

Health Seeking Behaviours of People with Epilepsy in a Rural Community of Zimbabwe

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ABSTRACT

The purpose of this study was to carry out an investigation on the health seeking behaviours of people with epilepsy in a rural community of Zimbabwe. The qualitative research method was used to find out the perceptions of the community on the causes of epilepsy, to establish if they believe in the anti-epilepsy medication, to evaluate the psychological support mechanisms in rural communities of Zimbabwe and to examine the traditional and spiritual medicines in rural communities of Zimbabwe. A sample of participants included 10 people with epilepsy, 5 parents of children with epilepsy, 2 traditional healers, a psychiatrist and a community health worker and a snowball approach was used to identify the participants with epilepsy. The researchers also contacted a focus group discussion. Findings revealed that the community believes that epilepsy is caused by witchcraft and evil spirits. It was also observed that the majority of people in the community are against anti-epilepsy medication because they believe in African traditional practices. As such, they opt for traditional and spiritual medicine. The researchers recommended that people trained in epilepsy be deployed in rural communities to ensure that the community is educated on epilepsy. A consistence of drug supply should also be maintained in rural communities to ensure adherence in anti-epilepsy medication in rural communities.

Keywords; Epilepsy, Culture, Anti-Epilepsy Medication and Traditional Medicine

INTRODUCTION

In a study on epilepsy, Diop (2003) observes that epilepsy is the most common serious chronic brain disorder estimated to affect at least 50 million people in the world, of which 10 million live in Africa alone. Many people in African countries believe in African traditional practices and have consequently resorted to traditional and spiritual medicines. The most marginalized when it comes to epilepsy are people who live in rural communities. Several studies carried elsewhere have revealed that the majority opt for traditional medicines because of several reasons, among them the fact that drugs are usually in short supply and lack of knowledge about epilepsy. There has been a lot of advocacy on HIV and AIDS and consequently peer educators are found at village and ward levels in rural communities. Consequently, there is a strong awareness about HIV and AIDS in rural communities. Sadly, it is a different story when it comes to epilepsy because rural communities are not being educated about epilepsy and as such they end up engaging in wrong health seeking behaviours. This study will explore the health seeking behaviours of people in Hurungwe district, a rural community of Zimbabwe.

BACKGROUND

In a study on non-attendance of treatment review visits among epileptic patients in Zimbabwe, Dewa (2012) highlights that it was observed in the Zimbabwe National Health Strategy that epilepsy contributed to 56% of all conditions reported through the mental health surveillance system (psychiatric returns) in 2004. Epilepsy is a mental health condition which some has attributed to spirituality. As such some people with epilepsy, particularly those from the rural communities do not seek medical health care. It would appear they are convinced that their solutions lie in traditional leaders, prophets and community elders.

For the World Health Organisation (2012) epilepsy is a disorder of the brain characterized by recurrence of unpredictable interruptions of the normal brain function called epileptic seizures.

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Munthali et al (2013) observes that an individual has a 1 in 10 chance of experiencing at least one epileptic seizure in his or her life. Epilepsy is a common mental health problem in African societies, Zimbabwe included. To this end, Diop et al (2003) explains that in African societies the causes of epilepsy include childhood febrile convulsions, various infections, injuries, tumours and vascular diseases.

A close analysis on these causes shows that childhood febrile convulsions are attended to by community elders and traditional leaders. This is particularly so in rural communities of Zimbabwe, maybe because of the distance barrier between the communities and medical centers. Some parents may not be aware of the medical conditions that may cause epilepsy to children. For instance, Asindi et al (1995) claims that birth asphyxia, infections and hypoglycemia are the causes of epilepsy amongst infants in 48% of the cases. Epidemiological studies have shown that developing countries are the most affected, in particular rural communities. This is supported by Scott, Lhatoo & Sander (2001) when they state that the prevalence of active epilepsy in developing countries ranges from 5 to 10 per 1000 people.

Contrary to the beliefs among some in African societies, the Federation of Disability Organisations in Malawi [FEDOMA] (2011) claims that epilepsy is a significant neurological disorder for which effective and cost efficient treatment is available. FEDOMA further highlights that if properly treated up to 70% of people with epilepsy have the potential to live independent and productive lives, free from seizures. Sadly, FEDOMA observes that an estimated 80% of people with epilepsy living in developing countries are excluded from treatment because of lack of knowledge, stigma and discrimination, inaccessible health services or general levels of poverty.

Dewa (2012) suggests the following as some of the causes why people, especially in the rural communities are failing to seek treatment in Zimbabwe; difficulties in speed of thinking, difficulties in using public transport, difficulties in relationships with others, sexual dysfunction, and difficulties in daily problem-solving. There is also usually stigma attached to epilepsy. Consequently, social exclusion can occur because of the negative attitude of others towards people with epilepsy which can lead to isolation.

The findings by FEDOMA and Dewa could be a true reflection behind the health seeking behaviours of people in rural communities of Zimbabwe, for example Hurungwe district, the area under study. The researcher has been wondering how people with epilepsy in the rural community have been coping because of various reasons. There are only three psychiatric nurses in the district against a population of 374 000 people. Whilst anti-epilepsy medication has been decentralized to the rural clinics, the clinics in the district are also widely spaced and the majority of the nurses are not specialised in helping people with epilepsy. The hospital has also not been spared from challenges of erratic drug supplies exposing people with epilepsy in the rural community. It would also appear the majority of the people in the rural community are ignorant of anti-epilepsy medication and modern health care counselling services, as such they believe traditional counselling.

ABOUT THE STUDY

Despite strong beliefs in indigenous health care, residents of urban Zimbabwe are eight times more likely to consult modern health care counselling services (Winston & Patel, 1995 in Hohenshil et al, 2013). The proportion of people who go for epilepsy treatment is lower in the rural community as compared to urban community because the clinics are very widely dispersed or inaccessible because of the distance. There are also other barriers similar to those in the urban community which include erratic supply of drugs, shortage of trained manpower to handle their concerns and a negative perceptions from the community. As such, the average resident in rural Zimbabwe is also likely to self-treat with traditional herbs, consult a traditional healer or a prophet (charismatic church leader) as an alternative to anti-epilepsy medication. This research therefore sought to explore the health seeking behaviours of people with epilepsy in Hurungwe District Rural community. The study also sought to contribute towards bridging of the treatment gap of epilepsy for people in the rural communities.

METHODOLOGY

Research Setting

The study was carried out in Hurungwe District, located in Mashonaland West Province, in central northern Zimbabwe. It is located approximately 85 kilometres by road, northwest of Chinhoyi, the

nearest large town, and the location of the provincial headquarters. This location lies about 200 kilometres, northwest of Harare, Zimbabwe's capital and largest city. Hurungwe district borders with the Republic of Zambia, about 170 kilometres, northwest of Karoi. Hurungwe District has a population of 361 370 people and of these 187 160 are males and 179 210 are females.

Research Methods, Research Design and Data Collection

The researchers adopted the qualitative research methodology, which differs from the quantitative research in many aspects. As noted by Flick et al (2004) the qualitative research relies on the use of subjective meanings, and as such, reality is created interactively and becomes meaningful subjectively. The qualitative research methodology enabled the researchers to explore the health seeking behaviours of people with epilepsy in rural communities of Zimbabwe.

The present study adopted a multi-mode approach to data collection which included face to face interviews and focus group discussions. It adopted this multi-technique approach to data collection in order to obtain a holistic or total view of the subjects under investigation on issues of health seeking behaviour of people with epilepsy (Tashakkori and Teddlie, 1998). Focus group discussions and in-depth/ethnographic interviews were preferred as data collection instruments in order to collect qualitative data. This enabled the facilitation of gathering valid and reliable data from the respondents.

Participants were people with epilepsy from Hurungwe District and for children with epilepsy, their interviews were conducted on their parents. Village heads and community health workers assisted in identifying the participants. The researchers used a snowball method in identifying people with epilepsy. For Noy (2008), this method involves participants referring the researcher to other participants, who are then contacted by the researcher. These participants in turn refer the researcher to yet other participants. In total, 10 people with epilepsy participated in the study and they were aged between 20-45 years. The study also included 5 parents of children with epilepsy and these children were aged between 5-12 years. The researcher also identified 4 key informants and these included 2 traditional healers, a psychiatrist and a community health worker.

A focus group discussion was contacted to solicit the views of the community on the health seeking behaviours of people with epilepsy in the community. The group discussion was contacted with the blessing of a local village head, and it included 12 men and 6 women. Participants were interviewed on their perceptions on the causes of epilepsy, their understanding on the anti-epilepsy medication, and whether they were receiving any psychological support from the government of Zimbabwe. The research also explored on the influence of the African traditional culture towards epilepsy and the health seeking behaviour of people with epilepsy in the community.

Study Limitations

The study suffered from methodological limitations particularly in the sample size. The study focused on only one rural community, which is Hurungwe district. However, the number of respondents for the study was large enough to ensure a representative distribution of the population and to be considered representative of groups of people to whom results will be generalized or transferred.

Data Analysis

In-depth interviews were recorded, translated into English and typed in Microsoft Word. Content analysis was then used to analyse these interviews. The interviews were read several times and recurring themes were identified. For the purposes of this study, the analysis focused on the health seeking behaviours of people with epilepsy in rural communities of Zimbabwe.

RESULTS

Perceptions of People in Hurungwe District on the Causes of Epilepsy

Diop et al (2003) explains that in African societies the causes of epilepsy include childhood febrile convulsions, various infections, injuries, tumours and vascular diseases. Of the 10 participants with epilepsy, only 1 participant seemed to be in agreement with this explanation. Evidence at hand shows many people with epilepsy in the community think that epilepsy is associated with bewitchment and evil spirits. Participant 1 had this to say;

“My friend, this problem has something to do with bewitchment. I have been to several traditional healers and prophets and they have confirmed that I was bewitched by my grandmother because

of her difference with my mother. If it is a medical problem, why have I not recovered after taking those pills for years? Why is the condition untreatable? The conditions do not need medical attention at all."

The participant believes that he was bewitched because of the mother-daughter in law conflict between his mother and grandmother. That's how he has interpreted his condition.

Another female participant with epilepsy also attributed her problem to bewitchment. She had this to say;

"When I grew up, I was ok. This problem only developed after getting married. Fellow family members were not happy with this development and the problem began only one year into the marriage and I was divorced. So to say it's a medical problem is a lie. Why did it begin after getting married?"

The problem began one year into her marriage and she strongly believes that it had something to do with bewitchment. The participant added that she was advised by a medical doctor to look for traditional help, and as such it had something to do with bewitchment.

Interestingly, participant 5, a teacher agreed with Diop's understanding on the causes of epilepsy. He stated that in his childhood he experienced febrile convulsions and this could have caused the epilepsy problem. His challenge was that his family members, his wife included strongly believed that epilepsy has something to do with bewitchment. They were not willing to let him seek medical treatment but to use traditional medicine. As such, his hands were tied.

Parents of children with epilepsy were also interviewed and they all showed that epilepsy is caused by evil spirits. Participant 12 said;

"My son, my child is possessed with evil spirits and this has been confirmed by a prophet. He needs strong prayers and nothing else. God will answer me. I know."

The participant is strongly convinced that her 7 year old child is possessed with evil spirits. Participant 10 and 15 also shared similar sentiments but participant 13 added on by stating this;

"Hurungwe district is known for bewitchment. This area is full of witchcrafts and this is known throughout Zimbabwe. You cannot deny this aspect because the condition is untreatable. Even doctors are seen consulting traditional healers"

From his argument, it can be noted that people in the area strongly believe in witchcraft. The community is known for traditional practices and as such epilepsy is associated with bewitchment.

Interviews were also carried out with two traditional healers on the causes of epilepsy. The two traditional healer disclosed that epilepsy was a result of witchcraft. They disagreed with notion that epilepsy was a medical condition basing their argument on the fact that the epilepsy anti-medication had failed to treat the condition. The first traditional healer disclosed that he had treated his nephew who had epilepsy using traditional medicine. Sadly, the nephew was not there to testify this to the researchers because he is now dead. The second traditional indicated that he had treated a doctor who was suffering from epilepsy.

In the focus group discussion contacted, of the 18 participants only 3 participants indicated that epilepsy was a medical problem. The rest believed that it was caused by evil spirits and bewitchment. A female participant who disclosed that she was an apostolic said;

"These people are possessed with demons and all they need is the Holy Spirit. They need to be cleansed with holy water and not these traditional medicines and pills."

Her argument was that people with epilepsy need to be treated by prophets because they were possessed with demons. Another group participant agreed that anti-epilepsy medication cannot help, but disagreed that people with epilepsy need prayers. He felt that traditional medicines are the way forward. However, three group participants agreed with the fact that epilepsy is caused by childhood febrile convulsions. One group participant who was in agreement with this assertion stated that it was impossible for a person with epilepsy to seek medical treatment because the community strongly believed in bewitchment and evil spirits.

Findings from people with epilepsy, parents of children with epilepsy, two traditional healers and a focus group discussion showed that people in the rural community strongly believe that epilepsy is associated with bewitchment and evil spirits. For the few that believe that it is a medical problem, the challenge is that fellow family friends disagree with this notion. What then becomes of anti-epilepsy medication?

Anti-Epilepsy Medication in Hurungwe District

In their study Chilopora et al (1999) also note that even after diagnosis many people default in taking anti-epileptic drugs (AEDs) or fail to comply with the treatment regime. Research findings from Hurungwe district demonstrated that people with epilepsy default in taking anti-epileptic drugs because of various reasons. Participant 5, a teacher who earlier on disclosed that his biggest challenge is that his family members do not agree that epilepsy is a medical problem said;

“The challenge is that I have a short memory. I sometime forget to take carbamazepine medication and my wife does not bother to remind me. If I run out of them nobody is there to remind me and eventually I sometimes leave them for traditional herbs.”

The participant needs someone to remind him to take his anti-epileptic drugs but because his wife is against anti-epilepsy drugs, she does not bother to remind him. Eventually, he has to live on traditional herbs.

Another participant disclosed that he initially used to take these drugs, but they were not useful. Convulsions were recurrent and he felt that the pills were not useful and abandoned them. Probed on whether he had sought for specialist assistance, he disclosed that he did not have the bus fare, thus he had to survive on the traditional herbs.

Participant 10, who has epilepsy indicated that distance was a barrier. Even if he wanted the medication, he could not travel all the way to Karoi General Hospital to collect the medication. He thus abandoned the anti-epilepsy drugs because even it was given for free, he did not have the bus fare to go and collect the medication and return empty handed every now and again.

Participant 7 showed that when he initially went to the hospital, he was given a prescription of the anti-epilepsy medication. Sadly, the hospital would run out of the medication and it would not make sense for him to go the hospital and come back home empty handed thus he had sought for traditional herbs.

For parents of children epilepsy in Hurungwe district, anti-epilepsy drugs are not helpful because they believe that their children were bewitched. Only one parent showed that she had attempted to give her child the anti-epilepsy drugs but after a family consensus that she uses traditional herbs, she abandoned them. Participant 12 re-iterated that she strongly believed that with prayers, her child would be healed.

An interview with the two traditional healers indicated that they discouraged members of their community to use anti-epilepsy drugs. Rather, they encouraged the community to use traditional herbs which they supply. An interview with community health worker showed that the community was not well educated on anti-epilepsy medication. People in the community think that anti-epilepsy drugs are there to treat epilepsy completely. They do not understand that this medication is there to stop convulsions and when they fail to take the medication consistently they experience recurrent convulsions. He also agreed that there is sometimes a shortage of the medication and this has consequently resulted in some patients abandoning the medication completely.

The assertions advanced by the community health worker seemed to tally with the findings on the group discussions. Some group participants explained that the anti-epilepsy medication was not useful. A female group participant said;

“My brother had a similar problem. He did not take the family advice to abandon the pills but he still died after these convulsions. The pills did not treat him. Those pills are useless and I would not advise anyone to take them.”

Her brother died in spite of the fact that he was taking anti-epilepsy medication. As such, she strongly feels the drugs are useless. Another group participant indicated that anti-epilepsy medication was a challenge in the community, as such people would opt for traditional herbs.

Findings revealed that people with epilepsy in the community do not take anti-epilepsy medication seriously. Evidence at hand shows that they are not well educated on anti-epilepsy medication and transport is a barrier between the community and the main hospital. Evidence at hand also shows that there is sometimes a short supply of drugs. Anti-epilepsy medication can only be effective with psychological support, an issue that was also probed by the researchers.

Psychological Support

If a client goes on anti-epilepsy medication, it implies he/she needs psychological support. However, evidence at hand shows that people in Hurungwe district are not well versed with modern health care counselling services. In any interview, the community health worker disclosed that there are only three psychiatric nurses in the district. The participants with epilepsy disclosed that they had never received any form of psychological support. They showed that they when they visited the hospital they were never offered any such kind of help.

The parents of children with epilepsy disclosed that they had never received any such kind of help in their life. Participant 12 showed that she believes in spiritual guidance, and nothing else. She was not worried with any form of psychological help. Traditional leaders indicated that they were the best people to offer guidance to people in their community.

Findings revealed that people in the community are ignorant on epilepsy psychological support, which could be the reason why they are ignorant on anti-epilepsy medication. Could it be because of the African traditional culture?

African Traditional Culture

Shizha and Charema (2011) argue that most rural African people who suffer from psychosocial disorders like epilepsy usually seek help from traditional faith healers first, it is only later that they visit a modern health facility if the disorder persists. The researchers also investigated the traditional beliefs of people in Hurungwe district.

In any interview, all participants with epilepsy showed that they had been to a traditional healer at some point to seek answers to their health problems. The only argument that needed to be probed further was whether they had been to the traditional healers first, or whether they had gone after seeking medication. Investigations showed that 7 of the participants had been to the traditional healer first and the other remaining 3 had sought for medical attention first. Participant 3 who went to the clinic before he was taken to a traditional healer said;

"I was taken to a local clinic after experiencing some convulsions. I was unconscious and I was referred to the hospital. In Karoi I was further referred to Parirenyatwa Hospital where I was diagnosed to be epileptic. Family members then took me to a traditional healer because everyone was in denial."

Parirenyatwa is located in Harare province, the capital city of Zimbabwe and is about 200km from Karoi. Neurologists are located in this town and normally people who are suspected to be epileptic are referred to this city from Hurungwe district. From the participant's explanation, it was only by chance that he got to the hospital first because even after being diagnosed to be epileptic his family was still in denial.

Participant 8 disclosed that when he was having recurrent convulsions, he was taken to a traditional healer first. The traditional healer told him he had been bewitched and even after going to the hospital he still believed what he had been told by the traditional healer.

Parents with children with epilepsy were also probed on their traditional beliefs. Participant 11, a mother to a boy child with epilepsy disclosed;

"My son, the only time I took my child to the hospital was when he had suffered some burns after some convulsions. I only wanted him to get treated on the burns, not to have him treated the epilepsy"

The participant only visited the hospital to have her son to be treated the burns, not epilepsy. Participant 15, whose 12 year old girl has epilepsy stated that she had never been to the hospital because a prophet had told her that her child was possessed with evil spirits. Participant 12 maintained;

"Jesus is the answer!"

Participant 12 believes that God will have her child healed, and as such had no reason to go to the hospital.

In any interview, the two traditional healers disclosed that they were handling the majority of these cases of people with epilepsy in their area. They agreed with the notion that the many people come to seek for their assistance first, and if they abide with their instructions they can get healed.

In a focus group discussion, results showed the community believe in traditional healers and prophets. Investigations revealed that the hospital is the last option as the group participants maintained that epilepsy was associated with bewitchment and evil spirits.

Traditional and Spiritual Medicine

Sidig et al (2009) explain that spiritual and socio cultural beliefs influence the nature of treatment and care received by people with epilepsy. Findings above revealed that people in the community believe in African traditional culture and this question sought to investigate if this have an influence on the nature of treatment and care received by people with epilepsy.

In any interview with people with epilepsy, 8 of the participants indicated that they had used traditional herbs, 1 participant indicated that he was using anointment oil whereas the other one said he was praying hard. Findings showed that people with epilepsy in the community had so much faith in traditional herbs and spiritual medicine. Participant 1 said;

"I was told by a traditional healer to take the traditional medicine. When I used it, I felt much better. Yes, I experience convulsions here and there but it's better than before."

Participant 1 showed that he was comfortable with the traditional treatment. However, he could not deny that he was experiencing some convulsions in his life time. Participant 2 disclosed that he was using traditional herbs, but he was yet to recover from the epilepsy. Participant 3 said that he was using anointment oil which he had been given by a prophet in Zimbabwe. He was hopeful that that the anointment oil would help him. Participant 4 told that researchers that he was using traditional herbs but he was still experiencing some convulsions every now and again. Participant 5 has used traditional herbs only once, and has never experienced some convulsions. Participant 6 said that he was using both traditional herbs and anti-epileptic medicine. Participant 7 disclosed that he was very prayerful and had all the faith that God would answer his prayers. Participants 8, 9 and 10 also said they were using traditional herbs, but they could not confirm whether they had been healed or not.

Similarly, parents of children with epilepsy disclosed that that they were using traditional herbs. Only participant 12 indicated that she was praying for divine intervention. They all showed that their children were experiencing some convulsions every now and again.

The traditional healers disclosed that traditional herbs have been used since time immemorial and they were useful. Asked why the patients were indicating that they were experiencing convulsions even after taking the traditional herbs, they indicated that some were not abiding by their instructions. For instance, when a client have taken the traditional herbs there would be no need to mix up with anti-epileptic medicine. The first traditional healer indicated that mixing the two would cause more convulsions because the traditional herbs are equally strong. The second traditional disclosed that he helped a medical doctor who was suffering from epilepsy.

During the focus group discussions, some participants disclosed that God is the final answer. With and without anti-epileptic medication and traditional herbs you can survive. Some showed that traditional herbs were the best way forward. A group participant testified that his daughter, married elsewhere was leaving happily after being treated with herbs. Another group participant also testified that a neighbour from the family of her origin had been treated with traditional herbs and was living happily. A male participant said that he knew of a medical doctor who had gone to a traditional healer to seek for traditional herbs when his child had been diagnosed to be epileptic.

Findings disclosed that the community believed in traditional herbs and spiritual guidance. The researchers were still wondering; do these traditional medicine have any shortcomings?

Traditional Medicine Shortcomings

Some studies have indicated that the traditional medicine has its own shortcomings. For instance, Addis (2002) argues that the knowledge surrounding traditional medicine incorporates a number of harmful practices. Traditional healers were interviewed on this aspect, but they both denied that their medicine had any shortcomings. In any interview, the psychiatrist maintained that traditional medicine had some shortcomings. The main shortcomings emanate from the fact that the drugs are not scientifically proven. He also stated that the challenge with patients with epilepsy was that if they are given anti-epilepsy drugs, they drop them in preference of traditional medicine. They only come back to the hospital after the problem has been proven to be serious.

DISCUSSION

Findings revealed that people in Hurungwe district believe that epilepsy is caused by evil spirits and bewitchment. A number of studies have been carried out elsewhere on the issue of epilepsy and evidence at hand shows that many Africans think that epilepsy is associated with evil spirits. For instance, in their study on the causes of epilepsy in Malawi Chilopora et al (1999) found out that there is a strong belief that epilepsy is not an organic disease or condition but one that is linked to witchcraft and spirits. This belief has consequently resulted in patients with epilepsy defaulting anti-epilepsy medication.

Findings also showed that people with epilepsy in the community are defaulting anti-epilepsy medication for various reasons. Some of the reasons identified are distance barrier (from the community to the local hospital), lack of knowledge, shortage of drugs supply and beliefs in traditional herbs. In their study Chilopora et al (1999) observed that even after diagnosis many people default in taking anti-epileptic drugs (AEDs) or fail to comply with the treatment regime. Their research also discovered that 28% of those on medication were not fully compliant. Some of the reasons identified include lack of understanding about the nature of epilepsy and the role of drugs in its management and poverty. As for Munthali (2013), many African countries suffers from a healthcare system that is generally under-resourced. They further argue that there are very few trained personnel specializing in epilepsy and there is a limited number of drugs available for use in rural communities, a similar problem being experienced in Hurungwe district.

Findings also revealed that the community is not well versed with psychological counselling. When one is on anti-epilepsy medication, he/she should receive psychological support. Results also showed that community relies heavily with spiritual guidance from traditional healers and prophets. Mutswanga and Mafunga (2009) posited that currently, the Zimbabwean, or rather the African scenario presents the typical third world context of counselling where a minuscule of formally qualified counsellors provide services alongside (if not in competition) with traditional counsellors network for firm roots in extended family, cultures, clan and beliefs in omnipotent supernatural force at the behest of medicine, man or diviners which control lives of people. The indigenous healer or diviner (n'anga or sangoma) occupies a central place in communities' participation in life events, including epilepsy. Similarly, the community believes that traditional leaders can assist them.

The study also revealed that the community strongly believes in African traditional culture. As stated earlier, the community feels that epilepsy is caused by evil spirits and bewitchment. Shizha and Charema (2011) observed that in the African traditional culture, one of the most venerated health components is the significant presence of traditional beliefs and the use of African traditional medicine in matters of health and wellness involving diviners, midwives and herbalists. Some visit traditional healers to get spiritual therapy or herbs. This is supported by Luongo (2008) who argues that the causes, illness and death of a human being are rooted in the belief of sorcery, witchcraft and superhuman forces have continued to thrive in Africa. This assertion is supported by Watts (1989) who observed that the healing method employed in psychosocial disorders revealed that rural African people with epilepsy considered treatment of seizures to be the domain of traditional healers and attend hospital only when they require treatment for burns which they suffer during fits.

Findings revealed that people with epilepsy in the community are using traditional and spiritual medicine. In another study by Mohammed and Babikir (2013), it was observed that 70, 5% among Sudanese use the traditional and spiritual medicine for the treatment of epilepsy. Throughout the mankind's history, epilepsy has been perceived as mysterious and supernatural disorder. Like many

communities in Africa and other developing countries, the community in Hurungwe district still believes that epilepsy results from witchcraft or possession by evil spirits and therefore treatment should be through the use of herbs from traditional doctors and spiritual leaders.

Findings showed that traditional medicine has its own shortcomings mainly arising from the fact that the medicine is not scientifically proven. People in the community strongly believe in this medicine. Al-Safi (2007) observed that in spite of the reported and unreported complications in traditional practice, people seek traditional healers regularly and confide in them, they respect them and hold them in high regards. Most recently, the African Union declared the period 2001 to 2010 as the decade of African traditional medicine (UNAIDS, 2010). WHO (2001) carried out a survey on the legal status of traditional and complementary/alternative medicine and revealed that of the 44 African countries surveyed, 61% had the legal statutes regarding traditional medicine. What it shows is that traditional medicine is widely accepted in spite of these shortcomings.

CONCLUSION

The study demonstrates the health seeking behaviours of people with epilepsy in a rural community of Zimbabwe. Results show that the people in rural communities of Zimbabwe believe that epilepsy is caused by evil spirits and witchcraft. It was also observed that people with epilepsy are not receiving psychological support. The researchers also observed that the majority of people in rural communities do not take anti-epilepsy medication seriously because of various reasons, among them the distance barrier, drug shortage, lack of education, and a strong belief in traditional medicine. The rural communities are strongly tied to African traditional culture and this has an influence on the treatment which they use. The communities use traditional and spiritual medicine as the treatment for epilepsy. Some shortcomings have been noted on the drugs, chief among that they are not scientifically proved.

RECOMMENDATIONS

The researchers strongly recommend that people who specialise in epilepsy must be deployed in rural communities. Rural communities need to be educated on epilepsy, the anti-epilepsy medication and its effects. People on anti-epilepsy medication must be offered psychological support. Anti-epilepsy drugs must be supplied consistently and hospitals and clinics in rural communities must not run dry. Awareness campaigns must be carried out in rural communities to educate them that epilepsy is a medical problem as the majority still associate it with African traditional cultural practices.

REFERENCES

- [1] AL-SAFI A. (2007). *Traditional Sudanese Medicine- A primer for health care providers, researchers and students. 1st Ed.* Khartoum: Azza House; 115-20
- [2] ASINDI, A.A., ANTIA-OBONG, O.E., IBIA, E.O. & UDO, J.J. (1995). *Neonatal seizures in Nigerian infants.* African Journal of Medicine and Medical Sciences 24(3), 243–248.
- [3] CHILOPORA, G.C., KAYANGE, N.M., NYIRENDA, M. & NEWMAN, P.K., (2001). *Attitudes to epilepsy in Malawi.* Malawi Medical Journal 13(2), 6–8.
- [4] DEWA. W. (2012). *Non-Attendance of Treatment Review Visits among Epileptic Patients in Gokwe South District: Midlands Province, Zimbabwe.* College of Health Sciences, Department Of Community Medicine, University Of Zimbabwe, Harare
- [5] DIOP, A.G., DE BOER, H.M., MANDLHATE, C., PRILIPKO, L. & MEINARDI, H. (2003). *The global campaign against epilepsy in Africa.* Acta Tropica 87, 149
- [6] FLICK, U., KARDORFF, V.E. AND STEINKE, I. (2004). *A Companion to Qualitative Research.* London, SAGE Publications.
- [7] FEDERATION OF DISABILITY ORGANISATIONS IN MALAWI [FEDOMA] (2011). *The Discourse of Disability Gowa, Malawi.* Fredrick Douglas Institute Prize
- [8] MOHAMMED I.N AND BABIKIR H.E. (2013) *Traditional and Spiritual medicine among Sudanese children with epilepsy.* Sudan J Paediatric; 13(1):31-37
- [9] MUNTHALI, A., BRAATHEN, S.H., GRUT, L., KAMALERI, Y. & INGSTAD, B. (2013). *Seeking care for epilepsy and its impacts on households in a rural district in southern Malawi.* African Journal of Disability 2(1), Art. #54, 8 pages.
- [10] MUTSWANGA, P& MAFUNGA. G. (2009). *Multicultural Counselling.* Zimbabwe Open University, Harare.

- [11] NOY, C. (2008). *Sampling knowledge. The hermeneutics of snowball sampling in qualitative research*. International Journal of Social Research Methodology 11 (4), 327-344.
- [12] SCOTT, R.A., LHATOO, S.D. & SANDER, J.W.A.S (2001). *The treatment of epilepsy in developing countries: Where do we go from here?* Bulletin of the World Health Organisation 79(4), 344–351.
- [13] SHIZHA. E AND CHAREMA. J. (2011) *Health and Wellness in Southern Africa. Incorporating indigenous and Western healing practices*. International Journal of psychology and counselling Vol 3 (d):167-178
- [14] SIDIG A, IBRAHIM G, AND HUSSEIN A.(2009) *Study of Knowledge, Attitude, and Practice towards Epilepsy among relative of epileptic patients in Khartoum State*. Sudanese journal of public health. Vol 4: 393-99.
- [15] TASHAKKORI, A., & TEDDLIE, C. (1998). *Mixed Methodology: Combining Qualitative and Quantitative Approaches*. Thousand Oaks, CA; Sage.
- [16] WORLD HEALTH ORGANIZATION [WHO](2004). *Epilepsy in WHO Africa region: bridging the gap*. WHO Africa Region, Brazzaville.
- [17] WORLD HEALTH ORGANIZATION [WHO] (2012) *Epilepsy: Fact sheet number 999*, viewed 23 July 2013
- [18] WINSTON, C.M., & PATEL, V. (1995). *Use of Traditional and Orthodox Health Services in Urban Zimbabwe*. International Journal of Epidemiology, 24, 1006-1012