

# **Traditional Medicine**

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## **Choice of traditional or modern treatment in West Burkina Faso**

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*A recent survey shows that patients turn to modern medicine more than traditional medicine for most of their needs except rheumatic and neurological complaints. However, the preferences stated are influenced on the one hand by the much lower cost of traditional services, and on the other by official disapproval of animistic practices.*

Studies have been made on the role of traditional healers in the treatment of various diseases, and on integrating traditional and modern practices, but little quantitative information is available on the bias of users towards one form of medicine or the other. The purpose of this study was to quantify the socioeconomic and epidemiological factors which determine the form of medicine usually chosen by rural and urban populations in West Burkina Faso.

### **Gathering the data**

Data were gathered from three kinds of situation: urban, suburban and rural. The first two were in Bobo-Dioulasso (the second largest city in Burkina Faso, with a population of 231 000), and the third was in two villages in

the Kou Valley, about 15 miles from the same city. The urban group lived within 1 km of a dispensary, the suburban group within 3 or 4 km and the rural group within 2 km. The streets in which houses were to be visited in central and suburban Bobo-Dioulasso were chosen by lot. In the first village, which was small, all the houses were visited, and in the second the houses were randomly selected from the official census data. The study began in November 1993 and went on till March of the following year, thus avoiding the main period of agricultural activity, when fewer people are at home. A total of 150 families were visited.

A standard questionnaire was used to gather data, and in most cases it was the head of the family who answered the questions. In the case of children, the mothers were asked to reply. The first part of the questionnaire was designed to provide quantitative information on the illnesses suffered by each family member during the last 12 months. The second part was on the type of practitioner chosen and the perceived cause of the illness. The

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third and final part was on the patients' perceptions and preferences regarding traditional and modern medicine, and their reasons for choosing one or the other.

### Interpreting the data

- *Study population.* A total of 280 subjects from 150 families were included in the study: 75 families from the urban area, 25 from the suburban area, and 50 from the rural area. With regard to age, 55% were over 14 years old, 18% were between 5 and 14 years old, 17% were from two to five years old, and 10% were under one year old. Their distribution by religion was as follows: 11% were animist, 44% were Catholic, and 45% were Muslim. Most of the Muslims (71%) lived in the rural area.
- *Treatment chosen in relation to symptoms.* Table 1 shows the main symptoms reported as occurring at least once during the past 12 months, and the approach chosen for treating them. For all symptoms combined, 23% were treated by traditional medicine only, 52% by modern medicine

only, and 14% by self-medication only. In addition, 6% were treated first by modern and then by traditional medicine, and 5% first by traditional and then by modern medicine.

***In practical terms, the two most important factors which determine the choice between traditional and modern medicine are proximity and cost, which are closely related to the income and education level of the patient.***

- *Treatment chosen in relation to religion.* Table 2 shows that Muslims are the most frequent users of modern medicine, and that the choice of self-medication does not vary much with religious affiliation.
- *Treatment chosen in relation to education.* Two levels of education were distinguished: primary school and no schooling. The educational status only of the head of the family and of the best educated person in the family was noted. It was found that

Table 1  
**Illness and treatment chosen**

	No. (%)	Self-medication (%)	Traditional medicine alone (%)	Modern medicine alone (%)	Both* (%)
Fever alone	64 (23)	26.5	12.5	29.6	31.4
Diarrhoea	30 (11)	13.3	20.0	40.0	26.7
Respiratory diseases	58 (21)	6.9	12.1	53.5	27.5
Stomach or intestinal pain	28 (10)	17.8	32.1	35.7	14.4
Rheumatic diseases	18 (6)	5.5	61.1	5.5	27.9
Neurological diseases	8 (3)	0.0	62.5	0.0	37.5
Urogenital infections	13 (5)	7.7	23.1	23.1	46.1

\* Traditional followed by modern, or vice versa.

Table 2  
Choice of medicine in relation to religious affiliation

	No. (%)	Self-medication (%)	Traditional medicine alone (%)	Modern medicine alone (%)	Both (%)
Animists	31 (11)	16	43	7	21
Catholics	123 (44)	16	27	30	27
Muslims	126 (45)	11	14	51	24

those with some education visited a modern practitioner more (31%) than those with none (20%).

■ *Proximity.* Nearly all the patients (89%) visited a dispensary which was less than 5 km from their homes. On the other hand, although the majority (59%) of those who saw a traditional practitioner chose one who lived within 5 km of their homes, the rest were willing to travel further – in some cases up to 500 km – to see the healer or soothsayer of their choice. This reflects the importance in some patients' eyes of finding the person with the right abilities in the case of traditional medicine.

■ *Cost.* The cost of treatment by a traditional healer includes the service itself (usually paid for in kind, with a chicken, shells or nuts), transport, and any medicinal substances used. All these combined came to an average of US\$ 5 per episode of illness. The cost to the user of treatment by a modern practitioner was about US\$ 10 per episode, which represents prescribed medication alone.

■ *Time.* Of those who consulted the nurse, 79% did so within 24 hours of the development of symptoms, the rest waited 2–4 days. Of those who consulted a healer, only 62% did so within 24 hours, the rest also waiting 2–4 days. For both forms of medicine, the duration of treatment was 5–10 days.

■ *Success rates.* The survey provided the following information on the success of the treatment given:

- for fever, 62%, of which 74% were treated by modern medicine;
- for diarrhoea, 65%, of which 79% were treated by modern medicine;
- for respiratory diseases, 85%, of which 91% were treated by modern medicine;
- for stomach or intestinal pain, 58%, of which 56% were treated by modern medicine;
- for rheumatic and orthopaedic complaints, 28%, of which 42% were treated by modern medicine;
- for neurological diseases, 25%, of which 50% were treated by modern medicine;
- for urogenital infections, 41%, of which 83% were treated by modern medicine.

■ *Preferences.* The questions on preference produced the following results:

- in the urban and suburban areas, 34% said they preferred modern medicine, 14% said they preferred traditional medicine, 43% said they had no preference, and 9% did not answer;
- in the rural area, 42% said they preferred modern medicine, 16% said they preferred traditional medicine, and 42% said they had no preference.

Those who preferred modern medicine gave two main reasons:

- it is more trustworthy because it is consistent and clearly defined (68%);
- it works more quickly and is not followed by relapses (32%).

None the less, 38% of those who said they preferred modern medicine used a combination of modern and traditional treatment.

Those who preferred traditional medicine gave the following reasons:

- it costs less (36%);
- it can find the social cause of the illness (i.e. sorcery) (22%);
- satisfactory previous experience (21%).

The remaining 21% did not give a reason. Here again, many of those who said they preferred traditional medicine (in this case 40%) used a combination of modern and traditional treatment.

Finally, those who stated no preference said the choice should be made on the basis of the complaint: some illnesses were best dealt with by modern medicine and others by traditional.

### **Comments on the findings**

Fever was the most frequently mentioned symptom, and for this, self-medication was almost as frequent as the use of modern medical services. This probably reflects the fact that people are used to taking quinine or chloroquine for malaria without prescription. The dosage is usually insufficient and is not adjusted for weight, which probably contributes to the development of drug resistance in Africa.

Traditional medicine is used almost as much as modern medicine for stomach or intestinal complaints, and much more than modern for rheumatic and neurological diseases. In addition, many patients make use of both tradi-

tional and modern services. However, such choices can vary considerably from place to place. In Bamako, Mali, for instance, it was found that only 4.4% of patients sought help

**For all symptoms combined, 23% were treated by traditional medicine only, 52% by modern medicine only, and 14% by self-medication only.**

from traditional healers (1). This may be due to official disapproval of traditional medicine in Mali, as well as the strong influence of Islam, which is less pronounced in Burkina Faso, where only 45% of the study sample were Muslims.

Although Islam forbids participation in animist practices, it is known that a considerable number of Muslims in the villages concerned do frequent healers and soothsayers. Fear of religious and social disapproval may well have made them reluctant to admit that they did so, and thus biased the data in favour of modern medicine and self-medication. The fact that the field investigator was a European may also have biased the data in this way, although he was accompanied by a local translator. This is particularly likely in the area of reasons for choosing a traditional healer, as such choices often involve ideas of the supernatural and sorcery which Westerners are not expected to understand.

In practical terms, the two most important factors which determine the choice between traditional and modern medicine are proximity and cost, which are closely related to the income and education level of the patient. In the rural area of the survey, the highest income of a head of family was US\$ 70 a month. This means that, particularly for a large family, the cost of relying on modern

care would be very high if not prohibitive, even if it was desired. Modern medicine could probably be made affordable if prescription was limited to essential generic drugs.

A number of respondents (34% in the city and 53% in the villages) took the view that

***Some patients were willing to travel up to 500 km to see the healer or soothsayer of their choice.***

both traditional and modern medicine were helpful. Only very few of these (2.6%) said they used the two kinds of medicine simultaneously for the same complaint. A significant number (10% in the city and 13% in the villages) said they had no preference but used traditional medicine because it cost less. A third of the respondents without a preference used traditional medicine only, partly because it cost less but in most cases because they thought traditional medicine was more effective for the illness concerned. In the city, 8% of those who expressed no preference used modern medicine only, 20% used first a modern practitioner and then a traditional

one for the same illness, and 38% used first a traditional and then a modern one.

In conclusion, it may be said that patients would be in a better position to exercise a real choice if modern medicine were to be made more affordable. Even without the other considerations we have reviewed, its relative affordability will continue to make traditional medicine a viable option for the foreseeable future. Since these two forms of medicine must coexist and do to a certain extent complement each other, they should find ways to collaborate actively. Some African hospitals do include the use of traditional medicine, and these prototypes should lead the way to a working arrangement between the two approaches. Thus, in the interests of the patient, who is the first priority, community health programmes must take fully into account the cultural realities of the populations for which they are responsible. ■

#### **Reference**

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