



Article Original

Utilization of Traditional Healers Services for the Management of Fractures in the Town of Ngaoundere

Prise en charge des fractures par les tradipraticiens à Ngaoundéré : pourquoi et avec quelles conséquences ?

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RÉSUMÉ

Introduction. Dans les pays en voie de développement, particulièrement au Cameroun, la population utilise encore largement la médecine traditionnelle pour soigner les fractures. L'objectif de notre étude était d'étudier les facteurs favorisant les consultations chez les guérisseurs traditionnels et les conséquences de ce comportement sur la prise en charge. **Méthodologie.** Il s'agit d'une étude descriptive, transversale sur une période de six (6) mois. Nous avons colligé 102 patients. La collecte des données a été faite au niveau des registres de consultation et des registres de compte rendu opératoire. **Résultats.** Le sexe masculin représentait 70,59%. Dans 35,30% il s'agissait des patients jeunes. Les accidents de la voie publique étaient la cause la plus fréquente (77,45%). Les conducteurs de motos étaient majoritaires (30,40%) et leurs jeunes passagers (étudiants et écoliers). Le manque des moyens financiers a été évoqué dans 53,92% des cas comme facteur favorisant. En outre, 63,73% des enquêtés disaient être mal accueillis dans les formations sanitaires. Les complications les plus fréquentes étaient la nécrose cutanée (38,24%) et la gangrène (28,43%). **Conclusion.** L'importance de la prise en charge des fractures par les guérisseurs traditionnels est due à la fois à des raisons économiques et culturelles, et à la mauvaise qualité des soins dans les services de santé publics. Toutefois, cette prise en charge comporte des complications. La sensibilisation des usagers et des personnels de santé devrait contribuer à une meilleure fréquentation des formations sanitaires en cas de fractures.

ABSTRACT

Aim. In Cameroon, lots of people still refer to traditional medicine for the cure bone fractures. Our study aimed to identify the factors that lead people to consult traditional healers for fracture repairs. **Methods.** We carried out a cross descriptive study for a period of six months. We enrolled 102 patients. Data collection was done by direct interviews of participants and consultation of outpatients and inpatients records and the register of surgical procedures. Our data of interest were sociodemographic data, circumstances of trauma, type of lesions, alleged reasons for consulting the traditional healers. **Results.** 72 patients (70.59%) were men and 30 (29.41%) were female. 36 (35.30%) patients were aged 15-30. The fractures were mainly caused by road traffic accident (77.45%) and concerned mostly motor taxi-cycle drivers (30.40%) and their young passengers. Lack of financial resources was raised by 53.92% of patients while 63.73% of them complained of not being well received in the hospitals. Common complications in case of treatment of fractures by traditional healers were skin necrosis (38.24%) and gangrene (28.43%). **Conclusion.** Inhabitants of Ngaoundéré town usually choose to consult traditional healers in case of fracture because of economic constraints but equally because of their attachment to cultural values. The usage of their services is encouraged by the poor quality of the public health services. This occurs, despite the known complications that occur during the management of bone fractures by traditional healers. Actions to sensitize users and health personnel may contribute to improve frequentations of sanitary formation in case bone fractures.

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INTRODUCTION

The World Health Organization (WHO) defines traditional medicine as the total sum of knowledge, skills and practices that lays rationally or not on theories, beliefs and experiences inherent to a culture and used to maintain human beings in health thus prevent, diagnose,

treat and cure physical and mental diseases [1]. In reality, traditional medicine is a concept that is above the field of health to be placed in a wider standard socioculturally, religiously, politically and economically. We can say that there exist as much traditional healers as

cultures. Till now, the WHO estimates that 80% of rural populations in developing countries live mainly on traditional medicine for their health needs [2]. In Cameroon, it is certain that the majority of the population uses resources of traditional medicine to solve many health problems. Traditional treatment that exist since thousand years ago is widely spread and remains a reality in developing countries where many depends on it as means of subsistence. It is so as a result of socioeconomic reasons, cultural reasons, insufficient health personnel, ignorance and beliefs in the mystical aspect of traditional medicine. In some developing countries, between 60% and 90% of the inhabitants go in for traditional medicine for primary health issues [3]. According to WHO, we estimate between 20 to 50 million the number of injuries each year. Traumas constitute a new “epidemic” of modern time. That is why the decade of 2001-2010 was declared “decade of bones and articulations” [4]. Care management of bone fractures by traditional healers is at the origin of many complications in surgery. The aim of the study was to identify the factors that lead patients to consult traditional healers in case of bone fracture and to gather information from participants on the management of osteoarticular traumas by traditional healers.

METHODOLOGY

Site of study

The study was carried out in the service of surgery, orthopedic and traumatology of the hospitals of Ngaoundéré (protestant and regional) town of Ngaoundéré, precisely near the community but equally from healers.

Design

That was a cross sectional descriptive study

Population of study

- **Source population:** the population of the town of Ngaoundéré
- **Target population:** victims of bone fracture, close relatives of victims, traditional healers
- **Group sample:** all victims of bone fracture that consulted once a traditional healer
- **Inclusion criterions**
 1. Any patient with bone fracture who consulted a traditional healer for bone repair and who have given his consent to participate to the study
 2. All traditional healers who used to take care of bone trauma and who consented to take part to the study

Tools of data collection

We used the consultation and surgical procedure records and a questionnaire

Data analysis and interpretation

Collected data were analyzed with Microsoft Office Word and Excel version 2010.

Difficulties encountered

The main difficulties were the refusal of some traditional healers to participate to the study and to give information such as the composition of produce they apply on lesions or the explanations relative to incantations they use. Similarly, some patients with complications due

treatment by native healers refused to confess their passage to a traditional healer.

RESULTS

Sociodemographic factors

Sex

Among the 102 enrolled participants, 72 of them were men either 70.59% and 30 (29.41%) were female, giving a sex ratio of M/F=2.40

Age

36 patients (35.30%) were aged between 15 and 30 years (table 1).

Table 1: Participants distribution according to age

Age group	Number	%
Less than 15 years	28	27.45
15-30 years	36	35.30
31-45 years	24	23.53
More than 45 years	14	13.72
Total	102	100%

Types of accident

Table 2 shows that road traffic accidents constituted the principal etiology of the traumas (77.45%).

Table 2: Distribution following the type of accident

Types of accident	Number	%
Public highway accident	79	77.45
Domestic accident	11	10.79
Sport Accident	7	6.86
Stab and injury	5	4.90
Total	102	100

Economic factors

Profession

Motor taxi cycle drivers (30.4%) and their usual passengers (students and pupils - 17.65% were the most common groups represented (table 3).

Table 3: Distribution of patients according to profession

Profession	Number	%
Civil servants	3	2.94
Students and pupils	18	17.65
Moto taxi-men	31	30.40
Housewives	10	9.81
Shepherds	9	8.82
Farmers	8	7.84
Shopkeepers	7	6.86
No profession	11	10.78
Others	5	4.90
Total	102	100.0

Why the patients choose the traditional healer for treatment of bone fracture

50 patients (49.02%) chose traditional healers because they felt that the healing was more rapid, 39 patients (38.2%) because of the lower cost, 12 (11.76%) were led to that form of treatment by other persons and one patient could not give an answer.

Cultural factors

School level

Table 6: distribution according to the level of education

Education	Number	%
No school	31	30.39
Basic education	26	25.49
Secondary education	24	23.52
Post secondary education	21	20.59
Total	102	100.0

Although the uneducated patients were most common (30.39%), other groups were represented as well.

Knowledge of complications by participants to traditional treatment

61 patients (59.80%) were not aware of the complications due to traditional treatment, while 41 (40.20%) had full knowledge of the facts.

Factors related to the healthcare services

Quality of reception in the health centers

65 patients (63.7%) said that the reception of patients was poor in the health centers, while only 33 (32.35%) were satisfied and 4 (3.92%) had no opinion.

Accessibility to health services

Concerning the reason for not choosing public health services, 55 patients (53.92%) said the financial cost was too high, 39(28.23%) pointed to the poor reception by health personnel, 3(2.94%) pointed to marginalization present in these services and 5(4.91%) had no definite answer.

Types of complications

Skin necrosis was the most frequent complication (38.24%) followed by gangrene (28.43%) (Figure 1).

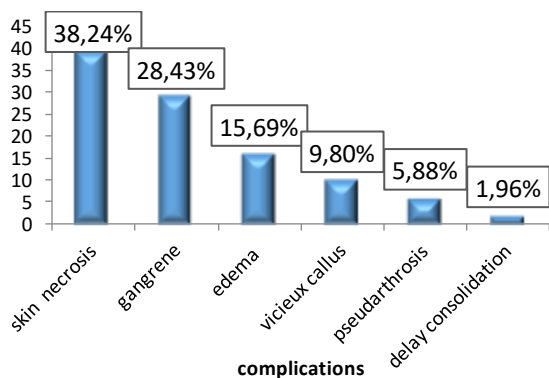


Figure 1: Distribution according to complications

DISCUSSION

Demographic factors

72 out of 102 patients (70.59%) with bone fracture were male. This male predominance agrees with the study of Sidiki T [8]; Souna BS and al. [5] and Soumah MT et al. [6] who obtained respectively 77.14%, 77.85% and 78.26%. This may be the consequence of the mobility of men with their activities and their high exposition to trauma. Our study also showed that patients within the age group of 15 to 30 years were the most represented (35.30%). This was expected since motorcycle taxi driving is usually done by young people of this group age group.

Economic factors

The two most common groups of patients with bone fractures in our study were motor taxi cycle drivers (30.40%) and pupils or students (17.65%). Sidiki. T. obtained more students with 45.71% in his study and thirdly comes housewives with a percentage of 9.81% [8]. These categories of persons are vulnerable because of their state of dependence and professions not permitting them to have access at choice to sanitary formations.

Concerning health services, our results showed that most patients (62.75%) used health services when they are victims of other diseases apart of bone fracture and 37.25% never uses healthcare services for lack of money. Results from a design study in Ghana showed that 40% of families are victims of trauma and since there was a deficit in income revenue of families, about 20% of them where in obligation to indebt so as to afford an adequate medical treatment. Equally, half of the families affirms that their alimentary consumption was reduced because of the care needs of a traumatic patient in the family [11]. Distance to hospital problems evoked in 21.05%. The solicitation of traditional healers is justified by the efficiency of care, type of disease, skills, proximity and the possibility to have credits [12]. Secondly, the cheapness of traditional medicine was evoked by 39 participants. These results are close to the study of Bako E. on factors that favors traditional healer orthopedist in the town of Koudougou showed that, out of 174 participants more than 2/5 declares that the cheapness of traditional healers was the reason of their visit to the last [10].

Cultural factors

30.39% of the participants who opted once for the services of traditional medicine are non-educated. This rate is close to the results of Mierey JC who obtained in a study on members amputations due to traditional treatment of bone fractures thus 40% of the patients were not educated [7]. Results are similar to that of Sidiki who obtained 48.75% non-educated patients [8]. Pierrot Bushala in a study on the level of education of the population of Mudja obtained 45.4% of those who had no access to healthcare services and equally non-educated [9].

This study shows that 63.73% of participants were not well received in sanitary formations. 53.92% have no

access to sanitary formations for lack of financial means and the behavior of certain personnel in 2.94% cases. These findings agree with the opinion of Waddington CJ and Enyimayew KA who say that “the quality of health service by personnel therefore has an influence inconsiderable on the utilization of health services and acts on the patients desire to pay health services”.

Complications of bone fractures from traditional medicine

Skin necrosis was noticed in 38.24% cases. Yet modern treatment is not at rest with vascular and nervous complications.

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CONCLUSION

Our study suggests that inhabitants of Ngaoundéré town usually choose to consult traditional healers in case of fracture because of economic constraints but equally because of their attachment to cultural values. That is to say, the low income revenue of the professional practice of most victims of bone fracture prevents them from normal access to healthcare services. This is aggravated by the the poor quality of the public health services. This occurs, despite the known complications that occur during the management of bone fractures by traditional healers. Actions to sensitize users and health personnel may contribute to improve frequentations of sanitary formation in case bone fractures...

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