Zimba, Zambia: A Lesson in Healthcare Perceptions and Access to Care

By Meriah Moore
Zimba, Zambia

- **Population:**
  - National 13,092,666 (60.5% rural)
  - Zimba district 66,725

- **Language in Zimba district:** Tonga

- **Climate:** tropical savannah

- **Economy of Zimba district:**
  - 70% agricultural

- **Religions:**
  - Protestant 75.3%
  - Catholic 20.2%
  - Other 2.7%
• Founded in 1960
• Supported by Global Partners
• 150 outpatient visits per day
• 132 inpatient beds
• 1,500 deliveries in 2015
• Catchment area of 330,000 people for surgical and obstetric care
National Health Statistics

- Mean maternal age at first birth: 19.3
- Fertility rate: 5.72 children/woman
- Maternal mortality: 224 deaths/100,000 live births
- Infant mortality: 64.72 deaths/1,000 live births
- Contraception prevalence: 40.8%
This tray was carried through the wards by the nurse to dispense medications.
The Casualty Department (emergency room)
Health Perceptions and Barriers to Care

Why this Topic?
- High prevalence of tattooing
- Consent forms from husband required for female sterilization
- Late presentation of patients with HIV/AIDS

Efforts to promote HIV testing and treatment were evident from signs in Zimba

Suspected Kaposi Sarcoma
Spirituality (Chibbula and Zulu)

• Prayer in the hospital
  – Many patients ask for prayer when they present to ZMH
  – Requests may include protection and healing
  – Some patients request for demons to be cast out. This may occur when a person is mentally ill or has attempted suicide.

• Alternative medicine/witch doctors (Nganga)
  – Traditions may be passed down through apprenticeship
  – Tattooing is performed to lift a curse
    • May be necessary before medicine can be effective
    • Considered similar to vaccines

• Curses believed to sometimes be responsible for illness
  – Especially when an illness occurs within the same family

• Sin and disease
  – In general, it is not believed that sin is responsible for disease
  – However, HIV is considered to be suffering brought about by sinful actions
Spirituality Continued  (Chibbula and Zulu)

• Who seeks counsel from Nganga?
  – Those who believe they have been cursed
  – Any age group, including children and infants
  – Patients who cannot afford to go to the hospital
  – Many Christians do not publically support the practice, but may go in secret

• Grieving and Death
  – Wailing occurs upon the death announcement
  – Purpose is to show how much the person will be missed
  – Strangers often participate in wailing
  – Crying before a person dies is viewed negatively, as it is seen as giving up hope
  – Funeral processions are usually more uplifting and there will be singing of hymns
Healthcare Stigmas (Zulu and Jones)

- Perceptions of HIV
  - Adult HIV prevalence: 12.37%
  - Stigma around HIV prevents access to testing/treatment
    - HIV positive ZMH employees use secret names and are seen after hours
    - Others travel to other cities to avoid recognition
  - Stigma improves as health benefits of ART are noted
    - ART has been available since 2004; free and accessible
  - There is no mandated reporting of HIV or other STIs
    - Data is collected for statistical purposes only

- Access to care at ZMH
  - Factors that may limit access to care at ZMH
    - Cost of travel
    - Time lost at work
    - Use of Njanga or traditional birth assistants
Healthcare Inequalities

• Women’s health
  – Reproductive decisions
    • Contraception prevalence: 40.8%
    • Generally made by the father or husband
  – Bride Price (Labola)
    • Permits polygamy, although not commonly practiced
    • If a husband dies, his family can claim property or assets

• Maternal/Fetal health
  – Newborns are not named for 6 weeks. The mother and infant are isolated in the home during this time. This may occur because:
    • Tradition
    • Avoidance of becoming too attached to the infant since infant mortality is high
    • Protect the mother and baby from illness
Strategies to Improve Access and Perceptions

• Individual
  – Respect other’s spiritual beliefs so that hospital care is not delayed

• Community
  – Address the “Bride Price” practice
  – Promote access to contraception
  – Improve hospital privacy to reduce fear of stigma

• System
  – Infrastructure development
  – Improved transportation

Outreach clinic where 175 patients were seen for well-child checks and birth control distribution
Conclusions

• Many factors impact access to healthcare and the perception of health. Some factors may include:
  – Cultural
    • Traditional medicine/tattooing
  – Spiritual
    • Beliefs about curses or demons causing illness
  – Social
    • Patriarchal control over women’s reproductive rights
    • Stigmas about HIV
  – Financial

• It is a worthwhile challenge for cultural beliefs to be respected and celebrated, while also promoting access to safe medical care!
Most profound clinical experience

• 36 year old female who was 4 months status post delivery of a term male newborn and currently breastfeeding
  – 3 month history of right breast pain and swelling
  – one week of medial upper quadrant ulceration that is growing in diameter with protruding fleshy mass and purulent drainage

• Two months ago: diagnosed with mastitis versus possible breast malignancy at ZMH
  – Treated with a 5 day course of IV antibiotics
  – Given a referral for biopsy and surgical evaluation in Livingstone
  – The patient did not follow up with referral

• The patient was admitted to the ward and started on antibiotics
  – Vitals were stable
  – Lab was within normal limits

• DDx: Right mastitis with ulcerated abscess vs. malignancy

• Transport by the hospital had been arranged, but the patient left against medical advice without treatment
Possible mastitis with ulceration and abscess vs. breast malignancy complicated by mastitis in breastfeeding patient
Most profound cultural experience

- 60 year old female patient who presented with headache of 3 days duration
  - History of one month of nausea, vomiting, diarrhea, and poor oral intake
- Family member reports that one week ago the patient began to have left upper quadrant abdominal pain and constipation. The patient then became weak and lost consciousness.
- During the past month, the patient had not been to a clinic, but the family consulted a Nganga.
  - At first they tried herbal remedies and tattooing. After the patient lost consciousness, the Nganga bit the patient’s abdomen.
  - When asked why, the family reported that this released the curse. The patient subsequently had a bowel movement, regained consciousness and began to walk again.
- When asked what brought her to the hospital now, the patient replied, “We had to get rid of the spirit and this headache won’t go away.”
Human bite and tattooing from a Nganga
References

• Zambia Daily News. https://www.daily-mail.co.zm/?p=4103
• Zimba Mission Hospital. http://zimbamission.org/
• Interviews with Dr. Dan Jones, Translator Mutinta Zulu and Pastor Alick Chibbula

Myself, classmate Becca Milburn and Julie Baker, PA, wearing “chitenge” in the colors of the Zambian flag