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Sharing tuberculosis medication as an expression of ubuntu among patients at a hospital in Harare, Zimbabwe

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ABSTRACT

This paper examines the expression of Ubuntu as signified by patients who share tuberculosis medication amongst themselves in an endeavor to promote treatment adherence. This is a qualitative study that was conducted at an infectious diseases' hospital in Harare, Zimbabwe. Purposive sampling was used to select study participants. Focus Group Discussions with (6-8) participants were conducted until the point of saturation was reached. Key informant interviews were also used for gathering data from the study participants. Results from this study show that the values of Ubuntu such as spiritual solidarity on brotherhood and/sisterhood, survival, and respect are highly expressed when patients share TB medication. The study concludes that no matter what the health experts and care service providers say and expect from patients in terms of medication behaviours, most patients are persuaded by the theory of Ubuntu to share medication with others. This paper recommends for health care service providers and medical social workers to take cognizant of the realities regarding sharing medication as common practice among patients and find ways of enhancing the practice with the aim of promoting treatment adherence and the spirit of Ubuntu/togetherness.

KEY TERMS: sharing, lending, borrowing, Ubuntu, tuberculosis, treatment, Zimbabwe

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INTRODUCTION AND BACKGROUND

This paper examines the `Ubuntu` gesture of sharing Tuberculosis (TB) medication as a means of promoting treatment adherence among patients at a hospital in Harare, Zimbabwe. The practice of sharing TB medication emerged as one of the major strategies in a DPhil thesis by the author. Medication sharing refers to the lending or borrowing of prescription medications where the recipient of those medicines is someone other than the person for whom the prescription is intended. This paper labours to provide answers to the question why most African TB patients sacrifice their health and life for others through giving out medication specifically prescribed and dispensed for their own treatment. The traditional and indigenous forms of treating ailments among Africans is quite different from the modern and Eurocentric practice. The differences may be viewed from cultural practices where in the African tradition medicine (muti/mushonga) is extracted freely in abundance from the communally owned forests, hills or mountains. The `muti` would be locally and manually processed and meant for anyone who may suffer the same ailment and may need it. The social arrangements among Africans would then require that the medicine found locally be available to promote community health. This is more-so because Africans share most labour in farming decision-making in matters of common concern and all social, economic and political development needs hence the community is considered as a social unit. This is different with the modern approaches to treatment

The gesture of lending someone medication entails that it is a provisory transfer provided that the amount borrowed would be however, an individual borrowing a medication usually does not give back the medication to the individual who is lending it. Sharing medication can be regarded as a treatment adherence strategy adopted by patients on medication under difficult economic conditions. Notwithstanding the adverse effects of sharing medication, this paper argues that sharing of TB medication among patients should be understood within the context in which it happens. In most African settings sharing ideas and possessions is a gesture of upholding the values of Ubuntu. The expression of Ubuntu is utilised by patients to show solidarity spirit, compassion, respect for others and the promotion of human survival. The spirit of Ubuntu may also be used by social workers as an intervention tool towards promoting social cohesion and development particularly in socially disorganized and underdeveloped communities.

Literature shows that sharing of treatment medication is common practice in most societies (Kebede et al, 2014). The same authors show that the prevalence rate for borrowing someone's prescription medication was 5% to 51.9% and for lending prescription medication to someone else was 6% to 22.9%. Thus, the reasons as to why patients share their medication needs to be established and understood for better treatment outcomes. Most medication is shared between family members, friends, and acquaintances and is prudent for healthcare practitioners and social workers to understand the context of sharing as a way of having a deeper understanding of patients' behaviour. Studies also show that sharing medication can result in several negative treatment outcomes such as unanticipated adverse events such as diarrhea and vomiting, nausea, headache, blurred vision, muscular and joint pains, delay in seeking professional help, drug resistance, and addiction (Markotik et al, 2017; Kebede et al, 2014; Chikwaiwa et al, 2018). Despite the above-stated complications resultant of sharing medication, patients continue to lend and borrow treatment drugs.

This paper therefore argues that sharing of TB medication is driven by the values of Ubuntu which are predominant among patients with common ailments. Ubuntu relates to the amount of social capital an individual possesses. Every individual is expected to have the bonding, bridging and linking capital to enable him/her overcome life barriers towards social function.

THE CONCEPT OF TUBERCULOSIS

Tuberculosis is a chronic disease caused by a micro-organism named mycobacterium. It mainly affects the lungs although it can also affect any other body organs. TB is regarded a social disease hence it is more prevalent in overcrowded environments and poverty-stricken communities. It is an airborne disease which is transmitted from one person to the other through sneezing, coughing, inhalation and sharing of clothes and other utensils with an infected person. TB is a frightening disease which if left untreated can lead to death. Deaths related to TB can be avoided if patients adhere and complete treatment. TB causes weight loss, loss of energy and income such that patients need support from their families, friends, relatives and the entire community. In some cases TB patients would require treatment buddies or aids to assist them throughout the treatment period. TB follows a long treatment regimen of 6-8 months. This is a long treatment regimen which when combined with institutional and patient personal factors may lead failure in accessing medication on time by most poor patients. More often, TB patients have economic challenges associated with loss of employment, poor remuneration, resulting in them failing to raise transport costs to attend review appointments and get re-supply of medication. Some patients are geographically located far away from the treatment centers and this may hinder them from accessing re-supply of medication against their will. The foregoing obstacles towards treatment completion will force TB patients to borrow the same medication from those patients with enough supplies and whose re-supply date is much further.

In most African settings, there is shared confidentiality regarding the illness and diagnosis of its members. TB patients in African settings use the community as a form of social capital and resource before, during and after treatment. Thus, borrowing and lending of TB medication is a common phenomenon among African societies.

THE CONCEPT OF UBUNTU

Ubuntu refers to a collection of values and practices that Black people of Africa or of African origin view as making people true human beings. While the nuances of these values and practices vary across different ethnic groups, they all point to one thing – an individual person is part of a larger and more significant relational, communal, societal, environmental and spiritual world. Tutu (2004) asserts that a person only becomes one through others. This assertion is echoed by behavioural psychologists who observe that human beings are born as blank slates `Tabula Rasa` and only learn from others how to think, talk and behave as human beings. Thus, to become human, humans would need other human beings. According to Khoza (2006) Ubuntu can be described as the capacity in African culture to express compassion, reciprocity, dignity, humanity and mutuality in the interest of building and maintaining of communities with social justice and care. Scholars such as Mbigi and Maree (2005) note that the Ubuntu philosophy is premised on group solidarity as the central means for community survival. It is through group solidarity that African communities are better able to fight hunger, disease and other forms of poverty. Mawere (2010) observes that an African is inherently born with obligations to his/her society which society gives back in return.

Ubuntu shows the interdependence, unification among individuals and care of each other among individuals (Mawere, 2010). In this study, TB becomes a community concern and people unite and collaboratively work together to ensure that one of their own gets maximum support from them and get cured. The together as one mantra is premised within the spirit of Ubuntu as they fight for a common cause. The Ubuntu philosophy among Africans is also purely for their survival. This survival strategy can be traced back during the period of hunting and gathering where Africans ran battles with wild animals. Humans had to live as a family in closely-knit patterns which would allow them to fight against intruders and in this way, humans were more accountable to each other. Culturally undiluted Africans still cook and eat from the common pot and plates and share their harvest. Under such arrangements, there would not be any street children, under-age marriages, domestic/gender –based violence or any form of vice. The `Zunde Ramambo` concept is also derived from the Ubuntu concept where people would put their harvest together to benefit the entire community as a food security measure. In this regard the community was considered much bigger than individuals living in it. Sharing of possessions both material and otherwise, became the in-thing among Africans and this gesture guaranteed their survival. In this study, TB patients may share medication to ensure the survival of community members who in-turn play a similar role to rescue those around them. The element of reciprocity is seen during sharing medication. One who lends his or her medication to others would be guaranteed of similar support in the event that they also run short of supplies.

The African concept of Ubuntu embodies a sign of respect for others, humanness and care for others. Respect for others is a global value for humanness and progressive behaviour. Africans as humans are not only defined by their biological constitution but by the ability to show empathy for others. The importance of respect for others can also be traced back to biblical golden rules where man was supposed to do unto others he would want them to do unto him. Thus, respect points to the need to have deep consideration to others` abilities and worth as beings irrespective of any forms of difference which may exist. Respect for others is divorced from individualism and insensitivity for the general welfare and survival of others. In this regard, TB patients share medication through the persuasion of respecting those in need of extra medication.

METHODOLOGY

The act of sharing medication was used to provide an understanding of Ubuntu among TB patients in an African setting. A qualitative approach was used to gather data through Focus Group Discussions, and Key Informant Interviews to help interpret the act of sharing TB medication among study participants. This study targeted a total of about 210 TB patients who thronged the hospital on a weekly basis for re-supply of medication. Purposive sampling was used to select patients who would have surpassed their medication collection dates. Key Informants were purposively selected from the Nurse-Aids, Registered General Nurses, Sisters In-Charge, Hospital Social Worker and the Dispensary Assistant. Focus Group Discussion Guide and Key Informant Guide were used to elicit information from the patients and staff, respectively. Key informant interviews (KIIs) were held with health care staff in influential positions including administrative staff. These were purposively selected to provide expert knowledge and information based on their lived experiences on why TB patients share their medications with those from their communities. The data collection tools/ guides mostly contained open-ended questions to allow participants to express their lived experiences regarding the act sharing of TB medication. Focus Group

Discussions were conducted until the point of saturation was reached. Data collected was grouped in themes and it was thematically analysed and presented.

Ethical considerations

Tuberculosis is a frightening disease and those suffering from it are stigmatised and discriminated by their societies. In this study therefore, consent to participate in the study was sought from the TB patients. Only those TB patients who volunteered to participate were considered for inclusion in the study. Voluntarism was observed in this study as it was meant to enable study participants to unconditionally express their lived experiences in sharing TB medication. Apart from consenting and volunteering to participate, the researcher indicated to the participants that all information they gave was not going to be shared to anyone but rather it was going to be confidentially handled and used for academic purposes only. Patients would not want their confidential information which affects those around them, to be released for public consumption hence they do not want to be excluded from their treatment groups and their communities. It is clear that patients want to retain the bonding, linking and bridging social capital with their community members after the interviews since it is important for their survival, growth and development. This was made possible where the researcher kept all information derived from the participants in a confidential manner.

FINDINGS

Findings from this study largely show that sharing of TB medication among patients is an expression of the spirit of Ubuntu common in most African societies. What became more evident from the gesture of sharing in this study was the expression of spiritual solidarity, a way of survival and a sign of respect among Africans. The above-stated gestures of Ubuntu will be sequentially presented in more detail below.

Sharing medication as an expression of spiritual solidarity

Study results show that despite TB being a frightening, and stigmatised disease of death, patients continue to receive care and support from their families, friends, relatives and communities. Through the act caring for others, Ubuntu is expressed as through solidarity where TB patients lend their medication to those of their own in dire need. The spirit of solidarity as seen in brother/sisterhood forces TB patients to share their medication rather than enjoying the suffering of others. Evidence from Focus group Discussions (FGDs) show that the spirit of solidarity among TB patients drives them to share medication. A patient from the FGD remarked that:

TB yakashatira munhu wese nokuti inogona kupedza munhu wese munharaunda. Naizvozyo hatingarengi umwe wedu achifa nepamusana pokushaya mapiritsi isu tinawo. Tinoto dimburirana iwayo aripo nokuti mumwe wedu``.

Translated into English, this statement would mean that TB is a disease that can wipe the whole community if one on treatment fails to get their full medication. We cannot watch them die due to lack of medication. We would have to get the drugs from those among us who have them and give to our member in desperate need.

On being asked what they think TB patients do to ensure that they adhere to treatment in the face of institutional barriers, a Key informant made the following remarks:

``Africans are very unique when it comes to supporting one another. What you regard as confidential personal health information is common knowledge among them. They are culturally forced to share such information and much needed support. One's problems becomes a community problem and despite differences among them they unite in the face of a calamity which might destroy their member. TB patients would come to know each other and not only share medication but even food and critical decisions``.

The foregoing evidence, show that solidarity among Africans goes beyond sharing drugs hence it is also premised on reciprocity because no one can survive alone but through support from community members.

Sharing medication as a way of survival

Results from this study show that medication sharing among Africans is a survival strategy embodied within the spirit of Ubuntu. Evidence from Focus Group Discussions show that sharing medication is a means of survival particularly in resource constrained countries as narrated by a participant below.

Kana uchida kurarama munyika ino unofanira kubata pamwe nevamwe. Upenyu huri kugozha munyika muno mari haisi bubatika zvokuti varwere tisu tinorarama nokubatsirwa nevamwe. Patinopererwa nemishonga tinofano piwa nevamwe vatinogara navo vanenge vachirapwavo TB.

Translated in English the above narration could mean that ``if a TB patient wants to survive they need support of others. Life for TB patients is very difficult in a poverty-stricken country like ours where money is hard to harness such that we survive through support from others. If a TB patient runs short of medication they should be able to borrow from community members on the same treatment for them to survive``.

Sharing medication as the ubuntu sign of respect

Results from this study show that sharing TB medication is a gesture of respect for the ill patient. Evidence from Focus Group Discussions show that Africans are cultured to respect their elders and those in difficult circumstances including TB patients. On being asked why TB patients lend their medication risking their own health, a participant from the FGD made the following remarks:

TB chirwere chinotora nguva refu kuti chirapwe saka kazhinji murwere anoperengwa nezvokubata kusvika pakushaya mushonga asi iwo uiko kuchipatara. ``Tsika nemagarioro edu zvinotiudza kuti tireremekedze vanorwara kunyanya avo vanenge vaine TB nezvimwe zvirwere zvinotora nguva kuti zvirapwe. Saka wemunharaunda tinobatsira kuratidza rudo kuvarwere nekusanganisa varwere avo kuti vakwanise kubatsirana vachikweretana mushonga kuti vose vapore``.

Translated in English the above statement could mean that the African tradition obligates people to respect the sick particularly those with TB and chronic ailments. We help to link TB patients in the community so that they are able to assist each other regarding their treatment and condition.

DISCUSSION OF THE FINDINGS

Study findings show that TB patients in Africa lend and borrow medication from relatives and friends in their neighbourhood as an expression of spiritual solidarity grounded in brotherhood and sisterhood. Indeed, what appears to be an individual problem ends up being a community concern. This finding was confirmed by Mawere (2010) who found out that through the spirit of solidarity which is based on Ubuntu principle, communities converge to fight an external threat to its status quo. No matter what, Africans have been socialised to unite for a common purpose. In the case of TB treatment, spiritual solidarity among the community in lending and borrowing treatment could be based on the desire to help the most affected and also to ensure that the contagious disease is cleared from the community. The findings above reveal that TB is regarded as a common enemy of the community and community members are forced by the spirit of Ubuntu to pull their resources together and fight the scourge despite the negative associated with the disease.

Results from this study also reveal that lending and borrowing TB medication among Africans despite known challenges associated with the practice is a strategy for survival. These findings are similar to those by Chikwaiwa et al (2018) who found out that TB is a deadly disease which renders it hosts powerless leaving them dependent on others for survival. In that regard TB patients end up borrowing and lending medication as a survival strategy. This finding is further corroborated by the theory of Ubuntu which explains that people depend on others for survival. This observation resonates well with the common philosophy that people always would say ``cogito ergo sum``/I think therefore I am`` (Mugumbate and Nyanguru, 2013). This is because people do not survive in isolation and therefore they are made to be what they are by those around them. This philosophical reasoning forces people to share medication in anticipation of getting other forms of help from their own for survival.

Study findings show that TB patients share medication as an expression of respect enshrined in the African Ubuntu philosophy. This finding is similar to Khoza (2006) who found out that sharing treatment is part of Ubuntu that can be described as the capacity in African culture to express compassion, reciprocity, dignity, humanity and mutuality in the interest of building and maintaining of communities with social justice and care. This finding can be attributed to the position occupied by patients and elders which obligates communities to respect them by showing love and care. Lending TB patient's medication or assisting them find someone to borrow from is a sign of respect which acknowledges the role of society and a subtle plea of allowing them to realise their importance even when faced with a frightening disease. Therefore, the theory of Ubuntu obligates society to respect TB patients as they are without excluding them.

CONCLUSION AND IMPLICATION TO SOCIAL WORK PROFESSION

In conclusion, this paper demonstrated how the practice of sharing TB medication is an expression of Ubuntu which is based on spiritual solidarity, survival and respect for the sick members of in society. The Ubuntu philosophy should be able to guide social work practitioners in the assessment, diagnosis and treatment of

challenges faced by TB receiving treatment. In order to provide appropriate interventions, social workers should start from where the client is through unraveling cultural factors which could have a bearing on patient adherence to treatment for chronic ailments.

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