilization of traditional medicines". The independent variables included accessibility to Health Centres, Congestion at Health Institutions, cost sharing, effects of the structural adjustment. etc.

4.2 RESEARCH SETTING

The study was carried out in Lusaka Urban, The capital city of Zambia. The place was chosen because the researcher is a student within the city and this enabled her to carry out the research. The city has a population of 1.2 million (Ministry of Health 1995 projection). There are two main hospitals in the city The University Teaching Hospital (UTH) and Maina Soko Military Hospital. There are twenty-two Health centres in planned townships, several other private Hospitals and Clinics involved in the health care of Lusaka's population. There are numerous Traditional Healers of which pitch their tents at market places and on the road side.

The city consists of both the educated and illiterate people whose source of living range from the highest jobs in the country to vending in the streets. The city has both planned and unplanned residential areas.

4.3 STUDY SAMPLE

The study included two (2) groups, The first study sample was male and female household in the community from the age of 15 years. These provided information on contributing factors to use of traditional medicine. 75 units were selected.

The second study sample was of traditional healers. These were included because they are the ones to whom the community members go to for traditional medicine therapy.

4.4 SAMPLING METHOD

Stratified sampling was used so that the different level of community members could be represented. the residential areas were selected conveniently because the residential areas are easily accessible to the researcher who has limited time and resources.

The units from these residential areas were selected using a simple random method. This ensure a chance for each member to be selected.

A community sample of 75 units were selected from Kabwata, Rhodes Park and Misisi residential areas. These areas are representative of the high, medium and low residential places and have been selected conveniently.

The traditional Healers were selected randomly using a sample frame obtained from the President of Traditional Healer's Association. 25 units were sampled.

4.5 DATA COLLECTING

Data was collected between the 1st and 19th July, 1995. An interview schedule was used to collect data from the community and Traditional Healers. This was suitable in that it allowed the interviewer to probe some question in order to get correct responses. This allowed the Researcher and her Assistants to rephrase some questions without changing the original meaning. Incomplete responses were minimized as the Researcher and her Assistants ensured that all questions are answered.

This tool has a limitation - the presence of the Researcher and his Assistants may have influence on the subject's response. The purpose of the study explained after self introduction.

4.6 DATA PROCESSING AND ANALYSIS

This was done using a computer (SPSS), raw material were edited for completeness and accuracy. All responses were coded and counted, tallied and assigned numerical values.

4.7 PILOT STUDY

It was carried out in Lusaka, Mother's shelter U.T.H, the purpose was to identify problems in the proposed study instrument. The aim was to test the feasibility of data collection toll and how to use them, validity, time taken to administer it and the possible problems.

4.8 ETHICAL CONSIDERATION

The researcher sought permission to collect data from the councillor in charge of the residential areas in which the study was conducted. A letter was written to him. A letter was also written to the president of healer's Association to allow the researcher to interview some Traditional Healers.

The subjects in the residential areas were informed of the purpose, nature and how the information collected would be used in order to ensure appreciation and participation. They were also assured of confidentiality and anonymity of the data collected.

LIMITATION OF THE STUDY

The study was conducted within the Researcher's academic schedule due to limited time and resources, the sample was small and was therefore not representative of the population, generalisation was therefore not possible.

CHAPTER FIVE

5.0 ANALYSIS AND PRESENTATION OF DATA

5.1 DATA ANALYSIS

The purpose of the Study was to determine factors contributing to utilisation of traditional medicine in Lusaka Urban.

The results presented in this study were obtained from seventy-five (75) community members within Lusaka.

The data collected was edited for completeness and accuracy after collecting each filled questionnaire. The data was analysed using SPSS computer software.

Descriptive statistics, using frequency distribution and percentages was used in tabulating the data. Some of the information was cross-tabulated in order to show the relationship between variables. Tables were used in presenting the data as it is a suitable method which summarises results in a meaningful way, enabling the reader to understand the author's intentions.

DEMOGRAPHIC DATA

TABLE 1.1: SHOWS AGE, SEX, RELIGION, EDUCATION LEVEL, MARITAL STATUS AND RESIDENTIAL AREA

| VARIABLES | FREQUENCY | PERCENTAGE |
|-------------------------------------|-----------|------------|
| A. <u>AGE</u>: | | |
| 15-25 | 19 | 25 |
| 26-36 | 29 | 39 |
| 37-47 | 16 | 21 |
| 48 and above | 11 | 15 |
| TOTAL | 75 | 100 |
| B. <u>SEX</u>: | | |
| Males | 34 | 45 |
| Females | 41 | 55 |
| TOTAL | 75 | 100 |
| C. <u>RELIGION</u>: | | |
| Christians | 58 | 77 |
| Hindu | 1 | 1 |
| Muslim | 0 | 0 |
| Others | 6 | 8 |
| None | 10 | 13 |
| TOTAL | 75 | 100 |
| D. <u>EDUCATIONAL LEVEL</u>: | | |
| None | 8 | 11 |
| Primary | 25 | 33 |
| Secondary | 21 | 28 |
| College | 17 | 23 |
| University | 4 | 5 |
| TOTAL | 75 | 100 |
| E. <u>MARITAL STATUS</u>: | | |
| Single | 26 | 35 |
| Married | 32 | 43 |
| Separated | 7 | 9 |
| Widowed | 4 | 5 |
| Divorced | 6 | 8 |
| TOTAL | 75 | 100 |
| F. <u>RESIDENTIAL AREA</u>: | | |
| High density | 25 | 33 |
| Medium density | 25 | 33 |
| Low density | 25 | 33 |
| TOTAL | 75 | 100 |

TABLE 1.1: CONT'D

| VARIABLES | FREQUENCY | PERCENTAGE |
|------------------------------|-----------|------------|
| G. OCCUPATION: | | |
| Unemployed | 24 | 32 |
| Casual worker | 11 | 15 |
| Self-employed | 22 | 29 |
| Formal employment | 18 | 24 |
| TOTAL | 75 | 100 |
| H. INCOME (IN KWACHA: | | |
| Less than 10,000 | 19 | 25 |
| 10,000-30,000 | 6 | 8 |
| 40,000-60,000 | 24 | 32 |
| 70,000-90,000 | 13 | 17 |
| 100,000 and above | 13 | 17 |
| TOTAL | 75 | 100 |

In A, the majority of the respondents were aged between 26 and 36 years (39%). In B the majority of the respondents were females (55%), and in C the majority of the respondents were christians (77%). The majority of the respondents had attained primary education in D (33%). In E most of the participants were married (43%). In F there was an even representation of respondents from all three residential areas sampled. The majority of the respondents in G were not employed (32%), in H, the majority of the respondents earned between K40,000 and K60,000 (32%).

TABLE 1.2: SHOWING INFLUENCE, REASONS FOR USING TRADITIONAL MEDICINE, TYPE OF ILLNESS, COST SHARING AND STAFF ATTITUDES

| VARIABLES | FREQUENCY | PERCENTAGE |
|---|-----------|------------|
| A. INFLUENCE: | | |
| Parents | 6 | 8 |
| Uncles | 1 | 1 |
| Aunties | 2 | 3 |
| Self | 57 | 76 |
| Husband | 6 | 8 |
| Wife | 3 | 4 |
| TOTAL | 75 | 100 |
| B. REASONS FOR USING TRADITIONAL MEDICINE: | | |
| Herbs work | 20 | 48 |
| Traditional healers have time for me | 20 | 24 |
| Health centres congested | 7 | 17 |
| No drugs at health care | 5 | 12 |
| TOTAL | 42 | 100 |
| C. TYPE OF ILLNESS FOR CONSULTING TRADITIONAL HEALERS: | | |
| Any type of illness | 8 | 19 |
| Chronic illness | 5 | 12 |
| STD/HIV | 10 | 24 |
| "Mashabe" (possessed by evil spirits) | 7 | 7 |
| Epilepsy | 5 | 5 |
| Infertility | 2 | 5 |
| Charms | 5 | 12 |
| TOTAL | 75 | 100 |
| D. TRANSPORT USED TO GET TO HEALTH CENTRE: | | |
| Walk | 52 | 70 |
| Mini-bus | 12 | 16 |
| Own transport | 4 | 5 |
| Company car | 4 | 5 |
| Bicycle | 3 | 4 |
| TOTAL | 75 | 100 |
| E. HEALTH WORKER'S ATTITUDE: | | |
| Rude | 22 | 29 |
| Indifferent/uncaring | 9 | 12 |
| Argumentative | 3 | 4 |
| Screaming/shouting | 15 | 20 |
| Welcoming | 26 | 35 |
| TOTAL | 75 | 100 |

TABLE 1.2: SHOWING INFLUENCE, REASONS FOR USING TRADITIONAL MEDICINE, TYPE OF ILLNESS, COST SHARING AND STAFF ATTITUDES

| VARIABLES | FREQUENCY | PERCENTAGE |
|--|-----------|------------|
| <u>F. COST SHARING DETERRING PATIENTS FROM USING HOSPITAL/HEALTH CENTRE:</u> | | |
| Yes | 39 | 52 |
| No | 36 | 48 |
| TOTAL | 75 | 100 |

The majority of the respondents made their own choices of whom to consult when ill. The majority used traditional medicine because it works (48%). The majority of the people consulted traditional healers for STD/HIV symptoms (24%). The majority of the respondents walked to the health centre (70%). The majority of the respondents stated that the staff's attitudes were positive, 35% but added together 65% were negative attitudes. The majority of the respondents 52% stated that cost-sharing in health institutions deters them from using the service.

TABLE 2: AGE IN RELATION TO USE OF TRADITIONAL MEDICINE

| AGE | UTILISE TRADITIONAL MEDICINE | DO NOT UTILISE TRADITIONAL MEDICINE | TOTAL |
|--------------|------------------------------|-------------------------------------|----------|
| 15-25 years | 9 (21%) | 10 (30%) | 19 (25%) |
| 26-36 years | 15 (36%) | 14 (42%) | 29 (39%) |
| 36-46 years | 10 (24%) | 6 (18%) | 16 (21%) |
| 47 and above | 8 (19%) | 3 (9%) | 11 (15%) |
| TOTAL | 42 (100%) | 33 (100%) | 75(100%) |

Out of the 42 respondents who use traditional medicine, the majority are between 26 and 35 years (36%) while those who do not use are also between the same ages and are 42%

TABLE 3: INCOME IN RELATION TO THE USE OF TRADITIONAL MEDICINE

| INCOME (KWACHA) | USE TRADITIONAL MEDICINE | DO NOT USE TRADITIONAL MEDICINE | TOTAL |
|-------------------|--------------------------|---------------------------------|-----------|
| Less than 10,000 | 15 (36%) | 1 (3%) | 16 (21%) |
| 10,000-30,000 | 5 (12%) | 7 (6%) | 12 (16%) |
| 40,000-60,000 | 10 (24%) | 20 (61%) | 30 (40%) |
| 70,000-90,000 | 5 (12%) | 4 (12%) | 9 (12%) |
| 100,000 and above | 8 (100%) | 6 (18%) | 13 (17%) |
| TOTAL | 42 (100%) | 33 (100%) | 75 (100%) |

The majority (36%) who use traditional medicine earn less than K10,000.00 while the majority of those who do not use traditional medicine 61% earn between 40,000-60,000.

TABLE 4: EDUCATIONAL LEVEL IN RELATION TO USE OF TRADITIONAL MEDICINE

| LEVEL OF EDUCATION | USE TRADITIONAL MEDICINE | DO NOT USE TRADITIONAL MEDICINE | TOTAL |
|--------------------|--------------------------|---------------------------------|-----------|
| None | 5 (12%) | 3 (9%) | 8 (11%) |
| Primary | 20 (48%) | 5 (15%) | 25 (33%) |
| Secondary | 8 (19%) | 13 (39%) | 21 (28%) |
| College | 7 (17%) | 10 (30%) | 17 (9%) |
| University | 2 (5%) | 2 (6%) | 2 (5%) |
| TOTAL | 42 (100%) | 33 (44%) | 75 (100%) |

Out of the 42 respondents who use traditional medicines the majority (48%) had primary education while the majority of none users of traditional medicine were of secondary education level (39%).

TABLE 5: MARITAL STATUS IN RELATION TO THE USE OF TRADITIONAL MEDICINE

| MARITAL STATUS | USE TRADITIONAL MEDICINE | DO NOT USE TRADITIONAL MEDICINE | TOTAL |
|----------------|--------------------------|---------------------------------|-----------|
| Single | 6 (14%) | 20 (61%) | 26 (35%) |
| Married | 26 (62%) | 6 (18%) | 32 (43%) |
| Divorced | 2 (5%) | 4 (12%) | 6 (8%) |
| Widowed | 3 (7%) | 1 (3%) | 4 (5%) |
| Separated | 5 (12%) | 2 (6%) | 7 (9%) |
| TOTAL | 42 (56%) | 33 (44%) | 75 (100%) |

Out of 42 respondents who use traditional medicine the majority (62%) are married while the majority for those who do not use traditional medicines were single (35%).

TABLE 6: RESIDENTIAL AREA IN RELATION TO UTILISATION OF TRADITIONAL MEDICINE

| RESIDENTIAL AREA | USE TRADITIONAL MEDICINE | DO NOT USE TRADITIONAL MEDICINE | TOTAL |
|------------------|--------------------------|---------------------------------|-----------|
| High | 19 (45%) | 10 (30%) | - |
| Medium | 10 (24%) | 13 (46%) | 42 (56%) |
| Low | 13 (31%) | 8 (24%) | 33 (44%) |
| TOTAL | 42 (56%) | 33 (44%) | 75 (100%) |

Out of 42 participants who use traditional medicine, 45% were from the high residential area while the majority non-users were from the medium residential areas (46%).

DATA ON TRADITIONAL HEALERS

The researcher included twenty-five traditional healers in the research because it is to them that the respondents went for treatment. The purpose of the interview was to find out whether the introduction of cost sharing has increased the number of patients they see, the type of diseases that they treat and whether there is collaboration between the healers and health institutions. The findings were as follows:

DEMOGRAPHIC DATA FOR TRADITIONAL HEALERS

TABLE 7: SHOWING AGE, SEX, LEVEL OF EDUCATION AND SPECIALISATION

| VARIABLES | FREQUENCY | PERCENTAGE |
|---|-----------|------------|
| A. AGE: | | |
| 15-25 | 6 | 24 |
| 26-36 | 8 | 32 |
| 37-47 | 8 | 32 |
| 48 and above | 3 | 12 |
| TOTAL | 25 | 100 |
| B. SEX: | | |
| Male | 20 | 64 |
| Female | 12 | 36 |
| TOTAL | 25 | 100 |
| C. LEVEL OF EDUCATION: | | |
| None | 10 | 40 |
| Primary | 13 | 52 |
| Secondary | 2 | 8 |
| College | 0 | 0 |
| University | 0 | 0 |
| TOTAL | 25 | 100 |
| D. HEALER'S SPECIALITY: | | |
| Traditional Birth Attendant | 1 | 4 |
| Faith Healers | 7 | 28 |
| Herbalist | 14 | 56 |
| Diviner | 3 | 12 |
| Others | 0 | 0 |
| TOTAL | 25 | 100 |
| E. NUMBER OF CLIENTS CONSULTING TRADITIONAL HEALERS INCREASED AFTER INTRODUCTION OF COST SHARING | | |
| Yes | 11 | 44 |
| No | 14 | 56 |
| TOTAL | 25 | 100 |

Table 7 shows that: A: The majority of the healers were between 26 and 36 years of age (32%). B: The majority of the healers were males (64%). C: The majority of the healers had not been to school (40%). D: The majority of the healers were herbalists.

TABLE 8: AREA OF SPECIALITY AND NUMBER OF CLIENTS SEEN ON DAILY BASIS

| AREA OF SPECIALITY | LESS THAN 20 | 20-30 | 40-49 | 50-59 | 60 AND ABOVE | TOTAL | TOTAL % |
|-----------------------------|--------------|---------|--------|-------|--------------|-------|---------|
| Traditional Birth Attendant | 1 | 0 | 0 | 0 | 0 | 1 | 4% |
| Faith Healer | 4 | 3 | 0 | 0 | 0 | 7 | 28% |
| Herbalist | 10 | 2 | 1 | 0 | 1 | 14 | 56% |
| Diviner | 2 | 1 | 0 | 0 | 0 | 3 | 12% |
| Others | 0 | 0 | 0 | 0 | 0 | 0 | 0% |
| TOTAL | 17 (68%) | 6 (24%) | 1 (4%) | 0 | 1 (4%) | 25 | 100% |

The Herbalists saw the highest number of clients on daily basis (56%) than anybody else.

TABLE 9: AREA OF SPECIALISATION AND COMMONEST/AILMENTS TREATED

| AREA OF SPECIALITY | COMMON ILLNESS/CONDITION | | | | | | TOTAL |
|-----------------------------|--------------------------|---------|---------|----------|-------------|--------|----------|
| | CHRONIC | STD/HIV | MASHABE | EPILEPSY | INFERTILITY | CHARMS | |
| Traditional Birth Attendant | 0 | 0 | 0 | 0 | 1 | 0 | 1 (4%) |
| Faith Healer | 2 | 0 | 3 | 0 | 0 | 2 | 7 (28%) |
| Herbalist | 11 | 28 | 1 | 0 | 4 | 0 | 14(56%) |
| Diviner | 0 | 11 | 2 | 0 | 0 | 0 | 3 (2%) |
| Others | 0 | 00 | 0 | 0 | 0 | 0 | 0 (0%) |
| TOTAL | 3 (12%) | 9 (36%) | 6 (24%) | 0 | 6 (20%) | 2 (8%) | 25(100%) |

The commonest disease seen was STD/HIV (36%).

TABLE 10: SPECIALITY AND POSSIBLE CONDITIONS REFERRED TO HOSPITAL

| AREA OF SPECIALITY | CASES REFERRED TO HOSPITAL | | | | TOTAL |
|-----------------------------|----------------------------|---------|----------------|----------------|----------|
| | HIV/AIDS | TB | SURGICAL CASES | MENTAL ILLNESS | |
| Traditional Birth Attendant | 0 | 1 | 0 | 0 | 1 (4%) |
| Faith Healer | 2 | 1 | 2 | 2 | 7 (28%) |
| Herbalist | 4 | 4 | 5 | 1 | 14(56%) |
| Diviner | 0 | 0 | 0 | 0 | 0 (2%) |
| TOTAL | 7 (28%) | 7 (28%) | 8 (32%) | 3 (12%) | 25(100%) |

Surgical cases were more often referred to hospital than the others (32%).

CHAPTER SIX

6.0 DISCUSSION OF FINDINGS AND IMPLICATIONS FOR THE HEALTH SYSTEM

6.1 DISCUSSION OF RESULTS

The objectives of this study was to determine factors contributing to the use of traditional medicine in Lusaka urban. The assumptions before the study were that a lot of people were using traditional medicine in their day to day living because this has been so from time immemorial. It was also assumed that the socio-economic situation of the present time, educational level, introduction of fee paying in hospitals, health workers attitudes, type of illness, and distance to health centres all had a negative attitude on the use of health services and favoured the use of traditional medicines and other forms of treatments.

6.2 CHARACTERISTICS OF THE STUDY SAMPLE

The sample consisted of 34 males and 41 females of which the majority were between 26 and 36 years, 77% of the respondents were christians and 13% did not belong to any religion. The respondents were of different educational backgrounds and the majority of the respondents were not employed (Table 1).

UTILISATION OF TRADITIONAL MEDICINE

The findings of the study showed that the majority used traditional medicine (56%) while 44 % do not use traditional medicines (Table

4), some of the reasons given for using traditional medicine were that herbs work (48%) and traditional healers have time to attend to them (Table 1.2 A). Those who do not use traditional medicine stated that it was due to their religious belief - (christians 77%). The study findings are similar to other studies done in other countries like Mongolia, Nigeria, Zimbabwe, as seen from literature reviewed, and the claim that more people use traditional medicine is true. There is therefore a need to improve collaboration between traditional and orthodox medicine in Zambia as Ghana has done by integrating the two services.

UTILISATION OF TRADITIONAL MEDICINE IN RELATION TO SOCIO-ECONOMIC STATUS

The findings of the study show that the socio-economic status of the community does affect the utilisation of traditional medicine. Educational level also affects the use of traditional medicines. The majority of users of traditional medicine were earning less than K10,000, (table 3) they lived in the high density areas (table 6) and most of them had attained primary education only (table 4). These factors contributed to the utilisation of traditional medicine since they had no means to pay hospital fees in cash or in kind. With the traditional healer they can negotiate payments in instalments or in kind. Studies done in other countries reveal the same problem. For example in Ghana Dr. Kabir (1993) carried out a study in which he concluded that the choice of whether to use orthodox medicine or traditional medicine dependent much on the family's resources. Similarly, in Ghana, Osang and More (1993)

state that traditional medicine selling was a source of income in Ghana as a result of expensive drugs and hospital fees. The researcher assume that while reasons for the introduction of cost sharing are understood, the Government of the Republic of Zambia must also realise that the majority of the people are poor and cannot afford to pay medicine fees. As a result of failing to pay hospital fees a number of patients are assumed to be dying in their homes and some come to the hospital only as a last resort. In the end the hospital spends more money on an individual who reports to the hospital when the disease has advanced. The Ministry of Health has already began taking measures against this, for example, the minister announced on Radio 2 that the ante-natal mothers and children under 5 years should have free medicine services.

UTILISATION OF TRADITIONAL MEDICINE IN RELATION TO HOSPITAL FEE PAYING

The findings of the study show that 52% of the respondents stated that cost sharing does deter them from using hospital facilities while 48% thought this did not contribute to their use of traditional medicines, (table 1.2 D). Studies done in Zaire, Lesotho and Swaziland (Arthin, 1993) showed that there were reductions in Health Centre and Hospital attendance following the introduction of fee paying. In Ghana attendants fell sharply in rural areas. The researcher assumes that another reason for low attendance could be the lack of information, communication and education on the Health Reform Programme. This was observed during field work experience and also during the study period, that most

people interviewed did not know or understand the types of health schemes available and how much hospitals were charging though there was a lot of information on radio and television. Interviewed traditional healers thought that hospital fee paying did not deter people from using the services. Most of them stated that there was no difference in the number of patients they saw before and after the introduction of fees. It is the economical situation that is affecting the use of traditional medicine. They have more patients at month ends than the rest of the month. There is therefore need to conduct educational campaigns in the communities as some people may not report to the hospital for fear of the unknown since they are not enlighten.

UTILISATION IN RELATION TO STAFF'S ATTITUDE

The study showed that the majority of the respondents were not happy with the health worker's attitude (65%) while 35% were happy (table 1.2 D). The majority stated that nurses were rude (29%). In a research done in Ecuador by WHO (1992), it was reported that women preferred to deliver at home in the light of possible complications during child birth because of the perceived poor delivery of care in health institutions. Newman (1992) states that people prefer to use traditional medicines because traditional healers have enormous patience, they are known by the patients since they live within the same community and they treat an individual as a whole, socially, psychologically and spiritually. There is therefore a need to improve the health worker's attitude in order to win clients to the health services.

UTILISATION IN RELATION TO DISTANCE TO HEALTH CENTRES

Distance to a health institution can deter a patient from using the service. The trouble a patient goes through to get to the health centre determines whether it is worthwhile or not. Therefore patients will go where he has less problems to get there. He has to consider the distance and the cost to get there and the type of service he is offered. In the study it was revealed that patients have to walk 4-6 kilometres (70%) to get to the nearest health centre. If a traditional healer is nearby it is assumed that the patient may choose to consult him instead. Some patients stated that they prefer to buy their own drugs from the chemist (24%) some of the reasons given were that the hospitals were congested and they did not want to waste time waiting. While others stated that the health centres had no drugs, they just went there for prescriptions (5%) (table 1.2 A). Rahman (1993) stated that traditional medicine is mainly used where western treatment is inaccessible and unaffordable. The study revealed that the participants were within walking distance to their health centre and distance should not be a hinderance to get to the centre. Literature reveals that distance can be a major problem in the rural population.

UTILISATION IN RELATION TO THE TYPE OF ILLNESS THAT THE PATIENT HAS

The study showed that the commonest diseases treated by traditional healers were the sexually transmitted diseases 36% and HIV. (table 9). This is contrary to a study done by Kaonga (1993) who stated that most of the clients with STD preferred to go to Ministry of

Health Centres than private centres or traditional healers who were the least favoured healers in her study. Kara Counselling Research Unit (1995) had carried out a study and found that healers were treating a lot of patients with sexually transmitted disease symptom. It was also reported on Radio 2 News on 4/10/95 that, it has been proved that some herbs are very effective in treating and controlling of some symptoms of the Human Immune Virus. It would be therefore helpful for the Ministry of health to integrate traditional medicine in their services.

6.2 IMPLICATIONS OF THE HEALTH SYSTEM

Although people have the right to make their own choices about the type of help to seek when they are sick, people should be well informed (educated) by trained health workers to help them make right decisions, for example the Health Education Unit in Ministry of Education should have massive campaigns informing people when to go to the centre or traditional healer or/and other service they want.

The health workers need to address the issue of their attitudes towards patients so that people can make use of their available services without fear.

CHAPTER SEVEN

7.0 CONCLUSION AND RECOMMENDATIONS

7.1 CONCLUSION

The results elicited from this study have tried to answer the broad research question of why people use traditional medicine. It was observed that 56% utilise traditional medicine while 44% do not.

The study revealed that more females (55%) used traditional medicine i.e. than males (45%) and that more people of low socio-economic status used traditional medicines than those in high economic status bracket. The unemployed who used traditional medicine were 32%, most lived in squatter compounds (33%) they earned less than K10,000 or had no means of earning money (25%) while most of them had primary education only (28%).

The main reasons for using traditional medicine was that it is effective and that the users are happy with the service they receive from the traditional healers. 48% and 24% respectively. Some were discouraged by the health workers' attitude. It was observed that distance did not deter people from making use of hospital services and that the majority thought cost sharing did deter them from using the service. Thus they used traditional medicines more.

CHAPTER SEVEN

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The main reasons for using traditional medicine was that it is effective and that the users are happy with the service they receive from the traditional healers. 48% and 24% respectively. Some were discouraged by the health workers' attitude. It was observed that distance did not deter people from making use of hospital services and that the majority thought cost sharing did deter them from using the service. Thus they used traditional medicines more.

7.2 RECOMMENDATIONS

1. Since it was observed that the public are free to make a choice of the type of treatment, Ministry of Health, private practitioners including traditional healers need to provide the type of service which is cost effective and cost efficient with due consideration for the patient's ability to afford to pay.
2. It was observed that 24% of the participants buy drugs from the chemist, measures to control pharmacists from selling drugs without prescriptions should be enforced by the law enforcement officers to reduce the number of people developing resistance on certain drugs as a result of inappropriate use.
3. The study reveals that countries like Ghana, England, Mongolia have training school and establish hospitals for traditional healers, (Ghana has no school) the Government should consider ways of integrating - orthodox and traditional medicine for the benefit of the people and also this could reduce costs of expensive drugs if local herbs are used.
4. Since the study has not been exhaustive in itself, a similar study could be conducted particularly to investigate the quality of treatment being offered by traditional healers in the management of specific diseases such as HIV, Diabetes Mellitus, Asthma, Hypertension and Sexually Transmitted Disease.

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INTERVIEW SCHEDULE FOR COLLECTION OF DATA ON FACTORS CONTRIBUTING
TO TRADITIONAL MEDICINE UTILIZATION IN LUSAKA URBAN (COMMUNITY)

Interview Schedule No: _____

Date: _____

INSTRUCTION TO INTERVIEWER

1. Introduce yourself to the respondent
2. Explain the purpose of the interview
3. Ensure respondent is free when answering questions
4. Tick () in the space provided according to respondent's given answer

BACKGROUND INFORMATION

OFFICIAL
USE
ONLY

1. How old are you?

15 - 25

26 - 36

37 - 47

48 and above

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2. SEX

1. Male

2. Female

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3. MARITAL STATUS

1. Single

2. Married

3. Separated

4. Divorced

5. Widowed

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OFFICIAL
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4. RESIDENTIAL AREA

- 1. High Residential Area
- 2. Medium Residential Area
- 3. Low Residential Area

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5. LEVEL OF EDUCATION

- 1. Never been to School
- 2. Primary
- 3. Secondary
- 4. College
- 5. University

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6. WHAT IS YOUR RELIGION?

- 1. Christian
- 2. Moslem
- 3. Hindu
- 4. None
- 5. Others - Specify _____

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7. WHAT IS YOUR OCCUPATION?

- 1. Unemployed
- 2. Casual worker
- 3. Self employed
- 4. Formal employment
- 5. Others - Specify _____

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OFFICIAL
USE
ONLY

8. HOW MUCH PER MONTH DO YOU EARN FOR YOUR LIVING?

- 1. Less than K10 000.00
- 2. K10 000 - K30 000.00
- 3. K40 000 - K60 000.00
- 4. K70 000 - K90 000.00
- 5. K1000 000.00 and above

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B. ACCESSIBILITY TO HEALTH INSTITUTIONS

9. HOW FAR IS THE NEAREST HEALTH CENTRE FROM YOUR HOME?

- 1. Less than 1km
- 2. 1 - 3km
- 3. 4 - 6km
- 4. 7 - 9km
- 5. 10km and above

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10. HOW DO YOU GET TO THE HEALTH CENTRE?

- 1. Own vehicle
- 2. Company vehicle
- 3. Bicycle
- 4. Minibus
- 5. Walk
- 6. Others - Specify

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OFFICIAL
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11. IF YOU CANNOT AFFORD TO GET TO THE HEALTH
CENTRE WHERE DO YOU GO?

1. Use herbs that I know
2. Use herbs from Relative/Neighbours
3. Go to a nearby Traditional Healer
4. Buy drugs from Shops/Chemist
5. Wait for the illness to take its
course

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12. HAVE YOU EVER GONE TO THE TRADITIONAL
HEALER FOR HELP OR TREATMENT?

1. Yes
2. No

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13. IS YES TO QUESTION 12, HOW OFTEN DO YOU?

1. Each time I am sick
2. Occassionally
3. Never

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OFFICIAL
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C. USE OF TRADITIONAL MEDICINES

14. IF YOU USE TRADITIONAL MEDICINES WHAT ARE YOUR REASONS FOR USING THEM?

1. Herbs work
2. Traditional Healers have time to listen
3. Health Centres are always congested
4. There is no medicine at Health centre
5. Others - Specify _____

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D. TYPES OF ILLNESS

15. DO YOU SEEK TRADITIONAL HEALER'S HELP FOR SPECIFIC CONDITIONS/ILLNESS?

1. Yes
2. No

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16. IF YES TO QUESTION 15 FOR WHICH CONDITIONS/ ILLNESSES DO YOU SEEK HELP?

1. Any illness
2. Chronic illness - BP, Uclers, Diabetes and asthma
3. STD/AIDS
4. Mashabe
5. Epilepsy
6. Charms for lucky - marriage, employment liked by many people etc
7. Infertility
8. Others - Specify _____

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17. WHO INFLUENCES THE DECISION OF THE TYPE OF
HEALTH SERVICE YOU SEE WHEN YOU ARE ILL?

- 1. Parents
- 2. Uncle
- 3. Auntie
- 4. Self
- 5. Husband
- 6. Wife

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18. COST SHARING

HAVE YOU EVER HEARD ABOUT COST SHARING IN HEALTH
INSTITUTIONS?

- 1. Yes
- 2. No

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19. IF YES, FROM WHOM?

- 1. Mass Media
- 2. Neighbours
- 3. Health Workers
- 4. Peers
- 5. Leaflets
- 6. Others - Specify

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OFFICIAL
USE
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20. DOES COST SHARING DETER YOU FROM USING
THE HOSPITAL/CLINIC SERVICES?

1. Yes

☐

2. No

☐☐

D. STAFF'S ATTITUDE

21. DOES THE HEALTH CENTRE STAFF'S ATTITUDE
DISCOURAGE YOU FROM GOING TO THE H/CENTRE?

1. Yes

☐

2. No

☐☐

22. IF YES WHAT IS THE STAFF ATTITUDE?

1. Rude

☐

2. Indifferent

☐

3. Aurgmentative

☐

4. Screaming

☐

5. Others - Specify _____

☐☐

END OF INTERVIEW
THANK YOU.

INTERVIEW SCHEDULE FOR COLLECTION OF DATA ON
FACTORS CONTRIBUTING TO TRADITIONAL MEDICINE
UTILIZATION IN LUSAKA URBAN (TRADITIONAL HEALERS)

Interview schedule No. ____.

Date:_____.

INSTRUCTIONS TO INTERVIEWER

- 1. Introduce yourself to the respondent
- 2. Explain the purpose of the interview
- 3. Ensure respondent is free when answering questions throughout the interview
- 4. Tick ☐ in the space provided according to respondent's given answers

BACKGROUND INFORMATION

1. How old are you?

15 - 25

26 - 36

37 - 47

48 and above

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2. SEX

1. Male

2. Female

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3. MARITAL STATUS

1. Single

2. Married

3. Separated

4. Divorced

5. Widowed

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OFFICIAL
USE
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4. LEVEL OF EDUCATION.

- 1. Never been to School
- 2. Primary
- 3. Secondary
- 4. College
- 5. University

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5. WHAT IS YOUR AREA OF SPECIALITY AS A
TRADITIONAL HEALER?

- 1. Traditional Birth Attendant
- 2. Faith Healer
- 3. Herbalist
- 4. Diviner
- 5. Others - Specify _____

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6. HOW MANY PATIENTS DO YOU SEE EACH DAY?

- Less than 20
- 30 - 39
- 40 - 49
- 50 - 59
- 60 and above

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OFFICIAL
USE
ONLY

7. WHAT ARE THE COMMON ILLNESSES THAT YOU TREAT?

1. Chronic illnesses such as high blood Pressure, Diabetes mellitus, peptic ulcers, asthma etc.

2. STD/AIDS

3. Mashabe

4. Epilepsy

5. Infertility

6. Charms for lucky

7. Others - Specify

8. AFTER THE INTRODUCTION OF COST-SHARING IN HEALTH INSTITUTIONS HAS THE NUMBER OF PEOPLE THAT YOU SEE IN YOUR 'CLINIC' INCREASED?

1. Yes

2. No

9. IF YES, DO YOU THINK THE INCREASE IS AS A RESULT OF PEOPLE FAILING TO PAY MEDICAL FEES?

1. Yes

2. No

10. WHAT DO YOU DO WITH CLIENTS WHOM YOU CANNOT TREAT?

1. Refer them to the hospital

2. Refer them to other Healers

3. Keep on treating them (trial)

OFFICIAL
USE
ONLY

11. IF YOU REFER CLIENTS TO THE HOSPITAL, FOR WHICH
CONDITIONS DO YOU REFER THEM?

1. HIV/AIDS
2. Tuberculosis
3. Surgical cases
4. Some mental illness (severe)

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12. DOES THE HOSPITAL REFER CLIENTS TO YOU?

1. Yes
2. No

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13. IF YES WHAT CONDITIONS ARE REFERRED?

1. Mental illness (some)
2. HIV/AIDS
3. Psychosomatic disorders
4. Others - Specify -----

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END OF INTERVIEW
THANK YOU.

Department of Post Basic Nursing
School of Medicine
P O Box 50110
LUSAKA

July 24 1995

The President
Traditional Health Practitioners
Association of Zambia
LUSAKA

U.F.S. The Research Course Coordinator
 Department of Post Basic Nursing
 School of Medicine
 P O Box 50110
 LUSAKA

Dear Sir

RE : PERMISSION TO UNDERTAKE A RESEARCH STUDY

I am a fourth year student at the above mentioned School currently studying for Barchelor of Science Degree. In partial fulfilment of the requirements for my studies, I am expected to conduct a Research Study. The title of my study is "A Study of Factors Contributing to Community Utilization of Traditional Medicine in Lusaka Urban".

In order to complete the study, I need to conduct a scheduled interview on Traditional Healers in Lusaka Urban. I intend to interview 25 Traditional Healers in the Month of August 1995. I would be vey grateful if you could kindly allow me to interview some Traditional Healers.

Thank you in anticipation.

Yours faithfully

C N KANYATA

cc The Head
 Post Basic Nursing
 School of Medicine
 P O Box 50110
 LUSAKA

Department of Post Basic Nursing
School of Medicine
P O Box 50110
LUSAKA

July 24 1995

The social Secretary
Lusaka City Council
P O Box 30789
LUSAKA

U.S.F. The Research Course Coordinator
Department of Post Basic Nursing
School of Medicine
P O Box 50110
LUSAKA

Dear Sir

RE : PERMISSION TO UNDERTAKE A RESEARCH STUDY

I am a fourth year student at the above mentioned Institution enrolled in a Bachelors of Science Nursing Degree Programme.

As part of the requirement to complete the Course, I have to carry out a Research Study. I wish to seek permission to undertake a study in Misisi, Kabwata and Thornpark residential areas in the month of August 1995. The study is "Factors contributing to the utilization of traditional medicine in Lusaka Urban".

It is hoped that the results of this study will be useful to Ministry of Health and Traditional Healer's Association.

Thank you in anticipation.

Yours faithfully

C N KANYATA

cc The Head
Post Basic Nursing
Box 50110
LUSAKA



TRADITIONAL HEALTH PRACTITIONERS ASSOCIATION OF ZAMBIA

P. O. Box 37082
Lusaka,
Telephone: 274114

Fax:.....

Telex:

01st August, 1995

TO WHOM IT MAY CONCERN:-

Re: S. S. MANYATA:

Your letter dated 24th July, 1995 refers;

This serves to confirm that Traditional Health Practitioners Association of Zambia (THPAZ) National Executive Committee has no objections in giving you permission to undertake a research study involving 25 Traditional healers in Lusaka urban.

We urge you to refrain from research studies which involve names of trees (patent), personal vendetta and individuals human rights.

Kindly keep my office informed of any irregularities or weak points you may come across during your research.

I wish you the best of luck during your research.

Yours Sincerely,

S. S. MANYATA
President (THPAZ).

cc. Director of Research - THPAZ

cc. The Head - Post Basic Nursing School of Medicine - LUSAKA.



Lusaka City Council

Director of Housing
Telegrams: "CITY"
Telephone: 250877
Ext.
Verbal Enquiries to:
Mr.....

HOUSING & SOCIAL SERVICES DEPT.
CIVIC CENTRE
P.O. Box 30269
LUSAKA
Republic of Zambia

Reference: HSS/14/78/22/KKN/jmk

M/s C.N. Kanyata
Department of Post Basic Nursing
School of Medicine,
P.O.Box 50110,
LUSAKA

9th August, 1995

Dear Madam,

re: PERMISSION TO UNDERTAKE A RESEARCH STUDY

We acknowledge receipt of your letter dated 24th July, 1995 refers.

Please be advised that your request to conduct a Research Study in Misisi, Kabwata and Thornpark residential areas in the month of August, 1995 has been granted.

We wish you all the best in your studies.

Yours faithfully,


AISHIMBA SUIYA, CM
DIRECTOR OF HOUSING AND SOCIAL SERVICES
for/Council Administrator

c.c. The Head
Post Basic Nursing
Box 50110,
LUSAKA

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