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International Journal of Current Research
Vol. 8, Issue, 06, pp.32597-32601, June, 2016

INTERNATIONAL JOURNAL OF CURRENT RESEARCH

ISSN: 0975-833X

RESEARCH ARTICLE

MULTIDIMENSIONAL HEALTH LOCUS OF CONTROL AND QUALITATIVE STUDY OF GOITRE PATIENTS CONSULTING TRADITIONAL HEALERS PRIOR TO ORTHODOX DOCTORS

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ARTICLE INFO

Article History:
Received 07th March, 2016
Received in revised form
27th April, 2016
Accepted 18th May, 2016
Published online 15th June, 2016

Key words:
Goitre,
Traditional Healers,
Orthodox Doctors,
Consulting.

ABSTRACT

Goitre is an enlargement of the thyroid gland which often presents with a conspicuous swelling in the anterio-lateral region of the neck. We prospectively investigated the characteristics of 68 patients who attended our clinics over a 2 years period that previously patronized traditional healers in the course of their disease. Twenty two (32.35%) patients consulted orthodox doctors as their first and only point of contact, while forty six (67.64%) patients first consulted traditional healers prior to orthodox doctors' consultation. The mean age of patients without traditional healers' consultation was 33 years (±9.2412) which is lower compared to those with prior traditional healers' consultation whose mean age was 47.95 years (±9.1780) (P <0.001). Female sex and patients in low socio economic class tend to consult traditional healers first. The patients' marital status and religion show no statistical significant difference in their pattern of consultation. Better outcomes seen in the patients that consulted orthodox doctors, was the main reason for consulting orthodox doctors by traditional healer consulters. The mean powerful health locus of control for patients with prior traditional healers' consultation is higher than that of patient without (31.23 (±1.38) vs. 17.41 (±0.361), p < 0.001) while the mean internal health locus of control for patients without prior traditional healers' consultation is higher than that of patients with prior traditional healers' consultation (29.11(±1.53) vs. 24.32 (±1.61), p < 0.001). The mean chance health locus of control shows no statistical significant difference. Most patients consulting traditional healers do so as a result of erroneous belief about the cause of goitre, immediate access to treatment within their vicinity and believe in the expertise of traditional healers.

Citation: Akanbi, O.O., Oyewole, A.O., Oguntola, A.S. Ajiboye, A.O., Adeoti, M.L., Amole, I.O. and Olalere, S.A. 2016. "Multidimensional health locus of control and qualitative study of goitre patients consulting traditional healers prior to orthodox doctors", *International Journal of Current Research*, 8, (06), 32597-32601.

INTRODUCTION

Goitre is an enlargement of the thyroid gland which often presents with a conspicuous swelling in the antero-lateral region of the neck. The swelling, apart from having biochemical, physiological and metabolic effects on the body, it has several socio-cultural implications in our society and cosmetic phenomenon. Some patients with goitre often consult traditional healers instead of orthodox doctors and do present in hospitals after long period of delay, when complication(s) would have set in or become toxic.

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The reasons for seeking alternative health services are unclear; however, this has been a subject of debate by many researchers (Hannay, 1979; Jones, 1987; Anderson *et al*, 1987). It is therefore imperative to understand the qualitative characteristics, the health belief and the health seeking behaviour of patients with goitre that consult traditional healers instead of orthodox doctors. We thus investigated the characteristics of such patients that patronize traditional healers prior to orthodox doctors' consultation and made a comparison with those that seek help only in the course of their disease from orthodox doctors, so as to categorise those of special interest to focus on in relation to health education about goitre. Similar qualitative studies have been made in some other clinical conditions which analysed factors that influence

patients' decision to consult their general practioners (Cornford CS, 1998).

MATERIALS AND METHODS

This prospective study was carried out in two teaching hospitals in South Western region of Nigeria. The study recruited 79 goitre patients who attended our clinics over a 2 years period. The patients were divided into two groups: those that first consulted traditional healers prior to orthodox doctors' consultation (traditional healer consulters) and those without prior traditional healers' consultation (orthodox doctor consulters). The study instrument was a semi structured open ended questionnaires. The patients were interviewed by the investigators during patients' visitation to the clinics. The information obtained included patients' bio data, duration of symptoms, previous knowledge about goitre, symptoms, signs, knowledge about toxic symptoms, point of first contact, reason(s) for present orthodox consultation in hospital, patients were also asked about their belief in relation to the cause(s) of the goitre. We used the Multidimensional Health Locus of Control (MHLC); a six point Likert scale designed by Wallston and Wallston in 1978 (Wallston and Wallston, 1978) to determine the: Internal Health locus of Control (IHLC), Powerful Health locus of Control (PHLC) and chance Health locus of Control (CHLC) of the recruited patients as parameters of health belief. The result were analysed using biostatistics 2 for ipad ® (Apple Inc.) and Excel 2007 (Microsoft Inc. ®). The data were presented in the form of tables and charts. The test of significance was by chi-square and t-test, while p value was set at below 0.05 for significant difference.

RESULTS

A total of 79 patients with clinical and radiological diagnosis of goitre were recruited into the study over the study period, but 68 patients' data were found suitable for analysis after editing.

Twenty two (32.35%) out of these 68 patients consulted orthodox doctors as their first and only point of consultation while forty six (67.64%) patients first consulted traditional healers as their first point of consultation prior to orthodox doctors' consultation. The mean age of patients without prior traditional healers' consultation was 33 years (±9.2412) this is significantly lower compared to those who had consulted traditional healers prior to orthodox doctors' consultation whose mean age at presentation was 47.95 (±9.1780) giving a mean age difference of 14.95 year, (P <0.001). There is a statistically significant difference in the pattern of consultation between men and women, with women tending to consult traditional healers more than men (P=0.0016). Thirty seven (86.04%) of the forty three patients in low socio economic class first consulted traditional healers which is statistically significant when compared to patients in intermediate and high social classes (P<0.001).The patients' marital status and religion show no statistically significant difference in their pattern of consultation.

Other details of the socio demographic characteristics of recruited patients are as shown in Table 1.The duration of symptoms for patients without prior traditional healers' consultation ranges from 22 to 302 days with mean duration of 102.81 days (±83.69) while that of those with prior traditional healers' consultation ranges from 37 to 1120 days with a corresponding mean duration of 307.45 days (±297.22) and that of mean difference being 204.63 days, which is statistically significant (P = 0.0336). The main reason for consultation among patients with and without prior traditional healers consultation was cosmetic reason (Table 2). Nineteen (86.36%) out of the 22 patients without prior traditional healers' consultation believed that goitre is a condition that required medical care and can be cured with medical intervention while 31(67.39%) patients out of the 46 patients who consulted traditional healers prior to orthodox doctors' consultation believed that goitre is an affliction on man by the supernatural force which requires spiritual intervention.

Table 1. Socio demographic characteristics of recruited patients with and without prior traditional healers consultation (n=68)

Parameter	Patients without prior traditional healers consultation (n=22)	Patients with prior traditional healers consultation (n=46)
Sex M:F	7:15	1:45
Religion		
Christian	10	26
Islam	7	17
Others	5	3
Social class		
Low	5	37
Intermediate	14	9
High	3	0
Marital status		
Single	3	5
Married	12	31
Divorce	2	7
Widow	5	3
Place of abode		
Rural		
Semi urban	1	18
Urban	17	23
	3	5 (Rural versus semi-urban and urban p =0.0092)

A total of nineteen patients (41.3%) exhibited toxic symptoms of which sixteen (84.21%) consulted either orthodox doctors or traditional healers due to their toxic symptoms. Seven (87.50%) out of 8 toxic patients without prior traditional healers' consultation, did so as a result of their toxic symptoms, while 9 (81.81 %) out of 11 patients who consulted traditional healers prior to orthodox doctor' consultation did because of toxic symptoms.

Analysis of patients with toxic symptoms revealed that all toxic patients perceived their toxicity as serious symptoms. Two (25%) out of 8 patients without prior traditional healers' consultation were able to relate their toxic symptoms to goitre; 1 (9.09%%) out of 11 patients among those that consulted traditional healers prior to orthodox doctors' consultation had a similar association, while the remaining 10 (90.90%) out of the 11 patients that consulted traditional healer prior to orthodox

Table 2. Reasons for initial consultation among patients with and without prior traditional healers consultation (n=68)

S.No.	Reasons	Patients without prior traditional healers consultation n=22 (%)	Patients with prior traditional healers consultation n=46 (%)	Total n=68 %
1	Toxic symptoms	7 (31.82)	9 (19.56)	23.53
2	Cosmetics	9 (40.91)	34 (73.91)	63.24
3	Pressure from peer	5 (22.73)	2 (4.35)	10.29
4	Fear of malignancy	1 (4.55)	1 (2.17)	2.94

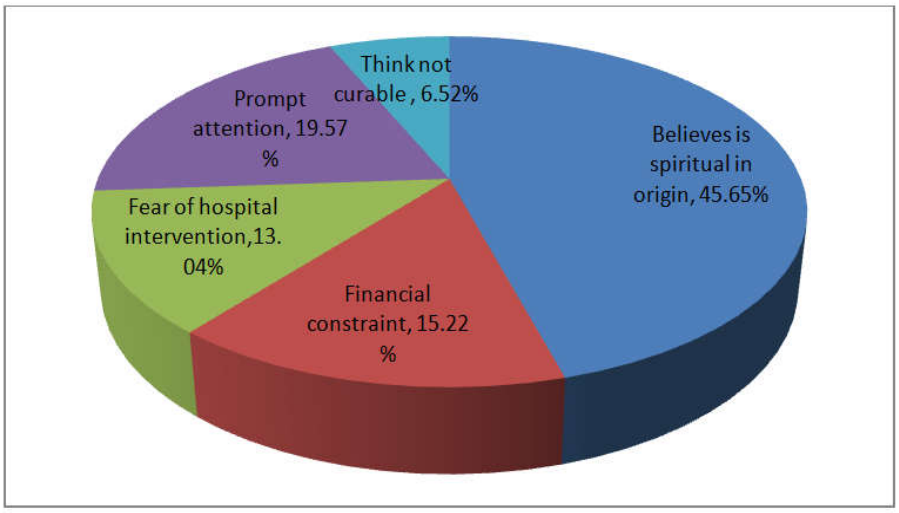
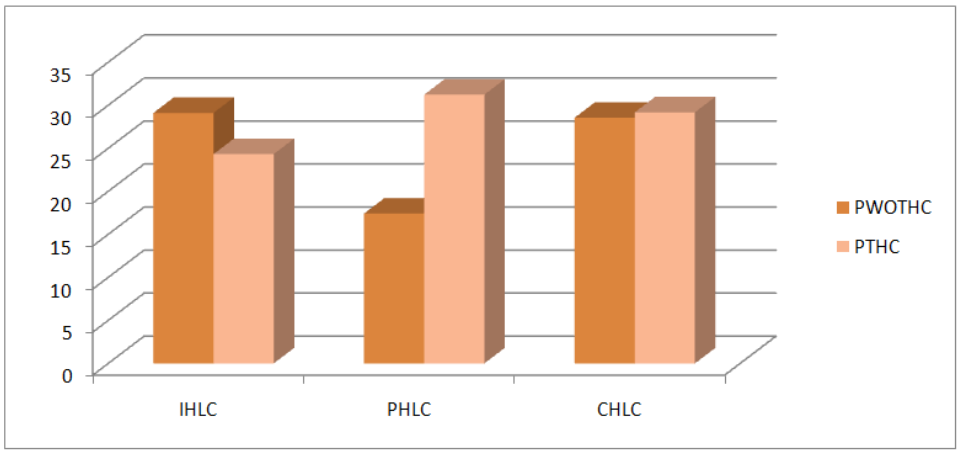


Figure 1. Showing various reasons for prior consultation of traditional healers



P	<0.001	<0.001	0.2194

IHLC: - internal health locus of control
PHLC: - powerful health locus of control
CHLC: - chance health locus of control
PWOTHC:-Patients without prior traditional healers' consultation
PWTHC:-Patients with prior traditional healers' consultation

Figure 2. Compares mean multidimensional health locus of control score of patients with and without prior traditional healers' consultation

doctor' consultation ascribed it to spiritual attack. Toxic symptoms were associated with a tendency to present early compared to other symptoms as the mean duration of symptom among toxic patients at presentation was 106 (72.73) days while in other patients it was 512.64(191.57) days (P <0.001). Figure 1 shows various reasons for not consulting orthodox doctors first. Reasons for quitting the service of traditional healers for orthodox doctors include: failure of improvement in their conditions and progressive worsening of their symptoms 25 (54.34%), patients claimed better outcome seen in other patients who had similar conditions and consulted orthodox doctors 13 (28.26%) and following intensive counselling by orthodox doctors during unrelated clinic visit for other medical conditions 8 (17.39%). Analysis of multidimensional health locus of control between the patients with prior traditional healers' consultation (traditional healers consulters) and patients without prior traditional healers' consultation (orthodox doctor consulters) revealed statistical significant differences in their powerful health locus of control and internal health locus of control (Figure 2).

DISCUSSION

This study confirmed the effect of socio demographic factors and health beliefs as factors that influences the health seeking behaviour, choice and pattern of consultation of patients as previously reported (Campbell and Roland, 1996). The study revealed that older patients with goitre were more likely to consult traditional healers, as there was a significant mean difference of about 15 years between patients with and without prior traditional healers' consultation in favour of older age group. The patients in lower socio economic class were more also likely to consult traditional healers as our findings showed a statistically significant difference between patients with and without prior traditional healers' consultation. This may be due to the fact that patients in low socio economic class were more likely to be less educated and more vulnerable to believe myth surrounding goitre in different socio cultural background couple with their financial constraint as compared to patients in middle and higher socio economic classes.

The patients from rural setting also are vulnerable to consult traditional healer, as traditional healers such as herbalists are more likely to be readily available within their social setting, one of the major reasons giving for such consultation. This vulnerability to consult traditional healers by patients from rural setting is further compounded by non availability of health facility in most rural areas. The mean duration of symptoms among traditional healer consulters prior to consulting doctors was longer and shows a statistically significant difference .The reason for longer duration was attributed to delay, experienced from the hands of traditional healers prior to realisation of inability of traditional healer to solve their health problems. Another finding of our study was the role of patients' belief and the perception of disease which revealed that about 86% of patients that consulted doctors primarily believed that goitre is a disease that requires medical intervention and can be cured with appropriate medical intervention. This finding is consistent with effect of perceived benefit and faith on health seeking behaviour (Murray and Williams, 1986, Egan and Beaton, 1987, Norman and Fitter, 1989). The main reason for consulting traditional healers by traditional healer consulters prior to orthodox doctor' consultation is lack of faith in medical setting as about 46% of them believe that goitre is a form of spiritual attack that is beyond the horizon of orthodox hospitals, a belief born out of ignorance and traditional beliefs of our patients, a similar reason reported from other similar studies on patients that patronised traditional bone setters instead of orthodox doctors revealed (Ekere, 2003; Thanni, 2000). Other reasons included; perceived cost of care as the traditional policy of cash and carry for hospital elective cases and bureaucratic services favour consultation of traditional healers who tend to collect payment for their services in piece meal which on the long run are often more than the hospital cost and not cost effective , a similar finding from other studies (Campbell and Roland, 1996, Ogunlusi *et al*., 2006), fear of doctors treatment/ intervention, lack of prompt treatment attention from doctors due to perceived delay associated with pre treatment investigations as many of these patients wanted fast and quick intervention for their" long standing goitres". A report from one study has identified fear of hospitals, operation and medical tests as major barriers to seeking help in orthodox hospital settings (Gardner, 1999). Interpretation of toxic symptoms by our patients further support the previous reports on the effect and role of perceived severity and interpretation of symptoms on health seeking behaviour as findings from our study showed that those who consulted doctors only interpreted their toxic symptoms as serious and required medical intervention as compared to those that consulted traditional healers who interpreted the same toxic symptoms especially "unexplained weight loss" despite good appetite as a form of spiritual attack and required spiritual intervention from traditional healers. The effect of seriousness, interpretation and perception of symptom on patients' response and action has previously been reported (Cornford, 1998, Crosland A and Jones, 1995; Cameron *et al*., 1993). It is important to note two types of perceived severity which include: (1) as actual severity (that is the objective medical threat to life) and (2) patients perceived severity. Patients perceived severity of symptoms tend to determine patients interpretation and response rather than the actual severity and threat to life.

More than half (54.34%) of our patients who primarily consulted traditional healers concluded that the main reason for doctors consultation is failure to observe improvement in their conditions and progressive worsening of their symptoms. A similar conclusion from a study by Martins and colleagues revealed that; the commonest reason for consultation among 1000 patients attending a general practioner clinic was "symptoms getting worse" (Martin, 1991). Health locus of control is defined as the individual view of what controls one's own health (Wallston, 1989) and is one of the useful tools to define health belief of a targeted population, which serves as a useful requirement for planning and dissemination of health related information. The multidimensional health locus of control (MHLC) scale of Wallston and Wallston 1978, which consists of three subscales: internal health locus of control (IHLC), a locus of control associated with belief that one's health outcomes are results of one's own behaviours, powerful health locus of control (PHLC) and chance health locus of

control (CHLC) which are associated with belief that one's health outcomes are due to powerful others and by chance respectively. Analysis of multi dimensional health locus of control of the patients revealed that both powerful health locus of control (PHLC) and chance health locus of control (CHLC) of patients with prior traditional healers' consultation are higher than those without prior traditional healers' consultation (doctors consulter only) with powerful health locus of control showing a statistical significant difference.

The statistical significant difference seen between the two groups is a reflection of the belief of patients with prior traditional healers' consultation that goitre is a form of spiritual attack that requires spiritual intervention, which can only be gotten from traditional healers such as herbalists (powerful others) who have the power to consult supernatural forces on their behalf and coupled with the fact that significant percentage of the patients that patronised traditional healers are of low socio economic class, a class that has been associated with high PHLC and CHLC scores, while people from high socioeconomic status tend to have high internal health locus of control IHLC score (Aya Kuwahara *et al*., 2004) a report similar to our finding. The internal health locus of control (IHLC) of patients without prior traditional healers' consultation (doctor consulters only) is higher compared to that of patients with prior traditional healers' consultation and shows a statistical significant difference. Previous study has also shown that a high IHLC is associated with positive health and sick-role behaviours (Wallston and Wallston, 1978), which may translate to health seeking behaviour in favour of orthodox medical settings.

Conclusion

The study showed that most patients consulting traditional healers do so as a result of erroneous belief about the cause of goitre, immediate access to treatment within their vicinity and believe in the expertise of traditional healers. It is suggested that provision of accessible, affordable health care services, education of public and patients at our various clinics will assist patients in making right informed decision.

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