Perceptions about the aetiology, treatment and prevention of convulsions in under-five children in Rumphi.

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Summary
This paper, based on an ethnographic study carried out in western Rumphi, examines people’s perceptions about the aetiology, treatment and prevention of convulsions in under-five children. Both old and young women attributed convulsions to the eating of eggs by under-five children and acts of witchcraft. However, young women, probably because of their higher level of educational attainment and their attendance of the health education sessions conducted by health surveillance assistants, also interpreted convulsions as serious forms of malaria. As regards prevention of convulsions, informants mentioned traditional methods such as the use of incisions and wearing of amulets, and that children should not eat eggs. Because of the attribution of convulsions to witchcraft and such other culturally related-causes, most informants said that treatment for this illness is first sought from traditional healers, and biomedicine is only sought when the situation worsens. The delay in seeking therapy for convulsing children from modern medical facilities (mainly because of culturally perceived causes and modes of prevention) diminishes chances of the survival of such children. The knowledge of such community perceptions about convulsions is necessary as it can better inform the design and implementation of health education programmes.

Introduction
Malaria is a huge public health problem in Malawi. In 1996, there were 2,628,539 first visits to the health facilities that were diagnosed as malaria. In 2000, malaria was responsible for 43 percent of all outpatient cases and 19 percent of under-five mortality. While adults also suffer from malaria, pregnant women and under-five children are the ones who are most vulnerable. While the occurrence of convulsions, splenomegaly and anaemia in under-five children can be attributed to other causes, but in malaria endemic areas, such as in Malawi, these conditions are mostly due malaria.

This paper examines what people in western Rumphi perceive to be the aetiology of convulsions in under-five children and the methods that they use to prevent this illness. The paper further discusses the therapy seeking process that mothers pursue when under-five children suffer from convulsions. Research upon which this paper is based was done between May 2000 and May 2002.

Materials and Methods
This was a qualitative study and participant observation, in-depth interviews with old men and women and mothers with under-five children and key informant interviews with traditional healers, traditional birth attendants, health surveillance assistants and medical assistants comprised the major data collection methods.
Ankle and elbow positions are linked to malaria and their positive experiences at the centre for treatment. However, even these women first administer supplements rather than replaces modern health care for treatment. For such women, ‘the use of traditional medicine supplements rather than replaces modern health care’ i.e. they perceive traditional medicine as relieving the symptoms but not necessarily curing. The few women who recognize that convulsions are linked to malaria and their positive experiences at the health centers may well act as agents of change in society and therefore bring about change to allopathic views of convulsions.

Discussion
Children suffering from convulsions are first treated using traditional medicine. Such children are only brought to the health centre very late when the disease is in its advanced stages and the chances of survival for such children might be very slim. These children are given an injection and when they die, people generally attribute the death to the injection, and not to the fact that the child was brought to the health centre late. During the study, it seemed that people do not perceive that the delay in seeking appropriate care when children suffer from convulsions is detrimental to the children’s health; hence when children die after being given an injection, they blame the hospital staff of killing their children and do not acknowledge that they only went to health centre when it was too late.

Despite the fact that traditional forms of treatment for convulsions are widely used, there were others who felt that it was a waste of time to use these forms of treatment; they have learnt this from experience as they simply take their children to the health centres for treatment.

Conclusion
While some women indeed go with their children to health centers when they suffer from convulsions, some do not go because of the belief that there is no appropriate treatment for such an illness at the health centers. Others are forced to go to health centres when the situation worsens. The delays in seeking hospital treatment for convulsions reduce the likelihood of children being cured. Ethnographic studies such as this one are useful in that they spell out the communities’ perceptions about the causes and methods of prevention of convulsions and how these can influence the therapy seeking process when a child suffers from this illness. Such results are of practical importance to Malawi as they can be used to better inform the public health education programmes.

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