

# Free treatment, free death\*

The practices of traditional healers and their influence on the health-seeking behaviour of the population in Gorama Mende and Wandor chiefdoms, Kenema district, Sierra Leone

\* Quote from several respondents explaining how they cannot access free medical care in the primary healthcare units or hospitals. The phrase is what health staff tell people when they don't bring enough money.

Doris Burtscher<sup>1</sup>, Anna Christina Maukner<sup>1</sup>, Tamba M. Arouna<sup>2</sup>, Olga Em<sup>2</sup>, Jesse Verschuere<sup>3</sup>, Gbane Mahama<sup>3</sup>, Margerita Piatti<sup>1</sup>, Annick Antierens<sup>3</sup>

<sup>1</sup>Médecins sans Frontières, Vienna Evaluation Unit/Anthropology, Austria; <sup>2</sup>Médecins sans Frontières, Freetown, Sierra Leone; <sup>3</sup>Médecins sans Frontières, Operational Centre Brussels, Belgium  
Contact: doris.burtscher@vienna.msf.org/doris.burtscher@gmail.com

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## Ethics

Authorisation was obtained from the Sierra Leone Ethics and Scientific Review Committee and MSF Ethics Review Board. No conflict of interest.

## Background and aims

MSF has been present in Gorama Mende/Wandor (GMW) since 2017. The project primarily focuses on pregnant women and children aged under five, and provides essential drugs, therapeutic food, and medical materials when needed. Teams are also engaged in capacity building, health promotion activities, and integrated community case management (iCCM) of malaria and diarrhoea. After three years, a slight change in health-seeking behaviour was observed but the practices of traditional healers and people's attitudes towards them remain largely unknown. The GMW project therefore requested a qualitative study on the population's health-seeking behaviour.

## Methods

This exploratory qualitative research study was conducted in rural GMW chiefdoms in Sierra Leone in February 2020, using in-depth individual interviews (33), paired interviews (2), focus-group discussions (18) and observations. Purposive and convenience sampling was applied. Participants were selected with the help of community intermediaries. All interviews were audio recorded and transcribed verbatim. Transcripts were screened for relevant information, manually coded, and analysed using qualitative content analysis. Methodological triangulation enhanced the interpretation.

## Results

Contrary to the assumption that traditional healers greatly influence health-seeking behaviour, our data suggest that people are influenced primarily by proximity, affordability, and reception at the health facility. Whereas healthcare providers felt that people were going to a traditional healer first, the population emphasised that their first choice would always be the peripheral health units (PHU) providing there were no barriers. These barriers were seen as living in hard-to-reach areas, transportation, unexpected payment of services and fear of health staff because of distrust, violent communication and unmet needs.

## Conclusion

Our study indicates that the main factor influencing people's health-seeking behaviour is not the presence of traditional healers, but inaccessibility, unmet needs, and reception at PHUs. "Where my pocket can afford is where I will take my child", said one community member when explaining that if people cannot afford a PHU, they turn to alternative forms of care such as self-treatment, local drug sellers, and traditional healers. If money or compensation continues to be demanded in PHUs, where the policy is that certain services should be free or where practices are inconsistent and corrupt, this also presents a significant barrier to healthcare and is counterproductive to the goal of promoting care at the PHUs. Welcoming women with the words "Free treatment, free death" is then more demotivating than encouraging.